

# HHS Launches New Transparency Initiative

BY JANE ANDERSON

A new Open Government initiative unveiled by the Health and Human Services department 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.

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

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 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 program offices on an ongoing basis, Dr. Joshua Sharfstein, FDA principal deputy commissioner, said during the webcast.

The public will be able to use the dashboard, located at [www.fda.gov/fda-track](http://www.fda.gov/fda-track), to "see the progress that each office is making toward its goals," he said. ■

**The project will make various data sets public so that state and local governments, researchers, and others can use them to analyze public health trends and create applications.**

## Personal Health Record Use Still Low, but Growing Fast

BY ANNE C. ZIEGER

While the use of personal health records is gaining popularity, only 1 in 14 Americans report having used one, according to a survey of 1,849 patients.

Only about 7% of respondents to the survey sponsored by the California HealthCare Foundation said they used a personal health record (PHR). But that's more than double the 2.7% who reported using PHRs in a 2008 study conducted by the Markle Foundation.

Among the reasons cited by those who do not use a PHR were concern over the data privacy, the perception that they don't need such a tool, and fears that PHRs might cost too much or take up too much time, according to Sam Karp, vice president of programs for CHCF.

Of those who reported PHR use, 26% reported using one sponsored by their health care provider while 51% reported using one provided by their insurer.

While PHRs users tend to be young, highly educated white men with rela-

tively high incomes, patients with chronic illnesses and those with lower-than-average income and educations were more likely to report benefiting from using a PHR, according to the survey results.

For example, 55% of respondents without a college degree reported that after using a PHR, they asked their provider questions they otherwise would not have asked. Also, 58% of users with incomes of less than \$50,000 said that they felt more connected to their doctors as a result of using a PHR. Further, 40% of PHR-using respondents with two or more chronic conditions reported that they had taken steps to improve their health, the researchers said.

In addition to assisting patients in managing their health, PHRs can also serve as safety tools, said Dr. Kate Christensen, medical director, Internet services group for Kaiser Permanente. Kaiser, which runs a PHR serving 3 million patients, has found that patients use it to check their medical data and e-mail providers to report errors. ■



## POLICY & PRACTICE

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

### FDA Proposes New Ad Rules

The Food and Drug Administration wants manufacturers to detail more of the contraindications and potential side effects of drugs in radio and television direct-to-consumer advertisements. The proposed rule would require that an ad's major statement on side effects and contraindications "be presented in a clear, conspicuous, and neutral manner." The new rule would require manufacturers to present the information in both the audio and visual components of a video ad and make sure that it isn't overshadowed by other parts of either type of ad. The FDA will accept comments on the proposed rule until June 28.

### Restaurants Must Post Calories

As part of the newly approved health care reform law, chain restaurants will be required to post the calorie content for their standard menu items along with information on daily suggested calorie intake from the Department of Agriculture. The provision in the Patient Protection and Affordable Care Act, signed into law last month by President Obama, will affect restaurants and other retail food establishments with 20 or more locations and the same menu items at each location. Restaurants also will need to have additional nutrition information, such as fat and sodium content, available for their menu items. Vending operators with more than 20 machines will be required to post calorie information on their food items. The law requires the FDA to issue proposed regulations by next March.

### 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. 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, the latest drug manufacturer

to disclose payments to physicians, said that 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 that 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 that it will begin publishing the payments it makes to researchers in 2011.

### Broadband Plan Adds Health Goals

As part of the Obama administration's overall National Broadband Plan to extend fast Internet service nationwide, the Federal Communications Commission said it wants to revamp the Rural Health Care Program to ensure that all health care providers have such access. The broadband plan, which contains seven specific recommendations on health care, would redistribute \$400 million per year in the Rural Health Care Program to help health care providers purchase broadband services and expand broadband to more institutions. In addition, the new plan calls for states and other regulators to revise licensing, privileging, and credentialing standards to enable physicians to practice medicine remotely and across state lines.

### 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. Law enforcement authorities also will have access to the database. "Our local law enforcement agencies tell us that in some Alabama counties, meth plays a role in almost every crime," Gov. Riley said in a statement.

—Jane Anderson