

MMA counters drug marketing

The Minnesota Medical Association, the Minnesota Senior Federation and Gov. Tim Pawlenty joined together in June to get unbiased drug information in the hands of patients.

Pawlenty launched a new state of Minnesota online Web tool, RxPrice Compare at www.MinnesotaRXConnect.com. The site allows users to see prices of 200 common medications at more than 1,000 pharmacies sorted by city, county, or Zip code. Users can also compare prices of generic and brand name drugs.

“People shouldn’t self-prescribe, but they should go to the doctor well-informed,” Pawlenty said.

He also praised the efforts of the MMA and the Minnesota Senior Federation to promote Consumer Reports Best Buy Drugs (www.CRBESTBuyDrugs.org), a free Web site ranking drugs by effectiveness, safety, and price.

The Minnesota Senior Federation and the MMA have begun a campaign that includes ads, public meetings, posters and training programs to encourage patients to visit www.CRBESTBuyDrugs.org.

The MMA is also encouraging its members to discuss the effectiveness, safety and cost of drugs with their patients. Although Consumers Union has conducted similar public education campaigns in two other states, this is the first time that a state medical association has joined such an effort.

At the Best Buy Drugs Web site, Consumers Union (the non-profit publisher of *Consumer Reports* magazine) provides a series of reports comparing at least a dozen classes of drugs and dubs some “best buys.”

Gail Shearer, a senior policy director for Consumers Union, said the two Web sites can be used in tandem. People can check the Best Buy reports to find the best drug and the state Web site to find the lowest price.

The prices on the state Web site are based on the amounts pharmacies charged the state’s Medical Assistance program during the last 12 months.

MMA President David Luehr, M.D., said the MMA has endorsed the program because there is a need to counteract drug company marketing efforts by providing patients with factual, unbiased information.

Luehr says he frequently encounters patients who request drugs after seeing them advertised, even though those drugs aren’t the best treatment option for them.

For example, a patient recently wanted a costly constipation drug when the correct prescription was more fiber, water, and exercise.



MMA President David Luehr, M.D., speaks about the pitfalls of direct-to-consumer marketing, as Pawlenty listens in the background.

Who sells the cheapest 30 tablets of Lipitor in Minneapolis?

HealthPartners Riverside Clinic, which charges \$69.64, according to www.MinnesotaRXConnect.com.

The most expensive, \$95.99, is sold at Walgreens at 621 W. Broadway Ave.

www.CRBESTBuyDrugs.org estimates the average monthly 10 mg prescription costs \$90.

GO ONLINE
www.MMAonline.net

The MMA is committed to providing members timely health care news online. Visit www.MMAonline.net to read about the latest news and member benefits.

- Learn about who is running for political office in your area by using the MMA’s candidate finder service at the Grassroots Action Center.

- Visit the Grassroots Action Center to send a message to your Congressional representative to fix the Medicare payment formula. If Congress fails to act this year, Medicare will cut doctor payments by 5 percent on January 1, 2007, and as much as 37 percent through 2015, according to the American Medical Association.

- Visit www.healthyminnesota.com, the Web site for the health care reform initiative sparked by the MMA’s reform report.

- Read about The Centers for Medicare & Medicaid Services (CMS) proposal to change the Medicare physician fee schedule to more adequately reimburse physicians who spend more time with patients.

Surgeon General report supports smoking bans

Minnesota physicians called for lawmakers to ban smoking in restaurants in response to a report from the U.S. Surgeon General that says no amount of secondhand smoke is safe.

“The Surgeon General’s report confirms what I and many other physicians have long known that secondhand smoke is extremely dangerous,” said St. Paul obstetrician and gynecologist Charles E. Crutchfield, M.D.

Crutchfield and other MMA members spoke at a press conference in St. Paul, sponsored by the Minnesota Smoke-Free Coalition, that coincided with the June release of the report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*.

The Surgeon General’s report is the first comprehensive governmental review of the effects of secondhand smoke since 1986.

