

**GAO**

Health, Education and Human Services  
Division

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August 1998

**Health Services Quality  
and Public Health Issue  
Area**

**Active Assignments**

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# Foreword

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This report was prepared primarily to inform Congressional members and key staff of ongoing assignments in the General Accounting Office's Health Services Quality and Public Health issue area. This report contains assignments that were ongoing as of August 17, 1998, and presents a brief background statement and a list of key questions to be answered on each assignment. The report will be issued quarterly.

This report was compiled from information available in GAO's internal management information systems. Because the information was downloaded from computerized data bases intended for internal use, some information may appear in abbreviated form.

If you have questions or would like additional information about assignments listed, please contact Bernice Steinhardt, Director, on (202) 512-6543; or Marsha Lillie-Blanton, Associate Director, on (202) 512-7119.



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## *Health Services Quality and Public Health*

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### **PUBLIC HEALTH**

**TITLE: STATE TEEN PREGNANCY PREVENTION ACTIVITIES (108324)**

**KEY QUESTIONS :** About 1 million teenagers get pregnant each year at a socioeconomic and health cost of about \$29 billion. New welfare reform legislation provides incentives for states to address teen pregnancy and requires HHS to develop a national strategy to prevent teen pregnancy. It also provides financial incentives for states to reduce out-of-wedlock births, with a special emphasis on teens, and new funds to promote abstinence education. To help Congress better understand what states are doing to reduce teen pregnancy, we will answer the following questions: 1) What strategies are states using to reduce teen pregnancy? 2) To what extent are states evaluating their strategies and how are key programs not linked to the state strategy being evaluated? 3) What is the federal government's role?

**TITLE: SURVEY OF BLOOD LEAD LEVELS IN CHILDREN (108334)**

**KEY QUESTIONS :** The CDC estimates that 890,000 young children have blood lead levels high enough to potentially have harmful effects on their learning and behavior. For these children screening and followup care are needed to mitigate these adverse health effects. (1) Are children who are at risk for elevated blood lead levels being screened? (2) What are federally-supported programs doing to ensure that at-risk children are screened? (3) What are federally-supported programs doing to ensure that children with elevated lead levels are receiving the followup treatment and services necessary to lower their levels?

**TITLE: VIRAL MARKER RATES FOR SOURCE AND RECOVERED PLASMA DONATIONS (108348)**

**KEY QUESTIONS :** In 1997 testimony, GAO outlined issues relating to the safety of the nation's whole blood supply. Additional questions were raised at this hearing regarding the safety of plasma products, such as those used to treat hemophiliacs. As a result, we have been asked to develop risk estimates associated with the use of plasma products by determining: (1) the rates of viruses (HIV, hepatitis B and C) in donors of plasma (2) the number of donors whose plasma goes into the manufacture of each plasma product, and (3) the safety of the end products from plasma after they have undergone further manufacturing to inactivate the viruses.

**TITLE: THE ROLE OF LABORATORIES IN SURVEILLANCE OF EMERGING INFECTIONS (108351)**

**KEY QUESTIONS :** Infectious diseases continue to threaten public health and affect health care costs. Emerging infections such as new, re-emergent, or antibiotic-resistant diseases are among the gravest threats. An adequate public health surveillance system to detect these diseases is essential to prevent and control their spread. Such surveillance increasingly relies on the work of public and private laboratories. Our objectives are to describe: (1) the roles of public and private labs in the surveillance of emerging infectious diseases, (2) the challenges public health officials face in using and ensuring the reporting of lab data for emerging infectious disease surveillance, and (3) how CDC programs and lab services affect the capability of state and local health officials to conduct surveillance.

**TITLE: ESTIMATING SUBSTANCE ABUSE TREATMENT NEED, INCLUDING WOMEN, PREGNANT WOMEN, WOMEN WITH CHILDREN, AND ADOLESCENT FEMALES (108363)**

**KEY QUESTIONS :** Some research indicates that about 9 million men and women need drug abuse treatment. However, the limitations of the data used to estimate national treatment need, such as the exclusion of certain populations, has caused some to question the reliability of the estimates. SAMHSA currently funds individual state efforts to better estimate treatment need at the state and local levels. The requesters asked GAO to describe 1) the bases used for some of the national estimates of substance abuse treatment need (including estimates of women, women with children, pregnant women, and adolescent women) and some of their limitations; 2) the status of SAMHSA's efforts to obtain state assessments of need; and 3) some of the limitations of states' estimates of need.

