REVIEWS OF BOOKS & SOFTWARE

■ BOOK REVIEWS

Medical Practice Efforts: Every Form You Need to Succeed.
Keith C. Borglum and Diane M. Cate. McGraw-Hill Healthcare Management Group, New York, NY, 1995, 300 pp. ISBN 0-07-810163-8.

Medical Practice Form: Every Form You Need to Succeed is an interesting concept. Its applicability is limited to physicians who plan to open a new solo or small group office.

The book consists of 133 forms organized into eight sections: Administrative, Clinical, Financial, Insurance, Managed Care, Marketing, Personnel, and Systems. Each form is on its own perforated sheet designed so that it can easily be copied onto your own office letterhead. The authors encourage users to customize these forms as needed. In addition, the book comes with Macintosh diskettes containing the entire repertory of forms. Physicians with a Mac and Aldus PageMaker 5.0 software can thus easily modify these forms to suit their needs; however, the diskettes and forms are not IBM compatible.

The book is aimed at a wide variety of physician specialties but is more heavily weighted toward primary care. As a consequence, the forms tend, of necessity, to be rather generic. The strength of the Clinical section is in its form letters to patients regarding laboratory results, pending consultations, and the like. Medical records forms and charting systems from other proprietary sources from other groups such as the American Academy of Family Physicians are probably more thorough and easier to use.

Most physicians' offices are probably already stocked with clinical forms, as well as insurance and billing forms. Still, private providers in par-ticular may find the forms pertaining to employee hiring, employee evaluation, and employee task analysis particularly useful.

In an interesting copyright issue, users of the book and software are encouraged to use as many of the original or user-customized forms as they like, as often as they like, as long as the forms are used only in an "individual practice." An individual practice is defined as "under one ownership using one letterhead in one location."

Medical Practice Forms is an excellent resource for physicians who are starting from scratch in a new office. For those in larger and more established practices, its utility will likely be limited.

Geoffrey R. Swain, MD
Medical College of Wisconsin
Milwaukee, Wisconsin

■ SOFTWARE REVIEWS

The Medical Letter Drug Interactions Program for Windows, January 1996 (Issue 5). The Medical Letter, Inc, 1000 Main St, New Rochelle, NY 10801-7537; (914) 235-0500; $60 (no updates) or $100 (includes two updates).

DOCUMENTATION: Small, 20-page, black-and-white illustrated, stapled pamphlet.
HOW SUPPLIED: One 3.5-in. diskette.
MINIMUM HARDWARE REQUIREMENTS: 386-PC with Windows 3.1, 2MB free hard disk space, 4MB RAM.
MOUSE SUPPORT: Yes.
CUSTOMER SUPPORT: None specified.
DEMONSTRATION DISKS: None specified.
MONEY-BACK GUARANTEE: 30-day return policy.
RATING: Marginally acceptable.

A physician or designated staff person can determine drug–drug interac-tions, particularly for multidrug regimens, more efficiently using software than paper-based methods. (*The Journal of Family Practice* has reviewed several such programs.) There are new versions from some old players.

The Medical Letter Drug Interactions Program for Windows (DIP-Win), 1996, is supplied on a single 3.5-in. floppy diskette that loads using a Windows File-Run command. The plain vanilla main screen (Figure) pops up instantly when the DIP-Win icon is double-clicked; graciously, there are no screenfuls of disclaimers or promotion. As the user enters the drug name in the text box, a scrolling list box successively displays matching entries. There is no highlighted bar within the list to indicate current selection prior to the user manually highlighting it. Once the desired entry is visualized in the list, it must be highlighted using a mouse point-and-click, followed by a click on the "Add to Patient List" button. Simply double-clicking adds it to the "Patient Drug List." Once the drug list is completed, the user must click on the "Interactions" menu and then on the "Current List" selection; unlike most Windows programs, there is no icon alternative. The only user preference setting is whether literature references are listed for described drug interactions. Patient profiles can be saved, each in its own named file. Interactions evaluations can be easily printed.

