

Smoking Ban, Taxes a 'Win-Win' for States

BY MARY ELLEN SCHNEIDER

FROM THE AMERICAN CANCER SOCIETY CANCER ACTION NETWORK

Enacting comprehensive state laws that ban smoking in workplaces and restaurants, and raising the cigarette tax by \$1 per pack, could bring in billions of revenue for cash-strapped states, while also saving nearly 2 million lives, according to new estimates from the American Cancer Society Cancer Action Network.

The ACS CAN released two reports that examined the public health benefits and economic savings from strengthening state antitobacco policies. In one report, researchers from the University of Illinois at Chicago looked at what would happen if the 27 states without comprehensive smoke-free laws were to enact such laws. In the second report, the same researchers considered the impact if all 50 states and the District of Columbia were to adopt a \$1-per-pack increase in the cigarette excise tax.

"The bottom line is that strong tobacco control policies are a win-win for state legislators, for the states themselves, and [for] their constituents," said John R. Seffrin, Ph.D., chief executive officer of ACS CAN.

Currently, 23 states and the District of Columbia have enacted comprehensive laws that ban smoking in all bars, restaurants, and workplaces. The remaining 27 states have either

less-comprehensive laws or no laws at all in this area. When the researchers considered the impact if these 27 states were to adopt comprehensive smoking bans, they found that more than 1 million adults would quit smoking, nearly 400,000 children would never start smoking, and smoking-related deaths would fall by 624,000.

Those 27 states would see a savings of about \$316 million from lung cancer treatment, \$875 million from heart attack and stroke treatment, and \$128 million from smoking-related pregnancy treatment. The researchers estimated that Medicaid programs in those 27 states would save a collective \$42 million.

The report on tobacco taxes found similar public health and financial gains if a \$1-per-pack tax increase were enacted around the country. Such a tax would result in 1.4 million adults quitting smoking, 1.69 million children never starting to smoke, and 1.32 million fewer people dying from smoking-related causes. States could benefit from decreases in Medicaid spending and increased revenue. The report estimated that the tax would cut Medicaid spending by about \$146 million across the states, and would bring in \$8.62 billion in new state revenue.

Dr. Seffrin said that the results are attainable. An increasing number of states are adopting smoke-free laws and nearly all the states have increased cigarette excise taxes in recent years. ■

Use of Electronic Health Records Deemed Good for the Environment

BY FRANCES CORREA

FROM HEALTH AFFAIRS

Greater use of electronic health records would cut greenhouse gas emissions, energy use, waste and toxic chemical production, and water consumption, according to a study by Marianne C. Turley, Ph.D., and her associates at Kaiser Permanente.

After factoring in the additional energy consumption from the increased use of personal computers, the overall net effect on the environment would be favorable, the researchers concluded based on an analysis of the impact of the Kaiser Permanente EHR system, which covers 8.7 million beneficiaries.

Annually, the Kaiser EHR system eliminated the use of 1,373 tons of paper by discontinuing the use of paper medical charts, x-ray jackets, and administrative forms. The system decreased annual gas consumption by an estimated 3.3-10 million gallons by cutting the number of visits by 4-13 million. Patients could correspond with their providers about nonemergency concerns through secure e-mail messages (Health Aff. 2011;30:938-46).

Switching from desktop to laptop computers saved 89,300 megawatt hours and digitizing x-rays eliminated the waste of 203 tons of plastic and 79 tons of toxic chemicals. Using the Environmental Protection Agency's greenhouse gas equivalencies calculator, Dr. Turley and her associates estimated that Kaiser's efforts reduced greenhouse gas emissions by 9,200 tons.

Results were based on data from regional operational reports, paper-purchasing records, and internal pharmaceutical re-

ports. Travel was estimated by calculating the distance from patient addresses to Kaiser-participating primary care buildings and aggregating them by region.

The Kaiser study showed that "the use of electronic health records can both change the face of health care and help reduce its environmental footprint," the researchers wrote.

