EHR REPORT
Virtual Patient Encounters

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One of the greatest proposed advantages of electronic health record systems is enhanced physician-patient interaction. Most of the recommended EHR products available today include a Web-based portal that facilitates communication, allowing for the sharing of lab results, medication refill requests, and follow-up after an in-office consultation. Many questions arise, though, when implementing these services, and these issues should be considered before making the leap into electronic visits.

Are e-visits secure?
Many physicians and patients are reluctant to embrace health-related electronic communication because they question its security. Given the ever-looming shadow of HIPAA and frequent reports of personal data being stolen by hackers, this is a reasonable concern. In fact, according to SecureWorks, an Atlanta-based managed security firm, electronic attacks on health care organizations doubled in the fourth quarter of 2009. This underscores the importance of ensuring that the communication medium is designed to protect sensitive data.

Most EHR products that include an interactive portal require that both the physician and the patient log in to the same encrypted Web site to ensure that the data stay on a single server and are not mailed through cyberspace, where they can be intercepted and stolen. Such portals also allow communication to be limited to referral requests or lab result notices, which helps prevent unwanted or inappropriate messages from flooding a physician's in-box. Personal e-mail accounts should never be used by physicians or patients to communicate sensitive information. Not only do such accounts lack security, but they provide the possibility for patients to take inappropriate advantage of the professional relationship.

What are the legal aspects of e-visits?
Unfortunately, every advance in health care provides a new opportunity for litigation. With electronic medical communications, several significant legal pitfalls can arise. E-mails that are typed quickly and casually can be easily misconstrued, and once written, such electronic exchanges provide indelible documentation of every interaction. It is therefore very important to be careful when communicating health-related information electronically.

It's a good idea to set guidelines that limit what and how information is to be communicated. In 2002, the American Medical Association produced well-designed guidelines that cover not only the technical aspects of electronic communications, but also include a code of ethics that should be followed when using e-mail. For example, the AMA encourages that e-mail be supplemental to office visits and only be used after a clear discussion with the patient about privacy issues.

More recently, several AMA publications have addressed social networking media, such as Facebook and MySpace. Although these sites can present a great opportunity for marketing and sharing general practice information, they may jeopardize the physician-patient relationship by blurring the line between personal and professional communication.

How do e-visits affect the bottom line?
With an increase in virtual availability to patients, it becomes very easy to foresee a future of electronic visits eliminating the need for certain in-office consultations. Depending on an individual physician's payer mix, this can have a dramatic impact on income. It might benefit those with a high percentage of Medicaid or capitated patients, but it could be greatly detrimental to a practice with a larger share of fee-for-service patients, as it's not clear if and when insurers will begin reimbursement for electronic visits.

Currently, the Centers for Medicare and Medicaid Services limits reimbursement for electronic patient encounters only to regions where there is limited access to health care. In light of the Health Information Technology for Economic and Clinical Health (HITECH) Act, several proposals are being considered that would expand payment opportunities to all areas of the country.

A few private insurers have begun compensating physicians for e-visits. BlueCross BlueShield of North Carolina recently started to offer reimbursement under specific CPT codes. So far, the insurer reports that only 31% of participating providers are using electronic patient communications, while 74% of members desire to interact with their physicians in this way.

As more practices adopt EHR systems and insurers expand reimbursement, the true mark of success will be better health care outcomes and improved satisfaction for both physicians and patients. ∎
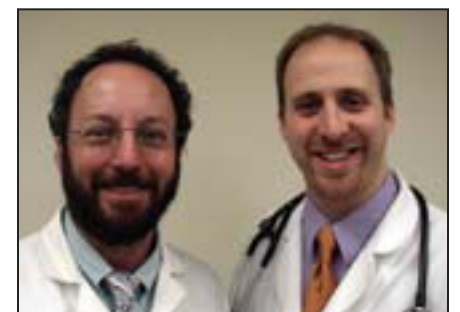
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Physicians Might Not Embrace Incentives for Health IT

BY JOYCE FRIEDEN

WASHINGTON — Although government health officials are hoping that most physicians will get on the "meaningful use" bandwagon, that's not likely to happen easily, according to Dr. Len Lichtenfeld, deputy chief medical officer of the American Cancer Society.

"I don't think [health care] professionals have any idea what's coming," Dr. Lichtenfeld said during a panel discussion at an eHealth Initiative conference. "I think [federal officials] are risking failure because doctors will say, 'Are you kidding? I don't want to have anything to do with this.' I hope that isn't what happens, but I tell you, be prepared."

Under the Health Information Technology for Economic and Clinical Health (HITECH) Act, a part of last year's federal stimulus law, physicians who treat Medicare patients can be awarded up to $64,000 over 5 years for the meaningful use of a certified health information system.

But physicians who already have computers may find that they won't meet the requirements for the incentive, Dr. Lichtenfeld said. "Doctors have invested in these systems and now they're worthless. They don't have the time, they don't have the money, they don't have the expertise. And to have to get [a new system] up and running in 2-3 years—they won't do it. Something simpler would've gotten us to where we have to go."

Despite a few patient-driven efforts (see box), no one has figured out how to use information technology as a way to get patients more involved in their care, Dr. Lichtenfeld contended. "A couple of years ago, personal health records … were the talk of the town. They were going to get everybody on board. Patients were going to run to various Web sites and fill out their health information. Health plans were going to get together and figure out how to bring their data so it would be downloadable and easily accessible."

But none of that has yet come to pass, he said. "Personal health records landed with a thud. We need to figure out that sometimes we have to keep it simple." For example, the cancer community should come up with a simple document to give to patients listing their diagnosis, their expected length of hospital stay, what kind of treatment they're getting, and what medications they need to take. "This is a good example of where we are not today."

In the meantime, the Department of Health and Human Services is trying to get physicians to meet some meaningful use criteria that aren't even written yet, said Dr. Steven Stack, an emergency physician and member of two workgroups of the department's HIT Policy Committee. He noted that two criteria "were supposed to be finished on Dec. 31, 2008, by statute. It's 2010 and they're not done, and it may be a year before we get something."

Instead of requiring physicians to meet lots of criteria, "if we focus on the smallest of things, then doggedly persist until we knock down those barriers, and then require people to meet those [expectations]—with the proper incentives, we can make a really great step forward," said Dr. Stack, who is a member of the American Medical Association board of trustees. ∎

Disclosures: The conference was sponsored by Ingenix, the AMA, and several other industry groups. The speakers reported that they had no relevant conflicts of interest.

Disease Web Sites Collect Patient Data

Patients can play a role in providing useful health information, Dr. Stack emphasized. As an example, he cited www.patientslikeme.com, a Web site for patients with life-threatening or chronic illnesses such as amyotrophic lateral sclerosis (ALS), HIV, mood disorders, and fibromyalgia.

Visitors to the site can sign up for a free account and a screen name to use when posting comments and health statistics. "People voluntarily post their own health data. Some are very open about it—they post every pill they're on, the dose, the frequency, what's happening to them," Dr. Stack said. In the ALS community, members developed "a patient population and a data set that was so robust that if [community members] put in enough of their own variables, [the site] could predict when you'd be in a wheelchair within a week and when you'd be on a ventilator within a week. It was that precise. We could never replicate that in a prospective, double-blind, randomized, controlled trial."

But for patients such as these, "the motivation of your own health and the fear of death through your own illness is a motivator we can't replicate with money or incentives," he said.