As expected, most major drug interactions were identified; however, checking D.H.E. (dihydroergotamine),

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which must be entered with the periods, and Imitrex shows no incompatibility. Interactions are listed by class, with all penicillins mapped to class: amoxicillin and Amoxil do not even make the scrolling list! For each pair of interacting drugs, the effect and the recommendation for management are listed. The timing of the interaction (eg, immediate, delayed) is not specified. In the comment section, clinical significance is often mentioned but, in my opinion, could be misleading. For "ERYTHROMYCINS" [sic] paired with either "SELDANE (ANTIHISTA-MINES, H1-BLOCKERS)" or "KETO-CONAZOLE (ANTIFUNGALS, IMI-DAZOLES AND TRIAZOLES)," DIP-Win specified: "Clinical significance not established." Recognizing the major, potentially fatal interactions among these agents, this may reflect that we have entered an era where, in

some drug classes, intra-class variation warrants drug-specific data. DIP-Win warns when two drugs from the same class are entered (eg, Prozac, Zoloft). Users can select any drug from the database to view all of its listed interactions. Except for tyramine-containing foods, no food–drug interaction information is included.

Like its DOS counterpart, DIP-Win has minimal "presentation." There is no icon bar to speed selections, and there are extra keystrokes and switches between keyboard and mouse that could be eliminated. When resized to full screen, only DIP-Win's background increases in size. When a list of interactions is generated, they scroll quickly on the screen as the list is built before returning the user to the top of the screen. (To avoid this photic-seizure-inducing experience, most Windows programs

present the first screenful of information for user perusal while adding material "below," out of the user's sight.)

DIP-Win does not have the refined, professional feel and interface of even many $15 Windows programs. DIP-Win is acceptable for personal use with one major caveat. Specifically, users could easily be led down the garden path believing, for example, that erythromycin/ketoconazole or erythromycin/Seldane is an acceptable combination and that the interactions are of "unestablished" clinical significance and could, therefore, be prescribed. NOT!

Gary N. Fox, MD
Forest Oak Family Physicians
Toledo, Ohio

PDR DrugREAX, Version 1.0 (January 1996). Medical Economics Company Inc, Montvale, NJ 07645. (800) 223-0581. $199.95 (includes updates).

DOCUMENTATION: "Getting Started" information sheet. Full users' guide in press.

HOW SUPPLIED: four 3.5-in. 1.44MB diskettes.

MINIMUM HARDWARE REQUIREMENTS: PC-compatible with 4MB RAM (8MB RAM suggested), Windows 3.1, VGA color monitor, 15MB hard disk space, mouse. Realistic reqiurements: Pentium-class PC.

MOUSE SUPPORT: Yes.

CUSTOMER SUPPORT: (800) 223-0581.

DEMONSTRATION DISKS: None specified.

MONEY-BACK GUARANTEE: 30-day evaluation/return policy.

RATING: Excellent on high-end hardware.

A physician or designated staff person can determine drug–drug interactions, particularly for multidrug regimens, more efficiently using software than with paper-based methods. (*The Journal of Family Practice* has reviewed several such programs.) *PDR DrugREAX (DrugREAX)* for Windows is a totally new product from an old player.

