

POLICY & PRACTICE

U.S. Infant Mortality Fails to Improve

The infant mortality rate in the United States did not improve between 2000 and 2005, according to a report from the National Center for Health Statistics, part of the Centers for Disease Control and Prevention. The U.S. infant mortality rate was 6.86 per 1,000 live births in 2005, not statistically different from the rate of 6.89 in 2000. This 5-year period represents the first sustained time period without a drop in infant mortality since the 1950s. The lack of improvement is due in large part to an increase in the percentage of both very preterm and late preterm births and a lack of improvement in the infant mortality rate for very preterm infants, according to the CDC. However, preliminary data indicate there may have been a small decrease in infant mortality between 2005 and 2006, when the infant mortality rate dropped to 6.71. The United States also continues to rank near the bottom of industrialized countries in terms of infant mortality. The United States ranked 29th in the world on infant mortality based on 2004 data, down from a worldwide ranking of 12th in 1960 and 23rd in 1990.

FDA Issues Warning on Yaz Ads

The Food and Drug Administration has warned Bayer HealthCare Pharmaceuticals Inc. to tone down its advertising for Yaz (drospirenone and ethinyl estradiol tablets). Two television ads for the oral contraceptive overstate the drug's benefits and minimize its risks, according to an FDA letter to the company. "These violations are concerning from a public health perspective because they encourage use of Yaz in circumstances other than those in which the drug has been approved," the FDA wrote in a letter. For example, the ads suggest that Yaz can treat the symptoms of premenstrual syndrome, but the drug is approved only for the treatment of premenstrual dysphoric disorder. The agency also complained that the ads did not effectively communicate the drug's risks because of distracting visuals and music.

Maternal Health Resolution Passes

The United States must do more to reduce maternal mortality in this country and abroad, according to a resolution passed unanimously by the Senate last month. S. Res. 616 also recognized that access to quality and affordable health care is critical to making improvements in maternal health. The resolution, which was introduced by Sen. Blanche Lincoln (D-Ark.) and Sen. Olympia Snowe (R-Maine), noted that globally, 536,000 women die during pregnancy and childbirth each year. "While the majority of deaths occur in developing countries, the United States has one of the highest maternal mortality rates among industrialized nations," Sen. Lincoln said in a statement. "This is not a problem we can or should ignore. A mother's health affects the health of her child, her family's well-being, and the productivity of a community." The

House approved a companion resolution (H. Res. 1022) earlier this year.

GAO: FDA Needed Broader Pool

Food and Drug Administration officials might have avoided some conflicts of interest on the FDA's scientific advisory committees by expanding recruitment efforts beyond word-of-mouth nominations, according to a recent report from the Government Accountability Office. The report analyzed the recruitment and screening of FDA advisory committee members before the agency changed those processes in 2007. The FDA could have reached out beyond its usual source of experts to retired professionals, university professors, and experts in epidemiology and statistics, the GAO concluded. The evaluation was requested by members of the Senate.

Flat Rx Pricing Satisfies Consumers

Pharmacy customers who take advantage of flat-rate generic prescription drug prices have higher levels of satisfaction than those who don't, according to the second annual J.D. Power and Associates National Pharmacy Study. Nearly one-fourth of pharmacy customers participate in a \$4 generic or similar flat-rate pricing program, with the greatest participation rate among customers aged 44 years and older, the study said. Satisfaction among customers who participate in flat-rate programs averages 826 on a 1,000-point scale, compared with 817 among those customers who don't participate in the programs.

Medicare Imaging Costs Fall 13%

Medicare Part B payments for physician-performed imaging services dropped almost 13% between 2006 and 2007 mainly because of caps on physician payments called for under the Deficit Reduction Act (DRA) of 2005, according to an analysis from the Government Accountability Office. Under the DRA, Medicare fees for certain imaging services provided in the physician's office may not exceed what Medicare pays under the hospital outpatient prospective payment system. The imaging payment cap went into effect Jan. 1, 2007, and Medicare Part B per-beneficiary expenditures for imaging services fell from \$419 in 2006 to \$375 in 2007. Expenditures for advanced imaging services such as computed tomography and MRI fell even more. Although per-beneficiary expenditures dropped, utilization of services continued to rise, according to the GAO, which concluded that beneficiary access at the national level was not affected by the payment cuts. However, the medical technology trade organization AdvaMed said the report indicated payment cuts were deeper than expected and are not in the interest of patients. Requiring accreditation of personnel in physician offices and developing appropriateness criteria would be better ways to curb high imaging expenses, suggested AdvaMed.

