

## POLICY &amp; PRACTICE

**Breast-Feeding Support Still Lacking**

Many hospitals continue to fall short in their support of breast-feeding by new mothers, according to a study published in *Morbidity and Mortality Weekly Report*. The findings are based on a national survey of maternity practices that scored (on a scale of 0-100) how hospitals and birth centers across the country support breast-feeding. The mean national score was 63, with hospitals and birthing centers scoring best on direct breast-feeding assistance (mean score, 80) and worst on providing support after discharge (mean score, 40). In addition, the researchers found that many hospitals and birthing centers engaged in practices that have been shown to interfere with breast-feeding. For example, 70% of facilities reported providing breast-feeding mothers with infant formula samples. More than 2,600 hospitals and birthing centers responded last year to the study, the Center for Disease Control and Prevention's first national Maternity Practices in Infant Nutrition and Care survey.

**SG Releases Preterm Birth Agenda**

The Surgeon General, along with a panel of experts in obstetrics, pediatrics, and public health, has released a national agenda aimed at combating the rising rate of preterm birth. Among their priorities: a national education program to engage women in preventing premature labor, and studies to identify biomarkers that would signal the beginning of preterm labor. The broad-based agenda covers biomedical research; epidemiologic research; psychosocial and behavioral considerations; professional education and training; public outreach; and quality of health care and health services. The agenda was crafted during a 2-day, Congressionally mandated conference last month.

**DTC Drug Ads and Women**

The Society for Women's Health Research is asking Food and Drug Administration officials to expand their study of demographic differences in the effects of direct-to-consumer drug advertising to include gender. Congress has tasked the FDA with analyzing the effect of DTC ads by age, race, and ethnicity. "It is very likely that DTC ads are and will be specifically targeted to communicate to women. Biological sex should be a vital component to any research in this area and collection of such data will be the only way to efficiently and effectively examine the impact of DTC ads on women," Phyllis Greenberger, president and CEO of the Society for Women's Health Research, wrote in a letter to the FDA. Ms. Greenberger also noted that DTC ads should educate consumers that men and women may experience different biological responses, even when they take the same drug.

**Contraceptive Research**

Officials at the Contraception and Reproductive Health (CRH) Branch, part of the National Institute of Child

Health and Human Development, are considering a consortium program to help develop new, nonhormonal contraceptives. The program would likely emphasize research on male contraceptives, according to a draft report from the CRH that outlines future research directions. In addition, branch officials plan to continue work on developing hormonal contraceptives for women that have better safety and side-effect profiles. For example, researchers plan to consider testing products that could be safer for obese women. The research directions are based in part on advice from a panel of 12 experts in contraception, reproductive endocrinology, drug development, clinical trials, epidemiology, and pelvic-floor disorders.

**Insurers Back Medical Home**

The board of directors of America's Health Insurance Plans (AHIP) has endorsed the concept of a medical home, and has sketched out what it sees as principles to guide the transformation of health care delivery into a coordinated, comprehensive approach. The board voted to approve the principles in June at the organization's Institute 2008 meeting. The board suggested that "many clinical settings can potentially constitute a patient-centered medical home," but that all of those settings should follow the eight broad principles it outlined, including the following: Care should be comprehensive and individualized to suit each patient; coordination should include strategies to engage the patient; health information technology should be employed; clinicians should commit to being accountable for quality and to measuring and reporting on outcomes and cost-effectiveness; and payments should reflect the level of management involved and should help support the cost of developing a medical home infrastructure.

**AMA Launches Report Card**

The American Medical Association in June launched a campaign to cut waste from the insurance claims process with a new health-insurer report card. "To diagnose the areas of greatest concern within the claims processing system, the AMA has developed its first online rating of health insurers," said Dr. William Dolan, an AMA board member. The report card, based on a random sample pulled from more than 5 million services billed electronically to Medicare and seven health insurers, found that insurers reported to physicians the correct contracted payment rate only 62%-87% of the time. In addition, it found that there is extremely wide variation among payers as to how often they apply computer-generated edits to reduce payments (from a low of less than 0.5% to a high of more than 9%). Physicians spend as much as 14% of their total revenue to ensure accurate insurance payments for their services, according to the AMA.

