Diabetes Care Providers Disagree on Primary Role

BY DIANA MAHONEY
New England Bureau

By and large, pediatricians and endocrinologists agree on the division of roles in the management of children with insulin-dependent diabetes. However, there is some dissension about who should take lead responsibility for certain preventive, routine, and diabetes-specific aspects of care, according to a survey of pediatric care providers in North Carolina.

The 32-question survey was designed to "examine physicians' views on the distinct and complementary roles of general and subspecialty physicians in providing routine care, diabetes-specific care, family education, and care coordination," Dr. Steven E. Wegner of AccessCare in Morrisville, N. C., and his colleagues said (Pediatrics 2008;122:e383-7).

The researchers sent the questionnaire to a convenience sample of 201 pediatricians in a not-for-profit medical home managed care organization in North Carolina (AccessCare) and all of the state's active endocrinologists in February 2007; 132 pediatricians and 36 endocrinologists completed the survey.

Nearly all of the respondents agreed that the primary care physician (PCP) should be responsible for treating minor illnesses and injuries, performing well-child check-ups, and administering and tracking immunizations, but the endocrinologists were divided in their preference for certain aspects of routine care, the researchers said.

For example, although 95% of the PCPs preferred lead responsibility for the completion of required forms and 93% preferred lead responsibility for the provision of routine anticipatory guidance, only 44% and 59% of the endocrinologists agreed, respectively. Among the endocrinologists, 9% believed they should have primary responsibility for form completion and 47% believed the responsibility should be shared.

Similarly, 6% of the endocrinologists preferred lead responsibility for providing routine guidance; 35% thought this aspect of care should be comanaged. With respect to routine monitoring of growth and development, 73% of the PCPs thought they should take the lead and 27% thought it should be comanaged.

Among the endocrinologists, 34% preferred that PCPs have primary responsibility; 17% thought endocrinologists should lead, and 49% believed it should be comanaged.

The findings are 'an important foundation for defining and developing a new partnership … between PCPs and endocrinologists.'

Regarding diabetes-specific care, subspecialist leadership was preferred by the PCPs and the endocrinologists for teaching patients how to use insulin pumps and glucometers, but there was disagreement regarding preferred treatment leads for prescribing diabetes medications and supplies, screening for thyroid disorders and microalbuminuria, tracking hemoglobin A_{1c}, adjusting insulin doses, screening for dyslipidemia, and monitoring blood sugar.

While the majority of endocrinologists saw themselves as leads for these aspects of care, the PCPs were split between their preference for subspecialty leadership and comanagement, according to Dr. Wegner and his associates.

"This response among subspecialists may reflect the complexity of dosing regimens, as well as the small number of children with [insulin-dependent diabetes] that any one pediatrician follows," they said.

"Among PCPs, this response may reflect their recognition for the frequency of insulin adjustments and the convenience to families for receiving at least some diabetes-specific care at the PCP office."

Preferences for family education and care coordination "were fairly evenly split [among both groups] between comanagement and lead by subspecialists," they said. "Comanagement was favored for referrals for mental health by both physician groups, but there were significant differences as to who should lead communication with school or day care personnel regarding medicines and referrals to ophthalmologists."

The survey findings provide "an important foundation for defining and developing a new partnership with increased interaction between PCPs and endocrinologists," Dr. Wegner and his associates said.

The results also point to areas in need of increased efforts, such as education, consultation, and communication, they stated.

The elements critical to the successful collaboration between endocrinologists and PCPs in medical homes for children with insulin-dependent diabetes include the development of preferred communication processes among all parties; referral pathways with indicators for initial diagnosis, ongoing management, and return to primary care; quality measures; payment incentives; and practice-based research investments, they said.

The study authors noted having no relevant financial interests to disclose. ■

Lower Socioeconomic Status Patients Willing to Use E-Mail

BY ROBERT FINN
San Francisco Bureau

HONOLULU — The "digital divide" separating society's haves and have-nots may not be as deep as many fear, according to a study of 120 parents of adolescent patients and the patients themselves.

