

Carol Bernstein Is President-Elect, Alan Schatzberg's Presidency Starts in May

Members of the American Psychiatric Association (APA) elected Carol Bernstein, M.D., president-elect of the association. Dr. Bernstein is finishing up a two-year term as APA vice-president. She will begin her year as president-elect at the conclusion of APA's 2009 annual meeting on May 21, when Alan Schatzberg, M.D., becomes APA president.

Dr. Bernstein, who was one of three candidates for the office, won 50% of the vote, outpolling Roger Peele, M.D., who received 30% and Michael Blumenfield, M.D., who received 20%. Dr. Bernstein is associate professor of psychiatry and associate dean for graduate medical education at New York University School of Medicine.

Jeffrey Geller, M.D., M.P.H., professor of psychiatry and director of public-sector psychiatry at University of Massachusetts Medical School, Worcester, won a three-way race for vice-president. Dr. Geller has served as book review editor for *Psychiatric Services* since 1996 and editor of the journal's Personal Accounts column since 1994.

A total of 9,403 members voted this year, 31.5% of those eligible to vote and about the same percentage as in last year's election. The number of members voting online increased substantially, from about a third of members in the previous two years to 42% this year.

NEWS BRIEFS

Cost and coverage estimates for a national public health plan: A public health plan is included in reform proposals being considered by President Obama and Congress. A 12-page report by the Lewin Group provides estimates of the impact on cost and coverage based on differing levels of eligibility and provider reimbursement rates. For example, if Medicare payment levels are used, premiums would be up to 30% less than those for com-

parable private coverage. The average monthly premium for a typical benefits package would be \$761 per family, compared with an average of \$970 for the same coverage from private insurers. If, as President Obama has proposed, eligibility is limited to small employers, individuals, and the self-employed, enrollment would reach 42.9 million, and the number with private insurance would fall by 32 million. If private-payer reimbursement levels are used, enrollment would be lower, with only 10.4 million people switching to the public plan from private insurance. If the plan is open to all individuals and employers, as in some proposals, about 131.2 million persons would enroll at Medicare payment levels, and the number with private insurance would decline by 119.1 million—a two-thirds reduction from current levels. However, if private-payer levels are used, enrollment in private insurance would decline by only 12.5 million. If Medicare reimbursement rates and eligibility are used for all individuals and employers, provider net income would decline under the plan. Net hospital revenues would fall by \$36 billion (4.6%), and physician net income would fall by \$33 billion (6.8%). If eligibility is restricted to the individuals and small firms in the Obama proposal, net hospital revenues would increase by \$11.3 billion and net physician incomes would decline by \$3 billion. *The Cost and Coverage Impacts of a Public Plan: Alternative Design Options* is available at www.lewin.com.

New analysis finds higher rates of uninsured: One-third of all Americans (86.7 million people) went uninsured at some point in the past two years, according to a new analysis of data from the U.S. Census Bureau and the Agency for Healthcare Research and Quality. Three of four of those without insurance were uninsured for at least six months, and almost two-thirds for nine months or more. Data in the report supplement other commonly used Census Bureau data, such as the figure of 45.7 million uninsured for the entire 2007 calendar year. The new analysis revealed

that almost four of five (79%) of the uninsured individuals were in working families—70% of the families included a full-time worker, and 9% included a part-time worker. More than half (52%) of those with incomes between the federal poverty level and twice the poverty level—between \$21,200 and \$42,400 annually for a family of four in 2008—went without health insurance at some point in the two-year period. Non-Hispanic whites constituted half (49.8%) of those who were uninsured. However, the likelihood of being uninsured was higher for persons in minority groups: one-quarter (25.8%) of non-Hispanic whites were uninsured at some point in the two-year period, compared with 40.3% of African Americans and 55.1% of Hispanics. The 19-page report, *Americans at Risk: One in Three Uninsured*, was commissioned by Families USA, and data were compiled with assistance from the Lewin Group. The report can be downloaded at www.familiesusa.org.

SAMHSA resources for coping with effects of the recession: A first-of-its-kind Web site provides information and resource referrals for people who are dealing with emotional or other health problems associated with economic hard times. *Getting Through Tough Economic Times* provides practical advice on identifying health concerns, developing coping skills, and finding help. The guide describes the risks that unemployment and other forms of economic distress, such as foreclosure and severe financial losses, can pose to health. Although economic problems affect individuals differently, for many people they heighten the risk of conditions such as depression, anxiety, compulsive behaviors (such as overeating and excessive gambling), and substance abuse. The guide provides information on identifying warning signs of depression, suicidal thinking, and other serious mental illnesses and on taking steps to manage emotional distress. It also links visitors to resources for getting help with mental health conditions, applying for financial assistance, and obtaining job re-

training. The guide, which was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) in collaboration with other government agencies and the Suicide Prevention Resource Center, is available at www.samhsa.gov/economy.

