POLICY & PRACTICE

Part D Enrollment Begins

Starting last month, Medicare beneficiaries began enrolling in prescription drug plans as part of the new Medicare Part D benefit that will begin on Jan. 1. Beneficiaries who enroll in drug plans by the end of this year can begin receiving benefits on Jan. 1, but individuals who haven't made up their minds can continue to enroll until May 15, 2006. As the enrollment period kicked off last month, the health insurance industry was optimistic. Karen Ignagni, president and CEO of America's Health Insurance Plans (AHIP), said its member health plans were seeing higher than expected numbers of calls from Medicare beneficiaries with questions about the plans. And the questions are specific, with beneficiaries asking about drug availability, which pharmacies are participating in plans, and how much their out-of-pocket expenses will be with a plan, Ms. Ignagni said at a press conference. She recommended that Medicare beneficiaries who are evaluating different prescription drug plans consider five issues: Do they have drug coverage now? What drugs do they take? Do they purchase drugs from a particular pharmacy? How much will they pay in out-of-pocket costs for a particular plan? And do they want to stay in traditional Medicare and choose a separate drug plan or switch to a Medicare managed care plan that includes prescription drugs, physician services, and hospital care.

New Head for FDA Women's Health

Kathleen Uhl, M.D., has been named director of the Office of Women's Health at the Food and Drug Administration. Dr. Uhl, a family physician and a captain in the U.S. Public Health Service, most recently served as a supervisory medical officer in the FDA's Center for Drug Evaluation and Research. "Kathleen brings a breadth of professional experience, as well as a strong science background and passion for women's health, to her new position," said FDA Acting Commissioner Andrew von Eschenbach, M.D. Dr. Uhl's experience includes clinical practice, basic science and clinical research, drug application review, drug safety oversight, and women's health issues. Dr. Uhl also has dual faculty appointments at the Uniformed Services University of the Health Sciences in family medicine and internal medicine.

Groups Sue Over Part D

Countless numbers of poor men and women "will fall through the cracks" during transition to the new Part D drug benefit, medical groups stated in a lawsuit against the federal government. More than 6 million "dual eligible" patients—those who are enrolled in both Medicare and Medicaid—will lose their Medicaid drug coverage on Jan. 1. The groups said that they are seeking protections for patients who are not seamlessly and immediately transitioned to the new Part D drug benefit program. "The poorest, sickest, and oldest Americans face grave risk of losing their life-saving medications once the clock strikes twelve on New Year's," said Robert M. Hayes, president of the Medicare Rights Center, a national consumer service group and one of the plaintiffs. In particular, those beneficiaries who are cognitively impaired or only have a high school diploma will have problems mastering the complexity of the new drug benefit, the lawsuit indicated. A spokesman with the Centers for Medicare and Medicaid Services said the agency was not commenting on the pending lawsuit.

Patients Satisfied Despite Cost

Most Americans remain satisfied with the quality of their health care despite rising health care costs, according to a survey from the Employee Benefit Research Institute (EBRI), a nonprofit group that disseminates data on employee benefits. "Satisfaction with health care quality is high, but few are happy about the cost of health care," EBRI President Dallas Salisbury said in a statement. "Beyond that, the survey appears to confirm the notion that Americans tend to leave cost out of the equation when considering health care quality." Almost 6 in 10 Americans are extremely or very satisfied with the quality of medical care they receive. However, only 28% were satisfied with the cost of health care coverage. A difference of opinion existed between lower and higher income patients about quality of care. Those with household incomes under $35,000 a year were less than half as likely as those with incomes of at least $75,000 a year to describe the health care system as excellent or very good. The survey represented telephone interviews with 1,003 individuals aged 21 years and older.

Improving Uncompensated Care

Hospitals have established more generous uncompensated-care guidelines for uninsured patients after a torrent of publicity about aggressive hospital billing and collection practices and a series of lawsuits alleging that hospitals overcharge these patients, the Center for Studying Health System Change (HSC) reported. The study is based on HSC's 2005 site visits to 12 nationally representative communities. "In every HSC community, most hospitals have either recently changed their pricing, billing, and collection policies or tried to improve the clarity of the information provided to patients," said HSC research analyst Andrea B. Staiti, coauthor of the study. For example, it is now common for hospitals in the 12 surveyed communities to provide uncompensated care to uninsured patients with incomes of less than 200% of the federal poverty level, and to offer sliding-scale discounts for patients with incomes up to 400% or 500% of the federal poverty level.

—Jennifer Lubell

Insurance Denials Might Deter Alcohol Screening

BY MARY ELLEN SCHNEIDER
Senior Writer

Nearly 25% of trauma surgeons report that they have been denied payment by an insurer in the last 6 months because a patient was under the influence of alcohol or drugs when his or her traumatic injury occurred, according to Larry M. Gentilello, M.D., of the University of Texas Southwestern Medical Center at Dallas, and his colleagues.

The failure to pay on the part of insurance companies may be affecting alcohol screening and treatment practices in hospitals, the researchers said.

