POLICY & PRACTICE

Maternity Care Costs Vary by Plan

Pregnant women could face thousands of dollars in out-of-pocket expenses for maternity care because of the high deductibles and cost-sharing requirements of consumer-driven health plans, according to an analysis by the Kaiser Family Foundation and the Georgetown University Health Policy Institute. In comparing 12 different consumer-driven plans to traditional health insurance coverage, the researchers found that there was wide variation among the consumer-driven products. Those plans generally offer lower premiums but higher out-of-pocket costs and are often paired with tax-free savings accounts that are used to cover out-of-pocket expenses. The researchers found that a vaginal delivery in an uncomplicated pregnancy costs about $1,455 out of pocket under a traditional health plan vs. anywhere from $3,000 to $7,884 for consumer-driven coverage. In more expensive birth scenarios, the difference was even greater. An uncomplicated pregnancy with a cesarean delivery costs about $2,244 out of pocket with traditional coverage, compared with anywhere from $3,545 to $9,818 among consumer-driven plans.

Bill Would Aid Contraceptive Access

Members of Congress recently introduced federal legislation aimed at improving access to contraceptives. Rep. Carolyn Maloney (D-N.Y.) and Rep. Christopher Shays (R-Conn.) introduced the "Access to Birth Control (ABC) Act" (H.R. 2596) in the House in June; a companion bill was introduced by Sen. Frank Lautenberg (D-N.J.) in the Senate (S. 1555). The legislation would place several requirements on pharmacies. For example, if a customer requests a contraceptive that is in stock, the pharmacy must provide it without delay. If the contraceptive is out of stock, pharmacy staff must inform the customer, then either locate the medication at another pharmacy or order it. The pharmacy must also ensure that its employees do not intimidate or threaten customers seeking contraceptives, interfere with the delivery of services, breach medical confidentiality, or refuse to fill a valid prescription. The bill was praised by the Planned Parenthood Federation of America, which called pharmacists' refusals to fill prescriptions for contraceptives a "disturbing trend." Planned Parenthood estimates that women have been denied birth control at the pharmacy in at least 19 states.

Prempro Verdict Overturned

A Pennsylvania judge has overturned a jury verdict that would have cost Wyeth, the maker of Prempro, $3 million. In *Jennie Nelson v. Wyeth*, the plaintiff alleged that the menopause therapy Prempro had contributed to her breast cancer. In February, the jury agreed and awarded damages of $3 million. Wyeth objected to the verdict, saying that there was no scientific evidence to support a causal link between the hormone therapy and the plaintiff's breast cancer. The company also insisted that it had acted responsibly by performing studies investigating the benefits and risks of hormone therapy and by keeping the Food and Drug Administration informed of the results. In May, the Philadelphia Court of Common Pleas granted Wyeth's motion for posttrial relief and threw out the jury's $3 million verdict.

Sex Differences in Medications

Nearly half the women in a recent survey said they believed that the effectiveness of medications is different in men and women, and a similar percentage check medication labels for these differences. However, this concern does not translate into women asking either their physician or pharmacist about how drugs affect women differently, according to the results of a survey commissioned by the Society for Women's Health Research. For example, about 58% of women said they read the label of prescribed or over-the-counter medications always or most of the time to see if the medication might work differently in women. But 60% said they never ask their pharmacist about these concerns and nearly 48% said they never ask their physician. The results are based on a telephone survey of more than 1,500 U.S. women in April.

Bush Issues Second Stem Cell Veto

President Bush last month for the second time vetoed legislation that would have expanded federal funding for human embryonic stem cell research. The bill, the "Stem Cell Research Enhancement Act of 2007" (S. 5), would have allowed for federal funding of human embryonic stem cell research if the embryos were donated from in vitro fertilization clinics and would otherwise have been discarded. In addition, the legislation called for the written, informed consent of individuals donating embryos and prohibited financial inducements for donation. President Bush said he could not support legislation that would lead to the deliberate destruction of human embryos and instead supports efforts such as adult stem cell research and the use of umbilical cord blood. President Bush also issued an executive order directing Health and Human Services and the National Institutes of Health to ensure that any human pluripotent stem cell lines "produced in ways that do not create, destroy, or harm human embryos" are eligible for federal funding. The order also expands the NIH Human Embryonic Stem Cell Registry to include all types of pluripotent stem cells and renames it the Pluripotent Stem Cell Registry. The move was criticized by advocates for human embryonic stem cell research. President Bush's "executive order directing NIH to continue pursuing alternate forms of research is nothing new, since NIH has already been conducting this research for the past 20 years," Sean Tipton, president of the Coalition for the Advancement of Medical Research, said in a statement.

