

## Of Note

### **Ethical Issues as Scientists Peek into Baby Genes**

The National Institutes of Health announced a five-year pilot project to look at the ethical and practical questions of infant genome sequencing. In each of the four cities chosen, researchers will be studying different applications of the technology. At Children's Mercy Hospital in Kansas City, gene mapping will be used to diagnose newborns in the intensive care unit. At the University of California in San Francisco, the new technology will look for genes involved with immune disorders. At the Brigham and Women's Hospital in Boston and the University of North Carolina in Chapel Hill, the study will focus on healthy infants and observe what information parents want to know about their children. Dr. Jonathan Berg, lead researcher at UNC, cautioned, "we aren't even sure that genome-scale sequencing in newborns is really a good idea." He suggests that instead of a one-time genetic mapping, "we will use targeted sequencing at certain times in a person's life, when that specific information will actually be medically useful." (Lauran Neergaard, The Associated Press, Oct. 7, 2013).

### **Costliest One Percent of Patients Account for 21 Percent of U.S. Health Spending**

A recent report by the federal Agency for Healthcare Research and Quality found

that in 2010 five percent of patients accounted for 50 percent of all health care spending while the bottom 50 percent of patients account for only 2.8 percent of spending. The five percent, high-frequency patients, often suffer from heart failure, kidney disease, or diabetes together with psychiatric complications. A new phenomenon called "extreme uncoordinated care" contributes to these high-cost patients. The phenomenon refers to patients who use hospitals, out of habit or lack of knowledge, for care that can be achieved more cheaply and effectively through outpatient options. To lower costs and avoid readmission penalties under the Affordable Care Act, hospitals and insurance companies are developing coordinated care plans. One such program, the University of Michigan's Complex Care Management Program, assigns case managers to follow patients after discharge. The case managers assist the patients in getting to doctor appointments, obtaining medication, and utilizing other community resources. This program decreased annual spending by \$2,500 per patient. Another such program, Health Connect sponsored by Medical Mall Health Services, conducted similar activities, consultation before discharge, follow up calls and visits by nurses, and found similar results. Readmission to the hospital within 30 days of discharge dropped 34 percent. (Sandra G Boodman, Kaiser Health News, Oct. 8, 2013).

## Growing Up Poor Changes Young Brains

A recent study published in *JAMA Pediatrics* found that poverty in childhood affects brain structures later in life. The study conducted by Joan Luby, MD and colleagues at Washington University School of Medicine in St. Louis, reported that impoverished children have smaller white and gray matter and hippocampus and amygdala volume. The researchers did observe that parental support positively influenced left and right hippocampus volumes. In an editorial on the study, Charles A. Nelson of Boston Children's Hospital concluded, "Exposure to early life adversity should be considered no less toxic than exposure to lead, alcohol, or cocaine, and, as such, it merits similar attention from the public health authorities." (Christ Kaiser, [www.medpagetoday.com/Pediatrics/Paren-ting/42536](http://www.medpagetoday.com/Pediatrics/Paren-ting/42536), Oct. 28, 2013).

## Health Staffs Get Flu Shots to Avoid Penalty

Reporting flu vaccination rates among health-care workers is mandatory under a Centers for Medicare and Medicaid Services quality reporting program. Failure to report leads to penalties that would reduce payments. By 2020, the federal government wants the vaccination rate of health-care workers to be 90 percent. Some states require health-care workers to get the flu shot or sign a declaration stating their refusal. Some hospitals require the vaccination while others give the workers a choice: either

receive the vaccine or wear a mask. Karen Higgins, co-president of National Nurses United, said that while the union encourages vaccination it does not support mandatory vaccination. She also argues that the alternative of wearing a mask is not only difficult to do all day but appears to "brand" or shame workers who are not vaccinated. (Laura Landro, *The Wall Street Journal*, Oct. 31, 2013).

## We're No. 26! U.S. Below Average on Most Health Measures

A new report by the Organization for Economic Cooperation and Development (OECD) found that the United States spends more money on health care but Americans have a shorter life expectancy than the average. The annual survey compares 34 member countries on a spectrum of health related topics. The United States has excellent care for stroke and cancer patients but also has high rates of diabetes and heart disease related deaths. The U.S. infant mortality rate is 6.1 deaths for every 1,000 live births ranking it near the bottom and well below the OECD average of 4 deaths per 1,000. The survey also found that Americans have the highest rate of obesity at 36.5 percent. Americans have high rates of MRI exams (103 per 1,000 people), CT exams (274 per 1,000 people) and spends more on drugs (\$985 a year per person on average). (Maggie Fox, NBC News, Nov. 21, 2013).

