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INFECTION CONTROL

LEGISLATIVE NEWS

HHS Assistant Secretary Brandt Issues Call For Action Against Sexually Transmitted Diseases

Calling physicians "the first line of defense," Edward N. Brandt, Jr., M.D., Assistant Secretary for Health, Department of Health and Human Services, is urging them to become more aggressive about screening and treating patients for sexually transmitted diseases. His call to combat against the "epidemic of the 1980s and 1990s" appeared as an editorial in the *Journal of the American Medical Association.*

Availability after World War II of antimicrobial drugs effective against the "old" sexually transmitted diseases, primarily syphilis, led physicians to believe that infectious diseases would no longer be a problem in medicine, Brandt writes. He cites this complacency as a reason for the decline since the early 1950s in medical instruction about sexually transmitted diseases.

The decline is documented by statistics in another article in this issue of *JAMA* from a study conducted by Walter E. Stamm, M.D., at the University of Washington School of Medicine, Seattle. Stamm and co-authors Susan Kaetz, M.P.H., and King K. Holmes, M.D., surveyed 127 medical schools in the United States and Canada regarding the availability of instruction and clinical experience with sexually transmitted diseases.

Stamm and his colleagues found that 87 schools offered no clinical training to students, 96 schools offered no hours to residents, and 69 schools had no hospital-based or health department-based sexually transmitted disease clinic available for teaching. In the United States, even when training was offered, only 30% of students and 45% of residents participated, receiving an average of six and 12 hours of instruction, respectively.

But physicians knowledgeable about sexually transmitted diseases are exactly what is needed now, Brandt says. "The epidemiologic features of sexually transmitted diseases have changed, and the numbers of diseases categorized as sexually transmitted has climbed drastically. Estimates of the annual statistics are staggering: 200,000 to 500,000 new cases of genital herpes; 200,000 cases of hepatitis B, a significant proportion of which are sexually transmitted; 3 million cases of trichomoniasis; more than 1 million episodes of pelvic inflammatory disease that lead to 80,000 to 100,000 forced sterilizations among our young women; 2.5 million cases of nongonococcal urethritis and related chlamydial infections; 80,000 new cases of syphilis; and 2 million new cases of gonorrhea. The human tragedy is terrible, and the conservatively estimated $2 billion cost to all of us is an enormous burden."

Advances against this epidemic "will require the mobilization of the entire medical community," Brandt emphasizes. He encourages physicians to become more vigilant in detecting and treating sexually transmitted diseases and urges medical schools and associations to improve the quality and quantity of training programs for medical students and residents.

New Evaluation Method Finds Nurse Practitioner Care Effective, Cost-Saving

Care by nurse practitioners (NPs) for many ailments is less costly than care by physicians but just as effective, concludes a Johns Hopkins University study based on a new way of assessing the cost-effectiveness of health practitioners. In a recent evaluation of physician and NP care for children with sore throats and otitis media, costs for nearly 800 episodes of illness were about 20% less when initial care was given by an NP. Those savings stemmed from significantly lower time-related costs for NPs, since there were few differences in patient characteristics and overall service use. (The analysis turned up two interesting differences in service utilization that did not affect results: otitis media patients treated by NPs had twice as many laboratory tests as those seen by physicians, while sore throat patients had double the follow-up visits with doctors). Outcomes for the two patient groups were almost identical. The study, using a new episode-based method for evaluating the effectiveness of health practitioners, was supported by the National Center for Health Services Research. Unlike other anal-

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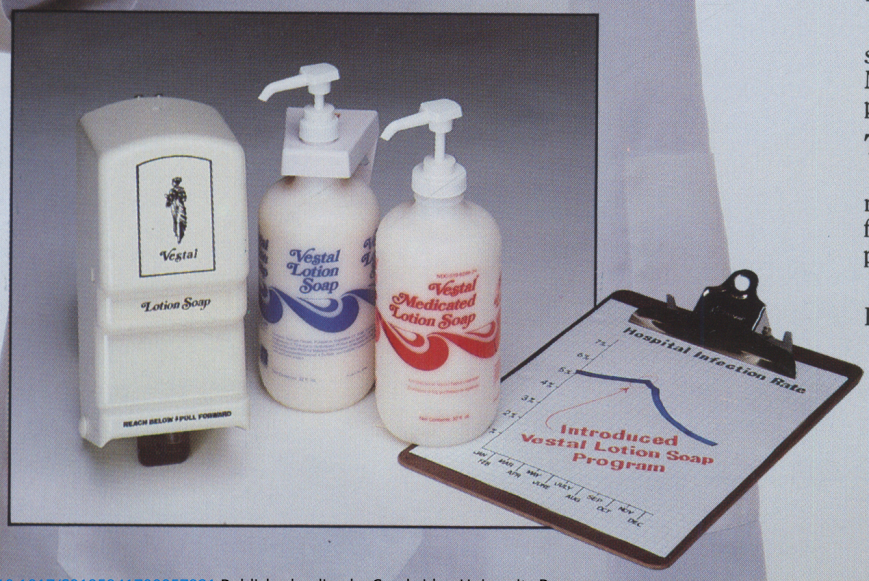

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ysis techniques focusing on a single visit, the new episode-based method reflects results of the care process by linking characteristics for individual visits associated with a bout of illness. "The episode of illness is a superior output measure in several respects, even though its complexities are difficult to deal with methodologically," explained study director David Salkever, Ph.D. "Overcoming those methodological problems makes it possible to maximize the use of routinely collected data and minimize the interruption of patient and provider activities." About 400 otitis media episodes, involving more than 600 visits, and 390 sore throat episodes, involving 409 visits, were identified primarily from the computer system at the study site, the Columbia (Maryland) Medical Plan. Additional medical information was gleaned from patient charts, while observers obtained data on visit length and other time inputs by NPs and physicians. Costs were estimated according to the time spent by providers, overhead charges for space, and costs of ancillary services and drugs. Study results were reported in the February 1982 issue of *Medical Care.*

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