

POLICY & PRACTICE

IOM: Health Coverage Is Essential

Health insurance, not just safety net access to care, is essential for people's health, an Institute of Medicine committee reported. Even insured people living in areas where many others aren't covered find it more difficult to get needed care and have decreased satisfaction with their care, the panel found. Its report called on lawmakers to implement universal health coverage while reducing costs and the rate at which health care spending is rising. The findings show the increasing so-

cietal consequences of having large numbers of uninsured Americans, said Dr. Risa Lavizzo-Mourey, president and CEO of the Robert Wood Johnson Foundation, which provided funding for the work. "People without insurance do not get the care they need, and too many people live sicker and die sooner as a result," Dr. Lavizzo-Mourey said in a statement.

Physicians Postponing Retirement

Fewer physicians left group practices in 2008 than in 2007, and a majority of

group practice leaders believe that the change reflects more physicians delaying retirement because of the poor economy, said the American Medical Group Association. The group's annual survey of AMGA members reported about a 6% turnover of group practice physicians in 2008, compared with nearly 7% in 2007. The top reasons cited for leaving a group included poor fit with one's practice and need to relocate to be closer to family. Flexibility can keep physicians in a practice, according to respondents, nearly half of whom said part-time options encourage physicians to stay while meeting personal needs or to delay retirement. Almost three-quarters of group practices offer preretirement physicians reduced hours, 56% allow for no call responsibility, and 20% allow for concentration on certain patient groups.

Device Makers Set Ad Principles

The Advanced Medical Technology Association has released guidelines that it said will make direct-to-consumer advertising for medical devices more accurate and useful for patients. The document sets out best practices for disseminating clear, balanced information to patients about innovations and for encouraging dialogue between patients and their physicians, the association claimed. The guidelines promote use of consumer-friendly language, appropriate education of health care professionals prior to ad launch, and revision or withdrawal of ads if new information indicates a serious, previously unknown safety risk for a medical device. "We believe that DTC advertising can be a powerful tool to educate patients about new technologies and treatment options when conducted appropriately," said the association's chairman, Michael Mussallem, in a statement.

87 Million Uninsured in 2007-08

Nearly 87 million Americans—1 out of 3 people under age 65—were uninsured at some point during 2007-2008, according to a report from the advocacy group Families USA. More than half of individuals and families with incomes between the federal poverty level and twice the poverty level—between \$21,200 and \$42,400 in annual income for a family of four in 2008—went without health in-

surance at some point in 2007-2008, the report said. In addition, most of those who went uninsured did so for long periods: Almost two-thirds were uninsured for 9 months or more. Four of five of the uninsured were in working families, and most of these families included someone employed full-time, the report said.

Aetna Offers Money-Saving Tips

The health insurer Aetna said it can help physicians pinch pennies in these tough economic times. The company estimated that physicians who use its free online tools for billing and administrative tasks could save up to \$20 per patient visit. The figure assumes electronic transactions for eligibility and benefits inquiries, claim submissions, claim-status inquiries, remittances and funds transfers, and pre-certifications. For example, the cost to make an eligibility and benefits inquiry by phone or paper would be \$3.70, compared with 74 cents electronically, according to Aetna. The savings are even greater for precertification, which costs more than \$10 by paper or a phone conversation and about \$2 when done electronically. Aetna's electronic tools are available at the company's secure provider Web site. More information is available through Aetna's automated phone service or online at www.aetna.com/provider.

Group Wants Ban on Industry CME

The consumer watchdog group Public Citizen has asked the American Medical Association to support a total ban on commercial support of continuing medical education. In a letter to the chairs of the AMA's ethics and CME councils, Public Citizen's Health Research Group said that it supported the ban "because the consequences of any corrupting influence of commercial support on CME are so significant." The group chose the AMA because, "as the voice of organized medicine, the AMA is well positioned to lead a reform effort," said the letter. "Physician-supported CME" is a viable alternative to commercial funding, said the group. The Pharmaceutical Research and Manufacturers of America said in a statement that a ban on commercial support of CME could prevent physicians from accessing critical information about treatments.

—Jane Anderson



HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use PATANASE® Nasal Spray safely and effectively. See full prescribing information for PATANASE Nasal Spray.

PATANASE (olopatadine hydrochloride) Nasal Spray

Initial U.S. Approval: 1996

INDICATIONS AND USAGE

PATANASE Nasal Spray is an H₁ receptor antagonist indicated for the relief of the symptoms of seasonal allergic rhinitis in patients 12 years of age and older. (1)

DOSAGE AND ADMINISTRATION

For intranasal use only.

The recommended dose of PATANASE Nasal Spray in patients 12 years and older is two sprays per nostril twice daily. (2)

Priming Information: Prime PATANASE Nasal Spray before initial use and when PATANASE Nasal Spray has not been used for more than 7 days. (2.2)

DOSAGE FORMS AND STRENGTHS

Nasal spray 0.6%: 665 mcg of olopatadine hydrochloride in each 100-microliter spray. (3) Supplied as a 30.5 g bottle containing 240 sprays.

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

- Epistaxis, nasal ulceration, and nasal septal perforation. Monitor patients periodically for signs of adverse effects on the nasal mucosa. Avoid use in patients with nasal disease other than allergic rhinitis. (5.1)
- Avoid engaging in hazardous occupations requiring complete mental alertness such as driving or operating machinery when taking PATANASE Nasal Spray. (5.2)
- Avoid concurrent use of alcohol or other central nervous system depressants with PATANASE Nasal Spray. (5.2)

ADVERSE REACTIONS

The most common adverse reactions (>1%) included bitter taste, headache, epistaxis, pharyngolaryngeal pain, post-nasal drip, cough, and urinary tract infection. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Alcon Laboratories, Inc. at 1-800-757-9195 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

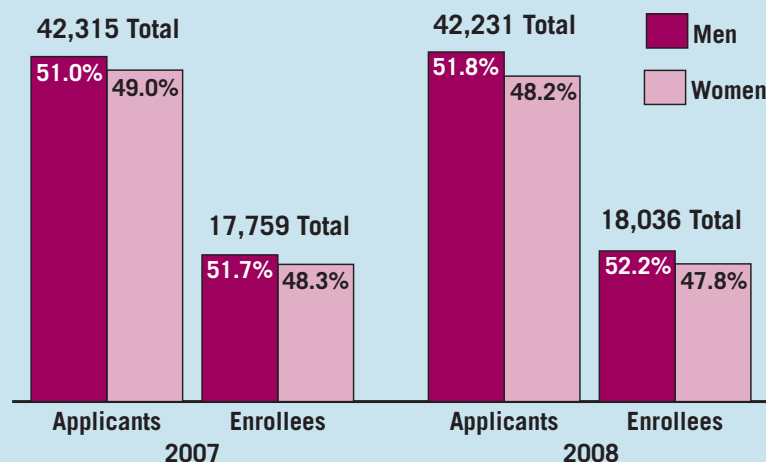
References:

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2. Meltzer EO, Hampel FC, Ratner PH, et al. Safety and efficacy of olopatadine hydrochloride nasal spray for the treatment of seasonal allergic rhinitis. *Ann Allergy Asthma Immunol.* 2005;95(6):600-606.
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DATA WATCH

Medical School Enrollment Up Nearly 2% in 2008



Source: Association of American Medical Colleges