

More Pregnant Women Getting Mandatory Drug-Abuse Therapy

BY NANCY WALSH
New York Bureau

TORONTO — The number of pregnant women entering court-mandated substance abuse programs has increased in the years since the advent of the crack cocaine epidemic, Dr. Mishka Terplan said at the annual conference of the American Society of Addiction Medicine.

Among the more than 6 million women admitted for drug and alcohol abuse treatment between the years 1994 and 2005, about 220,000 were pregnant. By the end of that period, the annual number of pregnant women entering treatment via the criminal justice system had risen 30%, according to an analysis of data from the Treatment Episode Data Set.

In undertaking an analysis of women treated with “compassionate coercion,” for which Dr. Terplan was given the society’s young investigator award, he presumed he would find disparities between pregnant women who enter treatment via the criminal justice system and those who enter treatment voluntarily.

The concept of coercive treatment is not new. Therapeutic prison farms were established by the U.S. Public Health Service in the 1930s, but criminal justice referrals for substance abuse in general have increased across all segments of the population in recent years. The proportional increase has been greater for women than men, and even greater for pregnant women. In a speech on the occasion of the unveiling of the 2006 National Drug Control Strategy, President Bush said, “Getting people into treatment will require us to create a new climate of compassionate coercion, which begins with family, friends, employers, and the community, and uses the criminal justice system.”

Dr. Terplan said that he expected to uncover disparities in terms of the unequal application of a system of social control, and that women of color,

those who use hard drugs, those with psychiatric problems, and those with less education and of lower socioeconomic class would preferentially enter mandatory rather than voluntary treatment.

It turned out that black women were only half as likely to be referred through the criminal justice system as were white or Hispanic women, and women with psychiatric diagnoses other than substance abuse also were less likely to enter treatment via the criminal justice system. “This was probably because they are already hooked up with care for their mental illness,” he said.

Pregnant women who enter court-ordered treatment after an event such as an arrest for driving while intoxicated were likely to be in their 20s or 30s, and about half had at least a high school education.

“A whopping 87% were unemployed, 46% were receiving Medicaid, 41% said they had no insurance, and 6% said they had private insurance,” said Dr. Terplan of the department of obstetrics and gynecology, University of Chicago.

The analysis also showed that there had been a shift in the substances being abused over the time period of the study. Alcohol and cocaine were the primary substances reported in 1994, but by 2005 use of methamphetamine and marijuana

were most likely to result in mandatory admission, with adjusted odds ratios of 1.9 and 1.5, respectively.

Another shift over time has been an increase in the number of Hispanic women entering court-ordered treatment. In 1994 they were 20% less likely than white women to enter treatment via the criminal justice system, but by 2005 they were just as likely to enter treatment via criminal justice as white women.

“No other group of mothers lays claim to the unspeakable in quite the same way as pregnant drug users,” he said. “Even when they make substantial strides during pregnancy to reduce the risk of drug use to their babies, the image of the ideal mythical mother looms over their shoulders and over the shoulders of people who have the power to determine their futures,” Dr. Terplan said. ■

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Agreement Sets Rules For Physician Ratings

BY MARY ELLEN SCHNEIDER
New York Bureau

Under an agreement among physicians, consumers, employers, and large insurers, some health plans have agreed to have their physician rating systems audited by independent experts.

The announcement comes after physicians around the country have questioned the methods used by health plans to produce the physician performance ratings for consumers.

Under the voluntary agreement, known as the Patient Charter for Physician Performance Measurement, Reporting, and Tiering Programs, health plans would disclose their rating methods. In addition, physicians would have a chance to review their performance data and challenge it prior to publication.

The project was led by the Consumer-Purchaser Disclosure Project, a coalition of consumer, labor, and employer organizations that support publicly reported health performance information.

Other principles of the Patient Charter state that the measures should aim to assess whether care is safe, timely, effective, equitable, and patient centered. The measures used should also be based on national standards, preferably those endorsed by the National Quality Forum. The principles of the Patient Charter do not apply to pure cost-comparison or shopping tools.

The Patient Charter has the support of the American Medical Association and some heavy hitters in the insurance industry have agreed to abide by the principles of the charter, including trade group America’s Health Insurance Plans (AHIP), as well as Aetna, Cigna, UnitedHealthcare, and WellPoint.

Other health plans are likely to follow suit, said Susan Pisano, AHIP spokeswoman. Third-party review of rating systems and allowing physicians to review and challenge data before they become public will likely become the industry standard, she said.

“We believe strongly that consumers both want and need good information on health care quality,” Ms. Pisano said.

Now that the Patient Charter has laid down the ground rules for how clinical performance measures should be used, the next step is to ensure that physician ratings accurately reflect all the care given, because patients are generally scattered across multiple health plans. Ms. Pisano said the AHIP Foundation is studying how to aggregate data from across different plans to provide a full picture of physician quality. ■

Insured Patients Get Earlier Cancer Diagnoses

BY TIMOTHY F. KIRN
Sacramento Bureau

People who are uninsured or covered by Medicaid are more likely to be diagnosed with cancer later than those with private insurance, according to a review of more than 3 million cancer cases.

The cancers most likely to be diagnosed at a more advanced stage in this population were those that could be detected by screening or symptom assessment by a physician, according to the study.

Uninsured or Medicaid-covered patients were twice as likely to be diagnosed with stage III colorectal cancer as patients with private insurance, and 1.6 times more likely to be diagnosed with stage IV colorectal cancer, wrote Dr. Michael T. Halpern and colleagues, from the American Cancer Society, Atlanta.

The 5-year survival rate for colon cancer is 93% if it is diagnosed at stage I, 44% if diagnosed at stage IIC, and only 8% if diagnosed at stage IV (Lancet Oncol. 2008 Feb.

18 [doi:10.1016/s1470-2045(08)70032-9]).

The review used information from the U.S. National Cancer Database, a hospital-based registry that collects information from 1,430 facilities, and included information from 3,742,407 patients diagnosed between 1998 and 2004. The database captures about 75% of all cancer cases diagnosed in the United States, Dr. Halpern and colleagues said.

The review included patients with 12 cancers: breast, colorectal, lung, prostate, urinary bladder, non-Hodgkin’s lymphoma, uterus, kidney, melanoma, pancreas, thyroid, and ovary.

Uninsured patients had a significantly increased likelihood of presenting with stage II, III, or IV cancer at diagnosis, compared with insured patients. The largest odds ratio for diagnosis at stage II, compared with stage I disease was for colorectal cancer (odds ratio 1.9). For diagnosis at stage III or stage IV, compared with stage I, the largest odds ratio was for breast cancer (OR 2.9). In comparison to

privately insured patients, the study found Medicaid patients had an increased risk of presenting with stage II vs. stage I disease for 6 of the 12 cancers, and with stage III or IV vs. stage I disease for 11 of the 12 cancers.

In comparison to whites, blacks were more likely to be diagnosed at stage III or stage IV for 10 of the 12 cancers regardless of insurance status.

Hispanic patients were more likely to present with more advanced-stage disease at diagnosis than were white patients. Odds ratios for presenting with more advanced-stage disease were generally lower for Hispanics than for black patients.

Because the findings of later diagnosis were found across all the types of cancer that can be detected early with screening or prompt medical attention, “These findings have important implications for screening programmes and access to medical care,” Dr. Halpern and colleagues wrote. ■

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