

## POLICY &amp; PRACTICE

**Covance Makes iPledge Changes**

Covance, the company that developed and manages the iPLEDGE risk management program for the acne drug isotretinoin, has formally incorporated changes to the program that were finalized by the Food and Drug Administration in early October. The most important change was an elimination of the 23-day lockout period for women of childbearing potential. At that time, the FDA also said the program would now start the 7-day window for the initial prescription for women of childbearing potential from the date of pregnancy testing, instead of the date of the office visit. For more information on all of the changes, visit [www.ipledgeprogram.com](http://www.ipledgeprogram.com), or call 866-495-0654.

**Melanoma Grant Worth \$1.8 Million**

Jonsson Comprehensive Cancer Center at the University of California, Los Angeles, has been chosen to be the lead institution for a \$1.8 million collaborative melanoma research project funded by a grant from the W.M. Keck Foundation. Also participating are the California Institute for Technology, Childrens Hospital Los Angeles, and the University of Southern California. Researchers will work together to develop a technology that uses blood stem cells to derive T lymphocytes that will be genetically engineered to turn into killer T cells and home in on the melanoma antigen called MART-1. This would be a big advance because only a very small number of melanoma patients' T cells recognize MART-1. Positron emission tomography will be used to evaluate the cells' attack rate and success, according to a statement from the Jonsson Center. Human trials are expected to start early this year.

**FDA Can't Fulfill Mission**

Three members of the Food and Drug Administration's Science Board issued a damning report on the state of the agency, saying that "the agency suffers from serious scientific deficiencies and is not positioned to meet current or emerging regulatory responsibilities." The authors wrote that the FDA has become weak and unable to fulfill its mission because of the increasing number of demands and an inability to respond because of a lack of resources. "FDA's inability to keep up with scientific advances means that American lives are at risk," wrote the panelists, adding that the agency can't fulfill its mission "without substantial and sustained additional appropriations." The report was written by Gail Cassell, Ph.D., vice president of scientific affairs at Eli Lilly & Co.; Dr. Allen D. Roses, the Jefferson Pilot Corp. Professor of Neurobiology and Genetics at Duke University; and Dr. Barbara J. McNeil, head of the health care policy department at Harvard Medical School. Members of the Coalition for a Stronger FDA and the FDA Alliance urged Congress to heed the report's warnings. "FDA can't improve its science, prepare for the future, or protect

American consumers without significant additional resources," said coalition member Don Kennedy, Ph.D., a former FDA commissioner and editor in chief of the journal *Science*, in a statement.

**Access Reduced by Cost**

Forty million Americans can't get access to needed health care, and 20% said the main reason was because they could not afford the services, according to a report issued in December by the Centers for Disease Control and Prevention. *Health, United States, 2007*, is a compilation of pertinent data gathered by the CDC's National Center for Health Statistics. According to the report, in 2005, 1 in 10 people between the ages of 18 and 64 years reported that they had not been able to get prescription drugs in the past year because of the cost. Another 10% said they had delayed necessary medical care because of cost issues. The report also found that 30% of 18- to 24-year-olds were uninsured, and another 30% of that age group did not have a usual source of medical care. Ten percent of 45- to 64-year-olds did not have a usual source of care. The report highlighted some other age-specific data as well. For instance, about 70% of men and more than 80% of women over age 75 either had hypertension or were taking antihypertensives in 2001-2004, compared with about 35% of adults aged 45-54. And about 20% of 16- to 17-year-olds, and more than 40% of 18- to 25-year-olds reported binge alcohol use in 2005; 20% of the latter age group reported illicit drug use in the previous month.

**Improvement Through Transparency**

Transparency of quality and price information is important or very important for improving the U.S. health care system, according to 77% of 241 health care opinion leaders surveyed in October 2007 by Harris Interactive on behalf of the Commonwealth Fund and Modern Healthcare. Stimulating improvement in provider performance was rated an important or very important goal of transparency by 84% of respondents; 76% also cited encouraging payers to reward quality, and 66% thought helping patients make informed choices was an important or very important goal. More than half (56%) thought that a new public-private national entity should be responsible for setting the standards for measurement and reporting, with 75% saying the costs of such measurement and reporting should be shared by providers, insurers, and the government. Most (88%) felt that adoption of health information technology was an important or very important component of any system of transparency. The online poll surveyed peer-identified leaders and experts in academia, research, health care delivery, business, insurance, government, and labor and advocacy groups.

