

TRENDS & Ideas

HEALTH INSURANCE

Employees Carry Heavier Burdens

To more effectively manage costs, most employers are asking employees and retirees to pay more for health insurance (through larger premiums, copayments, or deductibles), are reducing health insurance benefits, or are offering redesigned benefit packages. These were the findings of a national study in which Coopers & Lybrand learned how 541 companies are responding to rising health insurance costs.

Cost shifting has by far been the major method for managing increases in health insurance costs. Many companies report they will accelerate the process, notes Coopers & Lybrand. Of the companies surveyed, 33 percent plan to further increase employees' share of health insurance premium costs, while 15 percent will increase employees' premium

costs for dependents. Deductibles will be higher for employees at 22 percent of responding companies. Copayments will increase for employees at 17 percent of responding companies, and 11 percent say they will reduce health insurance benefits.

In addition to cost control measures, 42 percent of respondents encouraged employees to make greater use of managed care options, and 35 percent plan to do so within the next year.

Current employees are not the only ones expected to accept a greater share of health insurance costs: Retirees will also be chipping in more. Coopers & Lybrand found that 63 percent of respondents plan to shift a larger percentage of health insurance costs to retirees. Of this group, 68 percent expect contri-

butions to increase for all retirees, 13 percent for retirees now under age 65, and 4 percent for participants now over 65.

Offering a flexible benefit plan to employees is another way companies can manage growing health insurance costs. Of companies surveyed, 38 percent offer such plans—"the most effective mechanism for controlling the portion of healthcare benefits funded by employers," according to Anthony F. Martin, a partner in Coopers & Lybrand's Human Resources Advisory Group. "The down side is that flexible benefits programs are more costly and complex to administer. Accordingly, companies must weigh the increased administrative costs against the potential for savings," he advises.

MENTAL HEALTH

The Key to Happiness

For centuries people have sought the key to happiness, which often seemed just out of reach. But after conducting many scientific studies, today's social psychologists report happiness is not as elusive as one might think, write David Gelman and Daniel Pedersen in *Newsweek*. Using sophisticated new tools such as the seven-point Delighted-Terrible Scale and the five-item Life Satisfaction Scale, experts have discovered most people are relatively happy.

Americans maintain a more consistent level of contentment than persons in other nations, note Gelman and Pedersen, but studies have shown happiness is prevalent throughout the Western world. "In most studies people report they feel predominantly pleasant emotions three fourths of the time and unpleasant ones a fourth of the time," says University of Illinois psychologist Ed Diener.

And what is the elusive secret to happiness? Most people report they find happiness through "sup-

portive, intimate connections with other people," says psychologist David Myers. Next in line come happy marriage and religious faith. Myers notes that persons married to their best friend are the happiest of all.

Not only do relationships make people happy, they also make negative aspects of our lives seem less negative. After asking study participants to think negative thoughts for 15 minutes, social psychologist Michael Argyle measured their mood. He then asked them to talk about their concerns. Argyle, who heads Oxford University's happiness laboratory, found that "talking about bad things isn't nearly as bad as thinking about bad things." He adds, "It halves the negative affect to share with someone else."

However, people can have close relationships and still not be happy because of the influence of their genetic makeup, Gelman and Pedersen note. Even the positive aspects of our lives "seem to be overridden by temperament," asserts Diener.



Sim Gellman

FUTURE OF MEDICINE

Intensive Changes



The intensive care unit (ICU) at the turn of the century will serve more patients with higher acuity levels than those of today, predict nurses interviewed for an article by Charles Meyer in the American Journal of Nursing.

The change in patient makeup in ICUs will in part be a consequence of the aging of the American population, suggests National Institutes of Health clinical nurse specialist Marianne Chulay. But improvements in medical care will also play a major role. Susan Woods, an associate professor of nursing at the University of Washington in Seattle, says that many conditions for which patients now require intensive care will be treated more routinely by the year 2000.

The combination of more patients and higher acuity will drive up demand for critical care nurses, Chulay says. Projections based on current utilization rates point to a 60 percent increase in the number of critical care nurses—from 250,000 in 1988 to 400,000 in 2000.

Nurses will also be

required to do more, often taking on roles that today are reserved for physicians, Chulay predicts. More nurses will be prescribing drugs, weaning patients from ventilators, and extubating them.

