III. PUBLICATIONS AND REPORTS

AIDS

A Community Approach to AIDS Intervention was released in November 1991 as part of the Greenwood Press “Contributions in Medical Studies” series. The book, subtitled “Exploring the Miami Outreach Project forInjecting Drug Users and Other High Risk Groups,” was written by researchers at a federally funded outreach program to combat the spread of acquired immunodeficiency syndrome (AIDS) among the Miami drug-injecting population. Miami was an early site of federal activity in AIDS intervention; its AIDS outreach program was one of sixty-three programs funded by the National Institute of Drug Abuse’s National AIDS Demonstration Research projects begun in 1987. Its approach was subsequently copied by other federally funded outreach programs.

The primary goal of Miami’s effort was to reduce high-risk behavior among injecting drug users, including use of drugs; needle sharing, and unsafe sex practices. Although the project was deemed successful after six months of intervention, the key to success is long-term behavior change, which is more difficult to monitor. Copies are available for $49.95 from Greenwood Press, 88 Post Road West, Box 5007, Westport, CT 06881; credit card orders may be placed to 800-225-5800, I.D. number 701.

Elderly

Policy Choices for Long-Term Care, released in June 1991 by the Congressional Budget Office (CBO), emphasizes the dilemma policymakers face in revising long-term care financing policy: “[C]hanges that would expand access to services and reduce the financial burden on individuals requiring them would in general increase total expenditures.” Also, because the most effective mechanisms for constraining federal outlays are already in place (Medicaid’s spending-down eligibility requirements, narrow range of subsidized services, and state/federal financing), the prospects for further constraints look bleak.

With these caveats, the CBO offers policy options under two approaches: (1) make incremental changes within the existing Medicaid program; or (2) make radical changes that would shift the private, state, and federal sectors’ divisions of responsibility. Under the first approach, incremental options include mandating medically needy programs for long-term care, expanding the availability of home- and community-based services for the severely dependent, and tightening estate-recovery processes and regulations. Under the second approach, private-sector strategies include providing income tax credits to individuals who buy private long-term care insurance and mandating community-rated long-term care coverage through employment. Public-sector strategies include providing block grants to the states to replace current federal long-term care expenditures and establishing a new federal social insurance program to provide a defined range of long-term care services to individuals with specified disabilities. Copies are available free of charge from CBO, 2nd and D Streets, SW, Room 413, Washington, DC 20515.

Second Report of the Advisory Panel on Alzheimer’s Disease, 1990 focuses on how to finance and provide appropriate care to those with Alzheimer’s disease—projected to affect more than six million elderly by the year 2040. Published in 1991, the report expands on its earlier recommendation, that Congress develop a public insurance program to replace Medicaid as the primary financing mechanism for long-term care. Initially, this new program would cover only the most severely impaired. The panel also recommends the development of training guidelines and professional incentives to address existing and future shortages of well-trained, long-term care staff. For those who are unable to pay the deductibles and coinsurance of a public plan, the panel recommends that Medicaid develop more equitable criteria for nursing home admissions and community-based care waivers and raise lev-

**Health Insurance**

*Universal Health Insurance Coverage Using Medicare’s Payment Rates,* a December 1991 CBO report, examines two types of universal health insurance systems—“all-payer” and “single-payer”—and assesses their potential effect on national health spending. The all-payer approach would retain the current mix of public and private insurers, benefit packages, and financing (taxes and premiums). Medicare, financed by taxes, would be extended to cover the uninsured. The single-payer approach would provide a standard benefit package of basic medical services, financed by taxes, with limited copayment requirements. Medicaid would continue as a residual program to supplement the universal system for low-income people. Private insurers could offer coverage for excluded basic services but would be prohibited from offering Medigap-type plans.

Under both approaches, use of health care would increase, while associated administrative costs would decrease or remain the same. Spending for physician and hospital services could increase by as much as $26 billion or by as little as $2 billion, depending on payment rates and use of health services. While the two approaches would have different effects on providers’ and insurers' overhead costs, savings for both groups would be greater under a single-payer system and would offset higher health care costs in three of the CBO's six alternative cost estimates. *Copies are available free of charge from CBO, 2nd and D Streets, SW, Room 413, Washington, DC 20515.*

**Malpractice**

*Medical Malpractice: Alternatives to Litigation,* by the U.S. General Accounting Office (GAO), reviews the pros and cons of several alternatives to malpractice litigation that have been initiated in the states: voluntary arbitration (fifteen states); no-fault programs (two states); and a unique strategy, currently being tested in Maine, that would eliminate the basis for litigation by substituting demonstrated compliance with approved standards of care. This review, released in January 1992, was mandated by the Omnibus Budget Reconciliation Act (OBRA) of 1989. *Copies are available (first copy free; additional copies $2 each) from U.S. GAO, P.O. Box 6015, Gaithersburg, MD 20877.*

**Maternal And Child Health**

*Adolescent Health, Volume I: Summary and Policy Options* is one of three reports released by the congressional Office of Technology Assessment (OTA) between April and November 1991 on the health status of American adolescents ages ten through eighteen. Volume I summarizes the findings of Volume II: Background and the Effectiveness of Selected Prevention and Treatment Services and Volume III: Crosscutting Issues in the Delivery of Health and Related Services. It also offers specific legislative options to improve adolescents' access to health and related services.

