Pregnant Women Escrow Meds

A minority of women believe it is safe to use antidepressants during pregnancy while they are pregnant, according to a new survey by the Society for Women's Health Research. The survey of 1,000 women was conducted by telephone in October; 500 family and general practitioners and internal medicine specialists were also queried. Only 11% of women said they would take to help to treat depression during pregnancy, compared with 68% of physicians. Less-educated and lower-income women and African American women were more likely to believe it was unsafe to take a medication. Half of women said it was safe postpartum, compared with 97% of physicians. Women falsely believed that depression was a normal part of the postpartum experience and also underestimated their risk for depression at specific life stages involving hormonal transitions, according to the society. In a statement, Sherry Marts, vice president of scientific affairs for the society, said the survey shows a disconnect between physicians' beliefs about depression and women's perceptions. "The health care community needs to do a better job communicating with women about depression," Ms. Marts said.

HIV Policy Changes Urged

A small change in how the Center for Disease Control and Prevention tracks health information was proposed to help capture data on infections in women, especially minorities, more accurately, potentially helping to get infected women into treatment much earlier, according to a coalition advocating the change. The National Women and AIDS Collective (NWAC), along with Sen. Hillary Clinton (D-N.Y.) and Sen. Edward Kennedy (D-Mass.), is asking the CDC to revise the model it uses to capture data on new cases of HIV/AIDS so it records more information on environmental and socio-economic factors. Research shows that women of color remain at disproportionate risk of HIV infection even when they aren't engaging in high-risk behavior such as drug use, sex with men who have sex with men, [and] sex work." The NWAC said in a statement. "As such, a data collection method that takes into account only high-risk behavior falls far short of addressing the prevention needs of women of color and other populations whose HIV rates are influenced by a range of environmental and socio-economic factors." The NWAC, along with the two senators, plans to set up a working group with the CDC to try to enact the changes, a NWAC spokesperson said.

Abstinence Programs Don't Work

There's no strong evidence that any abstinence program improved teens' values about abstinence or their intention to abstain, but these improvements did not always endure and often did not translate into changes in sexual behavior," said the report, "Emerging Answers 2007." But two-thirds of programs that support both abstinence and the use of contraception were rated as ineffective because of high sexual activity among participants or because 10 rigorous studies of these programs have been carried out, and studies of two programs provided "modestly encouraging results." More study is needed before the programs are disseminated, the report concluded.

Preventive Coverage Widespread

Almost all health savings accounts (HSA) and health deductible plans (HDHPs) offered by the employment-based insurance market provide "first-dollar" coverage for preventive care, regardless of whether the deductible has been met. In a July 2007 survey by America's Health Insurance Plans, 96% of small groups (51 or fewer employees), 99% of large groups (51 or more employees), and 99% of jumbo groups (3,000 or more employees) said they cover preventive care on a first-dollar basis. Conversely, only 59% of individually purchased HSAs/HDHPs do so. The 16 companies surveyed had more than 1.7 million individuals enrolled in these plans (there are 4.5 million nationwide). The preventive care services commonly covered include recommended immunizations and preventive screenings. All plans surveyed covered mammograms, Pap smears, and annual physicals; most covered colonoscopies and prostate cancer screening.

Improvement Through Transparency

Transparency of quality and price information is important or very important for improving the U.S. health care system, according to 77% of 241 health care opinion leaders surveyed in October 2007 by Harris Interactive on behalf of the California Endowment and American Hospitals. Stimulating provider performance-improvement activities was rated as an important or very important goal of transparency by 84% of respondents; 76% also cited encouraging providers to reward quality, and 66% thought helping patients make informed choices was an important or very important goal. More than half (56%) thought that a new patient advocate at the national entity should be responsible for setting the standards for measurement and reporting, with 75% saying the costs of such measurement and reporting should be shared by providers, insurers, and the government. Most (88%) felt that adoption of health information technology was an important or very important component of "material transparency." The online poll surveyed peer-identified leaders and experts in academia, research, health care delivery, health care financing, health care policy, and labor and advocacy groups.

-POLICY & PRACTICE-

Biden Favors Incremental Health Coverage Approach

WASHINGTON — Sen. Joseph R. Biden Jr. (D-Del.) will tell you right up front that he is no reformer. "Ending the war in Iraq will be my single highest priority, and preventing war in Iran will be one of my highest priorities as well," the senator, a candidate for the Democratic presidential nomination, said at a forum on health care policy sponsored by Families USA and the Federation of American Hospitals.

"That said, the sixth-term senator added that he could put several elements of his health care plan into motion quickly." Unlike Sen. Hillary Rodham Clinton (D-N.Y.) and former Sen. John Edwards (D-N.C.), Sen. Biden said he would not mandate that every citizen obtain health insurance. Instead, he would encourage employers to cover preventive care in a way that would guarantee that the federal government would pay 75% of catastrophic health costs that exceed $50,000 for one employee, he said at the forum. These issues were underwritten by the California Endowment and the Ewing Marion Kauffman Foundation.

One reason politicians have backed away from proposing catastrophic health coverage is they remember what happened 20 years ago with the Medicare Catastrophic Coverage Act, the senator noted. That law, signed by President Reagan in 1988, gave Medicare beneficiaries full coverage for hospital stays after a $1,600 deductible for hospital costs and a $1,370 deductible for doctor bills. It was repealed in 1990 due to beneficiaries' concern over the additional premiums they would have to pay. "That was a different world, and a lot has changed," Sen. Biden said.

Sen. Biden would also expand the State Children's Health Insurance Program (SCHIP) to include children in families making up to $60,000 per year. "Anyone who thinks a couple who makes $60,000 a year and has four kids (can) spend $1,400 per month for health insurance, they ought to get out more," the senator said.

Sen. Biden also proposes allowing the state Children's Health Insurance Program (SCHIP) to include children in families making up to $60,000 per year. "Anyone who thinks a couple who makes $60,000 a year and has four kids (can) spend $1,400 per month for health insurance, they ought to get out more," the senator said.

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