



## POLICY & PRACTICE

**WANT MORE HEALTH REFORM NEWS?  
SUBSCRIBE TO OUR PODCAST – SEARCH  
'POLICY & PRACTICE' IN THE iTunes STORE**

### Aim Is to Cut Lupus Disparities

The Department of the Health and Human Services and the American College of Rheumatology are teaming up to ensure that minority women, who are the most likely to be affected by lupus, receive early diagnosis and treatment for the autoimmune disease. As part of the effort, a group of international experts on lupus is recrafting lupus curricula to suggest to medical, nursing, and health professional schools. The ACR also will develop tools to help practicing clinicians provide early diagnoses in at-risk groups. Women are 6-10 times as likely as men to have lupus, and minority women are 2-3 times as likely as white women to have the diseases. Dr. Elena Rios of the National Hispanic Medical Association commented in a statement, "To reach the people who need it most, we must work to educate health care teams and be sensitive to cultural differences, ensuring that appropriate messages about lupus are delivered in the most effective way."

### FDA Issues Warning on Gel Ads

The Food and Drug Administration has warned the drugmaker Novartis that a promotional e-mail directed at consumers overstated the efficacy of Voltaren Gel (diclofenac sodium topical gel). In its April 14 letter, the FDA said

that the promotional e-mail also minimized the risks of Voltaren Gel and implied that it had a broader indication than the FDA had approved. Specifically, the e-mail told consumers that the gel could keep osteoarthritis joint pain from "interrupting your days ahead." But the FDA said there isn't evidence that Voltaren Gel improves activities of daily living. The FDA letter also takes the company to task for putting the efficacy claims in large print and easy-to-understand language, while the risk information is at the bottom of the e-mail in small type and complex medical terms. A Novartis Consumer Health spokeswoman said the company is reviewing the letter and plans to work with the FDA to address the concerns.

### State Medical Board Actions Up

State medical boards took 5,721 actions against physicians in 2009, an increase of 342 (or more than 6%) over 2008, according to a report from the Federation of State Medical Boards. Meanwhile, an analysis by the advocacy group Public Citizen found that the rate of serious disciplinary actions rose slightly in 2009 but still sits about 18% lower than the peak rate of 2004. Minnesota ranked last in disciplining physicians, Public Citizen said, and Maryland, South Carolina, and Wisconsin also consistently rank

among the bottom 10 states. Arizona, Alaska, Kentucky, North Dakota, and Ohio discipline the most physicians, the group said. "There is considerable evidence that most boards are under-disciplining physicians," Dr. Sidney Wolfe, director of Public Citizen's Health Research Group, said in a statement. "Most states are not living up to their obligations to protect patients from doctors who are practicing medicine in a substandard manner."

### Pfizer Paid \$35M in 6 Months

Pfizer Inc., the latest drug manufacturer to disclose physician payments, said it paid approximately \$20 million to 4,500 physicians and other health care professionals for consulting and speaking services between July and December 2009. Pfizer also said it paid \$15.3 million to 250 academic medical centers and other researchers to fund clinical trials in the last 6 months of 2009. The Pfizer disclosures were required by an integrity agreement the company signed last year to settle a federal investigation into promotion of off-label uses of drugs. Pfizer is the first major pharmaceutical company to disclose clinical trial payments, although drug maker GlaxoSmithKline has said it will begin publishing payments made to researchers in 2011.

### Governor Signs Meth Law

Alabama Gov. Bob Riley (R) has signed a law intended to help law enforcement officials quickly track excessive purchases of pseudoephedrine, the

chief ingredient used in the manufacture of methamphetamine. The law creates a new electronic database in an effort to modernize logs that already are kept on paper, making it possible to instantly track excessive purchases of pseudoephedrine. Every pharmacy or retailer selling ephedrine or pseudoephedrine products will be required to enter the purchaser's identifying information into an electronic database prior to any sale. The database then will notify the seller if the purchaser has exceeded the daily or monthly limit for such purchases.

