POLICY & PRACTICE

WHI Results Still Confusing

Just 18% of physicians said they have "no confusion at all" about the results of the Women's Health Initiative study, according to an online survey of more than 400 physicians conducted on behalf of the Hormone Foundation. Also, only 15% said they believe patients accurately understand the risks of hormone therapy. The results "underscore the importance of physicians' role in educating patients and [the public] on menopause management," said foundation director Paula Correa. The survey, sponsored by Novogyne Pharmaceuticals, also found that 74% of physicians still consider hormone therapy as a first-line treatment for menopause symptoms. Novogyne manufactures the hormone therapy patches Vivelle-Dot, Vivelle, and CombiPatch.

Aventis Settles Pricing Fraud Case

Drugmaker Sanofi-Aventis has agreed to pay more than $190 million to settle allegations of fraudulent drug pricing and marketing against Aventis Pharmaceuticals, one of its predecessor companies. According to the U.S. Department of Justice, Aventis used the difference between the inflated prices that were used to set reimbursement rates and the actual prices charged to customers to market the antiemetic Anzemet. In doing so, it caused fraudulent claims to be submitted to Medicare and other federal health care programs. The case arose after Ven-A-Care of the Florida Keys Inc. filed a False Claims Act suit, which allows a private person to file a whistleblower suit on behalf of government. To continue working with federal programs, Sanofi-Aventis agreed to report accurate prices. Almost $180 million of the settlement will go to the federal government, and the balance will go to states and the District of Columbia. The whistle-blowers will receive about $32 million.

Insurance Premium Increase Slows

Employer-sponsored health insurance premiums rose on average 6.1% in 2007, reflecting a continuing slowdown in premium increases. The 2007 premium increase is the smallest hike since 1999, according to an employer survey by the Kaiser Family Foundation and the Health Research and Educational Trust. But experts say the slowdown is likely temporary and isn't providing relief to individuals or employers. In fact, the 6.1% increase is higher than the average increase in wages (3.7%) and in the overall inflation rate (2.6%). In 2007, the average premium for family coverage in the United States is $12,106, with workers paying about $3,281 for their share of the policy. The market continues to be dominated by preferred provider organizations, which insure about 57% of covered workers; consumer-driven plans account for only about 5%. For details, visit www.kff.org/insurance/7672.

ACS Seeks to Improve Access

The American Cancer Society has launched a national campaign aimed at making access to health care for all Americans part of the national discussion and the number one priority of the next president. While the group is not advocating a specific plan, it has developed criteria for evaluating health care proposals. Under the principles developed by the American Cancer Society (ACS), the group defines "meaningful" health insurance coverage as adequate, affordable, available, and administratively simple. The idea is not just to provide access to cancer prevention, early detection, and treatment to the 47 million uninsured, but also to the tens of millions who are underinsured, John R. Seffrin, Ph.D., ACS chief executive officer, said during a news conference announcing the campaign. About 1 in 5 insured families touched by cancer will use up all or almost all of their life savings fighting the disease, he said. "For too many insured Americans, a cancer diagnosis is not only a personal health crisis, it is a prescription for financial ruin," Dr. Seffrin said. The nationwide education campaign includes print and television advertisements, a Web site with information on how to take action, and grassroots activities by cancer activists. For more information, visit www.cancer.org/access.

Bill Seeks MD Gift Disclosure

Legislation in the Senate would require quarterly disclosure of gifts, honoraria, travel, and other payments to physicians by pharmaceutical, medical device, and biotechnology manufacturers. S. 2029 was introduced by Sen. Chuck Grassley (R-Iowa) and Sen. Herb Kohl (D-Wisc.) and would apply to manufacturers with more than $100 million in gross revenues. The U.S. Health and Human Services Department would be required to make the disclosure data available on the Internet. Penalties would range from $10,000 to $100,000 per violation. Ken Johnson, senior vice president of the Pharmaceutical Research and Manufacturers of America, said in a statement that his group had not yet reviewed the bill but that contact with physicians is essential for education purposes. The group's guidelines suggest gifts to physicians should not exceed $100. The American Medical Association had also not yet read the proposal, but in testimony earlier this year, noted that it has extensive guidelines on accepting anything from industry.

Mass. Considers Retail Clinic Rules

Massachusetts' Public Health Council is considering rules that would limit the scope of retail medical clinics in the state. The proposal is in response to a request by CVS Corp. to open 20-30 of its MinuteClinics in the Boston area beginning this fall. Under the proposal, applicants would need to state what services they intend to provide, develop policies that limit the number of times each patient could receive care there, and refer patients without a primary care physician to one in the area who is accepting new patients.

—Renée Matthews