—Mary Ellen Schneider

Medical-Records Technology Can Promote Patient Safety

BY HEIDI SPLETE
Senior Writer

WASHINGTON — Health information technology's greatest potential contribution to patient safety lies in areas related to record keeping and record retrieval, David N. Gans said at a conference sponsored by the National Patient Safety Foundation.

"Adding technology gives you the opportunity to improve patient safety," but the technology must be used properly for there to be an impact, said Mr. Gans of the Medical Group Management Association.

Medical groups that reorganize their work flow will see the greatest benefits from health information technology. Ideally, hospitals, pharmacies, and insurers will be able to integrate information and coordinate their systems, he said.

More than 70% of medical groups surveyed used paper medical records, while the others used a scanned-image system, relational database, or other methods.

But many medical practices have not fully embraced electronic health records (EHRs) or other types of health information technology as a way to improve patient safety.

To find the extent to which medical groups implement safety practices with and without technology, Mr. Gans and his colleagues surveyed 3,629 medical groups that had completed the Physician Practice Patient Safety Assessment (PPPSA; Health Affairs 2005; 24:1323-33).

The goal of the PPPSA is to provide information that medical groups can incorporate into procedures that will improve patient safety.

The PPPSA was developed by the Medical Group Management Association's center for research, the Health Research and Educational Trust, and the Institute for Safe Medication Practices.

The assessment consists of 79 questions related to patient safety in six areas:

- Medications (17 questions).
- Handoffs and transitions (11 questions).
- Surgery and invasive procedures, sedation, and anesthesia (6 questions).
- Personnel qualifications and competency (10 questions).
- Practice management and culture (22 questions).
- Patient education and communication (13 questions).

For each question in these six domains, respondents can choose from among five answer choices ranging from "unaware or aware but no activity to implement" to "fully implemented everywhere."

Overall, more than 70% of the groups surveyed used paper medical records, while the others used a scanned-image system, a relational database, or other methods.

But practices that have electronic health records still use paper forms for certain functions, primarily for lab orders. "Even among practices with EHRs, 30% used paper lab forms," Mr. Gans said. In addition, 16% of the practices with EHRs used manual methods to order prescriptions and 13% used manual methods to assess drug interactions.

To illustrate one practice's experience with patient safety self-assessment, Christine A. Schon of the Dartmouth-Hitchcock Medical Center in New Hampshire shared her group's experience with the PPPSA.

The data came from the Nashua branch of the medical center and included 62 providers in five locations that serve about 250,000 patients.

The medical director of the Nashua division initiated the group's assessment as part of an ongoing goal to improve patient safety.

"We are almost paper chartless," Ms. Schon said. "But what we want to do is make sure that we are managing our patient population effectively."

The Dartmouth-Hitchcock group used the PPPSA as a tool to evaluate how well the group was meeting the National Patient Safety Goals. The PPPSA took about 3 hours to complete, although the time will vary according to the size of your practice, she noted.

As a result of taking the PPPSA, the Dartmouth-Hitchcock group learned that technology isn't everything.

"Our biggest 'aha' moment, as I called it, was [when we realized] that we have a tendency to rely very heavily on electronic medical records, and so we found that if we can't do it electronically, we aren't thinking about doing it," Ms. Schon said.

"We predominantly had good electronic systems in place to make sure that we were doing safe practices and engaged with the patient," she said.

But the group did find that, although physicians were focused on entering information into the EHR and checking for interactions, they weren't really making sure that patients understood their medications.

"That's an area where you still have to rely on a piece of paper and a conversation," Ms. Schon noted.

Patients themselves are not always reliable if doctors ask what medications the patients are taking, she added.

As a result of the assessment process, Ms. Schon's group is considering the use of a checklist to review with patients before they leave the hospital. The sheet would explain what medications the patients are taking and why.

In addition, the group plans to stop using medication samples because they can confuse patients who take generic versions of the brands.

"We are the health care safety net for our community," Ms. Schon said. ■

For more information about the PPPSA or to order PPPSA materials, visit www.physiciansafetytool.org.

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