

Follow-Up a Key Concern

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health screening events, he observed.

However, Dr. Nelson noted that there are clearly limitations to the ability of such programs to accurately identify individuals who are at risk. "Screening fairs are most helpful if an abnormal result prompts a visit to a doctor ... I worry about the patient who gets a random blood sugar check and it's normal when in fact he or she may have early diabetes," he said.

Regardless of one's results, a visit to a screening program "shouldn't substitute for a visit to a doctor's office," he added.

Dr. Randall Weaver, a family physician based in Rockford, Ala., agreed. At least screening gives individuals a heads up that there may be a health issue. "But it is a problem when there is no follow-up. That is a big problem with screening efforts."

The program got started in 2007, when the Wal-Mart Foundation provided a gift of \$500,000 to the Delta Regional Authority in support of its Healthy Delta diabetes initiative (www.healthydelta.com). As part of the partnership, Wal-Mart agreed to host eight "Hometown Health Fairs" at some of its stores in the region on select Saturday mornings. Communities were chosen based on input from Delta Regional Authority representatives in each of the eight states. The eighth and final health fair took place in Carbondale, Ill., on March 29.

The partnership kicked off in late September of 2007 with a series of radio and television ads that ran in the eight-state region. The ads urged people with clinically confirmed diabetes—as well as people who thought they might have diabetes—to call a toll-free number for more information about management of the disease.

People who called the toll-free number spoke to a bilingual diabetes expert who asked the caller to answer questions from the American Diabetes Association Risk Test. The caller was then offered a free diabetes kit with a brochure called "Taking Control of Your Diabetes," which included advice about how to talk to a physician or pharmacist about diabetes, as well as a list of affordable medications.

The diabetes experts followed up with the callers by phone at 60 and 120 days to

check on their health status, asking questions such as: Are you getting some exercise? Have you changed how you're eating based on our previous conversation? Have you seen a physician? This same follow-up was offered to people who attended the health fairs.

"What the person with diabetes really needs is someone to talk to on a regular basis—someone to remind them that there are behavior or diet changes that can play a large role," Mr. Quinn said. "We're all aware that a busy physician in a small town has incredible demands on his time. So if there are other venues that are reminding people about healthy behavior, that certainly is a place where we can help."

As of early March, 2,598 people—47% of them African American—have enrolled in the program, including 1,593 callers previously diagnosed with diabetes. In addition, 671 callers have received a free blood glucose monitoring kit.

Results of the biometric screening tests on 999 people who attended the first five health fairs were "somewhat worse" than what Mr. Quinn and his associates expected in terms of the high incidence of high blood pressure, elevated cholesterol rates, obesity, and high BMI.

"The Saturday morning health screenings in a Wal-Mart parking lot reinforce what most of us in America know right now: that wellness has to become part of the national health care discussion," Mr. Quinn commented. "The results we saw when we screened people backed that up and underline the value of projects like this."

Although the long-term future of the diabetes awareness program is unclear, Mr. Quinn said that he is pleased that it has helped foster education and a dialogue about diabetes in communities where access to health care has been problematic.

"[Members of] the Delta Regional Authority are firm believers that it's education plus quality of health in a small town that equals economic development," he said. "That is certainly an equation that Wal-Mart understands and agrees with. Hopefully we'll be able to find common ground and move ahead." ■



At a Hometown Health Fair in Clarksdale, Miss., providers from Elite Wellness prepared to conduct body fat percentage testing.

POLICY & PRACTICE

Half of Health Spending Wasted

Wasteful spending in the U.S. health system could amount to as much as \$1.2 trillion of the \$2.2 trillion spent annually, according to a report released by the PricewaterhouseCoopers' Health Research Institute. Defensive medicine was identified as the biggest area of excess, followed by inefficient administration and the cost of care necessitated by preventable conditions, such as obesity, according to the report. The impact of issues such as nonadherence to medical advice and prescriptions, alcohol abuse, smoking, and obesity "are exponential," the report said.

N.Y. Needs More Doctors

The job market for new physicians in New York is characterized by strong demand, according to a recent study from the Center for Health Workforce Studies at the University of Albany School of Public Health. Unlike previous years, the need for primary care physicians was comparable with the demand for specialists, with new primary care doctors reporting an increasing number of job offers and increasing median starting income. Demand for new physicians was strongest in specialties that included dermatology, pulmonology, gastroenterology, and cardiology, whereas demand was weakest for physicians in ophthalmology, general pediatrics, pathology, and physical medicine and rehabilitation. In addition, the median starting income for new physicians grew by 13% from 2005 to 2007. Median starting income was \$142,100 for primary care physicians.

Self-Referrals Drive Imaging Hike

Physicians who refer patients to their own facilities or machines for scans account for much of the increase in diagnostic imaging that is ordered for privately insured patients, according to a commentary in the journal *Medical Care*. The increases in imaging were seen mainly in privately insured patients with fee-for-service plans, according to Dr. Vivian Ho, professor of medicine at Baylor College of Medicine, Houston. "Physicians seem to choose the self-referral option, meaning they do the imaging in their own office, because they are reimbursed by private insurance companies," Dr. Ho wrote. If they don't have the equipment in their office, she said, then they lease an imaging center's facilities and employees for a fixed period each week. This creates revenue for both parties involved, but it also raises questions about the necessity of the testing that is conducted, Dr. Ho wrote, adding that "the current reimbursement system lacks incentives to provide high quality imaging in a cost-effective manner."

Disciplinary Actions Decline

The number and rate of serious disciplinary actions brought against physicians has decreased for the third con-

secutive year, according to Public Citizen's annual ranking of state medical boards. The advocacy group said that the analysis indicates that many states are not living up to their obligations to protect patients from bad doctors. Since 2004, the number of serious disciplinary actions against doctors has decreased by 17%, which has resulted in 553 fewer serious actions in 2007 than in 2004. Taking into account the increasing number of U.S. physicians since 2004, the rate of serious actions has fallen 22% since then, when calculated per 1,000 physicians, according to Public Citizen. The annual rankings of the states are based on data from the Federation of State Medical Boards.

Direct-to-Consumer Genetic Testing

Patients should be fully informed about how to interpret direct-to-consumer genetic tests, which provide only the probability of developing a disease, according to a new policy statement from the American College of Medical Genetics. The organization outlined minimum requirements for the use of any genetic testing protocol, including that patients be informed about the scientific evidence on which the test is based, that a knowledgeable professional should be involved in ordering and interpreting the test, that the clinical testing laboratory is properly accredited, and that privacy concerns are addressed. "Consumers need to be cautious and always involve their healthcare provider, and in some cases a medical geneticist or genetic counselor, in their decisions about genetic testing," Michael S. Watson, Ph.D., executive director of the American College of Medical Genetics, said in a statement. The full policy statement is available online at www.acmg.net.

'Tectonic Shifts' Seen in Data

As large corporations, such as Google and Microsoft, move into the business of creating platforms for personal electronic health records, the shift in the health information landscape will profoundly affect biomedical research and raise new privacy issues, two physicians wrote in the *New England Journal of Medicine*. The electronic health record raises a series of questions, the authors wrote. For example, will those who provide and host electronic health records—which may be huge, non-health-related corporations—take on a research mission? And, if so, who will have access to the data, for what purposes, and under what sort of regulation? In addition, will academic researchers have full access to the data? The authors also pointed out that the companies providing personally controlled health records are not covered entities under the Health Insurance Portability and Accountability Act. Legislation has been introduced in Congress to dictate the structure, governance, and financing of personal electronic health records, but no law has been approved.

—Jane Anderson