**TITLE: ESTIMATING SUBSTANCE ABUSE TREATMENT NEED, INCLUDING WOMEN, PREGNANT WOMEN, WOMEN WITH CHILDREN, AND ADOLESCENT FEMALES (108379)**

**KEY QUESTIONS :** Some research indicates that about 9 million men and women need drug abuse treatment. However, the limitations of data used to estimate national treatment need, such as the exclusion of certain populations, has caused some to question the reliability of the estimates. SAMHSA currently funds individual state efforts to better estimate treatment need at the state and local levels. The requesters asked GAO to describe 1) the bases used for some of the national estimates of substance abuse treatment need (including estimates of women, women with children, pregnant women, and adolescent women) and some limitations; 2) the status of SAMHSA's efforts to obtain state assessments of need; and 3) some of the limitations of states' estimates of need.

**DRUG & MEDICAL DEVICE REGULATION**

**TITLE: EFFECT OF PROPRIETARY DATA RESTRICTIONS ON ASSESSING COMPARATIVE EFFICACY (108327)**

**KEY QUESTIONS :** Pharmacoeconomics (e.g., cost-effectiveness analysis) is playing an increasingly important role in formulary decision making. The key component of these analyses is generally the assessment of which drug for the given indication is the most effective. For an investigator or decision maker to completely assess the comparative efficacy of different drugs, all of the information on the drug must be available. However, much of the data on the efficacy of a pharmaceutical is proprietary and not readily available to the public. These data are available at FDA. How do proprietary data restrictions on information submitted to FDA affect the assessment of the comparative efficacy of pharmaceuticals?

**TITLE: HOW EFFECTIVE ARE MEDICAL DEVICE TRACKING SYSTEMS AT PROTECTING THE PUBLIC FROM HARMFUL DEVICES? (108337)**

**KEY QUESTIONS :** The Safe Medical Devices Act of 1990 requires device manufacturers to establish tracking systems for implantable and life sustaining devices that are used outside of hospitals. Tracking systems are intended to ensure that manufacturers can quickly remove defective devices from the market and notify patients using them in the event of a device recall. The key questions are: (1) How does FDA ensure that manufacturers operate tracking systems that are capable of quickly tracking devices through the distribution chain to end users? (2) Are device manufacturers and FDA executing recalls of tracked devices in a timely manner?

**TITLE: REVIEW OF MEDICARE INCENTIVE PAYMENT PROGRAM (108369)**

**KEY QUESTIONS :** The Medicare Incentive Payment program provides physicians with a 10-percent bonus payment on all Medicare billings in geographic health professional shortage areas. The program is viewed as an incentive to help attract and retain physicians in underserved areas. These bonus payments amounted to over \$100 million in fiscal year 1997. Q1 What are the goals and performance measures for the program? Q2. How is the program structured to improve access to care for underserved Medicare beneficiaries? Q3. As designed, how likely is the program to recruit and retain providers in health professional shortage areas? Q4. What systems are in place to ensure that payments are appropriate?

**QUALITY OF CARE AND CONSUMER PROTECTION**

**TITLE: QUALITY OF CARE AND CONSUMER PROTECTION IN ASSISTED LIVING (108330)**

**KEY QUESTIONS :** Assisted living (AL) is the most rapidly growing segment of the long-term care market, currently serving up to one million residents by some estimates. While primarily supported with private payments, the use of Medicaid and SSI funds to support residents in AL is growing. (1) What is the type and frequency of reported quality of care problems in AL, and what factors may contribute to their occurrence? (2) What approaches do states take to protect consumers and ensure quality? (3) To what extent do facilities provide sufficient information for consumers to determine whether a facility is appropriate for them, and (4) to what extent is key written information provided to consumers consistent with facility contracts and state licensing requirements?

**TITLE: ENFORCEMENT OF FEDERAL NURSING HOME STANDARDS (108342)**

**KEY QUESTIONS :** In response to reports of poor quality in the nation's nursing homes, Congress strengthened federal standards in OBRA 87. HCFA issued revised compliance survey and enforcement regulations to be implemented by states effective July 1995. Amid reports of continuing quality problems, GAO has been asked to determine whether HCFA's revised regulations have resulted in providers achieving and maintaining compliance with federal nursing home standards. Specifically; (1) To what extent have nursing home surveys shown facilities to be out of compliance with federal standards? (2) How have states and HCFA responded to out-of-compliance facilities? (3) Does HCFA have adequate systems to oversee its regulatory enforcement process?