While death rates for adolescents are among the lowest in the United States, the OTA found that adolescents' “complete physical, mental, and social well-being” is increasingly compromised by family, school, and mental health problems; pregnancy and parenting; chronic physical illnesses; substance abuse; and sexually transmitted diseases. Barriers to health and related services include lack of health insurance (4.6 million adolescents), parental consent and confidentiality requirements, and lack of appropriately trained providers. To overcome these barriers, the OTA suggests that Congress (1) support the development of school-linked or community-based centers to provide comprehensive health services; (2) mandate an immediate expansion of Medicaid eligibility for all poor adolescents; (3) mandate employer-provided health in-
insurance for currently uninsured employees and their dependents; (4) encourage the development of clear state policy on consent and confidentiality; and (5) increase federal support for training health care providers to work with adolescents. Copies of Volume I are available for $9.50 each; Volume II is $30, and Volume III, $13, from Superintendent of Documents, U.S. GPO, Washington, DC 20402-9325.

Alive and Well? A Research and Policy Review of Health Programs for Poor Young Children, released in March 1991 by Columbia University's National Center for Children in Poverty, addresses the health status of the five million children under age six who are poor (23 percent—the highest poverty rate of any age group in the nation). While many experts believe that the most effective health remedy for these children is improvement of their economic condition, author Lorraine V. Klerman focuses here on programs and policies to improve young children's health. Recommendations include (1) reduce financial barriers to care by developing an age-limited, federally supported entitlement program for personal health services, or a combined Medicaid/employer-financed program; (2) expand proven programs by converting "quasi-entitlement" programs into full entitlements; (3) legislate and regulate environmental changes that can lead to reductions in childhood injuries and illnesses; and (4) develop financing strategies that offer more adequate reimbursement to private practitioners serving poor families. Copies are available for $11.95 (make check payable to The Trustees of Columbia University) from National Center for Children in Poverty, Columbia University, 154 Haven Avenue, New York, NY 10032.

Improving Access to Health Services for Children and Pregnant Women, the result of a July 1989 conference sponsored by The Brookings Institution and the National Commission to Prevent Infant Mortality, was released in October 1991. The report emphasizes that the causes of ill health among children and pregnant women are "deeply imbedded in the social fabric" and that, therefore, reforms must "go beyond a medical model." Gaps in financing, lack of providers in rural areas and inner cities, and fragmented, ineffective delivery systems are further complicated by homelessness, AIDS, and substance abuse, as well as the more traditional problems of poverty, smoking, poor nutrition, teenage pregnancy, and births to unwed women.

The report assesses various reform options, including Medicaid expansions, private insurance expansion, and delivery system reform. It concludes that while viable reform proposals abound, Americans, to date, "have preferred to spend their money on other things." Copies are available for $8.95 each from The Brookings Institution, 1775 Massachusetts Avenue, NW, Washington, DC 20036.

### Mental Health

Caring for People with Severe Mental Disorders: A National Plan of Research to Improve Services, released in November 1991 by the National Institute of Mental Health (NIMH), comprises reports from three panels: Clinical Services Research, chaired by Clifford Attiksson; Service Systems Research, chaired by Donald M. Steinwachs; and Research Resources, chaired by David Mechanic. The panel on clinical services research recommended that NIMH study (1) the levels of disability linked to mental disorder and their impact on treatment; (2) the relevance of environmental factors and substance abuse to acute mental disorder and its treatment; (3) the family's burden in caring for a mentally ill person; and (4) ways to improve diagnostic accuracy, the efficacy of individual treatment plans, and outcomes assessment.

The panel on service systems research recommended studies on coordinating care in the community; the impact of public programs on resource allocation and community care; and the interaction between the criminal justice system and the mental health system. The research resources panel urged NIMH to (1) develop mechanisms that would facilitate long-term collabora-
tation between university researchers and service systems staff; (2) conduct more research demonstrations and controlled trials; and (3) disseminate research findings among a broad range of mental health system users. Copies are available for $4.75 each from Superintendent of Documents, U.S. GPO, Washington, DC 20402-9325.

Psychotherapy in the Future, released in November 1991 by the Group for the Advancement of Psychiatry (GAP), examines managed care and changes in psychotherapy to predict their impact on both psychotherapy training and practice. Psychotherapy has already become largely the province of nonmedical health professionals (clinical psychologists and clinical social workers), who now outnumber psychiatrists two to one. This trend is likely to continue, states the report, “until eventually the medically trained psychotherapist becomes rare.”

GAP also predicts that most psychotherapy will have to conform to the time and money constraints of managed care systems. To further adapt psychotherapy to these systems, GAP advocates variable schedules of outpatient treatment, or graduated insurance packages with variable copayments, and inclusion of preventive and long-term mental health services in health benefit packages. Copies are available for $12 each from American Psychiatric Press, 1400 K Street, NW, Washington, DC 20005.

Research and Service Programs in the PHS: Challenges in Organization, a report released by the Institute of Medicine (IOM), addresses the question, Does the existence of both research and service programs within a single agency of the Public Health Service (PHS) retard or enhance the productivity of each? Released in September 1991, the report focuses on the PHS’s two largest agencies: the National Institutes of Health (NIH) and the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA).

The IOM found that while coadministration of research and service programs at the subagency level (institutes, bureaus, and offices) can impede the productivity of both programs, “lack of clarity” about the PHS’s service mission and goals and lack of coordination among PHS agencies on shared projects are greater obstacles to success. The IOM recommends that (1) below the agency level, research and service programs be administered by separate institutes or offices (within the agency) with the appropriate expertise; (2) service programs be given stability through clarification of mission and continuity of organizational location and structure; (3) each of the PHS’s eight agencies develop a five-year plan; and (4) replication—the backbone of basic and clinical research—be a part of all research demonstrations.

As of this writing, legislation to reauthorize ADAMHA-administered block grants to the states and reorganize ADAMHA—by keeping its service programs under ADAMHA and transferring its research programs to NIH—has passed the Senate but is likely to be “conferenced” after passage of the House bill, which does not include the reorganization component. Copies of the report are available for $19 each, plus $3 postage, from National Academy Press, 2101 Constitution Avenue, NW, Washington, DC 20418.