

Personal Health Record Remains Elusive Goal

BY GLENDA FAUNTLEROY
Contributing Writer

WASHINGTON — President Bush, members of Congress, and key consumer organizations are all calling for the widespread implementation of electronic personal health records—and now it is time to convince the public of their worth, David Lansky, Ph.D., said at a meeting on health information technology sponsored by eHealth Initiative and Bridges to Excellence.

Currently, most patients' health information is scattered across many different providers and facilities. Unlike physician- or institution-based electronic medical records, an electronic personal health record is maintained and updated by the patient, and can be vital to providing the patient the best medical care, especially in cases of an emergency.

Information such as health insurance policy numbers, health history, current medications and dosages, and allergies would be quickly accessible and could be shared among hospitals and providers, explained Dr. Lansky, senior director of health programs at the Markle Foundation, a nonprofit organization that is focused on accelerating the use of information technology in health care and national security.

Dr. Lansky mentioned several industries and organizations that have staked a

high level of commitment to making this type of electronic collection commonplace:

▶ America's Health Insurance Plans and Blue Cross Blue Shield, whose member plans provide health insurance to more than 100 million Americans.

▶ Large employers, such as IBM Corp. and PepsiCo Inc.

▶ Consumer groups, including the AARP (formerly the American Association of Retired Persons) and the National Health Council.

▶ Internet companies such as Microsoft Corp., Google Inc., and WebMD Inc.

"This is a very exciting time," Dr. Lansky said. "Big companies see this year as the time to change how Americans view their health care."

However, although there are now many places consumers can go to develop an electronic personal health record (such as providers, employers, and pharmacies), they are not extremely popular.

For instance, he reported that so far, provider portals are used by "only about 15%-20% of the patients to whom they are offered."

Most users are those who have both computer skills and a high use of the

health care system, with frequent medical appointments or several prescription medications, Dr. Lansky said.

The one great challenge to implementing electronic personal health records nationwide is how to connect all the existing systems into one "national network" rather than what exists now: 13 or so different enterprises, each offering separate portals that aren't linked together.

A possible model, Dr. Lansky said, is a Web site that uses the type of network architecture that the health industry needs to mimic when creating a personal health record network. The site (www.flightstatus.com) is a real-time portal that allows airline users to view data—such as flight status, airport delays, and weather forecasts—from about 11 different sources all on one screen.

Dr. Lansky said it was a good illustration of one way that different industries can share data.

"This is an example of where we would like to see the networked personal health record go," he said.

But the greatest challenge for the industry may be the issue of ensuring con-

sumer privacy. Consumers, Dr. Lansky said, are leery about personal health records because they want to know exactly what is going to happen with their health data. And consumers aren't willing to give access to their health information to just anyone.

"Each study we've done shows that patients trust their doctor to handle their health record information," Dr. Lansky pointed out. "The challenge is to make patients understand that other parties play a role in their health care, and how we get them to expand their trust past their doctor. But I can say it's going to be tough."

One solution, Dr. Lansky said, is the idea of "consumer access services," which would play the role of a mediating body to facilitate consumers' access to the network. He explained that the mediating body would issue consumers' identity credentials and "vouch" for them as network users. It would also help consumers aggregate their personal health data and connect with various services.

Several groups, such as retail pharmacies and health plans, are prepared to offer the consumer access service.

"Lots of big players are entering this space to help solve these challenges," said Dr. Lansky. "The key to success is defining one consumer access service that is trusted by consumers. ... This is critical to [our] meeting our goal." ■

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For Some, Electronic Medical Record System Is a Necessity

BY GLENDA FAUNTLEROY
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WASHINGTON — When Dr. Joseph Heyman was starting his small private practice in Massachusetts in 2001, he knew there was no choice but to install an electronic medical record system.

"Electronic medical records were a must for me for three reasons," Dr. Heyman said at a meeting on health information technology sponsored by eHealth Initiative and Bridges to Excellence. "Cost was the first because I didn't want to hire a lot of people. Then there was efficiency, to make my job easier, and third was image, because I wanted to seem capable to my patients."

Dr. Heyman, an ob.gyn., started with an initial investment of about \$9,000 for two desktop computers, a scanner, and laser printer. He stored all his important information on the computers—patient records, contracts, fee schedules, billing—and things went well until a year later when disaster struck. The system crashed, wiping out access to all of his records. It took 6 weeks and about \$15,000 to get back up and running. Four years later, it happened all over again.

Despite two major electronic mishaps in

5 years, Dr. Heyman maintains a paperless office to this day. His patients have secure access his Web site to make appointments as well as view and update their interactive health record. He even offers online consultations for a \$15 fee, though "I rarely charge them," he said.

As part of the online consultation transaction, patients enter a credit card number for the fee; Dr. Heyman said that he only charges the card if he feels he really saved them the time and expense of an office visit.

Dr. Heyman said his performance has improved as well: He has eliminated the need for transcription services and improved his coding, and produces error-free legible prescriptions.

And what does he see as the best reward? "All the performance measures are great," he commented. "But to be honest, I wanted to spend less time in the office and make more money, and I've done that."

He added, "I used to see about 30 patients per day, now I see about 2 every hour. And my patients are happier because they have more time with their doctor."

According to Dr. James Morrow, the physicians of North Fulton Family Medicine in Cummings, Ga., "didn't go electronic to be better doctors, we did it to survive."

According to Dr. Morrow, vice president and chief information officer of North Fulton, the benefit of their EHR is all about time.

The practice has been able to "save" about 44 hours per day or about 11,400 billable staff hours per year. He said it's equal to a time savings of more than \$239,000 per year (based on 100 patients per day).

"At 5:30, the place is a ghost town," he said. "In the past, at 7:00 p.m. we were still in the office looking for Mrs. Smith's chart. Now we go home at a terrific hour, have dinner with the kids, watch American Idol

on TiVo, and then review patient records wirelessly on the laptop."

The care they're providing at North Fulton has improved as well.

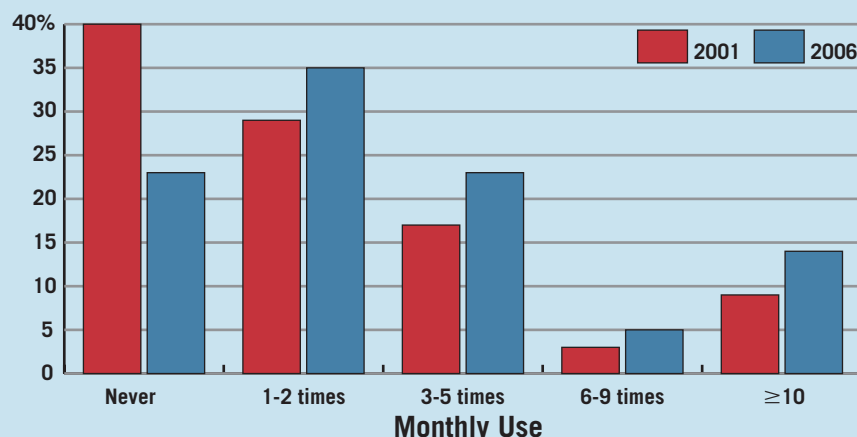
"We can now track quality of care at an outcomes level," he explained. "We easily track HbA_{1c}'s, cholesterol, and blood pressure. And we receive reports securely, electronically, legibly, and much quicker from other hospitals."

"I'm taking better care of my diabetics," he added. "They're not getting bypasses and amputations like they were before, so the insurance companies' savings are huge, too." ■

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DATA WATCH

People Are Using the Internet More Often for Health Information



Source: Harris Interactive