—Mary Ellen Schneider

# Employees, Employers Both Are Slow to Start Using HSAs

BY ERIK L. GOLDMAN  
Contributing Writer

WASHINGTON — While health savings accounts and other forms of tax-deferred, consumer-driven health care financing options have captured the fancy of many policy makers, such options have met with a lukewarm welcome among American employers and the people who work for them.

According to data from Forrester Research Inc., an independent technology and market research company, between 8 million and 9 million Americans were enrolled in a health savings account (HSA) or other tax-deferred plan as of June 2007, with 4.5 million new enrollees in 2007 alone. But consumer awareness of these options is still very low. A recent study by the Visa Corporation indicated that only 35% of all Americans have even heard of HSAs, and only 14% expressed any interest in starting one.

That is likely to change as HSAs prove their worth, Elizabeth Bierbower, vice president of product innovation for Humana Inc., said at a health care congress sponsored by the Wall Street Journal and CNBC. She pointed out that 5 years after the introduction of health maintenance organizations (HMOs), combined enrollment in all existing plans was only 5.5 million. That changed quickly, once major employers became convinced—for better or for worse—that HMOs would save them money. Ms. Bierbower predicted a similar trajectory for HSAs.

Diamond Management & Technology Consultants, an industry consulting company, projects that by 2010 employees and their employers will have put over \$75 billion in assets into HSAs. Last year, employer contributions to HSAs already were up over 50% from the previous year.

Some companies are taking a very proactive role in pushing HSAs, especially for lower- and middle-income workers. Ms. Bierbower said Humana has been a strong HSA advocate for its employees. "We try to encourage long-term thinking."

That, she said, is something grossly lacking in this country. People are simply not saving money, especially for health care needs. "People do not understand that Medicare does not cover everything." According to research from the Employee Benefit Research Institute, most near-retirees have already spent 95% of their pre-retirement income. The majority of workers aged 45-55 years have less than \$50,000

in savings. With copayments, pharmacy costs, and out-of-pocket expenses on the rise, even people with relatively generous health plans are finding that they still come up short. A Kaiser Family Foundation survey in 2006 showed that 29% of families reported that one or more members had difficulty paying medical bills.

Doctors, said Ms. Bierbower, often bear the brunt of Americans' lack of planning for health care expenses. In a Humana survey of consumer attitudes, researchers found that many Americans are quite willing to leave their physicians holding the bag, in the form of unpaid bills. "They tell us that health care providers are the last ones they will pay. They say things like, 'We know the doctor will take \$10 a month.' They perceive that doctors are rich and don't really need the money."

She added that people are much more inclined to ignore a doctor's bills than a hospital's, for the simple reason that hospitals tend to pursue their payments more aggressively and they can hurt peoples' credit ratings, something they perceive that individual doctors don't do. "We have to work with our employees and consumers to change this attitude. Doctors need to get paid," Ms. Bierbower stressed.

She said Humana, and many other insurance carriers like Aetna, Well-Choice/WellPoint, UnitedHealth Group, Kaiser Permanente, and Great-West have begun offering health care lines of credit to help people cover their out of pocket expenses, copayments, or gaps in existing coverage. The line of credit strategy is also a good option in conjunction with HSAs, to help cover sudden large expenses or as a stopgap in cases in which patients have exhausted their HSA savings. Humana's line-of-credit card is activated at the time of need, and can only be used to pay credentialed health care providers. The charges are interest free for 6 months. "We're not trying to encourage more credit card debt," Ms. Bierbower said.

Advocates of HSAs and other forms of consumer-driven coverage say that one of the primary virtues of these plans is that they push the end-user of health care services to become more cost conscious, and presumably more judicious, in their health care choices. In practice, this seems to be borne out: a Blue Cross Blue Shield Association study showed that 33% of HSA enrollees asked about prescription costs, compared with only 18% of enrollees in traditional plans. ■

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