

POLICY & PRACTICE

Baby Cost: \$7,600

The cost of a birth—from prenatal care through delivery—averages roughly \$7,600, according to the Agency for Healthcare Research and Quality. The total, calculated in 2004 dollars, includes payments for hospital childbirth, prenatal office visits, prescription medicines, and other services. AHRQ also found that average spending for prenatal care for women with private insurance and women with Medicaid was about the same—approximately \$2,000. However, inpatient delivery costs differed: \$6,520 for those with private insurance and \$4,577 on average for Medicaid patients. On average, privately insured women paid about 8% of their total expenses out of pocket, while women on Medicaid paid only about 1% out of pocket. Only 23% of women had some prescription drug expenses associated with their pregnancy and the median amount of these expenses was \$640. About three-quarters of all prescription drug expenses during pregnancy were for nutritional products such as prenatal vitamins.

Verdict \$135M in HT Case

A jury in Reno, Nev., awarded about \$135 million to three women who contended that their breast cancer diagnoses were caused by hormone replacement drugs manufactured by Wyeth; the company said it would appeal. This is the seventh case to reach a verdict since trials began in HT litigation earlier this year, and the first case Wyeth has lost outright, although the verdict against Wyeth in one trial was overturned and judgment entered in favor of the drug manufacturer, and two other plaintiffs' verdicts were thrown out, with new trials ordered. The company faces more than 5,000 lawsuits over its products Premarin and Prempro. Wyeth has argued in court that it told physicians and patients about the elevated breast cancer risks and included them on the drugs' labels.

California Enacts AIDS Bill

California Gov. Arnold Schwarzenegger (R) has signed into law a measure that advocates say removes a major barrier to HIV testing by requiring a patient to give simple consent, rather than informed consent, prior to the test. The legislation, which had almost unanimous support in the California Legislature, also will streamline some of the procedures a physician must follow in testing a pregnant woman. The law "normalizes the process of testing by making HIV screening a routine part of medical care," said Joseph Terrill of the Sacramento-based AIDS Healthcare Foundation, adding that it also has provisions to maintain and safeguard patient confidentiality as well as an individual's right to choose whether to test.

Hispanic Women Confused on HPV

Hispanic women are less aware than other women that human papillomavirus (HPV) is sexually transmitted, according to a survey conducted by the

American Social Health Association. However, more Hispanic women than white and African American women believe that regular Pap tests are important, although large majorities in all three groups said regular Pap tests are "extremely important." Of the women surveyed, 85% said women should get Pap tests yearly, and 87% said they had had a Pap test in the past 3 years. However, the survey also found that one in four uninsured women have not had a Pap test in that time frame. The survey was conducted 1 year after the Food and Drug Administration approved a vaccine that protects against four strains of HPV. Women who said they had not heard of the HPV vaccine were excluded from the survey, but more than 90% said they had heard of it.

Vulvodynia Campaign Launched

The Office of Research on Women's Health at the National Institutes of Health has launched a campaign aimed at increasing awareness of vulvodynia, saying that a lack of sufficient consumer and health care provider information may contribute to delayed diagnosis and "the ultimate long-term suffering of vulvodynia patients." According to NIH, many women suffer with unexplained vulvar pain for months—even years—before a correct diagnosis is made and an appropriate treatment plan is determined. NIH is distributing both consumer- and physician-oriented materials, including frequently asked questions, online and print resources, fact sheets, and scientific articles on vulvodynia, via the campaign Web site, <http://orwh.od.nih.gov/health/vulvodynia.html>.