—Mary Ellen Schneider

THE REST OF YOUR LIFE

After Cancer, A Second Act

After Dr. Joshua Grossman underwent his second surgery for papillary carcinoma of the thyroid gland in 1986, he believed he might not have much time to live. So, at age 45, he decided to audition for a role in a Johnson City (Tenn.) Community Theater production of Irving Berlin's "Annie Get Your Gun."

"I'd always wanted to do community theater," said Dr. Grossman, who is an internist with a Johnson City-based practice. "I got a kick in my fanny from my cancer, and I figured, well, I'll get in a couple of shows, and then I'll croak. I actually thought I was dying."

He was cast as Chief Sitting Bull and went on not only to beat his cancer, but also to earn roles in several subsequent productions staged by area theaters, including Gonzales in Tennessee Williams's "Summer and Smoke," Padre Perez in "Man of La Mancha," and Mario in "Ballroom." All the while, he was serving as a full colonel in the U. S. Army Medical Corps, from which he retired in 2000.

"When I did 'Annie Get Your Gun,' the night work was being taken over by the interns and residents," recalled Dr. Grossman, who spent most of his career working at a local Veterans Affairs medical center. "The workload was more than 40 hours a week, but it wasn't quite as heavy as a practicing physician's, which is one of the reasons why I was in the VA: so I could spend a little more time with my wife and kids."

In addition to being cast in roles, he has served as a theater usher, worked the lighting and other technical jobs, and helped build and disassemble sets.

"I also tidied up the theater so much that one of our late community theater actors and volunteer set builders called me the garbage man," Dr. Grossman said. "I did more than empty our garbage. I would sift through it because angle brackets and other things were mistakenly thrown in there that could be reused in future productions. The community theater has a strict budget. None of the theater members are paid. Only guest musicians and guest directors, who may drive long distances, are paid."

Along the way he learned to respect the talents of master playwrights such as Tennessee Williams. He and his fellow cast members held frequent discussions in the green room about what message the author was trying to convey in his plays. "We could never reach consensus as to what he was trying to get at," he said. "There's a feeling in general that the IQ

of poets and playwrights is off the scale."

Dr. Grossman also learned the challenges of sticking to a character. His role as Gonzalez in "Summer and Smoke" called for his character to forcefully grab the shirt of a young doctor, who was being played by a man who had formerly been one of Dr. Grossman's cub scouts when he was a scout troop leader.

"It took many hours of blocking rehearsal before I could do that," said Dr. Grossman, whose most recent role was that of Joey "the Lump" Marzetti in a fall



Dr. Joshua Grossman, with his wife Mickey (far left) and Proud Annie Mystery Theater cast members, took to stage acting after undergoing treatment for thyroid cancer.

2007 dinner theater production of "Funeral for a Gangster," penned by playwright Eileen Moushey.

Dr. Grossman said that his brush with cancer also motivated him to take up another avocation. Prior to starting his undergraduate studies at Johns Hopkins University, Baltimore, he had appeared as a ballroom dancer for a week on "The Buddy Dean Show," a Baltimore-based teen dance television program that featured appearances by the Cordettes, Johnny Mathis, and Frankie Avalon, but Western square dancing had always intrigued him. So he and his wife, Mickey, enrolled in classes at a local university to further develop their ballroom dancing proficiency and to learn Western square dancing. They continue to build on their skills by attending Western square dancing events sponsored by local clubs.

Looking back, Dr. Grossman credits his illness for motivating him to pursue the avocations he'd long wished to take a crack at. "It's fair to say that my cancer gave me a fairly swift kick in my bottom and got me out into my community," he said. ■

By Doug Brunk, San Diego Bureau

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