



POLICY & PRACTICE

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Neighborhoods Affect Health

Where people live directly affects their development of obesity and diabetes, according to a study in the *New England Journal of Medicine*. Researchers looked at 4,500 women who lived in low-income neighborhoods in the mid-1990s and tracked their weight and diabetes rates, by whether they stayed in those neighborhoods or used a government voucher to move to wealthier ones. Those who moved were less likely to be morbidly obese or have diabetes. The study has some limitations, and it doesn't prove cause and effect, the researchers acknowledged. But the results, with earlier research, "raise the possibility that clinical or public health interventions that ameliorate the effects of neighborhood environment on obesity and diabetes could generate substantial social benefits," they concluded.

Shortage of Insulin Pens

The worldwide shortage of the insulin injection pen Apidra SoloSTAR, which began in late October, will continue until the first quarter of 2012, according to maker Sanofi. It blamed the problem on a "technical incident" in July at a factory in Frankfurt, Germany. "Our investigation and controls have confirmed that [the company's pens] currently on the market is not affected by the event," according to a company statement. Sanofi has advised patients and providers to consider Apidra vials instead since the dose and timing of injections don't need to be changed. "Please use your professional judgment on the need for patient training and guidance on syringe use to facilitate administration," the company advised.

Health by Text Messaging

The McKesson Foundation has granted more than \$1 million to six groups to study the impact of mobile phones on health and their potential to promote healthy living. For instance, the Center for Connected Health will study the effect of text messaging on the clinical outcomes and physical activity of people with type 2 diabetes living in medically underserved areas. In previous work, the center has created texts conveying motivational and educational messages that coach the patients to increase physical activity. "Our experience with text messaging programs in underserved patient populations is demonstrating great potential for providing low-cost, accessible educational messaging to patients," the center's director, Dr. Joseph C. Kvedar, said in a statement.

Wound-Care Product Cleared

The Food and Drug Administration has approved Cardium Therapeutics's collagen-based topical gel for manage-

ment of diabetic foot ulcers and other dermal wounds. Called Excellagen, the product is a sterile, fibrillar, flowable bovine collagen gel. It will be initially marketed in syringes for professional use immediately after surgical debridement. The product will "address the large and rapidly growing advanced wound care market," said company Chairman and CEO Christopher J. Reinhard in a statement.

Noninfectious Diseases Targeted

The United Nations has launched an "all-out attack" on "noncommunicable" diseases such as cancer and diabetes. Tobacco and alcohol use contributes to noncommunicable diseases, which cause 63% of all deaths worldwide, according to the U.N.'s announcement. At a 2-day meeting, the General Assembly adopted a declaration calling for price and tax measures to reduce alcohol consumption; new curbs on marketing unhealthy foods to children; and measures to increase healthy diets and physical exercise. The declaration also highlights the need for universal national health coverage, along with strengthened international cooperation to prevent deaths from noncommunicable diseases in developing countries.

Panel: Patients' Needs Overlooked

Even though most doctors realize that improving patient engagement can reduce costs and improve the quality of care, physicians still frequently overlook patients' needs and concerns, according to a report from the Institute of Medicine. For example, studies show that care improves when providers listen carefully to patients and their families, according to the report based on an April workshop. However, research has shown that physicians typically interrupt within 15 seconds when patients begin to raise their concerns. Patient engagement can be improved by providing patients with clear information on the benefits and downsides of potential treatments, the report said.

Nearly a Trillion Saved

The Generic Pharmaceutical Association said a new study shows generic drugs have saved the United States health care system \$931 billion over the past decade. IMS Institute for Healthcare Informatics conducted the study for the industry association. It showed that in 2010, generic drug use saved \$158 billion, the association said. Its president and CEO, Ralph Neas, said the analysis should prompt policy makers to increase use of generics. The report shows, for instance, that Medicaid could save \$1.3 billion a year by increasing generic use from the current 70% of prescriptions to 72%.

