POLICY & PRACTICE

Elderly Lack Preventive Care

Many elderly Medicare patients fail to get routine preventive care, according to a study by researchers at the Center for Studying Health System Change (HSC) and Memorial Sloan-Kettering Cancer Center. In analyzing six preventive services covered by Medicare (routine blood tests and eye examinations for diabetes patients; colon and breast cancer screening; and influenza and pneumococcal vaccinations), researchers found that half of eligible Medicare beneficiaries or fewer received the recommended care in 2001. Specifically, 48% and 56% of beneficiaries with diabetes received eye examinations and hemoglobin A_{1c} tests, respectively; 47% of women aged 65-75 years received mammograms; and 47% of all beneficiaries received flu shots. However, Medicare patients cared for by board-certified physicians in larger practices treating fewer poor patients were the patients most likely to receive cancer screenings and other preventive care. The study appeared in the July 27 Journal of the American Medical Association.

Clinician's Guide to Alcoholism

Physicians have a new tool to help them identify and care for patients with heavy drinking and alcohol use disorders. About 3 in 10 U.S. adults drink at levels that increase their risk for physical, mental health, and social problems. Of these heavy drinkers, about one in four currently has alcohol dependence problems that often go undetected in medical and mental health care settings. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) recently released a new guide called "Helping Patients Who Drink Too Much: A Clinician's Guide," which offers guidance for conducting brief interventions and managing patient care. If a patient drinks heavily (five or more drinks in a day for men or four or more for women), the guide shows physicians how to look for symptoms of alcohol abuse or dependence. The guide is at www.niaaa.nih.gov.

Influence of Free Drug Samples

Readily accessible, free drug samples can influence the prescribing behavior of residents, according to a study from the University of Minnesota and Abbott Northwestern Hospital. Researchers observed 29 internal medicine residents over a 6-month period in an inner-city primary care clinic. After selecting drug classes where samples of heavily advertised drugs were provided to the clinic, and where lower-priced alternative formulations existed, the authors looked for prescribing differences between physicians who had access to free samples and those who had been randomized to a group that agreed not to use samples. "We found that resident physicians with access to drug samples in clinic were more likely to write new prescriptions for heavily advertised drugs and less likely to recommend over-the-counter drugs than their peers," said lead author Richard F. Adair, M.D. There was also a trend toward less use of inexpensive drugs. The study was published in the August issue of The American Journal of Medicine.

The OxyContin Wars

The federal Drug Enforcement Administration's efforts to stop illegal use of the prescription painkiller OxyContin have "cast a chill over the doctor-patient candor necessary for successful treatment," Ronald T. Libby, Ph.D., a political science professor at the University of North Florida in Jacksonville, wrote in a policy analysis for the Cato Institute, a libertarian think tank. The DEA's campaign includes elevating OxyContin to the status of other schedule II substances and using "aggressive undercover investigation, asset forfeiture, and informers," he noted. When asked to comment, a DEA spokeswoman referred to a recent statement by DEA Administrator Karen Tandy. "We employ a balanced approach that recognizes both the unquestioned need for responsible pain medication, and the possibility of criminal drug trafficking," Ms. Tandy said, noting that physicians "are an extremely small part of the problem."

Osteopathic Medical Concepts

Osteopathic terminology for the first time has been added to the latest version of the College of American Pathologists' Systematized Nomenclature of Medicine (SNOMED) clinical terms. The latest release incorporates more than 230 osteopathic medical concepts including procedures, diagnoses, and even subtle anatomic aberrations well known to osteopathic physicians. "The availability of the osteopathic medical content in SNOMED clinical terms represents an additional opportunity to make unique terminology available to national and international clinical and research audiences," said Franklin R. Elevitch, M.D., chair of SNOMED International Authority. The American Osteopathic Association collaborated with SNOMED on the project to include the terminology.

Call to Action on Disability

The U.S. Surgeon General has issued his first-ever Call to Action on Disability. The report outlines goals for improving the lives of individuals with disabilities. Goals include increasing knowledge among health care professionals; providing them with tools to screen, diagnose, and treat the whole person with a disability with dignity; and increasing accessible health care and support services to promote independence for people with disabilities. "The reality is that for too long we provided lesser care to people with disabilities," Surgeon General Richard H. Carmona said in a statement. "Today, we must redouble our efforts so that people with disabilities achieve full access to disease prevention and health promotion services." The document is available at www.surgeongeneral.gov.