FIGURE

Main screen of *The Medical Letter Drug Interactions Program for Windows.* Typing "fluox" in the search box positions "fluoxetine" as the first choice in the scrolling list. The user must use the mouse to select "fluoxetine" (or any other drug visible in the list) to add it to the patient's list. Several drugs, whose interactions map to drug class, are already listed. Once the list is completed, users click the "Interactions" menu (top), then select "Current List." (The other interactions choice is "Single drug" to list recognized interactions for one agent.)
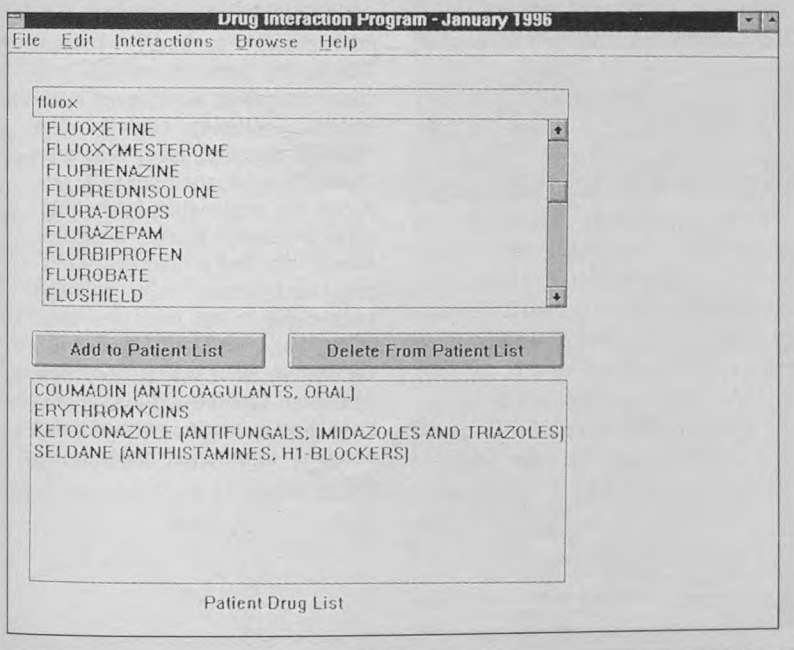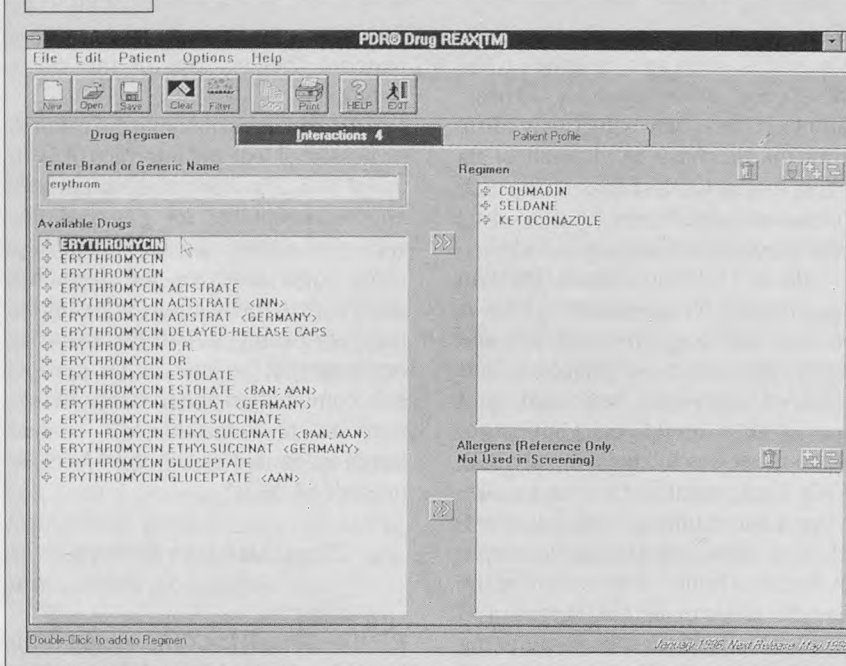

FIGURE 1

Main *DrugREAX* screen. Three drug entries appear in the "Regimen" box. The user has typed "erythrom," which produces a list of matching drugs, the first one highlighted. "Erythromycin" can now be added to the "Regimen" box by pressing the Enter key, double-clicking on "erythromycin" in the "Available Drugs" box, or pressing the ">" button (middle of the screen). The "Interactions" tab is flashing "4." When erythromycin is added to the list, the number becomes "7" (Figure 2).