The researchers analyzed responses from 98 general trauma surgeons around the country and found that less than half reported routinely measuring blood alcohol concentration among their patients even though 91% of respondents said it was important to do so. The findings are slated to be published in the Journal of Trauma Injury, Infection, and Critical Care.

The barrier for many physicians is the Uniform Accident and Sickness Policy Provision Law (UPPL), a national model law that allows insurance carriers to deny coverage for injuries sustained while under the influence of alcohol or drugs. The model law was developed in 1947 by the National Association of Insurance Commissioners, and as of April 2004, it had been adopted by 38 states and the District of Columbia.

But in 2001, the commissioners amended the model law to prohibit insurers from applying the substance abuse exclusion to medical expenses. As of April 2004, six states adopted the new model law.

In general, trauma surgeons were not familiar with the UPPL. For example, only 13% reported that they practiced in a state with a UPPL in effect, but 70% of the respondents were from states with such a statute in place. However, the survey results also indicate that the general fear of insurance denials may be causing some physicians to circumvent the laws by not documenting the use of alcohol or drugs.

Dr. Gentilello and his colleagues found that only 37% of surgeons report that half or more of their patients with alcohol problems receive counseling. And 82% of the respondents said that if there were no insurance barriers, they would be willing to help their trauma center establish a brief alcohol intervention program if provided with other clinical tools.

Either physicians are not screening and documenting intoxication or insurers are not applying the law in every case, the researchers wrote, because with 35%-50% of trauma patients estimated to be under the influence of alcohol or drugs, trauma centers could not absorb the resulting cost of uncompensated care.

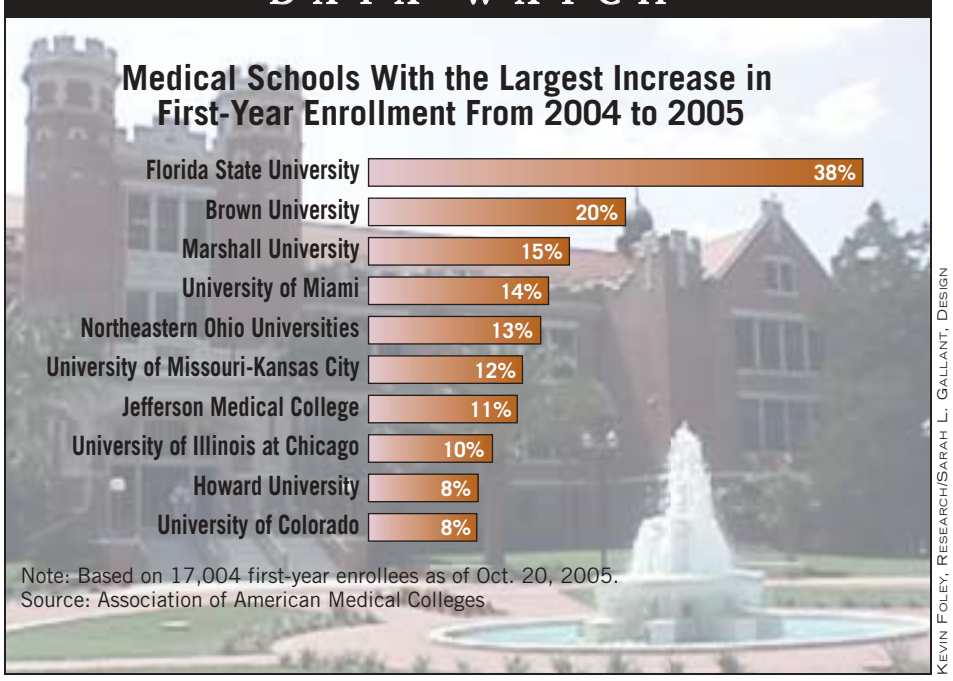
The researchers conducted a separate anonymous e-mail survey of state legislative leaders. Researchers analyzed responses from 56 legislators. Most were not sure whether the UPPL existed in their state but generally favored prohibiting alcohol-related exclusions in medical expense policies.

Studies specifically looking at alcohol screening and intervention among injured patients show that brief interventions can reduce future alcohol use and hospital readmissions, Dr. Gentilello, professor of surgery and chairman of the division of burns, trauma, and critical care at the University of Texas Southwestern Medical School, said in an interview.

After being treated for a serious injury resulting from substance abuse, most patients are in an ideal state of mind for this counseling. "They've had a real teachable moment," Dr. Gentilello said. "Trauma presents a crisis we can capitalize on."

But the existence of the UPPL means that physicians who practice good medicine by screening and treating alcohol and drug abuse are denied payment, said Eric Goplerud, Ph.D., professor at the George Washington University in Washington and director of Ensuring Solutions to Alcohol Problems, a group that provides research information on effective alcohol treatment as a part of the university's medical center. ■

DATA WATCH



KEVIN FOLEY, RESEARCH/SARAH L. GALLANT, DESIGN