

POLICY & PRACTICE

Missed Opportunities for Prevention

Two new reports from the Agency for Healthcare Research and Quality find that physicians often miss opportunities to offer preventive and counseling services. It is the fourth consecutive year in which AHRQ has compiled data on 40 core quality measures for the National Healthcare Quality Report. Among the agency's findings: Only 52% of adults reported undergoing recommended colorectal cancer screening, and fewer than half of obese adults reported receiving diet counseling. Only 48% of patients with diabetes received blood sugar screens or foot and eye exams. The overall quality of care improved by almost 8% in hospitals, but by only 3% in ambulatory settings and by 1% in nursing homes and home health settings, according to AHRQ. The agency attributed quality improvement in hospitals to initiatives established by the Centers for Medicare and Medicaid Services. In a separate study—the National Healthcare Disparities Report—AHRQ found that blacks received poorer quality care than did whites in 73% of the core measures. Furthermore, Hispanics received poorer quality of care in 77% of the measures, and low-income people in 77% of the measures.

Drug Ads Play on Emotions

A new study shows that prescription drug advertising on television is rarely educational, and mostly uses emotional appeals to entice consumers. Dominick Frosch, Ph.D., of the University of California, Los Angeles, and colleagues analyzed ads shown during prime time and evening news hours over 4 consecutive weeks on four major broadcast networks. The sample included ads for 7 of the top 10 best-selling prescription drugs for 2004, and included reminder ads (the "ask your doctor" ads, which do not have to be factual) and product claim ads (which must include product risks). A positive emotional appeal—such as a character who's happy after taking the product—was used by 95% of the claim ads and 100% of the reminder ads. The claim ads did provide some educational information, such as detailing how to use the drug or enumerating some of the potential risks and benefits, the authors said. But, they concluded, direct-to-consumer advertising "often presents best-case scenarios that can distort and inflate consumers' expectations about what prescription drugs can accomplish." Their analysis appeared in the January/February issue of the *Annals of Family Medicine*. Former Food and Drug Commissioner David Kessler said in an accompanying editorial that "although none of these findings are surprising, they should be disturbing."

Back Pain Program to Begin

Physicians and chiropractors who provide high-quality back pain care will soon be able to be recognized under a program sponsored by the National Committee for Quality Assurance (NCQA). The program will identify

physicians and chiropractors who follow 16 evidence-based criteria, including performing a thorough patient assessment, offering recommendations for appropriate physical activity, and avoiding unnecessary imaging. Criteria also include patient education and shared decision making about surgery and alternatives with the patient. "How back pain is treated varies tremendously from practice to practice, [such that] where you go for your care is as important as what is causing your problem," NCQA President Margaret E. O'Kane said in a statement. The program was designed with input from experts in orthopedics, neurosurgery, primary care, and public health, as well as from health plans and employers. NCQA will begin accepting applications for the program in April.

Antidepressant Side Effects Vary

Second-generation antidepressants generally have similar rates of effectiveness but have variable side effects, according to an AHRQ analysis. On average, about 61% of patients will experience at least one side effect from taking a selective serotonin reuptake inhibitor (SSRI) or a serotonin norepinephrine reuptake inhibitor (SNRI), according to the analysis. However, the type of side effect varies by drug. For example, the SNRI venlafaxine (Effexor) is associated with more reports of nausea and vomiting than are SSRIs, according to AHRQ. The antidepressant trazodone (Desyrel), on the other hand, is associated with higher rates of somnolence than are some similar drugs. Researchers at AHRQ analyzed 293 published studies to compare the risks and benefits of second-generation antidepressants in the treatment of major depressive disorder, dysthymia, and subsyndromal depression. "Second-generation antidepressants provide hope for many of the millions of Americans who struggle with depression," Dr. Carolyn Clancy, AHRQ director, said in a statement. "But often, trying to find the right drug is trial and error, and in many cases relief is temporary or comes with serious side effects. It's clear we need more evidence to help patients and their doctors make the best choices." The study is available at <http://effectivehealthcare.ahrq.gov>.

