# Voters Acted on Smoking, Abortion Initiatives

BY MARY ELLEN SCHNEIDER
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BOSTON — Voters in several states made their voices heard last month on smoking bans and restrictions on abortion.

Public health experts offered their views on the ballot initiatives at the annual meeting of the American Public Health Association (APHA).

Results were mixed on public health initiatives related to tobacco. Voters in Arizona, Nevada, and Ohio passed smoking restrictions. But voters were split in their support for raising taxes on cigarettes and other tobacco products, with Arizona and South Dakota approving tax hikes while California and Missouri rejected them.

Social norms around smoking are changing, said Frances Stillman, codirector of the Institute for Global Tobacco Control at Johns Hopkins University, Baltimore.

But that progress could be in jeopardy due to a lack of public funding in the states, said Ms. Stillman, immediate past chair of the APHA section on alcohol, tobacco, and other drugs.

She does not foresee a federal ban on smoking anytime soon. And local action benefits antismoking advocates, she said, because it's harder for the tobacco industry to fight these efforts around the country. "They can't be everywhere at once."

In Arizona, voters passed Proposition 201, the Smoke-Free Arizona Act. It prohibits smoking in all public places and places of employment except retail tobacco stores, veterans' and fraternal clubs, certain designated hotel rooms, and outdoor patios. The measure also raised cigarette taxes.

Arizona voters passed an initiative to establish an early childhood development and health fund that would be supported in part by revenues from the increase in the state tax on tobacco products.

Nevada voters passed a ballot question to ban smoking in indoor areas, including child care facilities, government buildings, public places, all bars with a food-handling license, and all indoor restaurants.

Ohio voters passed a proposal to prohibit smoking in a number of public places. Voters in Florida passed a constitutional amendment to use tobacco settlement money to fund a statewide tobacco education and prevention program. Voters in South Dakota passed a measure to raise cigarette taxes and dedicate a portion of the funds to tobacco-prevention programs.

Voters in three states defeated restrictions on abortion last month, including the far-reaching ban enacted in South Dakota earlier this year. That controversial law would have outlawed abortion in all cases except to save the life of the mother. The law did not include exceptions in cases where an abortion is needed to preserve the woman's health or in cases of rape or incest.

If voters had approved the measure, the issue would ultimately have been decided in the courts, resulting in a direct challenge to *Roe v. Wade*. With the legislation defeated by voters, current South Dakota law allows a woman to obtain an abortion during the first 24 weeks of pregnancy. After that time, abortions can be performed only to preserve the woman's life or health.

In Oregon and California, voters rejected measures aimed at requiring physicians to notify a minor's parents before performing an abortion. California's proposition 85 would have amended the state constitution to prohibit physicians from performing an abortion on an unemancipated minor until 48 hours after notifying a parent or legal guardian. State voters defeated this measure last year in a special election.

Oregon's measure 43 would have required a physician to provide written notice to a parent of an unemancipated minor age 15 and older at least 48 hours before providing the abortion. Under current law, parental consent for an abortion is required for minors younger than 15.

Lois Uttley, director of the MergerWatch Project, a group that advocates for greater access to reproductive health services, told this news organization that in an ideal world, girls would seek parental advice, but mandating parental involvement can lead to abuse. Instead, age-appropriate sex education, which includes both abstinence education and birth control, are more appropriate answers, said Ms. Uttley, who is the chair of the APHA Action Board.

"Good family communication unfortunately cannot be imposed by the government," she said. ■

## REINVENTING YOUR PRACTICE

# Do It Yourself: Computerized Education in the Exam Room

A Maine internist has distinguished himself by turning his exam room computers into time-saving patient education tools.

Dr. Mukesh Bhargava has developed a "show and tell" system that helps patients learn how to examine themselves for skin, breast, and testicular cancers—and he used nothing more elaborate than commonly available software and a $20 microphone.


MUKESH BHARGAVA, M.D.