### Report Urges Relaxed E-Rules

The federal government could better foster use of electronic medical records if it relaxed its "meaningful use" standards, according to a market analysis firm. That standard requires physicians, hospitals, and other health professionals to meet 25 wide-ranging criteria for how they use EMRs in order to be eligible for Medicare and Medicaid incentive payments. The report by Kalorama Information said that the stringent requirements could limit sales of new EMR systems. "Getting physicians used to these systems is the challenge to a totally paperless health care system in the United States, and we think gradual, achievable goals would be preferable," Bruce Carlson of Kalorama Information said in a statement. Some members of Congress also have backed less-stringent meaningful use requirements for both physicians and hospitals.

—Mary Ellen Schneider

# HHS Officials Unveil Open Government Initiative

BY JANE ANDERSON

A new Open Government initiative unveiled by the Health and Human Services department April 7 aims to create more transparency at the giant federal health agency, improve accountability, and make large quantities of raw Medicare and public health data available to the public.

A separate transparency project at the Food and Drug Administration was announced during the same public Webcast, as was a beta-test version of a new data dashboard for the Centers for Medicare and Medicaid Services ([www.cms.gov/Dashboard](http://www.cms.gov/Dashboard)).

One of the biggest components of the HHS plan is the release of raw public health data. "HHS's vast stores of data are a remarkable national resource which can be utilized to help citizens understand what we do and hold us accountable, help the public hold the private sector accountable, increase awareness of health and human services issues, generate insights into how to improve health and well-being, spark public and private sector innovation and action, and provide the basis for new products and services that can benefit the American people," HHS officials wrote in the plan.

The project will make various data sets public so that state and local governments, researchers, and others can use it

to analyze public health trends and create novel applications, said Todd Park, HHS chief technology officer.

"We have a lot of data showing how we're doing on obesity, smoking, access to healthy foods," Mr. Park said during a Webcast launching the project. "We're going to take all that data, make sure it doesn't compromise patient privacy, and then release it."

Mr. Park said he is "100% confident" that users outside government will take the data and "come up with better ideas than we would ever have for it."

For example, he said he could envision "social networking games to help advise a lot of folks on what's going on in community health and how to improve it."

He added that the agency is sponsoring the HHS Apps Challenge, which is a public competition for the best applications built using the data.

CMS already has uploaded an improved user interface and analytical tool for viewing existing CMS COMPARE data on quality performance for hospitals, nursing homes, home health agencies, and dialysis centers, HHS officials said during the Webcast.

And, CMS plans to publish detailed Medicaid State Plan documents and amendments online at the CMS Web site by the end of 2010, and also will release never-before-published national, state, regional, and potentially county-level

data on Medicare prevalence of disease, quality, costs, and service utilization as part of HHS's Community Health Data Initiative.

As part of the overall Open Government initiative, the FDA also launched a new dashboard, which when fully implemented, will allow the public to track some 300 performance measures and 80 key projects across more than 90 FDA programs on an ongoing basis, Dr. Joshua Sharfstein, FDA principal deputy commissioner, said during the Webcast.

The public will be able to use the dashboard ([www.fda.gov/fdatrack](http://www.fda.gov/fdatrack)) to "see the progress that each office is making toward its goals," he said. For example, measures might include how many generic drugs are waiting to be reviewed, and progress in tracking contaminated foods, he added.

"Our measures are monthly, there are many more of them, and they're really targeted. People will be able to go online and see our progress," Dr. Sharfstein concluded. ■

## DATA WATCH

### Concerns Remain After Health Care Reform Passage

Will each of the following get better, not change, or get worse than if no health care bill passed?

	Get better	Not change	Get worse
Health care coverage	44%	13%	40%
Overall health of Americans	40%	24%	35%
Overall quality of health care	34%	20%	44%
Overall costs of health care	29%	14%	55%
Federal budget deficit	23%	14%	61%

Notes: Based on a USA Today/Gallup poll of 1,033 adults conducted March 26-28. Don't know/refused responses not shown.

Source: Gallup Inc.