

## Costs ‘Substantially’ Lower

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of the ACP’s medical service committee, said he wasn’t surprised by the findings for this population and for these three conditions. But he said he did not think the findings would translate to older patients or even similar age groups at retail clinics elsewhere in the United States. Retail clinics began in Minnesota and are well established there, according to the study authors.

The study is reassuring, Dr. Ejnes said in an interview, but “I don’t think it puts to rest the other issues and concerns.”

One concern is that the retail clinics may usurp or interrupt a patient’s relationship with his or her primary care physician. Both Dr. Ejnes and Dr. Epperly said that an acute care visit for a UTI, for example, provides an occasion for the physician to delve into other health issues, including chronic conditions. That would not occur at a retail clinic, they said.

Lead author Dr. Ateev Mehrotra, of the University of Pittsburgh, said the potential for undermining the patient’s relationship with the primary care physician is a valid concern. He hopes to look at this aspect of retail clinics in future studies, Dr. Mehrotra said in an interview.

For this study, the costs were calculated by aggregating claims into episodes of care. Episodes were categorized according to where the first visit occurred. Retail clinic episodes were matched with episodes in the other settings. Overall, there were 15,170 episodes of care, with 2,100 occurring in retail settings, 6,211 in physician offices, 5,880 in urgent care centers, and 979 in emergency departments. The cost included the health plan reimbursement plus copayments.

To measure quality, the researchers created 14 indicators derived from various sources. Aggregate quality scores were calculated by dividing all instances in

which recommended care was delivered by the number of times patients were eligible to receive care in each setting.

The authors found that women and high-income individuals accounted for the greatest number of retail clinic episodes.

The cost of care was “substantially” lower in retail clinics, at \$110, compared with \$166 in a physician’s office, \$156 in an urgent care center, and \$570 in an emergency department. Total costs over 12 months were \$1,236 for the retail clinic, \$1,435 for the physician office, and \$2,157 for the emergency department. The largest portion of the cost was for evaluation and management. Follow-up visits were similar across settings. Lab and imaging costs were lower in retail clinics, primarily because they weren’t ordered as often.

Of the total 15,170 episodes, there were only 11 hospitalizations; two of the hospitalized patients had first gone to a retail clinic.

The quality scores were almost the same for retail clinics, physician offices, and urgent care centers, with clinics meeting 63% of the measures, physicians 61%, and urgent care centers 63%. Aggregate quality scores were lower for emergency departments, at 55%.

Dr. Mehrotra acknowledged that the study had many limitations, including that the patients who were randomly selected happened to be healthier than the average HealthPartners enrollee. Also, there are no data indicating that the cost and quality findings for these conditions are true for other conditions.

The study was funded by the California HealthCare Foundation, an independent philanthropic organization. Dr. Mehrotra’s research is also supported by a National Institutes of Health career development grant. ■

## Number of Uninsured Rises to 46.3 Million but Rate Is Unchanged

BY MARY ELLEN SCHNEIDER

The percentage of Americans without health insurance stayed steady at about 15.4% in 2008, according to new data from the U.S. Census Bureau.

While the percentage of Americans with private coverage fell from 67.5% in 2007 to 66.7% in 2008, the percentage covered by government health insurance programs like Medicare and Medicaid rose from 27.8% in 2007 to 29% in 2008.

Overall, the number of uninsured Americans increased to 46.3 million in 2008, from 45.7 million the previous year. The new figures, which were released by the Census Bureau on Sept. 10, come from the Annual Social and Economic Supplement to the Current Population Survey. The survey asks questions about health coverage in the previous calendar year.

However, the data may underestimate

the number of uninsured. David Johnson, chief of the Census Bureau’s Housing and Household Economic Statistics division, said that the Current Population Survey counts individuals as having insurance if they were insured during any part of the year. This could undercount individuals who lost employer-based coverage later in the year due to layoffs.

