

The Wrong Prescription for New Hampshire?

By John Kamp

House Bill 1346 is a law that, on its surface seems well intended, since it deals with health-care information privacy. But in actuality, it stifles critical information needed to improve the quality of patient care and to manage healthcare costs—unintended, but nevertheless serious, consequences.

Everyone understands that patient privacy should be sacrosanct. And this law rightly prohibits the sale of prescription information that reveals the identity of a patient. In fact, however, federal law—the Health Insurance Portability and Accountability Act (HIPAA)—already protects such information.

It is HB 1346's prohibition against identifying the *prescriber* in prescription drug transactions that is so detrimental to the public good.

For nearly 20 years, healthcare professionals and members of the regulated industries have had access to information about a physician's prescribing patterns. This information is used in many ways, both to improve patient care and to improve the delivery of health care services. Absolutely no patient-identifiable information is included in these reports.

For example, prescribing data may be used to direct physician education and clinical recruitment efforts as well as for marketing purposes. It is routinely used by the medical, scientific, government and healthcare management communities to monitor public health patterns, maintain drug safety, drive best clinical practices and identify variations in patient treatment.

Technically, HB 1346 allows prescription data at the physician level to be used by scientists, researchers, public policy makers and healthcare managers. But by banning such data use in the commercial sector to effect marketing efficiencies, the bill will help drive the costs of drug marketing up even further.

The reality is that commercial databases are *the only comprehensive sources* of this information. Health information companies make significant investments in collecting the data as a commercial service to the healthcare industry. Without appropriate financial returns, these organizations will stop collecting such granular information (there are no comparable government sources) and the public health benefits of these data will disappear.

Worldwide, there is a recognized need among patients, providers and physicians for more information—not less—in order to make informed healthcare decisions. And there is almost universal agreement that transparency will help control costs and improve the quality of care.

HB1346 is an attempt to alleviate the concerns of some physicians who object to pharmaceutical sales representatives knowing what products they prescribe. However, the American Medical Association began implementing a program on July 1 that will give physicians the option to block information about their prescribing habits from sales representatives. In making a physician's prescribing practices private, the law thwarts the ability of patients and others in the healthcare system to make informed decisions based on information about physician prescribing trends and treatment behaviors. This is a slippery slope, moving away from the type of transparency needed to improve healthcare quality and accountability, to manage costs and to support patient choices.

This law does nothing to improve the well-being of the citizens of New Hampshire. It is the wrong prescription for New Hampshire and should be repealed.

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