

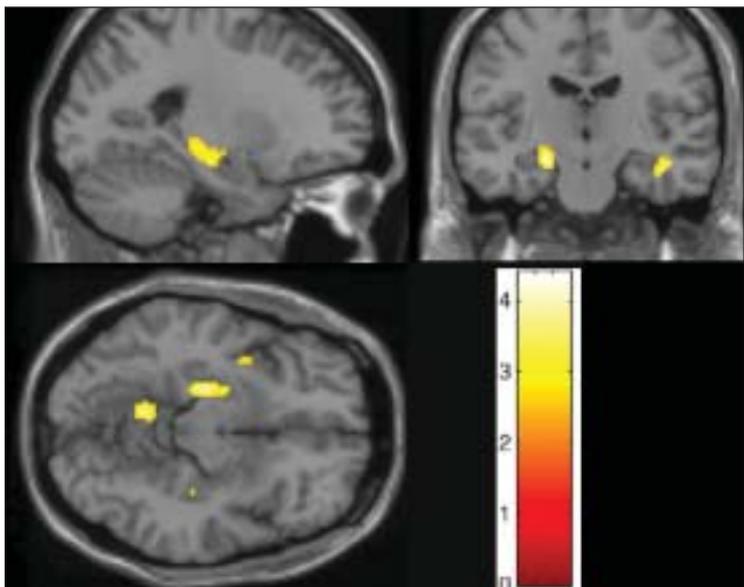
# Family Practice News

THE LEADER  
IN NEWS  
AND  
MEETING  
COVERAGE

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IMAGES COURTESY DR. KARA BOTTIGGI DASSEL

Hippocampal activation is shown in a discontinuous hormone therapy user. These MRIs were taken during a memory task.

## Jury Out on HT's Cognitive Benefits

BY MICHELE G. SULLIVAN  
Mid-Atlantic Bureau

CHICAGO — Hormone therapy might preserve cognition and memory in postmenopausal women, and even attenuate some of the cognitive deficits that occur in Alzheimer's disease, new research suggests.

Controversy exists over the possible cognitive benefits of hormone therapy in older women, Dr. Mary Tierney said at the International Conference on Alzheimer's Disease. "While pre-clinical and observational studies have shown a positive effect of estradiol on the brain and cognitive function, randomized controlled trials using conjugated equine estrogens have shown no treatment effects in women at risk for Alzheimer's disease, or in women who have the illness."

In fact, the most widely quoted study, the Women's Health Initiative Memory Study (WHIMS), suggested that hormone therapy might even hurt, rather than help, said Dr. Tierney of the Sunnybrook Health Sciences Centre, Toronto. The 4-year substudy of the Women's Health Initiative examined the effect of hormone therapy on mild cognitive impairment and dementia in more than 7,000 women aged 65-79 years.

"Forty women in the estrogen plus progesterone group developed dementia of any type, but only 21 in the placebo group did," Dr. Tierney said. "However, there were no significant differences in the estrogen-only arm compared to placebo."

Additionally, she noted, a breakdown of the dementias by etiology showed that many of them were vascular in nature—playing into the criticism of WHI for including women who had experienced stroke.

These concerns, plus her own hypothesis that the "minidoses" See **Cognitive Benefits** page 48

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Basal cell carcinoma lesions were still clear 5 years after imiquimod therapy.

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#### The Hill

Health care reform legislation is already being inked to prepare for January 2009.

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## Medical-Legal Partnerships Take Root Across U.S.

Resolution calls for an AAFP-led initiative.

BY KATHRYN DEMOTT  
Publication Editor

Dr. Colleen Cagno recalls a patient who urgently needed help renewing his public housing.

She and a lawyer who works down the hall were able not only to document how his medical condition qualified him for public housing, but also to expedite the process to prevent an eviction that would have no doubt taken a toll on the patient's health, said Dr. Cagno, associate residency program director in the department of family and community medicine at the University of Arizona, Tucson.

In October 2005, the faculty

and residents started offering such services to low-income patients and families under a medical-legal partnership known as the Tucson Family Advocacy Program. Now, two lawyers are available in the teaching clinic for a total of 40 hours per week. Since opening its doors, TFAP has assisted more than 370 patients with more than 770 legal matters affecting health, including disability benefits, Medicaid, Medicare, housing conditions, public benefits, advanced directives, and domestic violence.

The program is one of more than 70 medical-legal partnerships operating or soon-to-be operating across the country, ex-

See **Medical-Legal** page 2

## Medicare Expands List of Conditions It Will Not Cover

BY MARY ELLEN SCHNEIDER  
New York Bureau

Starting Oct. 1, Medicare won't pay for a total of 11 preventable conditions acquired during a hospital stay, up from the current 8 such conditions.

