POLICY & PRACTICE

Depression No. 2 in Disability Days

Major depression accounts for the second-largest number of days lost to disability in the United States—387 million days per year at the population level, second only to back and neck pain, at 1.2 billion days—according to a study by Harvard University and National Institute of Mental Health researchers. The study was published in the October 2007 issue of the Archives of General Psychiatry. The researchers analyzed data from the National Comorbidity Survey Replication, a nationwide survey of 9,282 adults. Overall, half the adult population reported one or more physical or mental conditions that kept them from fully functioning. Individuals averaged 32 days of disability a year. Disability was lowest among students, who reported 17.9 individual days, and highest among the unemployed and disabled, at 121.4 days. The authors said their results "confirm those of several other studies in suggesting that individual-level effects of mental conditions are as large as those of most chronic physical conditions."

Teens' Daily Substance Use High

A snapshot of adolescents across America on any given day finds that 1.2 million smoked, 631,000 drank alcohol, and 586,000 used marijuana, according to a Substance Abuse and Mental Health Services Administration report. Another 50,000 used inhalants, 27,000 used hallucinogens, 13,000 used cocaine, and 3,800 used heroin. "A Day in the Life of American Adolescents: Substance Use Facts" draws data from SAMHSA's National Survey on Drug Use and Health, Treatment Episode Data Set and the National Survey of Substance Abuse Treatment Services. The report also finds that 76,000 adolescents were in outpatient treatment on an average day in 2005 and that 10,000 or more were in nonhospital residential treatment. "By breaking the data down and analyzing it on a day-to-day basis, we gain a fresh perspective on how deeply substance abuse pervades the lives of many young people and their families," said SAMHSA Administrator Terry Cline, in a statement.

Nicotine Linked to Other Teen Ills

The nicotine in tobacco products poses a significant danger of structural and chemical changes in developing brains that can make teens more vulnerable to alcohol and other drug addiction, as well as to mental illness, according to a new white paper from Columbia University. The paper, commissioned by former top federal health officials, found that teens who smoke are 9 times likelier to meet the medical criteria for past year alcohol abuse or dependence and 13 times likelier to meet the medical criteria for abuse and dependence on an illegal drug than teens who don't smoke. The analysis also found that among teens 12-17 years, twice as many smokers as nonsmokers suffered from symptoms of depression in the last year, and smoking at a young age is related to panic attacks, general anxiety disorders, and posttraumatic stress disorder.

Lilly Warned on Cymbalta

A promotional brochure mailed to physicians on Cymbalta (duloxetine) delayed-release capsules overstates the drug's efficacy and "omits some of the most serious and important risk information associated with its use," said the Food and Drug Administration in a late September warning letter sent to the drug's maker, Eli Lilly & Co. The agency questioned the references used to support the efficacy claims, and also said that even though the brochure included information from the boxed warning, it did not include contraindications in uncontrolled narrow-angle glaucoma and with monoamine oxidase inhibitors.

Change Proposed in Detox Rule

The Drug Enforcement Administration is proposing to allow group practices to prescribe drug addiction treatments to 30 or more patients. Each qualifying practitioner in a group could offer maintenance or detoxification treatment to 30 patients at one time. In some instances, qualifying physicians would be able to treat up to 100 patients at once. The proposed rule was published in the Sept. 20 Federal Register. Comments on the rule are due by Nov. 19.

Eating Disorders in Adolescents

Factors such as teasing by family, personal weight concerns, and dieting/unhealthy weight-control behaviors are strong and consistent predictors of overweight status, binge eating, and extreme weight-control behaviors later in adolescence, a study in the American Journal of Preventive Medicine found. About 40% of overweight girls and 20% of overweight boys in the study engaged in either binge eating, extreme weight control, or both. The findings "suggest a need for decreasing weight-related pressures within an adolescent's social environment, decreasing weight concerns, and decreasing unhealthy weight control practices while promoting healthier alternatives," the study's authors concluded.

Social Programs Eat Federal Funds

Social Security, Medicare, and Medicaid combined to take up almost half of the federal government's nondefense, nonintelligence spending in 2005, according to the latest edition of the Census Bureau. Of the $2.3 trillion spent that year on direct expenditures, grants, contracts, loans, disability, insurance, and salaries and wages, almost $1.1 trillion went to the entitlement programs, with Social Security spending around $568 billion, Medicare around $336 billion, and Medicaid around $192 billion. Total spending was 6% higher than in 2004. The report can be accessed at www.census.gov.