—Alicia Ault

MANAGING YOUR  
DERMATOLOGY PRACTICE

## New Year's Resolutions

Ah, the start of a new year—the traditional time for resolutions, for turning over new leaves, for promising (yet again) to break all those annoying bad habits once and for all.

As long as you're pledging to break bad habits at home, why not set your mind to breaking some bad habits at the office as well?

I can't presume to know what your professional bad habits are, but I do know the ones I get asked about most often, so I can offer a top 10 list that might provide inspiration for your personal list of resolutions:

**Start on Time**

Many physicians complain about running behind. Guess what? Your patients complain about it, too. Waiting is the most common patient complaint, and you can't hope to run on time if you don't start on time. No single change will improve office efficiency more than this.



BY JOSEPH S.  
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**Spend Less Time on the Web**

Okay, I confess that this one is on my own list this year. Fear not, RxDerm-L and DermChat members. I'll still be there, but you will notice from now on that my posts will be time stamped early in the morning or late at night and not during office hours. It is just too easy to start clicking that mouse and to continue until you're half an hour behind. We all have plenty of other short tasks that we could be completing during those brief office lulls.

**Permit Fewer Interruptions**

Phone calls and pharmaceutical representatives seem to be the big interrupters in most offices. Make some rules, and stick to them. I'll stop to take an emergency call or one from an immediate family member; all others get routed to the nurses or are returned at lunch or after hours. Reps are instructed to make appointments, like everybody else, and I generally limit rep appointments to one a day, scheduled a few minutes before I start my afternoon hours.

**Organize Samples**

We strip all of the space-wasting packaging off of our samples and store them, alphabetically, in cardboard parts bins that can be purchased from many industrial catalogs. Besides always knowing what you have on hand, you'll always know what you're out of and your staff will waste far less time searching for the samples that you want. Also, a bin system makes logging samples in and out much easier, should that become a requirement (as the Food and Drug Administration keeps promising).

**Clear Your Horizontal File Cabinet**

That would be the mess on your desk—

all the paperwork you never seem to get to. (Probably because you're answering e-mail.) Set aside an hour or two and get it all done. You'll find some interesting stuff in there. Then, for every piece of paper that arrives on your desk from now on, follow the DDD Rule: Do it, Delegate it, or Destroy it. Don't start a new mess. There's an entire column on this subject in the Archive Collection.

**Keep a Closer Eye on the Office's Financial Situation**

Most physicians delegate the bookkeeping, and that's fine, but ignoring the financial side completely creates an atmosphere that can facilitate embezzlement. Set aside a couple of hours each month to review the books personally. And make sure that your employees know you're doing it.

**Make Sure Your Long-Range Financial Planning Is on Track**

This is another aspect physicians tend to set and forget, but economic conditions change all the time. Once a year, you should sit down with your accountant and lawyer and make sure your investments are well diversified and that all other aspects of your finances—budgets, credit ratings, insurance coverage, tax situations, college savings, estate plans, retirement accounts—are in the best shape possible.

**Pay Down Your Debt**

Debt can destroy the best-laid retirement plans. If you carry significant debt, make sure that you set up a plan to pay it off as soon as you can.

**Take More Vacations**

Remember Eastern's First Law: Your last words will *not* be, "I wish I had spent more time in the office." If you have been working too much, this is the year to start spending more time enjoying your life, your friends and family, and the world. As John Lennon said, "Life is what happens to you while you're busy making other plans."

**Look at Yourself**

A private practice lives or dies on the personalities of its physicians, and your staff copies your personality and style. That being the case, it behooves you to take a hard, honest look at yourself. Identify your negative personality traits and work to eliminate them. If you have any difficulty finding the things that need changing, ask your spouse. I'm sure he or she will be happy to outline them for you ... in great detail. ■

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