HOT TOPICS

Can Electronic Prescribing Systems Improve Pharmaceutical Use?

The Medicare Modernization Act, which enacted a prescription drug benefit, mandated safety standards and other guidelines for electronic prescribing systems. Anticipating the need for such standards, a research team from RAND Health and the David Geffen School of Medicine at the University of California, Los Angeles, convened an expert panel that created 60 recommendations for the features and capabilities that such systems should have to maximize patient safety and health. The team used the recommendations to evaluate ten commercial electronic prescribing systems now commonly used in doctors' offices.

The team found that about half of the recommendations were being followed in the systems they evaluated. Implementation of features designed to increase patient safety varied widely. Simpler features—e.g., transmitting the prescription to the patient's preferred pharmacy—were implemented most widely. Some of the most sophisticated recommendations—e.g., displaying the amount of money remaining within the patient's benefit cap—were not implemented in any system.

On January 1, 2006, electronic prescribing will become available to millions of patients enrolling in the new Medicare drug benefit. Policymakers should collect data to monitor the effects of electronic prescribing. Federal design standards for the next generation of systems could ensure that patient's costs and health outcomes remain top priorities and help those purchasing systems choose among multiple designs.

READ MORE: Electronic Prescribing Systems: Making It Safer to Take Your Medicine?

Do People with HIV Get the Dental Care They Need?

Because oral lesions and infections are often one of the first manifestations of HIV, health experts agree that individuals who are HIV-positive or at high risk for the disease should see a dentist regularly. How likely is it that a person in care for HIV will receive appropriate dental care?

To answer this question, a team of researchers at RAND and the UCLA School of Dentistry analyzed data from the HIV Costs and Services Utilization Study (HCSUS), the first comprehensive survey of health care use among a nationally representative sample of HIV-positive persons in care for HIV. The team found that nearly 60 percent of patients who receive regular medical care for HIV do not get the dental care they need. Many of those reporting unmet needs for dental care lack dental insurance—this includes Medicaid recipients whose state Medicaid program does not provide dental coverage. Patients whose HIV clinics also provide dental care are more likely to get the dental care they need.

Access to affordable dental care could be increased if all state Medicaid programs provided dental coverage. Offering dental care at HIV clinics would give access to needed care in one convenient location.

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Lessons from Those Exposed to Anthrax

The effectiveness of the nation’s response to a bioterror or other public health emergency will depend in large measure on how effectively information about the emergency is communicated to the public and how faithfully the public complies with the recommendations of public health officials. A team from RAND Health and the George Washington University Department of Emergency Medicine conducted a series of focus groups to examine perceptions of workers at the Brentwood Postal Facility and U.S. Senate employees regarding public health responses to the anthrax mailings in October 2001.

The focus groups revealed that participants’ trust in public health agencies had eroded and that this erosion could threaten the effectiveness of communication during future public health emergencies. Among Brentwood participants, lack of trust involved the perception of unfair treatment on the basis of race/ethnicity and socioeconomic status. Among U.S. Senate participants, lack of trust derived from perceptions of inconsistent and disorganized messages. The team concluded that effective communication during a public health emergency depends on providing clear messages and closely involving the affected community. Diverse populations may require individualized approaches to ensure that messages are delivered appropriately. Individuals who face barriers to traditional modes of communication—for example, those with hearing impairments and language barriers—merit special attention.

READ MORE: Communities Can Learn Lessons From Worker Exposure to Anthrax in Washington

FORTHCOMING PROJECT

* Exemplary Practices for Public Health Preparedness

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