DrugREAX loads readily by a Windows File-Run command. The main screen (Figure 1) opens without preceding disclaimer or promotion screens. As the user enters the drug name in the text box, an alphabetic scrolling list box successively displays matching entries with the first match entry highlighted. As successive letters are typed, the desired selection becomes highlighted. Users may transport the drug to the "Regimen" box by pressing the Enter key as soon as the desired selection becomes highlighted (eg, "erythrom" for "erythromycin"; Figure 1) or by double-clicking the drug name in the "Available Drugs" box or by pressing the arrow (">") button. Once a drug is in the "Regimen" box, it may be highlighted, the "pill" icon clicked, and a list of all interactions for that individual drug generated. As drugs are added to the "Regimen," an interac-


FIGURE 2
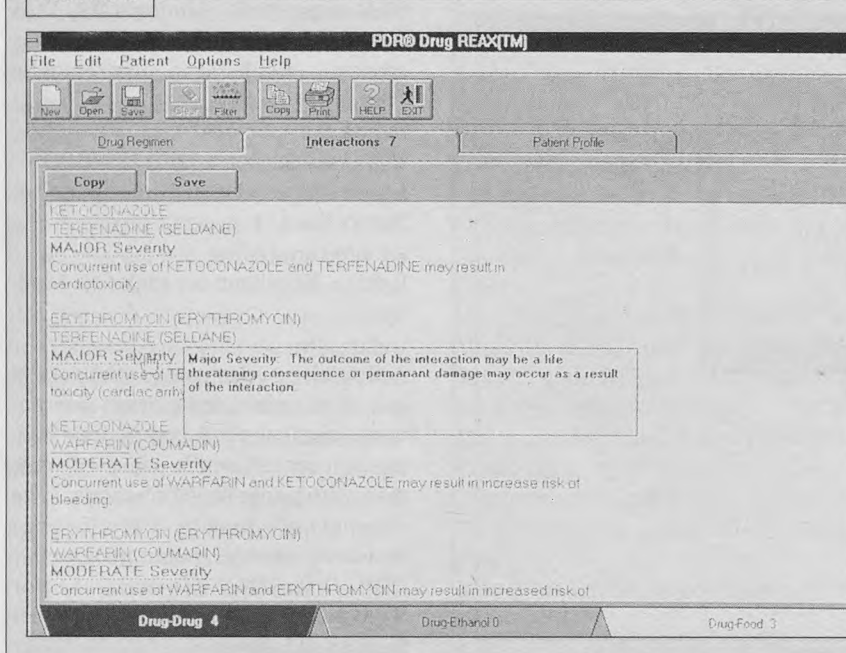
Interactions summary screen. Clicking the "Interactions" tab produces a scrolling summary of interactions, including severity. The "MAJOR Severity" label has been clicked (hand-shaped pointer), producing the explanation in the middle of the screen. When printing this screen, the first 3 lines (ketoconazole, terfenadine, major severity) inexplicably do not print (the same is true for drug–food interactions). Each interactions subcategory must be printed separately. Clicking on a drug name produces additional detailed interaction information (Figure 3).

tions tab indicates the current number of "Interactions." These include drug–drug, ethanol–drug, and food–drug interactions. Therefore, if one drug that interacts with food is entered first, an interaction alert will be visible. In Figure 1, the current three-drug regimen shows 4 listed interactions; striking the Enter key adds "erythromycin" to the regimen and changes the interactions number to 7. Clicking the "Interactions" tab opens the Interactions screen (Figure 2). The interactions are ordered by severity: "Major," "Moderate," and "Minor." Clicking on the "Severity" label produces a description of the term (Figure 2). Each interaction is briefly described. Clicking on either involved drug (eg, erythromycin or terfenadine) produces a "Monograph" describing details (Figure 3).