More advanced screening protocols will assist care givers in deciding which patients are appropriate candidates for the ICU. Thomas Ahrens, a clinical nurse specialist at Barnes Hospital in St. Louis, believes that government and third-party payers will rely increasingly on automated systems that determine whether a particular intervention is right for a given patient.

A number of other technological advances will also affect how care is provided at the ICU. One consultant predicted that devices to confirm proper placement of catheter or enteral tubes will be commonplace. Experts also agree that improvements in information technology will provide care givers with more data than ever on patients.

But perhaps one of the most interesting innovations will be the availability of monitors that can be linked directly to treatment devices.

CHILDREN

Career Foster Parents

To give foster children a better chance of finding a good home, the Missouri Department of Social Services now recruits "career foster parents," paying them professional wages provided they devote themselves full-time to the children's care and guidance.

In an article for the St. Louis Post-Dispatch, Martha Shirk writes that the program "responds to two converging trends: the decrease in the number of households with a parent at home during the day and the growing population of foster children with serious emotional problems." According to Eileen Mayers Pasztor, foster care specialist for the Washington, DC-based Child Welfare League, meeting these children's unique needs requires "a different set of skills" from those a natural parent needs to raise a normal child. Missouri's career foster parents must receive 39 hours of training initially, with 16 hours of extra training each year.

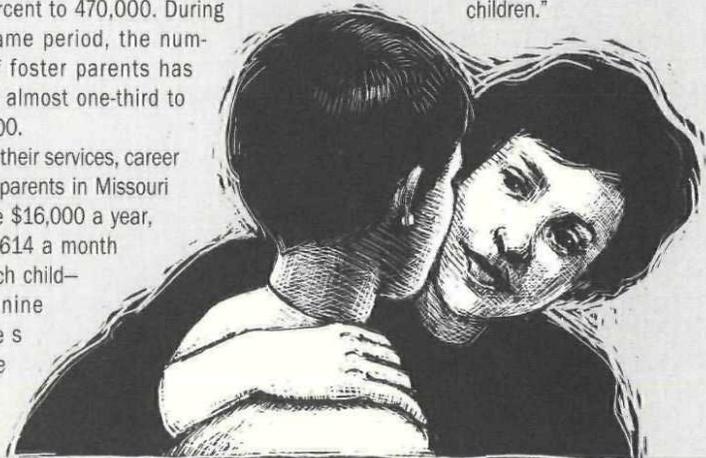
Increasing numbers of foster children, along with a dwindling pool of foster parents, are other reasons Missouri is trying to attract career foster parents. During the past five years the number of foster children nationwide has increased 40 percent to 470,000. During the same period, the number of foster parents has fallen almost one-third to 100,000.

For their services, career foster parents in Missouri receive \$16,000 a year, plus \$614 a month for each child—up to nine times more than tra-

ditional foster parents receive. Started at several pilot sites in February 1992, the program was expanded statewide in October.

Despite the high cost of hiring career foster parents, Missouri expects the program to save money. Shirk notes that the state pays \$127,020 a year to keep a child in a psychiatric hospital and \$33,675 for a child to stay in a children's home, compared with an average \$23,368 a year for career foster parents. Jim Hair, an area director with the Missouri Division of Family Services, said the program also enables the state to better serve the children. "It's almost impossible for a residential care facility or a psychiatric hospital to give a six-year-old the attention he needs and to help him become able to function in the community," he noted.

Jeannie Palladino, also with the Missouri Division of Family Services, points out that the state makes it clear to prospective career foster parents that they are taking on a challenge. "We tell them it's going to be difficult," she said. "We're talking about some very troubled and troubling children. It takes a lot of one-on-one work to create a change in these children."



For example, Ahrens believes a ventilator that automatically adjusts oxygen concentration in response to pulse oximeter readings is a distinct possibility within a decade.

Finally, the ICUs of the future promise to be less forbidding places. Nurses pre-

dict that machinery will be quieter, private rooms more common, and care givers more sensitive to patients' need for a peaceful environment. In addition, family members will be encouraged to visit more often and even participate in patient care. Such changes, according to

University of California nursing professor Patricia Brenner, will in part be the effect of nurses keeping faith with the "Nightingale edict"—the imperative to ensure that patients's surroundings promote, rather than detract from, healing and recovery.