

Testing Urged for Secure E-Mailing to Patients

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New York Bureau

Public and private payers may soon be testing reimbursement strategies for secure electronic messaging between clinicians and patients, if the American Health Information Community has anything to say about it.

The group, which advises Health and Human Services Secretary Mike Leavitt on health information technology (IT) interoperability issues, voted in May to urge payers to pilot-test secure messaging to evaluate possible forms of reimbursement, physician work-flow issues, and the impact on patient involvement in their care.

The widespread use of secure systems that allow patients and physicians to communicate by e-mail has the potential to improve quality and lower costs, especially among patients with chronic diseases, Dr. Douglas E. Henley, executive vice president for the American Academy of Family Physicians, said at a teleconference of the American Health Information Community (AHIC). Reimbursement will be essential to stimulating the widespread use of email and other communication tools, said Dr. Henley, who is a member of AHIC.

Deadline Nears For Medicare ID Application

Physicians need to apply now for a national provider identifier number in order to start using them in May 2007, according to the Centers for Medicare and Medicaid Services.

The national provider identifier (NPI) is a 10-digit number that does not expire or change; it is used to speed claims processing. The Health Insurance Portability and Accountability Act mandates that the NPI be used for all standard health care transactions involving both public and private payers starting on May 23, 2007. Small health plans, defined as having annual receipts of \$5 million or less, are given an additional year to comply.

A physician needs only one NPI, regardless of the number of specialties, licenses, or practice locations he or she may have. Once assigned to the physician, that number will stay with him or her through job changes and relocations.

Physicians will need to have several numbers on hand before applying, such as their health care license number or certificate number and any "legacy identifiers," such as a unique physician identification number (UPIN). If physicians have numbers issued by Medicaid and other health plans, they also need to be included in the application.

—Nancy Nickell

Apply online for an NPI at <https://NPPES.cms.hhs.gov>; or call 1-800-465-3203 for a paper application. For more information, go to http://www.cms.hhs.gov/apps/npi/01_overview.asp.

AHIC also voted to recommend that the Healthcare Information Technology Standards Panel, an independent group that facilitates harmonization of standards, work on defining standards for secure messaging that will be interoperable with electronic health records. Dr. David J. Brailer, the former national coordinator for health IT and the vice chair of AHIC, said the development of standards in this area should move along quickly.

And in an effort to ensure that access to

secure messaging is available to all patients and clinicians, AHIC is asking officials at the Health and Human Services Department to look at how to address the gaps in access to computers and the Internet for poor and underserved populations and the safety net providers that provide their care.

AHIC also recommended that the federal government work with state agencies and professional societies to develop new licensing alternatives that address the ability to provide electronic care delivery

across state lines through secure messaging systems. This will be especially important in times of national emergency, said Dr. Mark McClellan, administrator of the Centers for Medicare and Medicaid Services and cochair of AHIC's chronic care workgroup.

In another recommendation, the group called on the Agency for Healthcare Research and Quality to look at existing studies on health IT use by the elderly, ill, and underserved populations. ■

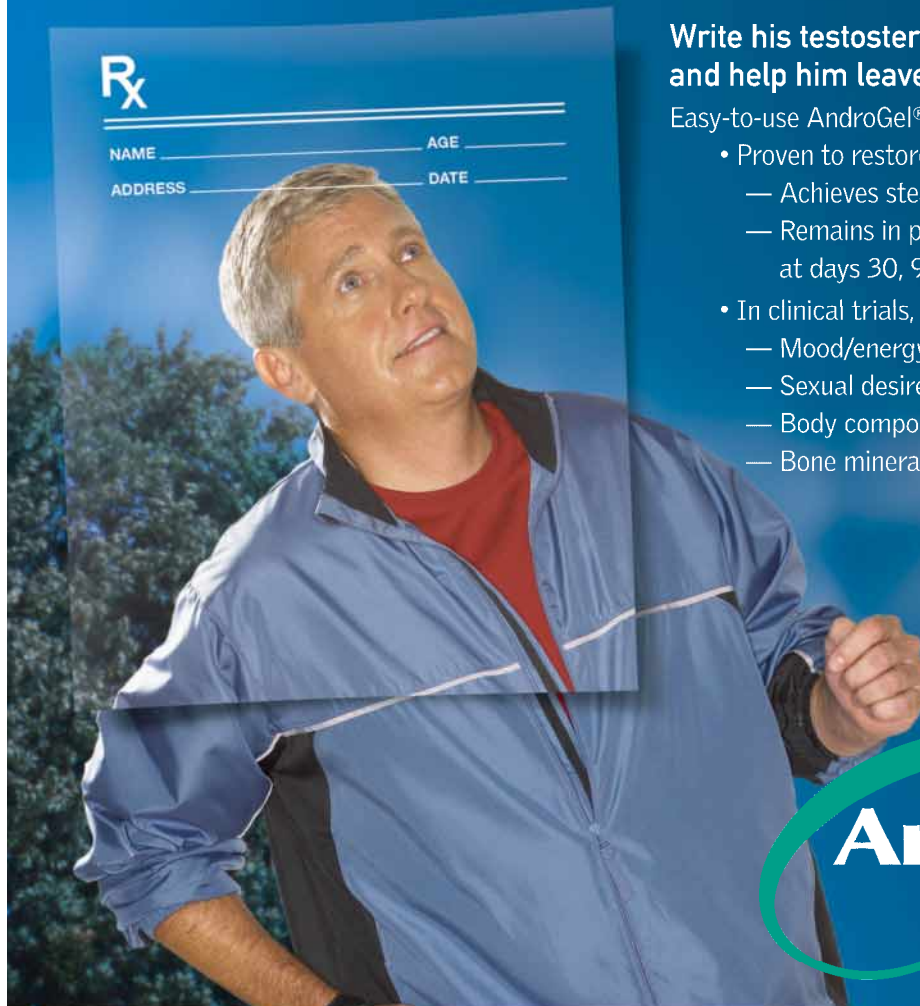
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References: 1. Mulligan T, Borel R, Frick M, Zuraw Q, Sternhagen A. The HIM Study (Hypogonadism in Males): an epidemiological program to estimate the population prevalence of hypogonadism in men over 45. Poster presented at: Annual Scientific Assembly of the American Academy of Family Physicians; October 13-17, 2004; Orlando, Fla. 2. AndroGel [package insert]. Marietta, Ga: Unimed Pharmaceuticals, Inc; 2005. 3. Swerdloff RS, Wang C, Cunningham G, et al, and the Testosterone Gel Study Group. Long-term pharmacokinetics of transdermal testosterone gel in hypogonadal men. *J Clin Endocrinol Metab.* 2000;85:4500-4510.

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