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Short Notes

Health Care Notes

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UT Faculty and Center Staff Participate in Surgeon General's Conference on Integrating Primary and Mental Health Care

Three members of the University of Tennessee Health Science Center faculty and the Center for Health Services Research participated in a national conference addressing the question, "How can we as a nation better integrate mental health care into primary care and thus improve the health of the American people?" The conference was convened by Dr. David Satcher, Surgeon General of the United State, as a follow-up to the release of the report "Mental Health: A Report of the Surgeon General".

The University of Tennessee participants included J. Sloan Manning, MD, of the Department of Family Medicine, Pat Cunningham, RN, of the College of Nursing and Virginia Trotter Betts, RN, JD, Professor of Nursing and Associate Director of the Center for Health Services Research. Dr. Manning and Ms. Cunningham described the development and operation of a Mood Disorders Clinic (MDC) of the Department of Family Medicine in providing integrated behavioral and somatic health services and in educating health professionals to recognize and manage the interactions between types of health care.

The MDC implemented a training curriculum, supported by a research grant from the Health Resources and Services Administration, whose focus was on the integration of the clinician as a fundamental requirement for an integrated mental/somatic care environment. The MDC's current goals are to evolve a unique model of care, consultation and case management in which all aspects of care are integrated and to participate in additional demonstration projects.

The two-day conference served to produce core principles for integrating mental health care into primary care through a public-private partnership of policy, funding, education and practice. Professor Betts will serve, at the request of Dr. Satcher, as a member of the Executive Steering Committee to continue this work.

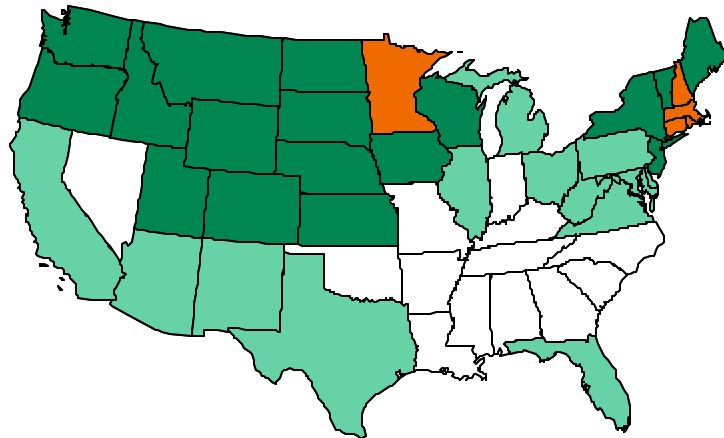
Health Measures in Tennessee Improve But Lag Behind Year 2000 Targets

The health status of Tennesseans has improved in the past decade but remain significantly below national targets according to a November, 2000 report from the Centers for Disease Control and Prevention. The report compared 1997 and 1998 national and state data to national

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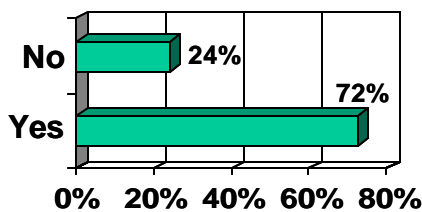
targets for 17 Health Status Indicators (HSIs) established to monitor progress toward the goals of the Healthy People 2000 project of the Department of Health and Human Services. Tennessee reached the national goal in only one of the 17 HSIs - the age-adjusted death rate for female breast cancer. The rate in Tennessee in 1998 was 19.8 deaths per 100,000 women, in comparison to the national target of 20.6 deaths per 100,000 women. In eight other categories (heart disease deaths, prevalence of tuberculosis, syphilis, measles and childhood poverty, and rates of infant mortality, prenatal care and teenage pregnancy), Tennessee showed significant improvement. How-

Figure 1: Distribution of continental US states meeting 12 to 16 health status indicators (5 states in orange), 9 to 11 indicators (17 states in dark green), 5 to 8 indicators (13 states in light green) and 1 to 4 indicators (13 states, including Tennessee, in white).



ever, trends were away from the targets for rates of lung cancer deaths and low birthweight infants. Only one state state (Alabama) other than Tennessee had achieved the target in only one HSI. The United States as a whole achieved target rates for only six HSIs and reached over 94% of the target rate for three others. The geographic distribution of achieving health targets is shown in Figure 1; southern states predominate among those with the lowest achievements. The full report is available from the National Center for Health Statistics, Hyattsville, MD or through The Center for Health Services Research.

“Generally speaking, should the federal government work to increase the number of Americans covered by health insurance?”



-- Washington Post/Kaiser/Harvard Survey, July 2000

National and State Polls Show Support for Government Expansion of Health Insurance

National and state-wide polls have demonstrated that a strong majority of citizens believe that government should actively seek to extend health insurance coverage to more citizens. In a national poll by the Center for Policy Attitudes, a 68% majority agreed with the argument that the government “has a responsibility to expand health insurance coverage”. In a February 2000 Kaiser/Lehrer News Hour Study, 84% of respondents agreed that “health care should be provided equally to everyone, just as public education is.”

Tennesseans overwhelmingly support public assistance for the uninsured. According to a poll by the Robert Wood Johnson Foundation, 80% of

Tennessee residents favored “making sure all families and children have access to affordable health insurance even if it costs you more.” When asked why little progress has been made, the most common response (by 26%) was that “politicians are not interested enough in the issue.”