E-Prescribing Reduces Errors

Electronic prescribing significantly reduced medication errors, according to data from the Southeast Michigan ePrescribing Initiative (SEMI), a coalition of automakers, health plans, providers, a drug manufacturer, and a pharmacy benefits manager. The SEMI results show that among a sample of 3.3 million e-prescriptions, a severe or moderate drug-to-drug alert was sent to physicians for about 33%, resulting in a change to or cancellation of 41% of those scripts by the prescriber. In addition, more than 100,000 medication allergy alerts were presented, of which 41% were acted upon. And, when a formulary alert was presented, 39% of the time the physician changed the prescription to comply with formulary requirements. The SEMI program has generated nearly 6.2 million prescriptions using e-prescribing technology since its launch in February 2005. "The benefits of e-prescribing are overwhelming in terms of reducing medication errors, lowering prescription drug costs for patients and plans, and decreasing physician practices' administrative costs," said Marsha Manning, General Motors' manager of Southeast Michigan Community Health Care Initiatives, in a statement.

—Jane Anderson

Consumer-Directed Health Plans Pushed by Big Firms

BY JOEL B. FINKELSTEIN

Contributing Writer

WASHINGTON — Consumer-directed health plans remain popular with large companies despite a lack of enthusiasm among their workers, according to the results of a biennial national survey.

"Employers and health plans continue to be ... quite optimistic about the future for these plans despite the fact that to this point enrollment growth has been possibly slower than expected," Jon Christianson, Ph.D., said at a conference sponsored by the Center for Studying Health System Change (HSC).

In the interview-based survey conducted in 12 communities across the country, researchers working with HSC found that cost-sharing arrangements continue to be popular, although growth in the level of cost sharing has begun to level off. For most large companies, health care spending is rising at a slower rate than 4 years ago so that there is less pressure to share the pain. Some employers also reported that they have pushed cost sharing as far as they can.

"We were told by some employers—not a large number, but some employers—that they felt that they had moved deductibles up to the point ... where any further increases they could contemplate probably wouldn't have much of an impact on utilization and in changing people's decision making," said Dr. Christianson, professor

of health policy and management at the University of Minnesota, Minneapolis.

However, employers increasingly are encouraging their workers to make lifestyle changes that will potentially improve their health and reduce their need for medical services. Companies also are urging health insurers to provide more price information so that their workers can make informed decisions about health care.

That said, "There's still very little evidence on return on investment" on health promotion and price transparency, said Debra Draper, Ph.D., an associate director at HSC. "Employers really believe that these are the right things to do for their employees. And for some employers, setting up these types of tools is ... an interim step toward implementing tools like consumer-directed health plans."

Insurers simply respond to market demand, said Karen Ignagni, president and CEO of America's Health Insurance Plans, an industry trade group. "Our job is to offer a portfolio of products so that we can be nimble enough to give purchasers the alternatives that they want and consumers the alternatives they want," she said.

Both employers and employees want lower premiums. To get there, health plans are developing strategies that involve not only penalizing individuals who fail to take steps to manage their chronic conditions but also rewarding those who maintain good health, Ms. Ignagni said. ■

Med Schools: Best Enrollment Ever

The number of students entering medical school this fall—17,759—is the largest ever, according to the Association of American Medical Colleges.

While that number represents only a 2.3% increase from the previous year, there was an 8% increase in applicants, with 42,300 seeking to enter medical school in 2007. It was the fourth consecutive year in which the number of applicants was on the rise, after a 6-year decline.

In a briefing with reporters, AAMC President Darrell G. Kirch said that the continuing increase in applicants and enrollees shows "that the interest in medicine runs very strong in our country."

Applicants and enrollees are more diverse than ever, according to the AAMC. While the number of applicants who identified themselves as white or white combined with another ethnicity—26,916—still dwarfs other races, there was an increase in the number of minority applicants. There were 2,999 applicants who identified themselves as Latino or Hispanic alone or in combination with another race, 3,471 African American/combination applicants, and 9,225 Asian/combination applicants.

The number of black and Hispanic male applicants rose by 9.2%, which was larger than the growth of the overall applicant pool. Black male acceptance and enrollment increased by 5.3%, and Hispanic male acceptance remained even with 2006 levels.

There was a near-even split among men

and women applicants and enrollees.

The rise in applicants and enrollment represents some light at the end of the tunnel, he said. The AAMC and others have warned of looming physician shortages. Estimates range from 55,000 to 90,000 physicians across all specialties by 2020.

—Alicia Ault

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