"We've created a short multimedia presentation that patients can view in the privacy of one of our three examination rooms," said Dr. Bhargava, an internist in Sanford.

After each exam, Dr. Bhargava leaves the patient alone in the exam room to view the 2-minute presentation on a secure desktop computer. The half-dozen PowerPoint slides, which he narrates, walk the patient through the process of examining the skin for suspicious moles, or performing a breast or testicular self-exam.

Patients appreciate the presentation, Dr. Bhargava said, noting that it "reinforces the importance of proper self-care and saves me time in the process. They say this is more helpful than a handout, and they appreciate the fact that it is their own doctor doing the narration," he said in an interview.

"All the literature says that medical advice carries more weight when it's your own doctor that's giving it," he added.

If Dr. Bhargava is late for an appointment, his physician assistant sets the presentation up so the patient can view it while he or she is waiting.

"Many doctors feel that the presence of computer terminals in examination rooms is a distraction that interferes with doctor-patient communication," he said. However, "by using the terminal as a learning tool, you have the technology doing some of your work for you and helping to educate your patients, who otherwise would be sitting there looking at wall posters or reading a magazine."

There's no danger that a patient will access electronic medical records or other sensitive data, which are securely locked and password protected, Dr. Bhargava explained.

Physicians can create their own narrated PowerPoint presentations with existing Microsoft software and a small investment in a microphone. Those who do not have Microsoft Office on their systems can download Open Office, a free multiplatform office suite that will fill the bill, Dr. Bhargava said.

He also welcomes inquiries about his multimedia project. You can reach Dr. Bhargava at mbhargava@gmail.com. ■

# Tweaking an EMR System to Speed Prescription Refills

How would you like to reduce your practice's patient data research load by 12 hours a week? That's precisely what Dr. Alan Brush did for his multispecialty practice in Cambridge, Mass.

"Using the EpicCare electronic medical record system's SmartPhrases feature, I created what we call 'RxRefill phrases' for all formulary drugs where lookup of essential information is required for a refill," he said in an interview. "The process of making sure that lab tests, blood values, and mammogram results are current takes about 5 minutes per prescription. I do 100 refills a week in a practice that is about 60% full time."


ALAN BRUSH, M.D.

Dr. Brush's office is 1 of 14 sites in the Harvard Vanguard group, all of which are served by EpicCare. "In moving from paper to EpicCare's EMR system, I noted little improvement in the efficiency of refilling medications. It was just a shift from paper to electronic medium. When refills required essential data such as creatinine and potassium and last blood pressure values for diuretic refills, someone still had to spend time looking up and communicating the information to the clinician ultimately responsible for that prescription," he explained.

As leader of the Harvard Vanguard's Internal Medicine Design Team, Dr. Brush helps make medical records more user friendly to clinicians. Three years ago, he decided to tackle the refill problem.

Now, for formulary drugs that require clinical data, "all my assistant has to do is type 'Rx' followed by the name of the drug—for example, 'RxSimvastatin'—and all the data are generated. These phrases contain the request for the drug, as well as data links that automatically bring the required lab tests and clinical information into the refill request," he explained.

When the test is overdue or the last blood pressure test is beyond the time for a reasonable refill, the medical assistant or nurse requesting the clinician to sign off knows to first arrange the needed appointment or tests and to request a refill that lasts just beyond that date.

When the timing is up to date, the essential data become part of the medical record at the time of the refill, indicating that it has been reviewed, he added.

"Not only does the medical assistant or nurse save time in looking up the essential information, but the clinician sees [only] refill requests that are already adequately researched," he said. "When I receive a prescription refill request now, if everything has been done, all the necessary data appear on the screen. To complete the process, I hit 'approve,' and 'close encounter,' and the refill process is complete." ■

*By Bruce K. Dixon, Chicago Bureau. Look for the next installment of this column in our Jan. 1, 2007, issue.*