NYC Program Tries to Motivate Patients With Cash

BY JOHN R. BELL
Associate Editor

NEW YORK — A new program in New York City that pays low-income families for obtaining preventive medical care and for maintaining health insurance is garnering its share of praise and skepticism among physicians who practice there.

Under the pilot program, Opportunity NYC, which began in September, families will receive $20 per parent or guardian per month via wire transfer for maintaining public health insurance or $50 for maintaining private health insurance, and the same amount for maintaining insurance for all children in the family. Funding is being provided through corporations as well as from Mayor Michael Bloomberg, who conceived the idea.

The program also pays enrolled parents when their children attend school regularly, get a library card, or do well on tests. Other payments reward preventive dental care and continued parental employment.

Although the payment amount is relatively low, the hope is that it will serve as an incentive for families who already have public health insurance to actively maintain that coverage by making sure it is not disrupted when the time comes to recertify their eligibility, Linda I. Gibbs, New York's deputy mayor for health and human services, said in an interview. For the small number of participants who don't qualify for public health insurance because they are employed, the idea will help them offset the higher cost of private insurance.

The encouragement of preventive care is another component. Participants are paid $200 for each annual preventive visit to any physician in their plan. Physicians are required to provide age-appropriate preventive care. "We know that many families, even with public health insurance, are not going to those annual preventive visits." And even when they do go, "doctors are not always providing all of the [preventive care] that the child or the adult should be getting during that visit." So the program is building in an attempt to achieve quality standards.

Childhood vaccinations would fall under required preventive care services, she said. When the preventive visit indicates a follow-up visit or treatment is necessary for any family member, the family receives a $100 payment for that visit as well.

Dr. Mark Krotowski, who practices family medicine in the Canarsie area of Brooklyn, near the target neighborhood of Brownsville, was sanguine about the program's potential. "It's a good thing. … With the cash incentives, it'll certainly encourage the parents to bring in the kids," said Dr. Krotowski, who is chairman of family medicine at the borough's Brookdale Hospital.

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DR. RACINE

Dr. Krotowski noted that the incentives may help primary care physicians combat childhood obesity, which he says is "probably the biggest medical challenge in New York City. If we can get the kids early, we can refer them to specialists who deal with obesity and take care of them."

The state of New York already has a fairly efficient system for providing medical care to its low-income residents via the HMO Medicaid or HMO Child Health Plus programs, added Dr. Krotowski, who is also vice chair of the New York state chapter of the American Academy of Family Physicians.

Dr. Linda Prine, a family physician at Sidney Hillman Health Center in New York, said that she is underwhelmed by the program's ability to have any real impact. "This program is a drop in the bucket and does not begin to address the problem of lack of affordable health care for the uninsured. People at this level of poverty cannot afford the monthly premiums to buy health insurance, even with a rebate of $20-$50," said Dr. Prine, chair of the Public Health Commission of the New York State Academy of Family Physicians.

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The cost of the program, which so far is operating solely from private funding, makes its long-term viability uncertain, according to Dr. Andrew D. Racine, vice president of the American Academy of Pediatrics chapter that covers the Bronx, Manhattan, and Staten Island.

The opportunity costs of a program like this also have to be addressed, he said in an interview.

"If you decide you're going to spend X amount of money to induce people to maintain health insurance, there are a lot of ways to skin that cat." Direct cash for medicine is one option; another is to extend Medicaid enrollment to automatically last for 2 years instead of 1. "We know that there are things that we could be doing to maintain health insurance in children that we're not already doing," said Dr. Racine, who also is director of general pediatrics at the Children's Hospital at Montefiore, in New York.

That said, Dr. Racine expressed full support for the aspects of the program that encourage preventive care. "The principle of actually using cash incentives to get people to do things is great. It's sort of the opposite of taxing. You tax things that you don't want people to do, and this is sort of an inverse tax," he said.

Currently, 5,100 families are being recruited via the schools' free-lunch program in six city neighborhoods in which the poverty rates exceed 40%. Candidates must have children in the fourth, seventh, or ninth grades and must be documented legal residents or U.S. citizens.

An equal number of families (2,550) will be randomly assigned to a study group and to a control group in order to study the program's efficacy, Ms. Gibbs explained.

Because many low-income families do not have bank accounts, the mayor's office recruited four banks and four credit unions to provide free checking accounts for program participants. ■

Group Investigates Genetics of Adverse Events

BY TIMOTHY F. KIRN
Sacramento Bureau

A group of seven of the largest drug manufacturers has formed a consortium to study the genetics of serious adverse drug reactions.

The Serious Adverse Events Consortium will work closely with the Food and Drug Administration on the projects that it will undertake.

This group is one of several consortiums that were recently organized, with encouragement from the FDA, to support costly research initiatives. Others include the Predictive Safety Testing Consortium, the Biomarkers Consortium, and the Microarray Quality Control project.

In its first two projects, the Serious Adverse Events Consortium will investigate genetic susceptibility to Stevens-Johnson syndrome and to drug-induced liver toxicity.

The scope of such projects would be beyond the capability of any one company or institution, said Arthur L. Holden, the chairman of the new consortium. The two conditions targeted in the first two projects are so rare that it will probably be necessary to study tens of thousands of individuals.

"We really look forward to the results of these two projects," said Dr. Janet Woodcock, deputy commissioner of FDA, in a teleconference announcing the partnership. "They will greatly increase our knowledge." All data from the consortium will be available for public use.

The Stevens-Johnson syndrome project will be based at Columbia University, New York. The consortium expects that some results could be forthcoming by next year, Mr. Holden said.

The drug-induced liver toxicity project will include many patients enrolled in two European research networks. Drug-induced liver injury is now the leading cause of acute liver failure in the United States.

For the drug companies involved in the consortium, the effort could help avoid scenarios in which a few adverse events prevent the approval of drugs that cost large sums to develop. Adverse-event susceptibility information also might prevent some drugs from being taken off the market unnecessarily, Mr. Holden said.

"It is a tragedy when a drug gets to late development, and then two or three patients develop a problem and its approval gets dropped," said Dr. Paul Watkins, an investigator with the Drug-Induced Liver Injury Network and a professor of medicine at the University of North Carolina, Chapel Hill.

Although the initial goal of the new consortium is to develop ways to identify susceptible people, the information also could improve future drug design, noted Dr. Watkins, who is not involved in the new consortium.

The consortium members include Abbott, GlaxoSmithKline, Johnson & Johnson Pharmaceutical Research and Development, Pfizer, Roche, Sanofi-Aventis, Wyeth, Illumina Inc., and research groups at Newcastle [England] University and Columbia University. ■

FYI

FDA Drug Safety Newsletter

The Food and Drug Administration has released the first issue of its new Drug Safety Newsletter. This quarterly online publication provides information for health care professionals about the findings of selected postmarketing drug safety reviews from the Center for Drug Evaluation and Research. It also has information on recently approved new molecular entities. To download the inaugural issue of the newsletter or a fact sheet, visit www.fda.gov/cder/dsn/default.htm.

Hotline Expands Medicare Advice

The Medicare Rights Center's Professional Hotline has expanded its service to include guidance and advice on Medicare benefits, rights, and options to professionals working with older adults and people with disabilities who are on Medicare. Until now, the hotline has focused on guidance for Medicare prescription drug benefits through private drug plans. The service is available free, Monday through Friday, from 10:00 a.m. to 6:00 p.m. EST, at 877-794-3570.