

Serving Legislators Serves Permanente: *The Permanente Journal* on Capitol Hill

In the course of working on Capitol Hill and with regulatory agencies on various aspects of health policy, I have found *TPJ* to be a valuable source of information for multiple audiences. The variety of articles, commentary, history, illustrations, artwork, even editorials has a wide appeal. I often take a copy with me and leave it behind as an introduction to our medical care principles and practice. Serendipitously, sometimes the collection of offerings in the *Journal* is custom-made for a particular purpose. Such was the case in a recent encounter with regulators at the US Department of Health and Human Services (DHHS).

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) included a section on "Administrative Simplification" which dealt in part with the transfer and storage of electronic medical information. The Act stipulated that if the US Congress failed to develop federal policy to protect the privacy and confidentiality of medical records by August 21, 1999, the Secretary of DHHS would be instructed to issue regulations in this area within six months (ie, by February 2000). Congress hasn't been doing so well with this charge, having failed to reach agreement on any of several proposals generated over the past three years.

The deadline has passed, and the HHS policy staff have the unenviable task of drafting sensible rules that will please most stakeholders. HHS staff members are meeting with interested parties, such as privacy advocates who seem to distrust any use of medical information not related to specific treatment goals. Chain pharmacies and pharmacy benefit managers are advocating their own methods of disease management, and pharmaceutical companies are lobbying for more liberal use of medical information for privately funded research and marketing. During our meeting with HHS regulators, they were particularly interested in our views about security of electronic patient records and use of information for creating patient registries for various purposes, particularly for management of chronic illness. We were also asked about our research activities, how we used our institutional review boards (IRBs), and how we distinguished between research and other activities that we would classify as quality management or utilization management.

What a cornucopia of delicacies in the Summer 1999 (Vol 3, No 2) issue of *TPJ*—and how well they support our responses to the HHS Secretary's questions! The lead series of articles (on awardees of the James A Vohs Award for Quality) describes the Comprehensive Computer-Based Patient Record (CPR) Project at the KP Northwest Region, which addresses many of the questions put to us on the utility, functionality, and security of an electronic medical records system and emphasizes our commitment to improving quality while lowering costs. Regulators could see from the accompanying article on the Clinical Pharmacy Anticoagulation Service of the KP Colorado Region how pharmacists, for example, can assume their clinical role in a way that benefits patients, not just marketing schemes. And the article about the Diabetes Prevention Care Program of the KP North Carolina Region gave regulators a wonderful example of a disease management program that had well-documented outcomes.

The list continues: the article by Drs Oyekan and Kung at the KP Los Angeles Medical Center on another type of disease management—a multidisciplinary approach to treating fibromyalgia; Dr Lee Jacobs' article, "The KP Promise, Permanente Practice, and the Competitive Edge," which shows diverse examples of excellence throughout our KP Program; and Dr Ron Copeland's opinion piece, "Pursuing High Performance," which also gives insight into our values of quality-oriented and patient-focused care—principles we hope regulators will try to reflect in the regulations they write.

Doctor Scott Rasgon's interview with Dr Ray Hannah and Dr Joe Carlucci on Optimal Renal Care shows how we carry our best programs into the outside world. Can you imagine the delight of federal regulators at seeing an article that may give them reason to hope that Medicare might manage its end-stage renal disease program at lower cost and with superior outcomes?

For those regulation drafters struggling with the quandary of how to protect information while making it available for much-needed research, the dessert to this feast of information is found in the excellent piece by Dr Diana Petitti and Nancy King on Institutional Review Boards (IRBs). The authors directly address the privacy and confidentiality of medical information used in various settings. At the national level, the federal IRB oversight program has recently received justified

"For those struggling with the quandary of how to protect information while making it available for much-needed research, the dessert to this feast of information is found in the excellent piece by Dr Diana Petitti and Nancy King on Institutional Review Boards (IRBs)."





criticism and is due for revision soon. Diana and Nancy demonstrate how the institutional review process can be conducted the right way.

To intrigue readers further in this bureaucratic world of ceaseless demands for more federally funded services, we present two excellent articles on alternative and complementary therapy, currently a topic of vigorous policy debate. I can foresee that Dr David Eddy, Dr Les Zendle, and Mitch Sugarman, with their new responsibilities on the Health Care Financing Administration Medicare Coverage Advisory Committee, may be struggling with these issues soon.

As they were perusing their copies of the *Journal*, I'm sure the regulators noticed the wonderful artwork by Dr Doug Grey, Terry Laskiewicz, and Marian Savage as well as the thoughtful historical vignette by Dr Oliver Goldsmith.

And I congratulate Dr Tom Janisse and the editors of *TPJ* for producing an issue that was perfect cover-to-cover for distribution to a critical audience. How could they have known what to include—and to send it on the day before our vital meeting? And how could they have known that several of the meeting participants were proud KP members? ❖

Spirit

Every day we shed small pieces of ourselves. Particles of skin, borne aloft on the winds, can linger in the upper atmosphere for millennia before falling back to earth with the rain, meaning in a very literal sense that we soak in the essence of our ancestors. We are moved by those who have gone before us the way oceans are swayed by tides. In a world of machine time and networked information, their presence may get lost. But in dreams or in moments of inspiration we catch glimpses of the Mystery burlled beneath the din of our ordinary lives.

Spirit tells the journey of a soul divided against itself. A man numbed by the automatic gestures of his daily life and deafened by the blistering cacophony of modern life suddenly "comes to his senses." Stripping off professional skins and public masks, the Everyman dances around a primordial fire, pounding off the last vestiges of pain and anger to prepare himself to cross over the threshold into the spirit world. Once there, he encounters a native grandfather, an eagle guide, tempting sirens and the spirits of the ancestors and of those yet to be born. At journey's end he realizes that he must redeem the past before he can be born into the future. Only then can he fulfillingly make his way among the living.

*Peter Buffett, composer and performer;
Spirit*