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### Society Endorses Food Bill

The Endocrine Society has endorsed H.R. 3625, the Food Marketing in Schools Assessment Act. First introduced in 2007 by Rep. Carolyn McCarthy (D-N.Y.) and reintroduced last month, the measure would require the Secretary of Education to assess the nutritional quality of foods and beverages marketed in schools and how they're marketed. The "brand and product logos, names, or information on educational materials; book covers; school supplies; posters; vending machine exteriors; scoreboards; displays; signs; equipment; buses; buildings; and other school property" would be the subjects of a report due by July 1, 2011. "This study will provide insight for policy makers, parents, and school administrators to determine whether the messages directed at school children lead to unhealthy choices and if policies need to be changed," Dr. Robert Vigersky, president of the Endocrine Society, said in a statement.

### Obesity Counseling Found Ineffective

Primary care obesity screening followed by a series of counseling sessions failed to improve body mass index, physical activity, or nutrition in overweight or mildly

obese children, a study in the British Medical Journal found. A total of 139 overweight and mildly obese children aged 5-10 years underwent four brief consultations with their physicians over 12 weeks. But compared with that of a control group after 1 year, the intervention group's body mass index had not fallen significantly, the study found. Money might be better spent on obesity-prevention activities at the community and population levels, rather than on individual counseling by primary care physicians, the authors concluded.

### Agency Calls for Fee Efficiency

Medicare should review and possibly reduce more fees when physicians provide multiple services to individual patients on the same day, the Government Accountability Office recommended. The GAO said that the Centers for Medicare and Medicaid Services has reduced payments for some imaging and surgical services furnished together, but even those don't reflect physician time saved. "For example, when two services are furnished together, a physician reviews a patient's medical records once, but the time for that activity is generally reflected in fees paid for

both services," the report stated. Expanding payment policies designed to reflect multiple-service efficiencies could save more than \$500 million each year, the GAO said.

### Doubts on Effectiveness Research

Although comparative effectiveness research may provide better information about what treatments work best, it's not clear that it will result in better health or less spending, according to the RAND Corporation. Its study concluded that new incentives will be needed to change patient and provider behavior. However, federal law prohibits using the results of federally funded comparative effectiveness research to guide payment policies. So it will be hard to develop incentives for driving down health spending, the study said. In the near term, any spending reduction created from such research would be offset by the costs associated with generating, coordinating, and disseminating the findings. "While increasing research aimed at determining the most effective treatments for a wide array of diseases should

have benefits, there is not enough evidence at this point to predict exactly what the result might be for the cost of the nation's health care system," Elizabeth McGlynn of RAND said in a statement.

### Boomers Ring Up Big Hospital Bills

U.S. hospitals spent nearly \$56 billion caring for baby boomers in 2007, almost as much as on older patients, according to a report from the Agency for Healthcare Research and Quality. The agency reported that baby boomers (adults aged 55-64 years) were similar to adults aged 65-74 years in lengths of hospital stays, costs, and percentages of elective hospitalizations. Overall, baby boomers had 4.7 million hospitalizations in 2007 and accounted for 16% of the total hospital costs in the United States. Coronary atherosclerosis was the most common reason adults aged 55-64 years were hospitalized, accounting for 7.8 hospital stays per 1,000 patients. Osteoporosis ranked second on the list, with 6.9 stays per 1,000 patients.

—Joyce Frieden

## EHR REPORT

# Looking at EHR Hardware

BY NEIL SKOLNIK, M.D., AND CHRISTOPHER NOTTE, M.D.

When considering the transition to an EHR system, think about hardware, which can be just as important as software. Here are some issues to consider as you assess your needs:

► **To PC or not to PC?** Most EHRs run under Windows. If your office is already outfitted with Macs, you might need to replace them or install Windows using a program for Intel-based Macs. If your office is already established on PCs, you must determine if your office computers meet the EHR's minimum specs. Find out exactly which Windows version the software requires, as changing the operating system can be a costly and time-consuming experience.

► **Desktop, notebook, or tablet PC?** Whether you currently dictate or handwrite your notes, installing an electronic system can dramatically change the way you practice. Desktops are cheaper and more comfortable to navigate. But they take up a lot of space in the exam room and cannot be easily moved. Wireless notebooks are mobile, flexible, and smaller, but they can be heavy, more costly to purchase, and fragile. A tablet PC is designed around a touch screen on which a digital pen serves as the mouse. Learning to use the pen to enter complicated information can be frustrating, but many EHR products have a series of pull-down menus and check-offs, allowing the provider to quickly click through the available options and only "write" the rare additional information not already covered by the forms.

No matter how you enter the information, practice makes perfect, and you'll find that documenting as you go becomes more efficient with time. The

initial drawbacks of computerized documentation are quickly replaced with the advantages of legible, indexed notes, and charts that are never lost.

► **Durability, price, and other options.** Consider longevity as well as price when you purchase computers. Given the ever-dropping costs of hardware, extended warranties may not be useful. Also, consider purchasing refurbished models. Major vendors such as Dell, HP, and Lenovo offer refurbished PCs for a fraction of the cost of new models. Often, these come with the same warranty and return policy. Be cautious about purchasing computers at retail or warehouse stores. These models may be inexpensive, but they are typically geared for home use and may not come with the proper version of Windows. Finally, inquire about getting additional batteries and an external battery charger if you opt for portable PCs.



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