### **\$50M Awarded Over Birth Defect; Test Said Baby Would Be OK**

Brock and Rhea Wuth had a 50-50 chance of having a child with a rare genetic defect called an “unbalanced chromosome translocation.” The lab results they received stated that their child would not have the defect. When their son, Oliver, was born it was found that he did have the rare genetic defect. Brock and Rhea Wuth filed a wrongful-birth case because if they had known about the defect they would have ended the pregnancy. In King County, Washington, the Supreme Court jury placed blame, equally, on the Valley Medical Center in Renton and Laboratory Corporation of America (LapCorp) in the amount of \$50 million. The Valley Medical Center did order the lab test but failed to send Lap Corp the additional information to test for the rare genetic disorder. LabCorp failed to follow procedure when it did not make a follow-up phone call to the Valley Medical Center. (Carol M Ostrom, *The Seattle Times*, Dec. 11, 2013).

*Students from the Center for Health Law Studies at the Saint Louis University School of Law contributed the following items to this column. Amy N. Sanders, assistant director, Center for Health Law Studies, supervised the contributions of health law students Courtney E. Thiele, (J.D. anticipated 2014) and Srishti Miglani (J.D./M.P.H. anticipated 2015).*

### **Medicaid Growth Could Aggravate Doctor Shortage**

In the 26 states expanding Medicaid, millions of Americans will be added to the Medicaid program, thereby burdening the existing shortage of doctors, mainly specialists, serving the Medicaid population. In addition, even in states not expanding Medicaid, many patients who were previously eligible but had not enrolled in Medicaid, are also predicted to add to the enrollment. Even though community clinics and managed care companies have hired more medical staff members and health professionals, this increase still might not be enough to meet the demand that will be created by the Medicaid expansion population. The low reimbursement rates have historically driven away doctors from serving Medicaid beneficiaries. The Affordable Care Act increases the Medicaid reimbursement rate for primary care doctors until the end of 2014, and this increase brings the Medicaid payment rates to the same level as Medicare. However, with the states’ slow implementation of this temporary payment increase, there is still an insufficient number of doctors accepting Medicaid patients. (Abby Goodnough, “Medicaid Growth Could Aggravate Doctor Shortage,” *The New York Times*, (Nov. 28, 2013), <http://www.nytimes.com/2013/11/29/us/ack-of-doctors-may-worsen-as-millions-join-medicaid-rolls.html>).

## Obama Administration Relaxes Rules of Health Care Law Four Days Before Deadline

One of the major promises made by President Obama regarding the Affordable Care Act (ACA) was that people who liked their existing health insurance plans will be able to keep them. However, that promise was broken when health insurance plans for several million people were canceled because the plans did not meet the new ACA benefit standards. In order to calm the public and political outrage over these canceled plans, the Department of Health and Human Services amended the rule, thereby allowing people with canceled health plans to either buy a bare-bones, catastrophic plan or claim a hardship exemption if the plans sold through the exchange were not affordable. Insurance companies did not welcome this change. The health insurance industry is concerned that this change is a step back for the ACA's goal to promote "affordable and comprehensive coverage on a widespread basis." Another fear facing the industry is that healthy people whose plans were canceled will claim the hardship exemption and not sign up for health insurance until they need it, which will create an imbalance in the insurance pool with more sick than healthy people. However, federal health officials do not think that many healthy people will opt for the exemption and will instead continue to be insured. (Amy Goldstein, "Obama Administration Relaxes Rules of Health-Care Law Four Days Before Deadline," *Washington Post*, (Dec. 19, 2013).