—Alicia Ault

New CPT Codes Promote Interventions

BY SHARON WORCESTER
Southeast Bureau

Two new health care codes for substance abuse screening and brief intervention set to take effect Jan. 1, 2008, will "strengthen the doctor-patient relationship and incorporate a powerful preventive public health resource in America's health care system," according to the White House Office of National Drug Control Policy. But the medical community appears to be taking a wait-and-see approach.

Reimbursement for the new Current Procedural Terminology (CPT) codes (99408 and 99409) is a key concern among physicians informally polled about these new additions. The existence of codes does not ensure payment for the codes, and it is unclear whether the codes will be accepted by insurers.

"The key issue is not whether there are new CPT codes, but whether insurers and Medicare will pay for them, and could they be added to other CPT codes at the same visit," said Dr. David Spiegel, Willson Professor and associate chair in the department of psychiatry and behavioral services at Stanford (Calif.) University.

The potential value of these services for patients is another concern; some physicians question the value of "brief interventions" for substance use.

Dr. Jon O. Ebbert, an internist at the Mayo Clinic, Rochester, Minn., said years of either inadequate or no funding at all have left limited resources for physicians to refer to. In light of that, it seems that "the government is putting the cart before the horse" with the new codes, he said.

Similarly, Dr. Lee H. Beecher, a psychiatrist in private practice in St. Louis Park, Minn., said it would be encouraging to see evidence that adding such codes will change clinical practice.

"We already have too many CPT codes in medicine and fewer for mental health services, because our procedures are described as evaluation, psychotherapy, pharmacotherapy, [electroconvulsive therapy], and inpatient care management," said Dr. Beecher, also an adjunct professor of psychiatry at the University of Minnesota, Minneapolis.

"Psychiatrists sell time to the government. We are paid the same with no account of the patient's responses. This drives the common denominator to its lowest level and encourages 'upcoding' of work [intensity]."

Dr. Beecher said psychiatrists are currently being paid a low rate by Medicare for patient encounter time, so specifying the content of clinical interventions "will lead to the frustration of obsessive paperwork and whip cracking from clinic managers for 'productivity.' "

The new codes (99408 for interactions of 15-30 minutes, and 99409 for interactions over 30 minutes) were issued by the American Medical Association in October. The ONDCP statement says the codes will enable efficient reporting of screening services for drug and alcohol abuse (see box below), and increase the likelihood of appropriate interventions for those in need. Similar codes for tobacco use screening and intervention previously were instituted, thus tobacco use screening and cessation counseling are excluded in these codes.

The American College of Physicians, which did not create the codes but was involved in evaluating the codes and developing the language, will encourage private insurers to reimburse for the codes, Brian Whitman, a senior analyst for regulatory and insurer affairs with the ACP said in an interview.

Similarly, the American Academy of Family Physicians will be "watching closely to see what payers will do," Cindy Hughes, a coding and compliance specialist with the AAFP, said in an interview.

The AAFP's stance on the codes largely will depend on whether payers accept the codes and on the value that is assigned, Ms. Hughes said.

Nonetheless, some see potential benefits with the use of these codes.

"They implicitly acknowledge that screening and short intervention for substance abuse are practical and effective," said Dr. Rodrigo A. Muñoz, of the University of California, San Diego.

"This challenges most health professionals to give utmost attention to this problem."

Additionally, the codes are a reminder that substance abuse problems are "common, costly, diagnosable, treatable, and often associated with other diagnoses in many medical specialties," he said. ■

Sample Questions From the DAST

The Drug Abuse Screening Test is a tool that physicians can use to screen for drug abuse during office visits. Sample questions from the DAST include the following, according to the Office of National Drug Control Policy:

- ► Can you get through the week without using drugs?
- ► Are you always able to stop using drugs when you want to?
- ► Do you ever feel bad or guilty about your drug use?
- ► Have you neglected you family because of your use of drugs?
- ► Have you been in trouble at work because of your use of drugs?
- ► Have you engaged in illegal activities in order to obtain drugs?
- ► Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
- ► Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?