Care

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sored family coverage jumped nearly 4 percent this year, and single coverage rose almost 5 percent, according to a report released last week by the nonprofit Kaiser Family Foundation. The foundation expects prices will begin rising faster as the economy improves.

Economists say soaring health care costs are driven primarily by industry consolidation and expensive new medical technologies and prescription drugs.

The Affordable Care Act's cost-containment section reduces Medicare reimbursements to providers and requires commercial insurance companies to issue refunds if more than 20 percent of their revenue goes to profits, salaries and overhead. Hospitals will face penalties when patients develop conditions while in their care.

> Soaring health care costs are driven primarily by industry consolidation, expensive new technologies and prescription drugs

The federal law also promotes ``accountable care organizations'' within Medicare, which are charged with improving coordination to reduce wasteful spending.

But much of the experimentation on reducing costs is driven by state governments and private businesses.

Oregon has tried to tackle rising costs by focusing on Medicaid, which serves 550,000 people in the state and is expected to grow by 200,000 under the Affordable Care Act's Medicaid expansion that starts next year.

Gov. John Kitzhaber last year spearheaded a new model of delivering services under Medicaid. His initiative led to a state law that created ``coordinated care organizations,'' which attempt to integrate mental, physical and dental care as they improve the way chronic conditions are managed. These organizations are required to manage their costs within a fixed rate of growth.

Some coordinated care groups are hiring staff to work intensely with Medicaid patients who frequently visit the emergency room.

``We try to deal with the medical part. But everything they go through, we have to take into account, because if you don't have money to pay your bills, you're going to have stress'' that complicates medical problems, said Ruby Ibarra, a community health specialist for Multnomah County, which is part of a coordinated care organization in the Portland area.

Elsewhere in the state, Trillium Community Health Plan in Eugene has a program starting this month that gives up to $200 in prepaid debit cards to pregnant mothers who quit smoking.

Oregon's law also has led to the rapid expansion of ``health homes,'' supporting a system of primary care that calls for clinics to stay open longer and offer same-day appointments.

The health home model has been successful at improving preventive care in Enterprise, Ore., a town of 2,000 in the remote northeastern corner of the state.

``You don't feel like you're just pushing papers around here. You really feel like you have an important part to play in improving people's health,'' said Dr. Elizabeth Powers, one of four physicians at Winding Waters Clinic in Enterprise, an early adopter of the health home model.

The clinic serves all patients, including those with Medicaid, Medicare and private insurance. The federal Affordable Care Act also encourages wider adoption of the health home model.

In New Jersey, hospitals have reported success with a Medicare program that paid doctors who saved money for hospitals. Officials said it contributed to lower costs and shorter hospital stays without increasing mortality or readmission rates because doctors began considering the costs of their orders.

The experiment, known as ``gainsharing,'' is expanding this year to more hospitals, including some outside New Jersey.

In Massachusetts, the first state to enact comprehensive health care reforms, lawmakers last year supported a goal of restraining the rise in health care costs to a level no greater than the state's overall growth rate. To accomplish this, legislators passed a multi-tiered state law that expands the role of physician assistants and nurse practitioners to act as primary care providers, making it easier for patients to access care outside the emergency room.

The law also requires providers to disclose more information to consumers about costs and quality and allows the state to review proposed consolidations to assess the effect on those factors.

The Massachusetts regulations provide money to accelerate electronic record-keeping and create tax credits for businesses that adopt wellness programs to combat preventable chronic diseases.

Cost-containment efforts are not confined to states that have embraced Obama's health care reforms.

Many Southern states are transitioning their Medicaid patients into managed-care programs, which receive a fixed amount of money for each patient, regardless of their costs. Some insurance companies are thinning their networks of doctors to funnel patients to lower-cost options.

South Carolina, for example, is targeting elective early births, trying to keep newborn babies out of the expensive neonatal intensive care unit. The state also trained 18 community health workers who are in clinics that see a large number of Medicaid patients.

There are substantial challenges to copying these experiments nationally. Adopting a technology system to keep medical records electronically, for example, entails substantial upfront costs, as does hiring staff to coordinate patient care. At the same time, providers have to be careful to avoid skimping on needed care to save money.

Most of the experiments are too new to produce reliable data about their success, but health policy experts warn that the rapid rise in costs is unsustainable.

``It has to end eventually,'' said Larry Levitt, senior vice president of the Kaiser Family Foundation, ``because we can't have an economy driven entirely by health care.''

Associated Press writers Seanna Adcox in Columbia, S.C.; Scott Bauer in Madison, Wis.; Carla K. Johnson in Chicago; Kelli Kennedy in Miami; and Geoff Mulvihill in Princeton, N.J., contributed to this report.

Invisible

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Tasha Hill, who was beaten by a White man in front of her 7-year old daughter at a Cracker Barrell in Georgia? Where were the marches or proposed laws **nam**ed for Rekia Boyd, the unarmed young woman in Chicago who was killed less than a month after Trayvon was fatally shot?

As with boys, the "talk" with black girls and young women is also a discussion about racism in America; and as with boys, it should include tips for how to be safe in the presence of law enforcement and include clear instructions about how to behave when they are suspected of wrongdoing in the presence of someone with a gun. But the talk also requires a candid discussion about sexism and patriarchy in our society and our racial justice movements. Our girls need to know how to identify sexism in all its forms, how to understand the ways it intersects with racism to create problematic narratives about the femininity of girls of color, and how their own education and self-determination can change these narratives and their devastating effects on policies and practices associated with education, justice, and the economy.

> 'Black Stats: African Americans by the Numbers in the Twenty-first Century,' is a book of quantitative facts that illustrate the quality of life for black Americans

NAM: Is this an issue that you address in your forthcoming book, "Black Stats?"

Morris: "Black Stats: African Americans by the Numbers in the Twenty-first Century," is a book of quantitative facts that illustrate the quality of life for black Americans. It covers a broad spectrum of topics—from basic demographics and entertainment to the environment, military, and electoral politics. In the chapters on education and justice, I do include specific statistics that are aimed to inform the public discourses on school discipline, achievement, and risk of confinement for black females—and males. There are some surprises, so people should read carefully!

Dr. Monique W. Morris is a Soros Justice Fellow and the co-founder of the National Black Women's Justice Institute. She is the author of Race, Gender, and the School to Prison Pipeline: Expanding our Discussion to Include Black Girls as well as the forthcoming Black Stats: African Americans by the Numbers in the Twenty-first Century.