<http://www.washingtonpost.com/national/health-science/obama-administration-relaxes-rules-of-health-care-law-four-days-before-deadline/2013/12/19/81bc3132-690b-11e3-8b5b>

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## U.S. Doctors Warn Congress Cutting Food Stamps Could Mean Higher Medical Bills

As Congress prepares to come to a compromise—which will certainly include food stamp cuts—on the Farm Bill, doctors warn legislators of the detrimental health effects, mainly hunger, of such cuts. Over time, hunger can lead to increased rate of diabetes and developmental problems in young children. According to Dr. Thomas McInerney, past president of the American Academy of Pediatrics, poor families buy "cheap, high-calorie junk food" to satiate their hunger but that food does not provide them with proper nutrients. This can lead to later-in-life diabetes, or iron deficiency which could have a significant effect on the developing brain of a young child. According to the Agriculture Department, a family of four receives an average household benefit of only \$270 per month. The Supplemental Nutrition Assistance Program (SNAP) currently costs \$80 billion per year, but cutting food stamps could result in higher

medical costs under Medicare and Medicaid. A recent study conducted by the Robert Wood Johnson Foundation and the Pew Charitable Trusts, showed that a reduction of \$2 billion in food stamps could lead to an increase of \$15 billion in medical costs for diabetes over the next 10 years. However, proponents of cutting the food stamp program are fixated on the spiraling costs of the SNAP program. (“U.S. Doctors Warn Congress Cutting Food Stamps Could Mean Higher Medical Bills,” *The Guardian*, (Jan. 10, 2014, 11:16 PM), <http://www.theguardian.com/world/2014/jan/10/doctors-warn-congress-food-stamps-cuts-higher-bills>).

### **Surgeon General Report Links More Disease, Health Problems to Tobacco Smoking**

A new report issued by the Surgeon General shows even more diseases and health problems are now linked to the smoking of tobacco products than the commonly known risks of heart disease and lung cancer, determined to be linked to smoking cigarettes fifty years ago. These additional risks from smoking include developing the following: “Type 2 diabetes mellitus, age-related macular degeneration, erectile dysfunction and rheumatoid arthritis ... impair[ing] the immune system, worsen[ing] asthma and caus[ing] cleft lips and palates in fetuses.” There were also risks from exposure to secondhand smoke, including causing strokes. The Surgeon General’s report was the most recent in a series of 30 reports issued regarding the hazards of

smoking since 1964. In addition to the new risks found to be associated with smoking, this report found that the risk of developing lung cancer from smoking is much higher now than in 1964. The report attributes the likely cause to be changes in the design and composition of cigarettes. Despite the public health efforts resulting in a significant decline cigarette smoking in the United States (from 42% of adults in 1964 to 18% of adults in 2012), the CDC still reports that “443,000 Americans die each year” from cigarette smoking, indicating the need to continue the fight against smoking and the diseases it causes.

(Brady Dennis, Surgeon General Report Links More Disease, Health Problems to Tobacco Smoking, [http://www.washingtonpost.com/national/health-science/surgeon-general-report-links-more-diseases-health-problems-to-smoking-tobacco/2014/01/16/c0552c90-7eb5-11e3-95c6-0a7aa80874bc\\_story.html](http://www.washingtonpost.com/national/health-science/surgeon-general-report-links-more-diseases-health-problems-to-smoking-tobacco/2014/01/16/c0552c90-7eb5-11e3-95c6-0a7aa80874bc_story.html)).

### **To Schedule a Doc Visit, Get in Line**

A shortage of physicians is resulting in exorbitant wait times to see a doctor. In a survey of 15 metropolitan areas, including Boston, where wait times were longest, and Dallas, where wait times were shortest, the average wait time for new patients to see a physician is 18.5 days. The range varied by city and specialty. Despite these long waits, the survey actually showed a decline in wait times since 2009 when wait times averaged 20.9 days. However, with additional people gaining health care coverage under the

Affordable Care Act, the wait times may increase again. If physicians are not accepting Medicaid and certain insurance plans, the increased wait time will transfer to the emergency room departments. Despite the likely increase in volume, Ken Hertz of the MGMA Health Care Consulting Group, points out that volume is not the only factor to consider in managing wait times, and that effective scheduling and operating systems in place play a significant part. Mr. Hertz concludes, "The successful practices will figure out new ways and approaches to shortening wait times. This isn't going to be acceptable." (Jenny Gold, To Schedule a Doc Visit, Get in Line, <http://capsules.kaiserhealthnews.org/index.php/2014/01/to-schedule-a-doc-visit-get-in-line>).