

POLICY & PRACTICE

Army and NIMH to Study Suicides

The National Institute of Mental Health has signed a memorandum of understanding with the U.S. Army to study suicide and suicidal behavior among active-duty soldiers, National Guard members, and Army Reservists. The 5-year, \$50 million effort will be the largest study of suicide ever undertaken by the institute, according to a statement. The goal is to identify risk and protective factors for suicide, and to help the Army develop effective intervention programs. In 2007, 115 Army members committed suicide; of those, 36 committed suicide while deployed, 50 did so post deployment, and 29 had never been deployed.

Mental Illness and Hospitalizations

About 8.5 million hospital admissions in 2006 involved patients with a mental illness or a mental health comorbidity, according to the Agency for Healthcare Research and Quality. Of those, about 1.4 million patients were admitted with a mental health diagnosis while about 7.1 million were admitted for a physical condition and had a mental health comorbidity. The AHRQ report said the largest number of admissions (about 730,000) was for depression or other mood disorders. The next largest (about 381,000) was for schizophrenia and other psychotic conditions. About 131,000 patients were hospitalized for dementia or delirium, about 76,000 for anxiety or adjustment disorders, and about 34,000 for attention-deficit/hyperactivity disorder or personality disorders. The data come from the AHRQ report, *Hospital Stays Related to Mental Health, 2006*, based on the Nationwide Inpatient Sample.

Many Have Drug 'Gap' Coverage

A total of 13% of Medicare beneficiaries enrolled in Part D prescription drug plans and 63% of those in Medicare Advantage plans with prescription benefits had some form of coverage in the "doughnut hole," or coverage gap, according to a Centers for Medicare and Medicaid Services study on Part D drug claims. The study, which included data on Medicare drug claims for the 25 million Part D beneficiaries, also indicated that the vast majority of enrollees used the drug benefit: In the program's first year, 90% of enrollees filled at least one prescription. In addition, the use of generic drugs has been high in Part D, rising from 60% in 2006 to nearly 68% in the first quarter of this year.

Program Cuts Illicit Drug Use

A government-supported program used to screen patients seeking health care for signs of substance abuse can reduce illicit drug use among patients seeking medical care in a wide variety of health care settings, a study found. The Screening, Brief Intervention, and Referral to Treatment program uses a variety of techniques to screen patients for signs of substance abuse. If a patient screens positive, immediate steps are taken to help the patient effectively

deal with the problem. The study, published in *Drug and Alcohol Dependence*, found that rates of illicit drug use dropped by nearly 68% by 6 months after screening. Illicit drug users receiving brief treatment or referral to specialty treatment also reported other quality of life improvements. The Substance Abuse and Mental Health Services Administration has been awarding grants to expand the program since 2003.

Nondrug Approaches to PTSD Tested

Researchers at the Southeast Louisiana Veterans Health Care System will test a series of interventions, from yoga to guided imagery, to treat posttraumatic stress disorder and major depression in veterans returning from Iraq and Afghanistan, and their families. The randomized controlled study was funded by a grant from the Department of Defense's new Center of Excellence for Psychological Health and Traumatic Brain Injury. The \$411,000, 2-year grant will study the effectiveness of a technique that includes meditation, biofeedback, and small group support. The technique was developed by the Washington-based Center for Mind-Body Medicine.

U.S. Pharmaceutical Sales Outlook

The U.S. pharmaceutical market is expected to grow 1%-2% in 2009, resulting in sales of about \$292-\$302 billion, according to analysis from the health care market research firm IMS Health. This latest projection is down from the 2%-3% increase projected by IMS earlier this year, and reflects the expected impact of patent expirations, fewer launches of new products, and the slowing U.S. economy. Worldwide pharmaceutical sales are expected to grow 4.5%-5.5% in 2009, similar to growth this year.

HIPAA Enforcement 'Limited'

The Centers for Medicare and Medicaid Services has not provided effective oversight and has taken only "limited actions" to ensure that covered entities adequately implement patient privacy regulations contained in the Health Insurance Portability and Accountability Act of 1996, according to a report from the Health and Human Services Department's Office of Inspector General. The OIG found that the CMS had not conducted any compliance reviews of covered entities, and instead relied on complaints to target investigations. However, the CMS has received very few complaints about violations, the report said. "As a result, the CMS had no effective mechanism to ensure that covered entities were complying with the HIPAA security rule" or that electronic health information was being adequately protected, the report concluded. CMS has taken steps to begin conducting compliance reviews in an effort to identify security problems and vulnerabilities under HIPAA, the OIG said.