—Jennifer Silverman

Admitting Privileges Given To California Psychologists

BY JOYCE FRIEDEN
Associate Editor, Practice Trends

California doctors are wondering whether prescribing will be next, now that state regulations allow psychologists in the state to have admitting privileges for mental health patients.

"This would be a prelude to that, if you want to think about it from the psychologists' perspective," said Randall Hagar, director of government affairs at the California Psychiatric Association in Sacramento. "Getting this kind of privilege would be 'physiciandom,' [so that they will now say,] 'In order to better treat our patients, we need to be able to handle the medication aspect of it. We're prevented from taking good care of our patients until we get this privilege.' "

Even if psychologists have admitting privileges, a physician will still have to be there to do a physical exam during the intake.

Psychology groups, however, reject the notion that getting these regulations into place is a stepping stone to prescribing. "The big difference between prescribing and the hospital practices at issue with these laws is that the activities being envisioned by these regulations are already within the scope of the psychologist's license," said Russ Newman, Ph.D., executive director for professional practice at the American Psychological Association in Washington. "Prescribing is not; it would require a psychology licensure change."

The regulations, which apply to patients at psychiatric hospitals as well as those in psychiatric wards of acute care facilities, permit psychologists to admit patients, order therapy, ask for consultations, and approve ground and weekend privileges, said Charles Faltz, Ph.D., director of professional affairs at the California Psychological Association.

Dr. Faltz added that although such privileges may be very new to some psychologists, others have already been doing much of the admitting work themselves anyway. He said that before he began working for the association, he was on the full medical staff of a hospital and was admitting and managing patients. "The way it's done is in collaboration with a physician—usually with both the primary care physician and the psychiatrist who prescribes medications," he said.

Tom Riley, director of government relations at the California Academy of Family Physicians, in Sacramento, noted that even if psychologists have admitting privileges, a physician will still have to be there to do a physical exam during the intake.

"We're following [those regulations] only tangentially," Mr. Riley said. "The main issue is patient safety; we want things that ensure patient safety and allow access to care … we will be monitoring this to ensure that patient safety issues are met."

Family physicians "are monomaniacally focused on trying to expand access to care in California, and some folks take that to be saying, 'We should have expanded scope' of service," said Mr. Riley, noting that is not necessarily the case. "There are all sorts of issues regarding psychologists' knowing how the mental state of patients affects their physical attributes, and they don't have that training."

One of the issues in dispute with the California regulations—which were first promulgated in 1978 and finally issued in April—is the way they were approved. Instead of going through the usual regulatory process, which requires public hearings, these regulations ended up going through the courts—with little public input. "These particular regulations were made using rule 100, which [means that] if the courts interpret a particular law and say 'This is what the law means,' the regulatory agencies have no particular ability to change it," Dr. Faltz said. "So they can simply put those regulations through, and they don't have public hearings, because it isn't possible for the public to change the court's interpretation."

But Mr. Hagar said the regulations were the result of three attempts by the psychologists to get the regulations put out without public notice or input. "This attempt succeeded, and we're having a hard time figuring that there's anything else but politics involved," he said.

Earlier attempts involved getting the psychologists privileges to order and release seclusion and restraint treatments, Mr. Hagar continued. "This time, they got the seclusion and restraint orders and also got the ability to put someone in a hospital and release them, and also to transfer them."

Mr. Hagar said psychologists should be forewarned that their liability rates might increase now that they have these additional privileges. But Dr. Faltz said psychologists were not concerned about such a possibility, because their experience to date with collaborative practice has proved otherwise.

"There have never been any instances where it was shown that … psychologists practicing in hospitals in this way have had increased liability for psychologists or hospitals," he said. "In fact, when something goes wrong, all the practitioners involved with the patient are sued. So if a psychiatrist is managing the patient and has a psychologist consulting or doing testing, all involved are sued. It's equal opportunity."

So far, 17 other states and the District of Columbia have these hospital privileging laws, in addition to California, but psychologists are not expecting many more such laws to be passed, Dr. Newman said. That's because hospital licensing laws vary from jurisdiction to jurisdiction, and in many states psychologists have been able to obtain additional privileges by changing existing licensing laws without going through a full regulatory process. ■