Studies Document the Economic Benefits of Health Care Research

The economic gains from improved health far outweigh the costs of biomedical research. This is the conclusion of a series of studies commissioned by the Mary Woodward Lasker Charitable Trust. The United States currently invests approximately \$45 billion in private and public funds in medical research. The report, titled *Exceptional Returns: The Economic Value of America’s Investment in Medical Research*, sought to determine the economic return on this investment.

Findings from studies by leading economists, including winners of the Nobel Prize, demonstrated that:

- Increases in life expectancy in the 1970s and 1980s were worth \$57 trillion - six times the entire output of tangible goods and services in 1999.

- The gains associated with prevention and treatment of heart disease alone totalled \$31 trillion from 1970 to 1990. If only one-third of the gain came from biomedical research, the return on the research investment would be \$500 billion per year - 20 times the average annual spending on medical research.

- Medical research that reduces deaths from cancer by just one in one thousand would be worth \$46 billion - more than the current national expenditure on research. If cancer deaths were reduced by one-fifth, the economic value would be \$10 trillion - twice the national debt.

According to the Lasker report, “The likely returns from medical research are so extraordinarily high that the payoff from any plausible ‘portfolio’ of investments in research would be enormous.”

New Programs Initiated and Staff Appointed by The Center for Health Services Research

D. Todd Bess, Pharm.D., has been appointed Director of the JMP Health Policy Fellowship. This program provides a unique opportunity for law, medical and pharmacy students to study in a branch of Tennessee government related to health policy issues. Dr. Bess is a graduate of The University of Tennessee College of Pharmacy and is an Assistant Professor in the College’s Department of Pharmacy Practice.

The Center has also initiated two new programs to promote interest in health services and health policy research. The first is a series of monthly breakfast meetings hosted by The Center for faculty and students with common or complimentary interests to meet and to discuss possible collaborations. Programs have focused on health economics, applications of telemedicine and adolescent health behaviors. For additional information, please call The Center at 448-5826 or check The Center’s web site.

“If you think research is expensive, try disease”

*- Mary Lasker
(1901-1994)*

Health Care Notes



Table: Deaths Due to AIDS in 2000

Sub-Saharan Africa	2,400,000
Southeast Asia	470,000
Latin America/Caribbean	82,000
East Asia/Pacific	25,000
North America	20,000
North Africa/Middle East	24,000
West/Central Europe	21,000
Australia	<500

Short Notes

World Health Organization statistics indicated that 5.3 million persons were newly infected with HIV in 2000, with a total of 36.1 million persons now living with HIV/AIDS. In 2000, 3.0 million patients died of AIDS, bringing the total number of deaths since the onset of the epidemic to 21.8 million. As shown in the Table, 80% of deaths and 72% of the newly infected were in sub-Saharan Africa.

Health care costs for HIV/AIDS care and assistance in 2000 in the US was \$9.5 billion. Of this amount, 43% (\$4.1 billion) came from Medicaid and 18% (\$1.7 billion) was from Medicare. Although Medicaid is the largest source of funds, Medicaid spending on HIV/AIDS represents only 2% of total Medicaid expenditures and persons with HIV/AIDS account for only 0.5% of all Medicaid beneficiaries.

A national survey by the Kaiser Family Foundation of teens on issues related to HIV/AIDS demonstrated that 34% are “very” concerned about becoming infected, only 48% knew

where to go to be tested, 65% indicated that AIDS is a greater worry now than in a few years ago, and 40% felt that the country was losing ground in addressing the issue.

According to surveys by the Kaiser Family Foundation, 82% of Americans over 65 years of age regularly take prescription medications but 38% have no prescription drug insurance coverage; 23% report that the cost of drugs is “a serious problem”, 21% have had to give up things to buy medications, 9% have had to give up necessities and 16% report not filling a prescription because of cost.

Another Kaiser Foundation/News Hour poll in February, 2000 reported that 56% of respondents were very or somewhat concerned that “in the future, you might not be able to get the health care you think you need because you can’t afford it.”

A study at the Detroit Medical Center demonstrated that the health care costs of violence during 1998 totalled \$43.8 million - a figure that was only 2% of the medical center’s overall budget but that accounted for 30% of the system’s annual loss because of the low reimbursement rates of 11% to 14% for violence-related care.

A study of the telecommunications industry by the Integrated Benefits Institute demonstrated that, while group health insurance accounted for 83% of all benefit costs, the costs of employee health insurance accounted for only one-fourth of the overall cost to the companies of having employees away from work. Lost productivity accounted for 74% of the costs employee absences (Figure 2).

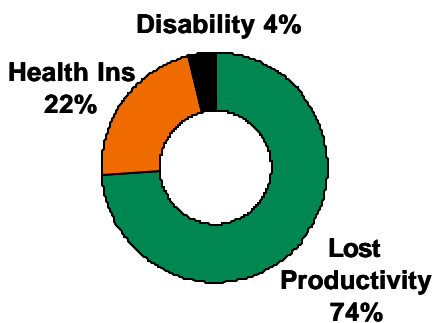


Figure 2: Proportion of costs of absent workers due to lost productivity, health insurance and disability/workers’ compensation.

Health Care Quote:

“A simple and proper function of the government is just to make it easy for us to do good and difficult for us to do harm.”

- President Jimmy Carter, 1976