HHS Proposes Tighter Privacy Requirements

BY MARY ELLEN SCHNEIDER

Patients could gain greater access to their health information and have more power to limit disclosures of certain personal information to health plans under a new proposal from the Health and Human Services department.

The new requirements, announced July 8, are aimed at beefing up privacy and security, as the Obama administration pushes to get more physicians using electronic health records over the next few years.

"The benefits of health IT can only be fully realized if patients and providers are confident that electronic health information is kept private and secure at all times," Georgina Verdugo, director of the HHS Office for Civil Rights, said in a statement. "This proposed rule strengthens the privacy and security of health information, and is an integral piece of the administration's efforts to broaden the use of health information technology in health care today."

The proposal alters the Health Insurance Portability and Accountability Act (HIPAA) rules by setting new limits on the use of disclosure of protected health information for marketing and fundraising and by requiring business associates of HIPAA-covered entities to follow most of the same rules that covered entities follow. The proposal would also bar the sale of protected health information without explicit authorization from the patient.

The proposal also implements elements of the 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act, which requires physicians and other covered entities to grant patient requests to restrict certain information from their health plans.

Individuals can provide comments on the rule for 60 days, beginning on July 14.

HHS has also launched a new Web site that provides consumers with information on their privacy rights under existing regulations (www.hhs.gov/healthprivacy/index.html). ■

Specialists Hit Hard By Loss Of Consultation Billing

BY MARY ELLEN SCHNEIDER

Medicare's decision to eliminate consultation codes has resulted in a loss of revenue for many physicians and forced some to cut back on appointments with Medicare beneficiaries, according to a survey commissioned by the American Medical Association and several other medical specialty societies.

"Rheumatic diseases are complex, chronic, debilitating, and oftentimes life threatening, and specialized care from a rheumatologist is essential to the livelihood of people with rheumatic diseases," Dr. Stanley B. Cohen, president of the American College of Rheumatology, said in a statement. "By removing consultation service codes, CMS is stating that the … unique specialty care provided by rheumatologists is not valued."

CMS argues that the billings by primary care physicians and specialists are identical except the consultant sends a report to the requesting physician.

"When we [rheumatologists and other specialists] are asked to see a patient on referral, it is because the case is complicated, and the referring physician could not figure out the diagnosis. We are sought out for our extra training to assess the problem and develop a good care plan," said Dr. Karen S. Kolba, a rheumatologist in private practice in Santa Maria, Calif.

In an online survey of about 5,500 physicians, about 30% reported that not being able to bill for consultations had decreased their total revenues by more than 15%.

The loss of revenue has in turn impacted physicians' practices: 20% of respondents said they have already reduced the number of new Medicare patients seen in their practices, and 39% said they will hold off on purchasing new equipment or health information technology.

In addition, about 6% of responding physicians said they have stopped providing primary care physicians with written reports following consults with Medicare patients, and another 19% said they plan to do so. ■

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Arthritis Plagues Older Americans

Nearly half of people aged 65 and older reported suffering from arthritis in 2007-2008, according to a federal report. The condition was most prevalent among women (55%), compared with men (42%) and non-Hispanic blacks (52%) in this age group. The only chronic condition with a greater prevalence among older Americans was hypertension, which affected about 56% of older Americans. The figures come from the Center for Disease Control and Prevention's National Health Interview Survey. The full report on the well-being of older Americans is available at www.agingstats.gov.

State Bill Targets Step Therapy

Fibromyalgia-patient advocates in California are gaining ground in their attempt to limit the insurance industry practice of step therapy, in which patients must first fail on less expensive therapies before getting more costly prescriptions. In June, the California State Assembly passed AB 1826 to require health plans that offer outpatient drug benefits to cover pain drugs without requiring that patients first try another drug or an over-the-counter product. The bill does allow health plans to require that patients first use a generically equivalent drug. The legislation is now pending in a State senate committee. "The recent FDA-approved medications for fibromyalgia mean that patients finally have the long-awaited prescribed treatment options to help ease their suffering," Rae Marie Gleason, executive director of the National Fibromyalgia Association, said in a statement. "We urge the passage of this legislation so that patient care will be decided by the physician who has the expertise to provide the best possible care for patients."

FDA to Share Drug-Risk Findings

The FDA will post on its Web site summaries of postmarketing safety analyses on recently approved drugs and biologics, including brief discussions of steps that are being taken to address identified safety issues. The new summaries will cover side effects that might not become apparent until after a medicine becomes available to a large, diverse population, including previously unidentified risks and known adverse events that occur more frequently than expected. The initial reports will contain information on drugs and biologics approved since September 2007, including several drugs for infections, hypertension, and depression, the agency said.

J&J Discloses Physician Payments

Following in the footsteps of Pfizer Inc., GlaxoSmithKline, and, most recently, Medtronic Inc., Johnson & Johnson said that it is disclosing how much it pays physician to be speakers and consultants, at least for a number of its pharmaceutical subsidiaries. Unlike disclosures at other companies, however, the data cover only those J&J divisions that were subject to corporate integrity agreements with the federal government, according to a company spokesman. Those divisions are PriCara, Ortho-McNeil Pharmaceuticals, Ortho-McNeil Neurologics, Janssen, and McNeil Pediatrics. Payment disclosures are listed at those units' individual Web sites, such as www.janssen.com/transparency.html. Quarterly updates will give way to semiannual and then annual updates by 2012 for all the divisions.

Men Less Likely to Get Care

Men are much less likely than women to seek routine medical care: Just over half of U.S. men see a doctor, nurse practitioner, or physician assistant for routine care, compared with nearly three-quarters of women, according to the Agency for Healthcare Research and Quality. Only about 35% of Hispanic men and 43% of black men made routine appointments, compared with 63% of white men, and uninsured people were only about half as likely as those with private insurance to make a routine care appointment, the agency said.

State Backs Coordinated Care

Health care providers in five communities across New Hampshire have agreed with the state's major insurance companies to participate in a 5-year pilot program to encourage collaboration, prevention, and disease management instead of fee-for-service medicine, said Gov. John Lynch (D). Groups of providers in each community will become "accountable care organizations" and thus take responsibility for coordinating health care and preventive services to local residents. Each organization will determine how to spend its budget to achieve quality outcomes and efficiency in its area. The program "will move New Hampshire away from the fee-for-service model," according to a statement from the governor's office. "Our current health care system rewards providers for seeing as many patients as possible. We're going to change that. Under this pilot project, we are moving to a system where health care providers will profit from spending time with their patients and keeping them healthy," Gov. Lynch said in the statement.

—Mary Ellen Schneider