—Naseem S. Miller

IMPLEMENTING HEALTH REFORM

Health Insurance Exchanges

The creation of state-based health insurance exchanges, expected to launch in 2014, is a key element of the expansion of insurance coverage under the Affordable Care Act.

The exchanges will serve as a marketplace where individuals and businesses can shop for private insurance, comparing prices and benefits across private health plans. Individuals can also use the exchanges to check their eligibility for government programs such as Medicaid or the Children's Health Insurance Program, as well as to learn if they qualify for subsidies such as tax credits.

The federal government has already proposed regulations outlining the process for how individuals and businesses can enroll in health plans and qualify for subsidies. In the future, the Health and Human Services department will publish rules describing the "essential" benefits that must be included in a plan in order to be offered on the exchanges.

Sara Rosenbaum, George Washington University health law professor, offers her views on how health insurance exchanges might work and what states need to do to make them successful.



CLINICAL ENDOCRINOLOGY NEWS: Insurance exchanges aren't just clearinghouses for choosing health plans. What else will the exchanges be able to do?

Prof. Rosenbaum: I think the question is how active a state wants its exchange to be. In other words, an exchange can simply certify that all health plans that meet federal and state requirements are qualified to sell their products in the exchange. Or a state can take a much more active role and establish an exchange that will be an active purchaser of health care and will really do value-based purchasing, comparing health plans for their quality, their pricing, their performance, and potentially not let every health plan sell in an exchange. Other activities of the exchange will include all of the enrollment activities, collecting and reporting information on performance and quality, and oversight of plan performance.

CEN: Do you think the exchanges will lead to the availability of more affordable health plans?

Prof. Rosenbaum: Certainly for people who have low and moderate incomes who get a subsidy, it will. For other people, the hope is yes. What the exchanges potentially will do is move the country toward a system of community rating. A community rate may carry a somewhat higher price tag for a young adult with absolutely no health problems, but it is nothing compared to what a young adult with any type of health issue would have to pay otherwise, assuming that the person could buy insurance at all. In the cur-

rent market, young adults with conditions such as mild asthma can find that they are excluded from the individual insurance market or can buy insurance only at a prohibitive price and with a total exclusion on coverage of anything related to upper respiratory health.

CEN: The exchanges likely will be similar to the Health Connector system created in Massachusetts. What are the lessons from that experience?

Prof. Rosenbaum: One is that, if you make insurance available and affordable and easy to get to, people really take it up. The other big lesson from that state is that we better get real serious about access to primary health care. What has happened in Massachusetts is that all of the limitations on the state's health care system – and it's one of the healthier systems in the country – have been exposed by the wider availability of health coverage. Unfortunately, while the Affordable Care Act takes a lot of important steps to promote primary care, particularly in medically underserved communities, it doesn't make nearly the investment that was needed. It doesn't deal with making sure that primary care physicians get the resources they need to practice in every community where they are needed.

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CEN: What will it look like if the exchanges are well implemented, vs. if the implementation is unsuccessful?

Prof. Rosenbaum: An exchange that has a glut of plans and makes no effort to actively oversee the market in order to ensure strong products will not work well. Exchanges that do not have large numbers of younger healthy workers will not work well. And exchanges that do not have successful risk-adjustment systems to correct for qualified enrollment patterns that disproportionately skew enrollment by health status will not work well. Nor will exchanges that do not coordinate well with Medicaid because of the large number of younger working families whose incomes fluctuate at the lower end of the scale. They will end up as weak, high-risk pools. What is needed is an exchange that is really attractive to individuals and small groups and makes it easy for young adults to navigate. An exchange that can attract young people means that it won't be a place for 60-year-olds with health problems only. ■

PROF. ROSENBAUM is the Harold and Jane Hirsh Professor of Health Law and Policy and founding chair of the department of health policy at George Washington University, Washington. She also serves on the Medicaid and CHIP Payment and Access Commission, a group that advises Congress.