Oncologist Brian Rank, M.D., MMA member and medical director for HealthPartners,

Fast Fact: About 126 million, nearly half of nonsmoking Americans, are still exposed to secondhand smoke – U.S. Surgeon General

boiled down the lengthy report to two key findings: “The report says secondhand smoke causes death and suffering and indoor smoking bans save lives.”

In his own practice, he has seen secondhand smoke kill.

“I have many patients with lung cancer whose only exposure to this deadly toxin is in secondhand smoke,” Rank said.

The report did not include new information but rather strengthened earlier pronouncements about the hazards of secondhand smoke. The report also reaffirmed research that found even short-term exposure to secondhand smoke can cause heart disease.

Thomas Kottke, M.D., an MMA member and cardiologist practicing at Regions Hospital, said every year secondhand smoke causes sudden deaths due to cardiac arrest.

The carbon monoxide in secondhand smoke can lead to a chain reaction of sticky platelets in the blood and functional anemia that can irritate the heart and start a cardiac arrest, he said.

The report’s unequivocal statements about the dangers of secondhand smoke are expected to boost efforts to ban smoking in public places.

Since the scientific debate is over, the physicians present said now is the time for lawmakers to act and pass legislation making all of Minnesota’s workplaces, including bars and restaurants, smoke free.

Minnesota currently lacks a statewide ban on smoking in bars and restaurants. At least 14 other states have stricter smoking laws than Minnesota.

MMA President David Luehr said in a prepared statement that politicians who are up for re-election this year should know that physicians care deeply about this issue.

“The MMA plans to ask candidates whether they support the Freedom to Breathe Act. Those who don’t support it will have a strike against them,” Luehr said. ■



Charles E. Crutchfield, M.D., speaks about the dangers of secondhand smoke at a press conference.

Fast Fact: Nonsmokers exposed to secondhand smoke at home or work increase their risk of developing heart disease by 25 to 30 percent and lung cancer by 20 to 30 percent – U.S. Surgeon General

MMA members appointed to medical board

Gov. Tim Pawlenty appointed Greg Snyder, M.D., and Rebecca Hafner-Fogarty, M.D., to the Minnesota Board of Medical Practice (BMP).

Hafner, who takes the at-large spot, is a family physician in Avon, and served on the BMP from 1998 to 2003. Snyder, who will represent the 5th Congressional District, is medical director of Minnesota Radiology in Edina. Both are members of the Minnesota Medical Association. They were appointed to four-year terms, ending January 4, 2010.

The physicians are among 16 governor-appointed members of the board, which consists of 11 licensed physicians (10 doctors of medicine and one doctor of osteopathy) and five public members. Besides monitoring the practice of medicine, the board also regulates acupuncturists, certi-

fied athletic trainers, physician assistants, and respiratory care practitioners.

The BMP is responsible for administering the Minnesota Medical Practice Act, which creates minimum standards for licensing physicians in Minnesota. The board’s mission is to protect the public by extending the privilege to practice to qualified applicants and by investigating complaints relating to the competency or behavior of individual licensees or registrants.

Under Minnesota law, the MMA has the authority to recommend physicians and public members to serve on the BMP. The MMA recommended Hafner-Fogarty. Snyder did not apply to be considered for an MMA recommendation.

More than 17,000 physicians have a license to practice in Minnesota. ■

MDH switches to e-newsletter

To save money, the Minnesota Department of Health (MDH) is moving away from printed publications in favor of electronic ones.

MDH produced its last printed copy of the *Disease Control Newsletter* (DCN) in mid-July.

This is one of the 45 newsletters MDH publishes, all of which are posted on the agency’s Web site.

To receive future issues of *Disease Control Newsletter*, go to www.health.state.mn.us/divs/idepc/newsletters/dcn/index.html and click “Subscribe to the DCN electronic notification.”

E-mail subscribers will automatically be notified when new editions of the DCN are available on the MDH Web site. ■

AMA debates store clinics

Physicians at the AMA's Annual Meeting in Chicago June 10-14 took up the issue of clinics in stores in response to public concern about the quality of care at these clinics.

The quick clinics, typically staffed by nurse practitioners, are opening in discount, drug and grocery stores around the country.

Physicians debating the issue at the AMA's policy-

making meeting agreed that intensive diagnosis and care should not be carried out at clinics staffed by less-qualified health professionals.