Despite these findings, Dr. Turley and her associates said that the environmental impact of switching to electronic health

VITALS

Major Finding: The use of electronic health records cut Kaiser Permanente's use of paper by 1,373 tons annually. The system also decreased energy use by 3.3-10 million gallons of gasoline by reducing medical visits.

Data Source: Based on a 2011 internal analysis.

Disclosures: All seven researchers are employees of Kaiser Permanente.

records will vary from system to system. As the Affordable Care Act calls for implementation of electronic systems, they said further analysis is necessary to determine the impacts of widespread implementation.

Although 51% of office-based physicians are currently using an electronic system, only 10% of practices reported their systems as being fully functioning, according to the most recent evaluation from the Centers for Disease Control and Prevention. Even so, implementation of electronic systems will probably increase as provisions in the American Recovery and Reinvestment Act of 2009 create incentives for providers. Public and private investment in these systems is expected to reach \$40 billion in the next several years, according to the investigators. ■

Blognosis

Bathroom Safety: A Doctor's Domain?



Most of us know someone who has had an injury in the bathroom. But now we know the impact of these injuries: \$67 billion in lifetime medical costs in 2008.

Researchers from the Centers for Disease Control and Prevention analyzed data from the 2008 National Electronic Surveillance System All Injury Program with an eye on nonfatal bathroom injuries. They identified 3,339 cases, and estimated that 234,094 nonfatal bathroom injuries in people aged 15 years and older were treated in U.S. emergency departments that year (MMWR 2011;60:729-33).

About 81% of the injuries were from falls. Injury rates increased with age, and the highest rates occurred in or around the tub or shower (66 per 100,000) and on or near the toilet (23 per 100,000).

The shower was the main danger zone

for teens and young adults and the toilet was associated with the most injuries for adults older than 65 years. The percentage of injuries sustained while bathing or

showing was 34% among 15- to 24-year-olds vs. 16% among those aged 85 years and older. By contrast, the proportion of toilet-related injuries was 2% among 15- to 24-year-olds vs. 37% among those aged 85 years and older.

What does it mean for doctors? According to the report, "These findings suggest that all adults, especially older adults, their caregivers, and their family members, should

be educated about activities in the bathroom that more frequently result in injury, notably getting out of tubs and showers and getting on and off toilets."

One could argue that it's not a doctor's job to remind people to use common sense and caution at home. Bathroom safety won't make the list of what to talk

about during a too-short office visit, but it might merit a brochure in the waiting room, given the high costs associated with these injuries.

A handout for older adults could offer prevention tips (grab bars, floor mats). But what about those teens? Handouts

about the dangers of texting while showering? Perhaps more research is needed before that brochure comes out. ■

Ms. SPLETE is a senior writer for this newspaper. Follow her on Twitter at @hsplete.



BY HEIDI SPLETE

INDEX OF ADVERTISERS

Abbott Laboratories		Genentech USA, Inc.	
Humira	48a-48d, 49-50	ACTEMRA	3-6
Amgen Inc. and Pfizer Inc.		Human Genome Sciences, Inc. and The GlaxoSmithKline Group of Companies	
ENBREL	66-68	Benlysta	53-56
Bayer HealthCare LLC		Lilly USA, LLC	
Citracal	19	Cymbalta	24-30
Bristol-Myers Squibb		Pfizer Inc.	
ORENCIA	20a-20d, 21	Revatio	35-37
Centocor Ortho Biotech Inc.		Purdue Pharma L.P.	
Remicade	38a-38d, 39-41	Butrans	60a-60d, 61
Covidien AG		Savient Pharmaceuticals, Inc.	
Pennsaid	47-48	Krystexxa	8a-8d
Forest Laboratories, Inc.		Takeda Pharmaceuticals North America, Inc.	
Savella	10-12	Uloric	43-44
Gebauer Company			
Corporate	17		