As expected, most major drug interactions were identified. D.H.E. 45 (dihydroergotamine) and Imitrex, which caused no alert in *The Medical Letter Drug Interactions Program* (DIP), yielded a major severity warning with rapid onset. Unlike *DIP*, there are no recommendations for management (eg, avoid the combination, monitor drug levels). In contract to DIP's unclear warnings for erythromycin and either Seldane or ketoconazole, *DrugREAX*'s warnings are unequivocal major severity warnings. However, *DrugREAX* does not provide any warning when two drugs from the same class are entered (eg, Prozac and Zoloft; Biaxin and erythromycin). Users can set numerous preferences, including eliminating subcategories of interactions (eg, minor severity, poor documentation). Early *Physicians' Desk Reference* (PDR) drug interactions programs described only PDR-listed interactions; *DrugREAX* includes those from the peer-reviewed literature. Patient profiles can be saved. Interactions

FIGURE 3

Monograph screen. Onset, severity, quality of documentation, and so on, are provided. Closing the monograph (button directly below "Interactions" tab) logically returns the user to the Interactions screen (Figure 2) so that details of other interactions may be retrieved.
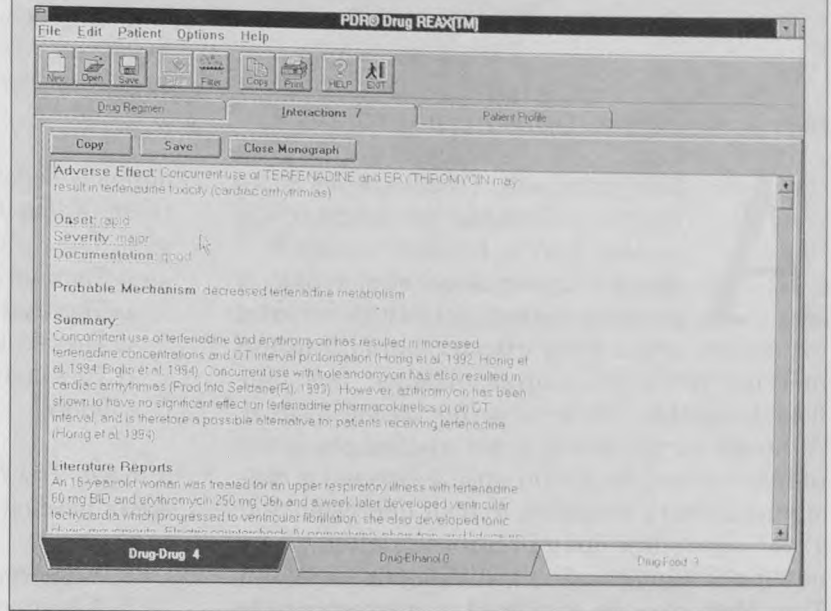
screens can be easily printed. There is also a patient profile section where demographic and clinical information can be entered, but it is beyond the scope of this review.

On my 486-25 laptop with 4MB RAM, loading *DrugREAX* was slow. On my 60-MHz Pentium (16MB RAM) desktop, *DrugREAX* took 10 seconds to load. On the latter machine, entering drugs was a rapid and efficient process, but when I clicked the "Interactions" tab, there was still a noticeable delay in retrieving information. Unfortunately, drug–drug, drug–alcohol, and drug–food interactions each had to be printed separately. Inexplicably, the top three lines of each of these Results screens (the names of the first two drugs and the severity) would not print. *DrugREAX* crashed several times during my evaluation. Unlike many Windows

programs, laptop users cannot customize installation, eg, excluding the monographs.

DrugREAX is a well-designed Windows program.; however, version 1.0 has some bugs. It has all the upscale Windows features, such as fully resizable window and bubble-help. To cope with its slowness, state-of-the-art hardware is required. (Programmers call this inefficiency "bloated code.") Sluggishness aside, the design of the interface is extremely well conceived. It is hoped that the price will come down, the speed will go up, the bugs will go out, and patient care will be the beneficiary. I would challenge Medical Economics to develop an efficiency prescription writer to complement *DrugREAX*.

Gary N. Fox, MD
Forest Oak Family Physicians
Toledo, Ohio