

## POLICY &amp; PRACTICE

**Teen Births Up, Reversing Trend**

The teenage birth rate increased by 3% in 2006, rising for the first time since 1991, according to preliminary data from the Centers for Disease Control and Prevention. Between 2005 and 2006, live births among teens aged 15-19 years rose from 40.5 per 1,000 to 41.9 per 1,000. This increase comes after 14 years of declines in the teen birth rate, which peaked in 1991 at 61.8 live births per 1,000 females. "It's way too early to know if this is the start of a new trend," Stephanie Ventura, head of the reproductive statistics branch at the CDC, said in a statement. "But given the long-term progress we've witnessed, this change is notable." Some abortion rights advocates point to the news as a sign that the federal government's push for abstinence-only education is backfiring with teens. "Congress and President Bush need to face the facts: Refusing to teach teens about birth control only leads to higher birth rates and rising rates of sexually transmitted infections," Dr. Suzanne T. Poppema, board chair of Physicians for Reproductive Choice and Health, said in a statement. The full CDC report is available online at [www.cdc.gov/nchs](http://www.cdc.gov/nchs).

**ACOG Defines 'Conscience' Policy**

There are limits to when it is appropriate for physicians to refuse to provide reproductive health care on moral grounds, according to a new committee opinion from the American College of Obstetricians and Gynecologists. Physicians have a responsibility to refer patients to other providers in a timely manner if they cannot perform reproductive services in good conscience, according to the opinion issued by ACOG's Committee on Ethics. The committee also cautioned that physicians working in resource-poor areas should ensure that referral processes are in place so patients can continue to access services. ACOG's policy was viewed as an attack on "pro-life" physicians by the Christian Medical Association (CMA). In a letter to ACOG president Dr. Douglas W. Laube, the CMA and a number of other faith-based organizations called for the withdrawal of the committee opinion. "ACOG's misguided and uninformed public statement on conscience limits is bound to have the effect, whether unintended or actually intended, of discouraging persons of faith from practicing or choosing obstetrics and gynecology as a profession," CMA wrote in the letter. ACOG officials had no comment on the letter.

**Covance Makes iPledge Changes**

Covance, the company that developed and manages the iPLEDGE risk management program for the acne drug isotretinoin, has formally incorporated changes to the program that have been finalized by the Food and Drug Administration. The most important change was an elimination of the 23-day lockout period for women of child-bearing potential. At that time, the

FDA also said the program would now start the 7-day window for the initial prescription for women of child-bearing potential from the date of pregnancy testing, instead of the date of the office visit. To see all the latest changes, please visit [www.ipledgeprogram.com](http://www.ipledgeprogram.com), or call 866-495-0654.

**Education May Delay Teen Sex**

Adolescents who received formal sexual education before having sex for the first time were more likely to have delayed sex until at least age 15 years, according to an analysis from researchers at the CDC. Among adolescent girls aged 15-19 years who had received formal sex education before first sex, only 9% reported engaging in sex before age 15, compared with 22% of those who did not receive sex education before first sex. The study, which was published in the January issue of the *Journal of Adolescent Health*, found similar results among male adolescents. Only 10% of boys who received sex education before their first time having sex engaged in intercourse before age 15, compared with 32% of boys who had not had formal sex education. The analysis is based on the results of the 2002 Survey of Family Growth, a nationally representative survey with information on sexual activity, use of contraception, and births. The researchers analyzed data from 2,019 individuals aged 15-19.

**FDA Sets User Fees for DTC Ads**

The FDA is charging pharmaceutical companies about \$40,000 to review each of their direct-to-consumer television advertisements, according to a notice issued by the agency last December. Last September, Congress authorized FDA to create a user fee program for the advisory review of DTC prescription drug television advertisements. The program is voluntary and drug sponsors can choose whether to seek FDA advisory review of their ads before broadcast. However, if they seek review by the agency, they must pay the fee. The \$41,390 fee established for fiscal year 2008 is based on the number of ads slated for review and is expected to generate \$6.25 million in total revenue during the first year of the program.

**Generics Could Save States Money**

Increasing access to generic medicines would help states lower health care costs, which are putting pressure on state government budgets, according to the Generic Pharmaceutical Association (GPhA). The National Governors Association and the National Association of State Budget Officers said in December that "steadily rising health care costs" are contributing to deteriorating state fiscal conditions, and that states face numerous challenges in providing health care in Medicaid and other state programs. The GPhA noted in its own report that a 1% increase in the use of generics could save \$4 billion annually off the total U.S. health care bill.