Physicians added that health care safety could be negatively affected if in-store clinics lead to fragmentation of patient care, inadequate followup, and missed opportunities for preventive care of patients. ■



Are these clinics bad for patients? Not if they . . .

- Have a well-defined and limited scope of clinical services, consistent with state scope of practice laws.
- Use standardized medical protocols derived from evidence-based practice guidelines to ensure patient safety and quality of care.
- Establish arrangements by which their health care practitioners have direct access to and supervision by those with medical degrees (M.D. and D.O.) as consistent with state laws.
- Establish protocols for ensuring continuity of care with practicing physicians within the local community.
- Establish a referral system with physician practices or other facilities for appropriate treatment if the patient's conditions or symptoms are beyond the scope of services provided by the clinic.
- Inform patients in advance of the qualifications of the health care practitioners who are providing care, as well as any limitation in the types of illnesses that can be diagnosed and treated.
- Establish appropriate sanitation and hygienic guidelines and facilities to ensure the safety of patients.
- Are encouraged to use electronic health records as a means of communicating patient information and facilitating continuity of care.

Source: AMA principles for store-based clinics



■ VOTE PRO-MEDICINE IN 2006

Educate a candidate in 15 minutes or less

With the November elections around the corner, now's the time to influence future lawmakers. If you find one at your door, pepper them with these questions and help them become pro-medicine while they are still impressionable.

What will you do to promote health and wellness in the state?

- Do you support legislation to control lawsuit abuse by capping "pain and suffering" awards in medical liability cases at \$250,000?
- Should government be involved in end-of-life decisions, or should that be left to patients, families, and physicians?
- Do you support legislation to require all workplaces, including restaurants and bars, to be smokefree?
- Are you aware that there is a 2 percent tax on all health care services? Do you think this selective tax should be used to fund programs for the uninsured or should they be funded from a more broad-based funding source?
- Physicians are required by law to provide medical interpreter services for non-English-speaking patients. Do you support requiring health plans to reimburse physicians for these services for their enrollees?

■ PROTECT YOUR DATA

MMA checks insurer e-security

Before hitting the send button, take a moment to discover whether you are transmitting your credentialing information in a secure method.

The MMA asked staff at health plans and hospitals whether it was safe for physicians to send sensitive credentialing information.

Resolution 401, passed by the 2005 MMA House of Delegates, directed the MMA to urge health plans to have secure methods for collecting credentialing data.

The MMA survey found that the Web sites and e-mail systems of hospitals and health plans have different levels of security. In general, Minnesota's hospitals and health

plans do not use secure e-mail systems that encrypt the information inside the e-mail.

HIPAA requires the use of secure e-mail for private health information but not for physicians' information such as a Social Security number.

The MMA recommends that before sending credentialing information a clinic should determine which delivery system is the most secure: mail, fax, secured e-mail, or a secured Web site, and use that one. The MMA is also working with local health plans and hospitals to assess the feasibility of a Web-based approach for submitting data. ■

Health plan e-security

Blue Cross Blue Shield	Secured e-mail system.
HealthPartners	Prohibits sending a Social Security number (SSN) by e-mail outside their system. If a SSN needs to be sent by e-mail outside their system, a secure e-mail system is used.
Metropolitan Health Plan	Prohibits sending SSN via e-mail. No secure e-mail system.
Medica	Secure e-mail system, when the word "secure" is in the subject line. Recipient needs to log in and create a password. There are filters to disallow the sending of e-mails that contain identified personal information either in the e-mails or attachments. Managers are notified when staff attempts to send e-mails containing personal information.
PreferredOne	Prohibits submission of SSN by e-mail, No secure e-mail system.
UCare	Secure e-mail system.

■ SET THE AGENDA

Save the date

The 2006 MMA Annual Meeting will be held September 14 and 15 at the Minneapolis Convention Center. All MMA members are invited to attend the Annual Meeting and testify before reference committees, but only MMA delegates may vote on resolutions. Look for the meeting schedule in the August edition of *Minnesota Medicine*.



Janette Strathy, M.D., speaks at last year's meeting.

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