

Safety Net Being Stretched To the Breaking Point

BY JOEL B. FINKELSTEIN
Contributing Writer

WASHINGTON — Community health centers, public hospitals, and other safety net providers are seeing a steadily growing number of low-income patients, while specialty care for these patients is becoming scarce, according to the results of a biennial national survey conducted by the Center for Studying Health System Change.

“The saga continues with rising demands and expectations on safety net providers. They have, lucky them, solidified their lock on the uninsured market in most of our communities,” Robert Hurley, Ph.D., of the department of health administration at

Because of a lack of other sources of care, the number of mental health visits to community health centers has more than doubled over the past 5 years.

Virginia Commonwealth University, Richmond, said at a conference sponsored by the Center for Studying Health System Change (HSC).

For example, despite strong growth in the capacity of community

health centers across the country, many still are overwhelmed not only by uninsured patients and immigrants but also, increasingly, insured patients.

“[The number of] private insurance patients [is] growing at twice the rate of the general population growth in health centers,” said Daniel Hawkins, senior vice president at the National Association of Community Health Centers.

Health centers have absorbed a 60% increase in patients since 2001 and are now seeing 16 million patients a year.

“The privately insured patient population is over 2.1 million out of those 16 million. It’s literally one of every six health center patients,” he said.

High-deductible and cost-sharing policies are a big part of that, but so is paltry coverage, Mr. Hawkins said.

Community health centers are also struggling to meet the demand for specialty care, which has grown scarce for low-income patients in the 12 communities surveyed by HSC.

“If you looked at our communities, virtually every one of our communities, and looked at the needs for specialty care for the Medicaid as well as the uninsured populations, if you took away the employed positions in safety net hospitals and the faculty positions in the academic health centers, specialty care would not be available,” Dr. Hurley said at a conference to release the findings of the most recent center survey.

The lack of other sources of care is especially acute in the area of mental health. The number of such visits to community health centers has more than doubled over the past 5 years.

“Wellness care [and] well-child care im-

munizations are the most common reasons for visits to a health center, but diagnostically, it’s diabetes, hypertension, and mental health,” Mr. Hawkins said. “It’s not schizophrenia; it’s not psychoses; it’s all the stress, anxiety, and depression that goes with trying to keep a roof over the family’s head and put food on the table when you’re making seven bucks an hour,” he said. ■

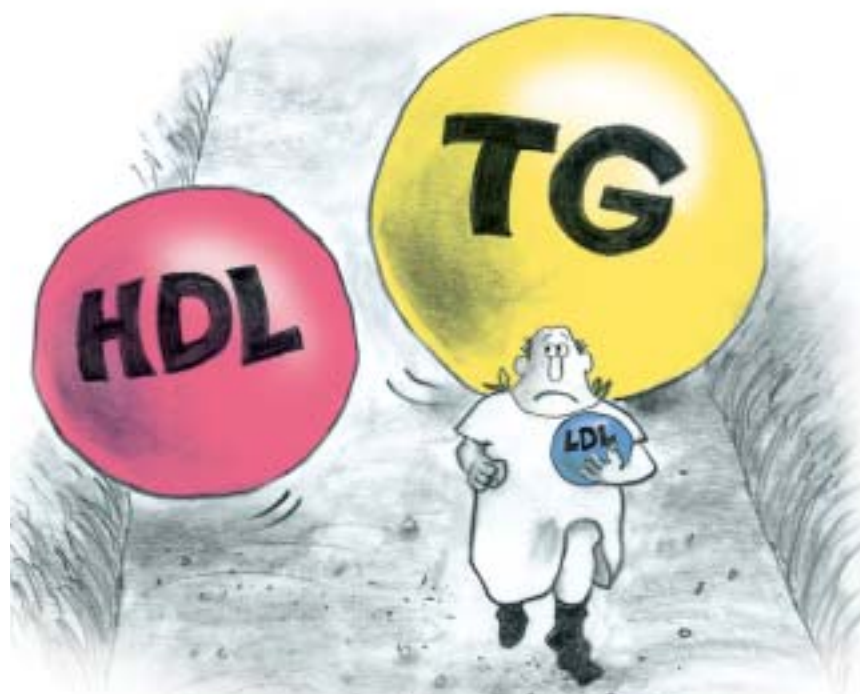
UPCOMING MEETINGS

- American Academy of Hospice and Palliative Medicine
- American Contact Dermatitis Society
- American Academy of Dermatology
- Conference on Retroviruses and Opportunistic Infections
- American Academy of Pain Medicine
- American Society of Clinical Oncology: Genitourinary Cancers Symposium
- American Heart Association: International Stroke Conference

We Are There For You



In the mixed dyslipidemic patient **LDL-C may be the first to be addressed, but watch out for other lipid risk factors**



For overall lipid management, address lipid residual risk factors: high TG and low HDL-C¹

Prescribe

TriCor[®] 145 mg
fenofibrate tablets & **48 mg**



Indications and Important Safety Information

Type IIa/IIb Indications²: •TriCor is indicated as adjunctive therapy to diet in adult patients with primary hypercholesterolemia or mixed dyslipidemia (Fredrickson types IIa and IIb) to: increase high-density lipoprotein cholesterol (HDL-C), reduce triglycerides (TG), reduce low-density lipoprotein cholesterol (LDL-C), reduce total cholesterol (Total-C), reduce apolipoprotein B (Apo B). •Lipid-altering agents should be used in addition to a diet restricted in saturated fat and cholesterol when response to diet and nonpharmacological interventions alone has been inadequate.

Important Safety Information²: •TriCor is contraindicated in patients with: hypersensitivity to fenofibrate; hepatic or severe renal dysfunction including primary biliary cirrhosis; unexplained persistent liver function abnormality; and preexisting gallbladder disease. •Fenofibrate has been associated with increases in serum transaminases. Regular liver function monitoring should be performed, and therapy discontinued if enzyme levels persist >3 times the normal limit. •Fenofibrate may lead to cholelithiasis. If cholelithiasis is confirmed, TriCor should be discontinued. •TriCor may increase the effects of coumarin-type anticoagulants. Dosage adjustment based on frequent prothrombin time/INR determinations is advisable. •The combined use of TriCor and HMG-CoA reductase inhibitors should be avoided unless the benefit of further alterations in lipid levels is likely to outweigh the increased risk. This combination has been associated with rhabdomyolysis, markedly elevated creatine kinase levels and myoglobinuria, leading to acute renal failure. •TriCor may occasionally be associated with myositis, myopathy, or rhabdomyolysis. Muscle pain, tenderness, or weakness should have prompt medical evaluation. Discontinue TriCor if markedly elevated CPK levels occur or myopathy/myositis is suspected or diagnosed. •The effect of TriCor on coronary heart disease morbidity and mortality and noncardiovascular mortality has not been established. •Other precautions include pancreatitis, hypersensitivity reactions, and hematologic changes. •Adverse events most frequently observed in clinical trials: abnormal liver function tests; respiratory disorder; abdominal pain; back pain; and headache.

References: 1. National Heart, Lung, and Blood Institute. *Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III)*. Bethesda, Md: National Institutes of Health; 2002. NIH publication 02-5215. 2. TriCor tablets package insert, Abbott Laboratories.

www.tricortablets.com

Please see adjacent brief summary of Full Prescribing Information

© 2007, Abbott Laboratories Abbott Park, IL 60064 07A-030-S868-1 March 2007 Printed in U.S.A.

Abbott
A Promise for Life