In a survey, more than 60% of parents and adolescents of low socioeconomic status from one Boston pediatric practice indicated a willingness to contact physicians via e-mail if given the option, according to Dr. Tarissa Mitchell of Boston Medical Center.

Among respondents, 66% said they had access to e-mail and/or computers at home. But only 19% of the parents had their health care provider's e-mail address, and only 3% had ever used e-mail to contact their provider.

Dr. Mitchell and Dr. Shikha G. Anand of the Whittier Street Health Center, Roxbury, Mass., conducted a convenience sample survey over a 4-month period at a community health center of 120 parents of adolescent patients and the adolescent patients.

All adolescent patients surveyed were above the age of 13. At that center, five pediatric providers serve 3,876 low socioeconomic status children, 84% of whom are publicly insured and 82% of whom self-identify as black or Hispanic.

Compared with respondents without e-mail availability at home, those with home e-mail availability were significantly more willing to contact their physicians: 77% vs. 33%. And respondents who used e-mail more frequently also were significantly more willing to contact their provider this way. For example, among respondents whose e-mail was always on, 89% were willing to e-mail their physicians. This declined to 60% among respondents who used e-mail only weekly and to 43% of those who used e-mail monthly or less frequently than that, Dr. Mitchell and Dr. Anand wrote in a poster presented at the annual meeting of the Pediatric Academic Societies.

Only 13% of the respondents stated that they would never use e-mail. The most common reason given was a desire to telephone the office, but they also cited lack of access to e-mail, difficulty with the English language, concerns over bothering the doctor with e-mails, and an expectation of slower response time.

In addition, 33% of the entire survey population expressed concern that e-mail may not be private and could be reviewed by individuals other than their health care provider.

Dr. Mitchell and Dr. Anand stated that they had no conflicts of interest related to this presentation. ■

Privacy Is Top Priority for Personal Health Records, Task Force Says

BY MARY ELLEN SCHNEIDER
New York Bureau

Privacy should be the top priority when developing certification criteria for personal health records, a task force created by the Certification Commission for Healthcare Information Technology has recommended.

Adequate security and interoperability also must be included in certification efforts, according to the task force.

The Certification Commission for Healthcare Information Technology (CCHIT) will use these recommendations as it prepares to begin certifying personal health records (PHRs) next summer.

Since the PHR field is still "rapidly evolving," the task force said that certification requirements should not be so prescriptive that they interfere with the progress of the technology.

The task force recommended that the voluntary certification process should apply to any products or services that collect, receive, store, or use health information provided by consumers. Certification should also apply to products or services that transmit or disclose to a third party any personal health information.

This would allow the CCHIT to offer certification to a range of products and applications, from those that offer a PHR application and connectivity as an accessory to an HER, to stand-alone PHRs.

CCHIT hopes that, just as it did in the EHR field, certification will create a floor of functionality, security, and interoperability, said Dr. Paul Tang, cochair of the PHR Advisory Task Force and vice president and chief medical information officer for the Palo Alto (Calif.) Medical Foundation.

The task force called for requirements to maintain privacy in monitoring and enforcement, and for consumer protection that would allow patients to remove their data if certification is revoked. The group also recommended that standards-based criteria be developed that would require PHRs to send and receive data from as many potential data sources as possible, including ambulatory EHRs, hospital EHRs, labs, and networks.

If done right, certification would have significant benefits for both physicians and patients, Dr. Tang said. A PHR could provide physicians with better access to secure, authenticated data that could help them make decisions, while patients would have more control over their own care, he said.

"The physician benefits by what benefits the patient," Dr. Tang said.

In July, the task force made its recommendations and handed over responsibility for PHR certification to a CCHIT work group. That work group will develop the actual certification criteria that will be used to test PHR products starting next July, according to Dr. Jody Pettit, strategic leader for CCHIT's PHR work group.

Offering certification for PHR platforms and applications could help spur consumer acceptance of PHRs, Dr. Pettit said. "The consumer wouldn't feel so far out on a limb in terms of putting in their data," she said. ■

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