#### The LAS VEGAS SENTINEL-VOICE

# HEALTHWIRE MEDICALRESEARCH: THE RACE FACTOR

### **MEDICINE**

HEALTH I

# Tips for Choosing an HMO

(NU) - More than 50 million Americans belong to health maintenance organizations and this number is growing rapidly. As a result, it is important for consumers to know how to choose an HMO.

"Before you join an HMO, you should compare key quality fea-tures," said Dr. William Roper, Pru-dential's chief medical officer and former director of the national Centers for Disease Control and Prevention. Dr. Roper offers the fol-lowing tips for finding the health

plan that is right for you:

• Check out the health plan's provider directory. Is there a good selection of physicians and are ma-jor hospitals in your area included in the network? How close are the medical facilities where you will receive

routine and emergency care?
• Find out if doctors in the plan meet high professional standards. What is the plan's percentage of board certified doctors (those who have passed national medical exams in a specialty) as opposed to those who are simply licensed to practice medicine?

Request the plan's "report card." Most HMOs publish "report cards" that evaluate their performance in areas of quality, access to care and member satisfaction, plus how and where a health plan has improved in specific areas of clinical care.

• Can you, at any time, switch doctors to others in the network? If so, there are likely to be condi-

ions. Find out what they are.Does the plan offer a wide range of preventive services? Preventive services, such as well-baby care, prenatal care, immunizations and mammograms, are by far the best and most cost-effective way to stay healthy. If an HMO is weak in prevention, you may want to cross it off your list.
• Evaluate the cost. How much

will you have to pay for coverage each month (called premiums), and how much will you have to pay for specific treatments and office visits (called copayments)? Copayments are the major out-of-pocket expense for most HMO members, such as \$5 or \$10 for an office visit.

· Find out if the plan has a quality improvement program in place. Can it describe for you procedures for monitoring and improving medical care and administrative services, such as external accreditation and member satisfaction surveys?

By Lynne Taylor DIABETES

Diabetes mellitus is a disease in which the body is unable to properly process sugar. Non insulin dependent diabetes mellitus (NIDDM), the most common type found in adults, usually results from the body's resistance to and deficiency insulin, a hormone that helps convert sugar into energy for the body. Seven million people have been diagnosed with diabetes in the U.S. and another 5 million are estimated to unknowingly

In the U.S., Mexican Americans, Puerto Ricans and Native Americans have rates of diabetes that are more than twice that of the white population. Much research has focused on the PIMA Indians of Arizona, who have the highest rate of NIDDM in the world (more than 45% of the population has diabetes). In addition to higher incidence of the disease, Mexican Americans are more likely to have severe disease. And African Americans are 55% more likely than whites to develop diabetes.

The causes of diabetes are believed to be genetic, but to date no genes have been identified. The disease runs in families, but recent research suggests that this may not be the result of genetics alone.

According to a number of studies, fetal nutrition may impact upon the development of diabetes later in life. A study of Pima Indians showed an increased risk of NIDDM in adults who were low birthweight babies. Another study of Mexican Americans showed a relationship between low birth

weight and the "insulin resistance syndrome" associated with diabetes and other diseases. Diabetes researcher Dr. C.N. Hales of Cambridge University suggests that in the womb, a nutritional environment lacking adequate protein may affect the development "programming" of insulin producing cells, which could later predispose a person to diabetes later in life.

"That's a theory that has merit, but it may not be the cause in all populations," says Dr. W. Y. Fujimoto of the University of Washington in Seattle. Dr. Fujimoto is studying NIDDM in Japanese Americans and is examining genetic markers for the disease.

Reducing the death rate for heart disease, cancer and diabetes by just 10% would save more than 125,000 lives each year. In the future, credible medical research may become the key to creating a more effective medical care for everyone.

Lynne Taylor is a freelance writer and Public Affairs Specialist for Memorial Sloan Kettering Cancer Center in New York.

## ONE IN FOUR INFANTS LACK RECOMMENDED VACCINATIONS

ATLANTA - More than a million American infants have not received all of their recommended vaccinations against childhood diseases, federal health officials said

Thursday

The U.S. Centers for Disease Control and Prevention (CDC) said one in four children aged 19 to 35 months had not received the recommended shots for protection against seven diseases - diphtheria, tetanus, pertussis, polio, mumps, rubella and measles.

The CDC based its conclusions on a National Immunization Survey that

25,000 households and used medical records to confirm vaccinations when possible. The Advisory Committee on

Immunization Practices recommends that children between the ages of 11/2 to 3 receive at least four doses of a vaccine against diphtheria, tetanus and pertussis (also known as whooping cough); three shots against polio; and a vaccination against measles,

# **Americans Need** Safe Drugs Sooner

By Larry Lucas

"If the U.S. is the most advanced medical country in the world, how come I have to get the medicine I need from overseas?"

Several people have asked me that question, and it's a good one. The U.S. leads the world in discovering new drugs so you might think people here would get first crack at them. But it doesn't always happen that way. In fact, more than 60 percent of the drugs approved here in the past five years were already available overseas. Among them: the first drug to control nausea in chemotherapy patients; a breakthrough drug for migraine headaches; a drug to treat fungal infections in AIDS patients; the first drug for a fatal form of kidney cancer, and a medicine for partial epileptic seizures.

And this isn't just past history. A recent survey by the Pharmaceutical Research and Manufacturers of America found 36 medicines that were already in use abroad but still waiting for the nod from the U.S. Food and Drug Administration (FDA):

- · a medicine for arthritis that's already approved in 6 European countries and in Canada;
- · two medicines for osteoporo-
- · a treatment for a malignant form of skin cancer that's already approved in 72 countries;
- · a drug for depression that was approved in Switzerland in 1983 and has since been approved in 13 other countries.



Why do foreigners get drugs

A big part of the reason lies in the way the FDA regulates drug development. The drug development process here takes nearly 15 years-far longer than in other countries. Of course, we want the medicines we take to be safe and effective, but European countries have high standards of safety and efficacy, too.

Reform is needed, and it can be accomplished without lowering our standards. We can cut paperwork, let outside experts do some of the reviewing, and take other common-sense steps to speed up the availability of new medicines.

For a list of "Medicines Available Abroad Not Yet Approved in the U.S.," write to PhRMA, 1100 15th Street NW, Washington, DC 20005.

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