—Alicia Ault

Health Reform '09: Major Overhaul—Or Not

BY JOYCE FRIEDEN
Senior Editor

WASHINGTON — Can President-elect Barack Obama really shepherd through major health reform? Not until the Medicare physician payment system gets fixed, according to Robert Laszewski.

"How do you plan a health care budget in Medicare and the private sector for years on out if you haven't agreed on how you're going to pay the doctors?" Mr. Laszewski said at a conference on the impact of the November elections sponsored by Congressional Quarterly and the Public Affairs Council.

Unfortunately, many obstacles lie ahead before the payment system can be fixed, said Mr. Laszewski, president of Health Policy and Strategy Associates, a health care consulting firm.

"The primary care physicians are clearly underpaid, and a lot of people think that the specialists are overpaid," he said.

Although everyone agrees that the Medicare payment system needs to be reformed and that Medicare costs need to be trimmed, "the problem is, who's going to give up the money?" he continued. "The definition of physician payment reform is to pay the primary care physicians more and pay the rest of us more, and that's not going to fly."

Congress can't keep making temporary fixes, Mr. Laszewski said, because a fix that lasts for, say, 3 years will be followed by a 36% fee cut because of the way the Sustainable Growth Rate (SGR) payment formula works.

In the meantime, analysts and legislative aides are considering whether smaller health reforms might be possible.

"Do you have to do something big?" asked Robert Blendon, Ph.D., professor of health policy and political analysis at the Harvard University School of Public Health. "I believe not, but it has to be something that looks like a big down payment."

And policy makers have to be clear about what their overall goals are, said Christine Ferguson, J.D., of the department of health policy at George Washington University, Washington.

"There is a group of people who want to use health reform to improve health outcomes; another group that wants to control costs [in terms of] the percentage of gross domestic product that goes to health care; and a third group that wants to protect people from high [out-of-pocket] costs," Ms. Ferguson said.

"So it's very important we're very clear about which of those goals we're trying to achieve."

Rather than passing a major health reform bill right away, the panelists suggested that President-elect Obama could urge Congress to pass a package of smaller reforms, which could include less-con-

troversial items as expanding the State Children's Health Insurance Program (SCHIP).

In addition, the new administration might focus on setting up a cost-containment board to come up with ideas for reducing health spending, and helping individuals and small businesses buy health insurance—possibly by giving them subsidies to help pay for it.

"These items are all no-brainers," according to Mr. Laszewski.

But some Senate Democrats are looking to take a more aggressive approach. Sen. Edward M. Kennedy (D-Mass.), who chairs the Senate Health, Education, Labor and Pensions Committee, wants to craft comprehensive health reform legislation that follows the framework of the Obama plan, said Michael Myers, who serves as staff director for the committee.

"With the Obama victory, the question is no longer whether we'll pursue comprehensive health reform but when and exactly what form," Mr. Myers said during a postelection briefing sponsored by the advocacy group, Families USA.

(At press time, former Sen. Tom Daschle of South Dakota has emerged in press reports as the president-elect's likely nominee as the next secretary of the Department of Health and Human Services. Such a selection would suggest that Mr. Obama is serious about making health care reform a top priority.)

While there are many health reform proposals circulating on Capitol Hill, the best chance for success is a single-bill strategy, Mr. Myers said, and Sen. Kennedy is urging fellow Democrats to unite behind the proposal from President-elect Obama.

Legislation has not yet been drafted, but whatever comes out of the Congress will need to address both the cost and quality of health care in addition to expansion of coverage to the uninsured, according to Mr. Myers.

"It's going to be kind of an organic process," he said. "I'm sure there will be fits and starts."

In the weeks leading up to the election, aides to Senate Democrats had been trying to lay the groundwork for this legislation by meeting with stakeholders from across the spectrum.

And now that the election is over, Mr. Myers said there will be more discussions with Republicans in Congress.

The interest in achieving comprehensive health reform and the cooperation among stakeholders is higher now than at any point in the last 25 years, said Ron Pollack, executive director of Families USA.

"There's a very significant likelihood that meaningful health reform will be a top and early priority for action in the 111th Congress," Mr. Pollack said. ■

Mary Ellen Schneider, New York Bureau, contributed to this report.

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