



Rapidly Increasing Costs and Gag Orders on Docs

By: Meg Freedman, Executive Director

It's been a while since we updated you in this newsletter about the most recent adversities in the U.S. healthcare system. Costs continue to skyrocket and the ACA fan foibles continue to pile up.

RX Costs

What we knew:

Last year the cost of a decades-old drug Acthar, rumored not to be effective in treating ANY illness, increased in cost to \$41,763 per prescription.

In July of 2015, Glumetza, a very common diabetes drug, increased overnight from \$100 per month to more than \$2,500 per month.

Now we learn that an anti-parasitic drug Daraprim, used mainly by patients diagnosed with AIDS and cancer, increased in cost 5,000% from \$13 a pill to **\$750** per pill. It is calculated that year-long treatment for toxoplasmosis will now cost between \$336,000 and \$634,500.

Many are calling for government intervention to make this type of price gouging illegal-especially considering the Sovaldi pricing debacle; however, competitive pricing for medications is discouraged under our current system. Lengthy patents, easy to renew patents, and even the ability to create a new patent for the same drug by merely changing non-active ingredients have all contributed to this issue. Allowing patents to guard the dollars spent on research may not be entirely disagreeable for a brief length of time, but the possibility of eternal patents and re-patents is illogical. Until such time as the laws are changed, these ridiculous increases will not only continue, but become quite popular.

The Electronic Medical Records Debacle Continues

What we knew:

Software was designed WITHOUT input from the people it's meant to help, AND with no compatibility between systems. The main stated goal of EMR was portability of health records. This literally cannot happen.

Now we learn that many hospitals and physician groups have "gag orders" imposed by their vendors in their EMR software contracts that prohibits them from openly speaking, especially complaining, about the software. Additionally, physicians can and are being prohibited from sharing experiences with EMR directly related to cases for which they want to share for educational purposes.

A recent investigation by Politico.com found that, "Some of the biggest firms marketing electronic record systems inserted "gag clauses" in their taxpayer-subsidized contracts, effectively forbidding health care providers from talking about glitches that slow their work and potentially jeopardize patients."

The vendors, hiding behind intellectual property rights, assert they do not go after physicians for complaints. But physicians and members of Congress believe the rules to be so constrictive as to stifle the disclosure that problems even exist, due to fear of a lawsuit.

"The insiders tell me it's the confidentiality and intellectual property clauses [that] are the biggest barriers to reporting adverse events," said David Classen, chief medical information officer of Pascal Metrics. Classen co-authored a landmark 2011 Institute of Medicine report warning that such contracts were a key reason for the lack of knowledge about health IT-related patient safety risks.

Elisabeth Belmont, corporate counsel at MaineHealth, has stated she had also seen non-disparagement wordings that prohibit providers from disseminating negative information about the vendor or its software, although no solid proof is currently available.

Due to the ACA, providers are being required to purchase software from companies who insert untenable language prohibiting free discourse. Providers do not have a choice but to sign or lose funding.

This seems to fall right along the ACA Party Line – A program that is tax payer subsidized, doesn't work, and no one can talk about how it doesn't work. This seems to be quite reminiscent of the spectacle (no longer of interest to the mass media) of forcing patients to purchase government approved insurance products, from government approved insurers, with no recourse but to pay fines or go without coverage.

For further information:

<http://www.forbes.com/forbes/welcome/>

<http://www.kevinmd.com/blog/2015/09/its-time-to-remove-ehr-gag-orders-for-patient-safety-sake.html>