New Medical School to Open

The Touro College of Osteopathic Medicine will open this fall in New York's Harlem neighborhood. The new school's mission is to serve minorities in the area, and school officials also plan to recruit medical students from among minority populations. The new facility is in the final stages of construction and is expected to be completed in April. School officials have already received 800 applications for the first class of 125 students. Officials also plan to hire 40 full-time faculty and 100 part-time faculty, as well as 200 physicians from New York City-area hospitals as adjunct faculty members.

—Alicia Ault

Initiative Promises Free, Easy ePrescribing Access

BY JOEL B. FINKELSTEIN

Contributing Writer

WASHINGTON — Doctors who have yet to get on the health information technology bandwagon no longer have any excuses, according to members of the National ePrescribing Patient Safety Initiative, a coalition of health insurers and software companies.

The NEPSI initiative is offering physicians' offices access to a secure, easy-to-use system that is compatible with the software in 99% of the nation's pharmacies, coalition members said at a press briefing to announce the initiative. NEPSI also includes regional organizations, university hospitals, and medical centers, which will act as a support network for physicians who choose to use the online tool.

According to the Institute of Medicine, "1.5 million Americans are injured and more than 7,000 die from medication errors every year. As a practicing physician, I find that unacceptable," said Dr. Nancy Dickey, president of the Health Science Center at Texas A&M University in College Station.

In a report released last year, the IOM identified electronic prescribing as the single most significant step physicians can take to reduce drug-related medical errors. Many errors are caused by illegible handwriting, unclear abbreviations, and miscalculated doses, the report found.

"More than 3 billion prescriptions are written every year, and even though we have the technology to make this problem virtually go away, less than one in five of my colleagues are using electronic prescribing," said Dr. Dickey, former president of the American Medical Association.

Time and money have been major barriers to adoption of electronic prescribing, Dr. Dickey said, even though widespread use of electronic prescribing could save the U.S. health care system as much as \$27 billion, as estimated by the Center for Information Technology Leadership.

"Part of the problem is that the people

who are being asked to take the time and to spend the money to put this in their offices—the physicians—aren't necessarily the ones who get the financial benefit," she said. That's why the coalition has come together to offer physicians an option that is not only free, but takes 15-30 minutes to learn.

NEPSI's efforts may be just the kickstart some physicians need, said Dr. Wilson Pace, director of the American Academy of Family Physicians' National Research Network and a member of the IOM committee that produced last year's report on medication errors. "This appears to be a relatively safe way to try out something and get started for somebody who is not quite clear where they want to go," Dr. Pace said in an interview.



"Less than one in five of my colleagues are using electronic prescribing," Dr. Nancy Dickey said.

There also is a growing incentive to adopt electronic prescribing, Dr. Mark McClellan said at the NEPSI launch.

Part D plans already are required to support electronic prescribing, and Medicare Advantage plans are moving toward similar standards. Even in traditional fee-for-service Medicare, the Centers for Medicare and Medicaid Services is expanding efforts to boost reimbursement to physicians who report quality data, said Dr. McClellan, former CMS administrator and now a senior fellow at the AEI-Brookings Joint Center, a Washington think tank.

But this is not something that the government can achieve alone. Partners in the private sector are crucial, he said.

The initiative is being wholly funded by the coalition of private stakeholders at an estimated cost of \$100 million for the first 5 years. In contrast, other free electronic prescribing software requires physicians to market personal health records or other products to patients.

The companies that are paying for NEPSI see this as an investment in the future, said Glen Tullman, chief executive officer of Allscripts Inc., which is leading the effort. "Down the road, we're very hopeful that this encourages adoption of full electronic health records, and Allscripts is a leading provider of those health records," he said at the briefing.

But "our first objective is to equip every physician in the United States with electronic prescribing software that is absolutely free of charge," in an effort to improve patient safety, he added. ■

Who's on Board?

The National ePrescribing Patient Safety Initiative includes these members:

- Allscripts Inc.
- Dell Inc.
- Cisco Systems
- Fujitsu Computers of America
- Microsoft Corp.
- Sprint Nextel
- Wolters Kluwer Health
- Aetna
- WellPoint
- SureScripts
- Google
- Twelve regional health care organizations