Covering children under Medicaid and CHIP: A new series of briefs, "CHIP Tips," examines opportunities for covering children after the reauthorization and expansion of the Children's Health Insurance Program (CHIP) in February. Medicaid and CHIP provide coverage for more than one in four children; many others are eligible but remain uninsured. The first brief, *Medicaid Performance Bonus*, examines the new federal "performance bonus" that provides extra money to the states that are very successful in enrolling eligible children in Medicaid above target levels specified in the law. It reflects an understanding that aggressive state outreach efforts for CHIP tend also to drive up enrollment in state Medicaid programs. The second brief, *Medicaid Performance Bonus "5 of 8" Requirements*, examines state eligibility requirements. To be eligible for the bonus, states must first adopt at least five of eight measures that are aimed at simplifying Medicaid enrollment and renewal for children, such as not requiring an asset test or substituting simplified asset verification. The series is jointly produced by the Kaiser Family Foundation's Commission on Medicaid and the Uninsured and the Center for Children and Families at the Georgetown University Health Policy Institute. CHIP Tips can be downloaded from the commission's Web site at www.kff.org/medicaid.

DHHS campaign to help families insure children: "Insure Kids Now!" is a national campaign to link uninsured children up to age 18 to free and low-cost health insurance available through CHIP. The site, which has both English- and Spanish-language versions, provides answers to families' frequently asked questions about CHIP and emphasizes the importance of health insurance for children. A

pull-down menu of states links families directly to their own state's CHIP Web site, which provides extensive information about services available and how to apply. The goal of the campaign is to reach as many families as possible. To that end it provides JavaScript code for a "widget" that allows individuals and organizations to add the Insure Kids Now! graphic with a link to the campaign's site to their own Web pages. The campaign is sponsored by the U.S. Department of Health and Human Services (DHHS), and the site is www.insurekidsnow.gov. Families can also call the campaign's toll-free number: 877-KIDS-NOW (877-543-7669).

Current status of IT infrastructure in state mental health agencies: State mental health agencies (SMHAs) fund and provide services to more than six million persons each year. They rely on information technology (IT) systems to fulfill such functions as provider payments, capacity planning, and outcomes monitoring. A new report summarizes data provided by all SMHAs in 50 states and the District of Columbia about their IT systems. Every state devotes staff to mental health information management functions. Thirty-seven states reported spending a total of \$99.6 million for such functions in 2007 (median, \$517,667; range, \$84,552 in Iowa to a \$44,900,000 in New York). In 24 states the SMHA has its own IT infrastructure, whereas in other states it is part of a larger umbrella organization. Thirty-four states receive Medicaid paid claims files for analysis—12 from a data from a data warehouse run by a separate agency and 22 by data linking; ten states have no method of linking Medicaid claims data and SMHA client data. Forty-six states are either implementing or considering the adoption of electronic health records in state psychiatric hospitals, community mental health systems, or both. Five states have implemented a complete system in their hospitals, and 18 have implemented some of the planned system components. Twenty-one states have fully or partly installed electronic health records in community mental health provider agencies. The 39-page

report, *Characteristics of State Mental Health Agency Data Systems*, was prepared for SAMHSA by the National Association of State Mental Health Program Directors Research Institute. It is available at ncadi.samhsa.gov.

NAPHS annual survey on treatment trends: Each year the National Association of Psychiatric Health Systems (NAPHS) releases the findings of its survey of NAPHS-member facilities, providing a snapshot of behavioral health care delivery. This year's trend analyses show strong demand for behavioral health services. Between 2006 and 2007 inpatient hospital admissions increased 3.5%—to an average of 2,688 per reporting facility (for facilities reporting in both years). Hospital lengths of stay increased 1%, from 9.6 days in 2006 to 9.7 days in 2007. Residential treatment admissions per facility held steady between 2006 and 2007—an average of 179 in 2006 and 178 in 2007. Survey data also documented great diversity in services, levels of care, and payer sources for all age groups. NAPHS members are behavioral health care provider organizations that own or manage more than 600 psychiatric hospitals, general hospital psychiatric and addiction treatment units and behavioral health care divisions, residential treatment facilities, youth services organizations, and outpatient networks. The report is available from NAPHS for \$400 (www.naphs.org).

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