



Health & Education

States Experimenting to Lower Health Care Costs

By Jonathan J. Cooper
The Associated Press

SALEM, Ore. (AP) — Oregon health officials are concentrating on coordinating services and preventing hospital stays. New Jersey medical centers are rewarding doctors who can save money without jeopardizing patient care. And Massachusetts is expanding the role of physician assistants and nurse practitioners.

As states work on implementing the complex federal health care reforms, some have begun tackling an issue that has vexed employers, individuals and governments at all levels for years — the rapidly rising costs of health care. The success of models that are beginning to emerge across the country ultimately will determine whether President Barack Obama's Affordable Care Act can make good on its name.

It's too early to tell what will work and what won't, but states, insurers and medical groups are experimenting with a variety of programs to contain costs without undermining care. These test runs come as millions of new patients will gain eligibility for health insurance under the federal law, putting additional pressure on the system.

“Look at any of the long-term projections

for the federal budget or for state budgets,” said Alan Weil, executive director of the National Academy for State Health Policy. “If we don't bring down health care costs, we're either going to be paying a whole lot more in taxes or we're going to stop spending money on other things we care about.”

The Affordable Care Act is expected to extend coverage to many of the roughly 50 million Americans who lack insurance by

according to the Centers for Medicare and Medicaid Services. The agency says those numbers are climbing and predicts spending will reach \$14,000 per person by 2021.

The higher costs mean higher premiums for businesses, which are passing on more of those expenses to their employees, and for individuals, who are seeing a rise in out-of-pocket costs.

In the Portland area, spiking costs have

have spiked 65 percent since 2006, Ferree said, and employee and spouse plans rose 90 percent. Workers cover a quarter of the premium.

The struggles of business owners such as Ferree illustrate the difficulty of finding solutions, even in a state that has been held out as a potential national model for savings.

The recession provided what is expected to be a temporary reprieve, with health care costs slowing to 3.9 percent annually between 2009 and 2011, the slowest growth rate since the government began keeping track in 1960, according to data from the Centers for Medicare and Medicaid Services. Over the preceding 18 years, per capita health care costs grew an average of 6.5 percent a year.

Yet despite the recent slowdown, health care costs continue growing faster than both wages and the economy as a whole, accounting for an ever-larger share of spending for employers and workers alike. It now accounts for nearly 18 percent of U.S. economic activity, up from 5 percent in 1960.

Annual premiums for employer-spon-

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expanding Medicaid, the state-federal health care program for low-income people, and requiring most others to purchase insurance or pay a fine.

Often overlooked are the law's efforts to stabilize constantly rising costs.

U.S. health care spending reached \$2.7 trillion in 2011, or \$8,700 per person,

forced Steve Ferree to reduce the benefits he offers his 32 employees at the Mr. Root-er Plumbing franchise he owns.

“We feel bad about it,” he said. “We do provide good insurance, and we want to make sure we take care of folks, so that's a tough decision to make.”

Premiums for employee-only coverage

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Winter Depression Not as Common as Many Think, OSU Research Shows

By Angela Yeager,
Oregon State University

CORVALLIS, Ore. — New research suggests that getting depressed when it's cold and dreary outside may not be as common as is often believed.

In a study recently published online in the Journal of Affective Disorders, researchers found that neither time of year nor weather conditions influenced depressive symptoms. However, lead author David Kerr of Oregon State University said this study does not negate the existence of clinically diagnosed seasonal affective disorder, also known as SAD, but instead shows that people may be overestimating the impact that seasons have on depression in the general population.

“It is clear from prior research

that SAD exists,” Kerr said. “But our research suggests that what we often think of as the winter blues does not affect people nearly as much as we may think.”

Kerr, who is an assistant professor in the School of Psychological Science at OSU, said the majority of studies of seasonal depression ask people to look back on their feelings over time.

“People are really good at remembering certain events and information,” he said. “But, unfortunately, we probably can't accurately recall the timing of day-to-day emotions and symptoms across decades of our lives. These research methods are a problem.”

So Kerr and his colleagues tried a different approach. They ana-

lyzed data from a sample of 556 community participants in Iowa and 206 people in western Oregon. Participants completed self-report measures of depressive symptoms multiple times over a period of years. These data were

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then compared with local weather conditions, including sunlight intensity, during the time participants filled out the reports.

In one study, some 92 percent of Americans reported seasonal

changes in mood and behavior, and 27% reported such changes were a problem. Yet the study suggests that people may be overestimating the impact of wintery skies.

“We found a very small effect during the winter months, but it was much more modest than would be expected if seasonal depression were as common as many people think it is,” said Columbia University researcher Jeff Shaman, a study co-author and a former OSU faculty member. “We were surprised. With a sample of nearly 800 people and very precise measures of the weather, we expected to see a larger effect.”

Kerr believes the public may have overestimated the power of

the winter blues for a few reasons. These may include awareness of SAD, the high prevalence of depression in general, and a legitimate dislike of winter weather.

“We may not have as much fun, we can feel cooped up and we may be less active in the winter,” Kerr said. “But that's not the same as long-lasting sadness, hopelessness, and problems with appetite and sleep — real signs of a clinical depression.”

According to Kerr, people who believe they have SAD should get help.

“Fortunately, there are many effective treatments for depression, whether or not it is seasonal,” he said. “Cognitive behavior therapy stands out because it has been shown to keep SAD from returning the next year.”

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