

## POLICY &amp; PRACTICE

**HHS Assesses Sex Ed Programs**

One persistent criticism of abstinence-only education programs is that they contain medically inaccurate information. However, a report commissioned by the Health and Human Services department found that most comprehensive sex education programs also include some inaccurate statements. Of nine comprehensive sex education programs reviewed, six contained some type of medically inaccurate statement, according to the report. For example, three programs promoted the use of the spermicide nonoxynol-9, but the re-

port states that recent research has shown that nonoxynol-9 is ineffective against sexually transmitted diseases and has the potential to increase the risk of transmission. Other errors included the use of the term "dental dam" instead of "rubber dam." For the most part, the programs were medically accurate but tended to minimize condom failure rates, the report said. Overall, the incidence of errors in the comprehensive sex education programs were similar to error rates reported for abstinence programs in a 2005 report commissioned by Rep. Henry Waxman (D-

Calif.), according to the HHS report. The HHS report was requested in 2005 by former Sen. Rick Santorum (R-Pa.) and Sen. Tom Coburn (R-Okla.). The assessment was conducted by the Sagamore Institute for Policy Research and reviewed by the Medical Institute for Sexual Health.

**Factors in Contraceptive Use Noted**

Ensuring that women consistently use contraception may involve some extra work on the part of physicians, according to a study published in the June issue of *Perspectives on Sexual and Reproductive Health*. For example, women who have low motivation to prevent a

pregnancy may need additional counseling. Physicians also need to fully explain the benefits and side effects of various contraceptive options because women who are dissatisfied or even neutral about their method are more likely to have gaps in use. The findings are based on a telephone survey of 1,978 women ages 18-44 years who were sexually active and not trying to conceive. About 15% of the women reported that they had had a gap in contraceptive use of between 1 and 11 months in the previous year, with an average gap of 5 months. About 8% of women reported that they had not used a contraceptive method for the entire previous year. Women ages 35-44, Hispanic and black women, and women with lower levels of education were more likely to go without a contraceptive method for the entire year than younger, white, and college-educated women, the study found.

**Ob.Gyn. Antitrust Settlement Reached**

The Department of Justice has reached a settlement with the Federation of Physicians and Dentists that bars the group from coordinating fee negotiations on behalf of its private practice members. In an antitrust lawsuit filed in 2005, the Department of Justice alleged that the Florida-based group had coordinated fee negotiations among 120 Cincinnati-area obstetricians and gynecologists. The result was that area insurers were forced to pay higher fees to the physicians than could have been obtained through competitive negotiation, the antitrust suit alleged. As part of the settlement, the Federation of Physicians and Dentists will be prohibited from representing any independent physician with any payer, reviewing or analyzing contracts negotiated between a physician and a payer, and negotiating with payers for services provided by private practice members, according to the Department of Justice. The settlement is subject to court approval.

**AMA: Investigate Store Clinics**

The American Medical Association has called for investigations into potential conflicts of interest posed by joint ventures between store-based health clinics and pharmacy chains. Physicians at the AMA's House of Delegates in Chicago voted to ask state and federal agencies to determine whether these joint ventures pose a threat to patients' welfare. "There are clear incentives for retailers to participate in the implementation and operation of store-based health clinics," said AMA board member Dr. Peter Carmel in a statement. "The nation's physicians want the AMA to ensure these incentives do not compromise the basic obligation of store-based clinics to provide patients with quality care." The AMA also noted that some insurers are allowing store-based clinics to waive or lower patient copayments, while still requiring physicians to collect such payments. The House of Delegates, noting concerns that these lower copayments for in-store clinics could inappropriately steer patients to the clinics on the basis of cost, rather than quality of care, voted to seek equal treatment for physicians regarding health insurers' copayment policies.

—Mary Ellen Schneider

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