—Mary Ellen Schneider

# Protect E-Mail for Sake Of Medicolegal Liability

BY SHERRY BOSCHERT  
San Francisco Bureau

SAN FRANCISCO — Give e-mail correspondence with patients the same care and attention you'd give to paper records, faxes, or phone calls in order to minimize medicolegal liability, advises Dr. Jeffrey L. Brown of the Cornell University Medical School in New York.

Physicians should be reasonably certain that the person requesting information by e-mail is authorized to receive it, just as would be done with phone calls, Dr. Brown said at the annual meeting of the American Academy of Pediatrics.

At a minimum, your e-mail system should include an automated response to any e-mails received from patients, acknowledging that an e-mail message has been received and saying that you will respond within a set period of time, such as 24 or 48 hours, said Dr. Brown, who is also in private practice in Rye Brook, N.Y. He has no association with companies that market e-mail systems or services.

The automated response should alert patients that confidentiality cannot always be assured in e-mail correspondence, and that you cannot respond to urgent questions posed by e-mail. Patients should contact your office by phone for urgent matters.

The response also should inform patients that if they do not get a reply from you to any e-mail message within a reasonable period of time—"usually 48 hours," Dr. Brown said—the patient should call your office to ask whether you received the e-mail. If you are away from the office when patients e-mail, the automated response should let them know that, and give the date of your return.

In the other direction, e-mails sent by physicians must be compliant with the Health Insurance Portability and Accountability Act (HIPAA). As with faxes, conventional e-mails must protect the confidentiality of sensitive information such as Social Security numbers, medical identification numbers, laboratory results, diagnoses, medications, and more.

To ensure confidentiality in e-mails, use an encrypted message system, Dr. Brown advised. Solo practitioners or small practices may want to do an Internet search for the term "encrypting e-mail systems" to find a list of encryption providers, he said. Typically, an outgoing e-mail would be sent to the provider, encrypted, and returned to the physician's system before going out to a patient.

Or, physicians may want to look into the Academy's partnership with Medem ([www.medem.com](http://www.medem.com)), he added. "They have a generic Web site that they will create for you. As part of that generic Web site, they will also encrypt e-mail and set you up with a professional e-mail service for not a lot of money," Dr. Brown said.

Confidential e-mail from physicians should contain a warning disclaimer similar to those used on fax transmissions. A typical disclaimer says the following: "Important notice: This e-mail contains confidential and privileged information. It is intended only for the individual or entity to whom it is addressed. If you are not the intended recipient, or if you have received

**Before erasing e-mail, save the patient's original e-mail and your response as hard copies in the patient's chart or electronically if you use electronic charts.**

this transmission in error, you are hereby instructed to notify the sender and to erase its content and all attachments immediately. Copying, disseminating, or otherwise utilizing any of its content is unlawful and strictly

prohibited." Other versions of disclaimers should be available from your attorney.

Treat e-mail messages like other patient correspondence, and file them appropriately, he added. Before erasing e-mail, save the patient's original e-mail and your response as hard copies in the patient's chart or electronically if you use electronic charts. Take precautions to protect confidential information on laptop computers and hard drives, as you would for other medical records. Use encryption software or change passwords frequently to prevent unauthorized access. Erase all confidential information from hard drives before disposing of them.

"Even if you do all the right things, there is still a possibility that you will be subject to suits," Dr. Brown said. "In the end, the best defense against legal action is practicing good medicine." ■

## Rx for Security: E-Mail Don'ts

Dr. Brown has the following trouble-avoiding tips:

- ▶ Do not use your personal e-mail address to answer patient e-mails.
- ▶ Do not answer a new patient's e-mailed medical questions without first establishing a formal relationship. "You have no idea who they are and what their problems are."
- ▶ Do not forward a patient's e-mail correspondence or address to a third party without first getting the patient's consent.
- ▶ Do not use an indiscrete topic in the heading of your response. "Don't write, 'Your pregnancy test is positive' in the subject line." Instead, use the same strategies you'd use when leaving a voice mail on a patient's answering machine. "Say, 'I have your lab work,' or something like that."
- ▶ Do not leave e-mail messages on a computer screen where they can be read by others.

Source: Dr. Jeffrey L. Brown