Added to the list of noncovered preventable conditions are surgical site infections following certain elective procedures, such as orthopedic surgeries and bariatric surgery for obesity; manifestations of poor glycemic control; deep vein thrombosis or pulmonary embolism following

certain orthopedic surgeries, such as total knee replacement and hip replacement. (See box on page 6 for current list of preventable conditions.)

The new conditions were included in the Acute Care Hospital Inpatient Prospective Payment final rule, which was published in the Federal Register on Aug. 19 and released earlier on the Centers for Medicare and Medicaid Services' Web site.

The expansion of the preventable conditions list was criticized by the American Medical Association for putting patient See **Medicare** page 6

### VITAL SIGNS

#### Top Prescription Drugs by U.S. Sales in 2007 (in billions of dollars)

Lipitor (atorvastatin)	\$8.1
Nexium (esomeprazole)	\$5.5
Advair Diskus (salmeterol/fluticasone)	\$4.3
Plavix (clopidogrel)	\$3.9
Seroquel (quetiapine)	\$3.5
Singulair (montelukast sodium)	\$3.4
Enbrel (etanercept)	\$3.4
Prevacid (lansoprazole)	\$3.4
Aranesp (darbepoetin alfa)	\$3.2
Epogen (erythropoietin alfa)	\$3.1

Source: IMS Health Inc.

ELSEVIER GLOBAL MEDICAL NEWS

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## Destigmatize the Need for Help

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plained Anne M. Ryan, J.D., director of TFAP. Historically, most medical-legal partnerships have emerged from pediatric settings, so TFAP is unusual in that its founders are family physicians, she said.

Across the country, medical-legal partnerships are found in a variety of settings, from universities to legal aid offices, hospitals, and law schools, Ms. Ryan added.

A wealth of literature indicates that "if we don't address our patients' [basic nonmedical] needs, we [as physicians] end up spending more time in other ways," Dr. Cagno added. These are the patients who often come in again and again. At first glance, they might appear to have a tough time complying with their medication regimen, but often at the root of that problem is a social or financial obstacle.

With half of her clinic's patients on Medicaid, Dr. Cagno noted that it's not unusual for them to struggle with basic needs such as housing and food, so paying for medications becomes a second-tier priority.

Patients with asthma have needed legal assistance dealing with landlords who are slow to eradicate a roach or mold infestation problem. Others are living with domestic violence, a situation in which having the clinic's legal and social services on hand makes all the difference in being able to take immediate action.

"It's providing that kind of patient-centered holistic care that really gets to the concept of the medical home," Dr. Cagno added.

Family physicians are already well aware of the social and financial challenges that complicate their patients' lives and their ability to take care of their health. But they are often unaware of the resources available to do anything about those challenges, she said.

Helping family physicians find out more about those resources is the goal of a resolution that will be introduced by the Arizona Academy of Family Physicians at this year's AAFP Congress of Delegates, to be held this month in San Diego. The resolution proposes that the academy educate its members about medical-legal partnerships, in which lawyers work with AAFP members to identify and resolve legal issues affecting the health and well being of their patients.

Funding for TFAP comes from a variety of sources, including the Arizona Foundation for Legal Services and Education, Southern Arizona Legal Aid, the United Way of Tucson and Southern Arizona, and the University of Arizona Foundation. In addition, the university's department of family and community medicine pays for the staff time of the physicians who are involved in the partnership, and the clinic pro-

vides the office space for the lawyers, a social worker, and interns.

Physicians frequently get discouraged because they don't have the time to find services for their patients who are in need, Dr. Cagno said. But in every community there are at least one or two key social service providers who will do the digging to help patients find services.

In addition, every state has legal aid offices, which provide free legal services to individuals with limited income. In addition, there are free legal service providers in every state that help disabled individuals, Ms. Ryan said. And in many communities, lawyers volunteer their services to those in need either pro bono or on a sliding scale.

Screening patients for social or financial problems is a good first step, Dr. Cagno and Ms. Ryan agreed. Ms. Ryan suggested asking just a few open-ended questions, such as "Every family has fights. Tell me about fights in your home." Or "Have you ever cut your medicine dose in half or skipped it because you couldn't afford it?"

Many patients are very proud and they do not want to apply for public assistance. The key is to destigmatize the need by having their physicians ask questions that validate their needs, she said. ■

Additional resources can be found on the Web site of the national organization, *Medical Legal Partnerships for Children*, at [www.mlpfchildren.org](http://www.mlpfchildren.org).

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