

POLICY & PRACTICE

Guidant Must Disclose Prices

The device maker Guidant, a division of Boston Scientific, must publicly release documents that may reveal prices of its products and pricing strategies, a district court judge has ruled. The documents were sealed as part of a May settlement between Guidant and Aspen Health Care Metrics. Guidant had sued Aspen for publishing its pacemaker prices. After the settlement, the advocacy group Public Citizen filed a motion to unseal the documents. In late October, Judge Donovan Frank of the U.S. District Court for

the District of Minnesota ruled that most of those documents should be unsealed because they are important to the public interest. However, he agreed to leave some documents secret. Public Citizen said it will pursue opening of those records, also. Documents made public so far are available at www.citizen.org/litigation/forms/cases/CaseDetails.cfm?cID=234. Public Citizen has been pushing for more price transparency from Guidant, having filed a lawsuit in Pennsylvania federal court earlier this year seeking to force the company to disclose

its prices to ECRI, a nonprofit group that publishes a database of cardiac rhythm management devices.

Backing for Device Identifiers

The American College of Cardiology and the device industry trade group AdvaMed have both indicated to the Food and Drug Administration that they conditionally support the concept of assigning unique identifier codes to medical devices. In August, the agency said it was seeking comments on whether such identifiers—envisioned to be similar to bar codes on drugs—were a good idea, and the best way to go about developing them. The FDA

has not yet proposed a rule requiring identifiers. In its letter to the FDA, the ACC said identifiers could improve patient safety. Unique codes will vastly improve the ACC's National Cardiovascular Data Registry's ability to track adverse events, said the group. AdvaMed said that unique identifiers could be useful, but that manufacturers should not be required to use them as there are no data showing they will reduce errors or improve tracking. The group said it may be neither "economically practical nor technologically feasible" to put an identifier on all unpackaged devices because they come in many different sizes, shapes and materials.

Power Mobility Device Coverage

Medicare officials recently announced changes to the fee schedule for new power mobility devices in an effort to improve the accuracy of the prices. The "refinements" will increase the fees paid for complex rehabilitation power wheelchairs used by the severely disabled. The changes will also result in increases to the fees for standard geriatric mobility power wheelchairs. The price increases are intended to reflect the greater durability and performance of these chairs compared with others, according to officials from the Centers for Medicare and Medicaid Services. The refinements are based on updated and validated information related to manufacturer applications and test results. The fee schedule was originally released in October. Additional information on the code refinements is available online at https://www.cms.hhs.gov/DMEPOSFeeSched/01a_Power_Mobility_Devices.asp.

Health IT Gaps

The adoption gap in health information technology continues to widen, with physicians in smaller practices being left behind, according to a report from the Center for Studying Health System Change (HSC). Between 2000-2001 and 2004-2005, physicians in all types of practices increased their use of health IT for accessing patient notes, generating preventive care reminders, exchanging clinical data, obtaining treatment guidelines, and writing prescriptions. However, practices with two or fewer physicians increased their use of health IT for writing prescriptions by 5%, compared with 28% among practices with more than 50 physicians. The gaps are likely due to the greater financial resources of larger practices along with more administrative resources and economies of scale. Large practices may also have an advantage in health IT adoption because of more active physician leaders who are promoting IT and quality improvement, according to the report. The data in the report are from the HSC Community Tracking Study Physician survey, a nationally representative telephone survey of physicians involved in direct patient care in the United States. "Larger practices appear to be gaining critical mass in adopting IT for patient care, but the smallest practices, which account for more than half of all practicing physicians, appear to be at risk of being left behind," Joy M. Grossman, a coauthor of the report and a senior health researcher at HSC, said in a statement. The report is available online at www.hschange.org/CONTENT/891.

—Alicia Ault

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