**TITLE: DRUG-SWITCHING PRACTICES USED BY MEDICARE HMO'S (108356)**

**KEY QUESTIONS :** Medicare HMOs, like other plans, may attempt to control their drug costs by "switching" or substituting drugs that beneficiaries are accustomed to taking. Concerns exist about how the HMOs inform health care providers and beneficiaries about specific switches, how they are implemented, and the impact on beneficiaries' care. (1) How do plans decide which switches to make? (2) What types of switches are being made and how often? (3) How do plans inform health care providers and beneficiaries about specific switches and the reasons for them? (4) What processes do plans have for reconsidering switches for individual beneficiaries if health care providers believe the switches are inappropriate? (5) How do plans evaluate the implications of switches on the quality of beneficiaries' care?

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## *Health Services Quality and Public Health*

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**TITLE: PPO HEALTH CARE QUALITY, SATISFACTION, AND NETWORK CHARACTERISTIC INFORMATION DISCLOSURE CAPABILITIES AND PRACTICES (108382)**

**KEY QUESTIONS :** Health plan information is viewed as being a key to many aspects of a high quality health care system. Purchasers view information as critical to obtain "value" for their health care dollar, consumers view information as an important component of a consumer protection framework, and policy makers see information as being critical to the efficient functioning of the marketplace. Several bills have been introduced in Congress to require health plans, without distinction as to form or structure, to provide more information. We were asked (1) to examine the extent to which laws, regulation, and accreditation agency standards require information from broad access plans and (2) to what extent purchasers currently collect and provide this type of information.

**TITLE: STRUCTURE IMPLICATIONS FOR QUALITY OF HEALTH CARE (973800)**

**KEY QUESTIONS :** (1) What relationship exists between the level of market penetration of HMOs and the quality of care provided by hospitals during the acute phase of heart attacks for Medicare patients? (2) What relationship exists between enrollment in Medicare HMOs and the appropriateness of surgical intervention in the post-acute treatment of heart attacks?

### **HEALTH CARE INFORMATION AND TECHNOLOGY**

**TITLE: REVIEW OF RESEARCH ISSUES RELATED TO PROTECTED HEALTH INFORMATION (108378)**

**KEY QUESTIONS :** The growing computerization of patient medical records can facilitate the conduct of health research but many concerns have been voiced about whether the information contained in such records is adequately safeguarded. The 1996 Health Insurance Portability and Accountability Act requires either that Congress enact medical records privacy legislation or in the absence of such legislation, that HHS promulgate regulations on privacy protection. (1) What is the quality and uniformity of institutional review boards with respect to the confidentiality of protected health information, (2) what is the extent to which research is conducted that is not subject to federal requirements, and (3) what safeguards have been established by health researchers in conducting such research?

### **OTHER ISSUE AREA WORK - HSQP**

**TITLE: ASSESSING BIOMEDICAL RESEARCH PROGRAMS UNDER THE GOVERNMENT PERFORMANCE AND RESULTS ACT (108370)**

**KEY QUESTIONS :** Research programs face difficulties in assessing outcomes. However, such programs need to show they are achieving their intended goals. This work will review FY 1999 performance plans submitted under the Government Performance and Results Act for 3 agencies targeted for increased research funds in the President's FY 1999 budget proposal--Agency for Health Care Policy & Research, National Institutes of Health, Centers for Disease Control & Prevention. 1) Do the plans provide objective and measurable performance goals by which research programs can be assessed? 2) Do the plans describe strategies for achieving their research goals? 3) Do the plans identify factors that would affect the agencies' ability to achieve their goals? 4) Do the plans indicate coordination among the 3 agencies?

**TITLE: BRIEFING ON AIDS DRUGS (108380)**

**KEY QUESTIONS :** The new AIDS combination therapies show promise in reducing the presence of HIV and some of the immune suppression in people with AIDS. However, the high cost of these therapies are a significant part of federal spending, and Congress must be advised on what fiscal issues must be anticipated. 1. What is federal and state spending on HIV and AIDS treatment by major funding sources? 2. What are the estimated numbers of AIDS patients on combination drug therapy? 3. What are the problems in projecting the impacts of the new drug therapies on federal and state government funding sources?

