

Jan. 21, 2008

Nibbling at the edges of health care



OLYMPIA — Beth Harvey, an Olympia pediatrician of 11 years, has had it with drug company sales representatives aggressively challenging her prescribing record. "I don't know why you are making your patients suffer longer and stay out of school longer than they need to," Harvey recounted one conversation. The rep's beef? The doc wasn't prescribing a brand-name drug. Harveys says it was because the brand-name drug was more expensive and not a single study had shown it was more effective. She has gotten the same heartburn over prescriptions to treat conjunctivitis, attention-deficit disorder and for some antibiotics.

That's why she testified last week before the Senate Health and Longterm Care Committee in support of a bill that would prevent drug companies from data-mining prescription information for marketing purposes. The committee was also considering bills to force drug companies to disclose the gifts they give doctors — ranging from pens, pads and calendars to lunches and seminars — and establish a presumably unbiased state education program to help doctors sort through the claims drug companies make. Drug companies oppose the bills, arguing targeted marketing practices help them make sure important information about a drug gets into the hands of doctors using it in their practices.

In a two-hour meeting, the committee also considered a bill to restore the authority of the state insurance commissioner to review rates for individual health plans — something stripped away when insurance companies largely abandoned that market several years ago. Sitting through the hearings, I couldn't help but think these bills were just nibbling around the edges of the larger problem. Sure, the drug-marketing phenomenon could be contributing to health-care costs. And soaring health-care premiums are a reflection of soaring health-care costs.

Good thing there are efforts to try to attack those issues. Watch for one soon — the **Puget Sound Health Alliance's report, the Community Checkup**, expected around Jan. 31. The study looks at how well the community is doing in terms of people getting preventive screening and those with chronic conditions, such as diabetes, heart disease or depression, getting the effective care they need. Early detection and careful monitoring can reduce costs later.

Reform is needed, Washington leaders, Republican and Democrat, agree. But they should take care to **make sure the solutions have buy-in across party lines and special-interest**

groups. The governor's Blue Ribbon Commission on Health Care Costs and Access followed that model, by finding areas of agreement rather than pitting the traditional special-interest groups against each other. In this short session, the governor is dealing a little with cost through the safety angle — helping health-care workers become nurses, increasing provider discipline and standards — although her longer-term goal is to ensure all Washington residents have access to health care.

Today, Senate Health Chairwoman Karen Keiser, D-Kent, is unveiling a sweeping health-care reform bill, called Washington Health Partnership. It's based on the proposed Healthy Wisconsin program. Wisconsin Senate Majority Leader Jon Erpenbach is in Olympia today to talk about the concept, which would provide universal health care paid for by employers and employees. Erpenbach claims the plan will save an estimated \$1.3 billion per year, by using the buying power of the people of Wisconsin to negotiate drug prices, streamlining administration, and encouraging preventive care. Supported by the governor, the bill passed the Wisconsin Democratic Senate handily but so far hasn't gained traction in the state's Republican House.

At the Olympia hearing Thursday, there was a tense dynamic between Keiser and the committee's ranking Republican member, Cheryl Pflug, a registered nurse with 20 years experience in health care. Keiser cut off Pflug, R-Maple Valley, several times as she pushed to ask questions on the bills stacked up for hearing.

Solving the challenges of access and affordability in health care is a monumental task requiring bipartisan effort. Remember the state's Democrat-controlled reform in the early 1990s that was promptly excised when the Republicans won control in 1994? To stick, such sweeping changes require a thorough examination and earnest, nonpartisan efforts to seek agreement.

As for Dr. Harvey, she's just trying to help her young patients be healthy, with sensitivity to their parents' wallets. And that, she says, is getting harder to do.

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