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India to leverage Facebook for health projects

The Indian government announced on 4 July a partnership with Facebook to collaborate on health and education initiatives in India, which will leverage the popularity of Facebook in the country.

"India is the second most populous county in the world. Leveraging social media platforms allows a wider and more efficient reach to the populace," said Sajai Singh, Partner at J. Sagar Associates. "With the introduction of the use of social media in this space, the offering of healthcare solutions would evidently scale up to greater levels and become more effective."

In a Facebook post, Indian Prime Minister Narendra Modi discussed the use of social media in creating 'better interaction between the people and governments.'

"Given that social media is adopted by youth in large numbers, this type of partnership between government and the technology industry has the potential to engage the youth not only in their health but also as ambassadors to encourage healthier living for their overall family," said Vishal Gupta, VP/GM Global Healthcare Solutions at Cisco.

IN THIS ISSUE

UK proposes accredited safe havens for identifiable data

The UK Department of Health (DoH) issued a consultation entitled 'Protecting Health and Care Information: A consultation on proposals to introduce new Regulations' on 26 June, which includes a proposal to allow organisations to set up 'accredited safe havens' (ASH) that will provide a secure environment for identifiable patient data.

"From an NHS perspective, there are arguments supporting the need for this initiative, with the potential for benefits in the areas of treatment, research and administration. Public opinion is likely to be driven by privacy and security concerns heightened by the HSCIC care.data initiative. Whilst those concerns are certainly justified, there is a good argument for positive engagement in the debate, not least because this initiative could act as a catalyst for creating the extra safeguards and real discipline that are missing from many of the NHS' data sharing arrangements," said Matthew Godfrey-Faussett, Partner at Pinsent Masons.

The DoH describes in the consultation document that the vision for ASH is to 'provide a secure environment within which data that could potentially identify individuals can be lawfully processed for a limited range of approved purposes, under controls that minimise reliance upon identifiable data and constrain how the data is processed in the ASH.' The DoH goes on to state that the proposed Regulations would set out the specific purposes for which data could be disclosed to an ASH and the purposes for which the data could be used within an ASH. The list of permitted purposes includes: the provision of information that might inform care; and geographical analysis.

"The proposals are a rehash of current practice with a Trojan horse used to extend private access to patient identifiable information," thinks Robin Smith, Chair of Health 2.0 Nottingham think-tank. "The notion of automating transfer of data for research purposes is vague and there are no considerations of patient concerns."

"The issue is to do with the organisations approved and the robustness of the controls," adds Godfrey-Faussett. "Patients and pressure groups will expect the process of ASH authorisation and renewal to be strictly enforced and the DoH must expect strong resistance to any attempt to expand the disclosure of personal data into commercial organisations. Lessons learned the hard way by HSCIC's experience must be appreciated by the DoH if this initiative is to have a future beyond the consultation."

FDA guidance clarifies position on correction of misinformation

The United States Food and Drug Administration (FDA) proposed on 17 June two draft pieces of guidance on companies' online communication about drugs and medical products; the first concerns the presentation of risk/benefit information on social media and paid search result links, and the second contains recommendations for companies looking to correct misinformation published online by third parties about their products.

The first draft guidance contains recommendations to help companies comply with FDA regulations on disclosing product risk. However, the FDA advises that 'for some products, particularly those with complex indications or extensive serious risks, character space limitations imposed by platform providers may not enable meaningful presentations of both benefit and risk.' "Caveats about product complexity will keep many companies from using social media to promote their prescription products," said Kevin Madagan, Associate at Reed Smith.

The second draft guidance acknowledges that a company can respond to misinformation created by third parties about its FDA approved or cleared products. "Prior to this, the industry was concerned about how it could correct information without running afoul of FDA standards," explains Madagan. "The draft guidance also makes clear that firms have no duty to correct misinformation or to monitor websites or communications that previously included misinformation."