The Census data also showed that 7.3 million U.S. children (about 9.9%) went without health insurance coverage in 2008. This is the lowest rate and number of uninsured children in the United States since 1987, according to the data. The change may be due to more children gaining health insurance through government programs like the Children’s Health Insurance Program. The Census Bureau estimates about 33% of children were enrolled in some type of government health insurance program in 2008, up from 31% the previous year. ■

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### Agency Calls for Fee Efficiency

Medicare should review and possibly reduce fees when physicians provide multiple services to individual patients on the same day, the Government Accountability Office recommended. To date, the Centers for Medicare and Medicaid Services hasn’t done enough to “reduce excess physician payments” reflecting efficiencies that doctors achieve when delivering multiple services. The GAO said that the CMS has reduced payments for some imaging and surgical services furnished together, but even those don’t reflect physician time saved. “For example, when two services are furnished together, a physician reviews a patient’s medical records once, but the time for that activity is generally reflected in fees paid for both services,” according to the GAO’s summary of its report. Expanding payment policies designed to reflect multiple-service efficiencies could save more than \$500 million each year, the GAO said.

### Tobacco Makers Challenge Law

Five tobacco manufacturers, along with a retailer, have filed suit to challenge the constitutionality of the new federal law that limits many forms of tobacco advertising. The plaintiffs chose the U.S. District Court for the Western District of Kentucky to argue that the law interferes with their First Amendment right to free speech. Lawmakers approved the Family Smoking Prevention and Tobacco Control Act last spring, setting new limits on tobacco promotion and giving the Food and Drug Administration authority to regulate tobacco products. The law prohibits most color and images in advertising, mandates larger warnings on tobacco products, and bans ad campaigns aimed at underage smokers.

### Heart Group Scorns Sugar

The American Heart Association has recommended that Americans drastically cut their intake of sugar to ward off obesity and related conditions. Survey results from 2004 showed that the average American consumed about 22 teaspoons, or 355 extra calories, per day of sugar added to food during processing or preparation—mainly in sugar-sweetened drinks. But the AHA said that men should consume no more than 9 teaspoons, or 150 calories a day, of this added sugar, while women should limit themselves to 6 teaspoons, or 100 calories. One 12-ounce can of soda contains about 8 teaspoons of sugar. In a “scientific statement” published online in *Circulation*, the AHA noted that limited clinical trial data link sugar consumption with obesity, but observational studies associate a higher intake of soft drinks with higher body weight.

### Medical Groups Post Losses

Many physician groups that are part of large, integrated provider organizations are operating at a loss, according to the American Medical Group Association’s 2009 Medical Group Compensation and Financial Survey. But losses for the doctors’ operations do not necessarily mean that the larger organizations are losing money overall, Tom Flatt, AMGA director of communications and publications, said in an interview. “These large, integrated systems actually have revenues coming in from other parts of the organization, so they can stay afloat,” he said. In 2008, only physician groups in the Eastern United States broke even, while losses elsewhere ranged from \$120 per physician in the South to \$3,254 per physician in the North. AMGA blamed declining reimbursement, competition for specialists, and the cost of new technology for the physician group losses.

### Supplement Maker Fined \$70 M

In a case brought by the Federal Trade Commission, a marketing group that used infomercials to tout calcium and herbal supplements as effective treatments for cancer, Parkinson’s disease, heart disease, and autoimmune conditions has been ordered to pay about \$70 million in consumer refunds. Last year, the U.S. District Court for the District of Massachusetts ruled that the companies and individuals involved in marketing the supplements had falsely represented their safety and efficacy. Judge George O’Toole considered potential financial penalties separately, and has now ordered the restitution in order to strip from the defendants all profits derived from the supplement sales. He also issued injunctions to prevent the defendants from making similar claims about other products.

### Snapshot of Physician Patterns

Despite concerns about physicians’ willingness to accept new patients from public programs, most U.S. doctors say they’re doing so, according to a Center for Studying Health System Change survey. About three-quarters of physicians reported accepting new Medicare patients and more than half took new Medicaid patients. The public programs provided nearly half of physicians’ practice revenue in 2008, according to the survey. Other findings from the snapshot of how physicians practice medicine: Nearly one-third work in solo or two-physician practices, and 15% are in groups of three to five physicians. The composition of the physician workforce by sex appears to be changing—while nearly three-quarters of U.S. physicians were men in 2008, about 41% of those under 40 years old were women.

—Jane Anderson