

Google, Microsoft Vie to Lead Health IT Change

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WASHINGTON — Search engine giant Google has joined software giant Microsoft in an attempt to revolutionize health care information technology, one patient at a time.

Google launched Google Health this spring with the aim of establishing itself as the leading repository of personal health records (PHR) and positioning itself as a primary clearinghouse for clinical information, self-care tools, and provider ratings to help patients make educated health care decisions.

Google Health emerged just as the smoke began to clear from Microsoft's launch of the HealthVault PHR platform last fall.

Both companies see individual patients, not health care systems, as the primary locus of change for health care information technology, and both provide secure user-friendly systems for individuals to aggregate all of their health care records, data, diagnostic images, laboratory results, and medical histories. The hope is to put an end to the fragmentation, duplication, and lack of portability that characterize paper-based health record-keeping.

Executives at both HealthVault and Google Health said they believe that digitally enabled patients will help push more doctors to implement electronic medical records systems in their offices.

Todd Wiseman, head of Google's Federal Enterprise Team, said the creation of Google Health was a natural move. "We now have more than 1 billion people worldwide using Google every day. [It] is the No. 1 search engine for health information, and health topics are a top search category for Google," he said at the fifth annual World Health Care Congress.

Google Health will eventually enable people to store their PHRs and allow them to decide who can have access to those

records. Users can also store medical contacts and other relevant information. "Users should have easy access to their medical records ... [which] should follow the patient and exist in an environment of interoperability, portability, privacy, and security. We don't hold our users' data hostage."

The system can automatically import physician reports, prescription history, and lab results. Eventually, it will enable people to schedule appointments, refill prescriptions, and employ personal health and wellness tools, Mr. Wiseman said. The PHR system also offers health-oriented search functions, clinical trial matching, and a host of other health management tools that can be integrated with a user's e-mail account.

There will be no charge to patients for storing PHRs, and doctors will be able to access patients' PHRs—with patient permission—at no cost.

"We don't have any plans for ads within the Google Health product," Mr. Wiseman said, although the search returns will arrive with ads and sponsored placements, as is the case with every Google search.

Google is currently running a pilot field test of the Google Health system in partnership with the Cleveland Clinic.

Mr. Wiseman said Google is an independent company that is not tied to a health care plan or provider system, so a Google Health PHR is completely portable. And it has massive data storage capacity, which is important, given that it will need to store files containing x-rays and MRI, he added.

Microsoft has been involved in health care IT solutions for hospitals and health plans for more than a decade, but its PHR efforts, in the form of HealthVault, has been up and running since last fall. It is essentially a consumer-controlled hub for gathering and controlling information from various sectors of a person's "health care ecosystem," such as data the employer, various doctors, hospitals, payers, and



Google Health and Microsoft's HealthVault aim to make consumers agents of change.

pharmacies, according to George Scriban, senior product manager for HealthVault.

HealthVault is also free to consumers. It tries to solve one of the most frustrating health issues for ordinary people: fragmentation. "Fragmentation of delivery of care has a lot to do with fragmentation of someone's health care identity ... The ideal is to have all of one's information, presentable and portable and useful to any and all providers," Mr. Scriban said in an interview.

Although some physicians get nervous at the thought of patients in control of their own medical records, Mr. Scriban said systems such as HealthVault and Google Health are simply systematizing what already happens informally. "When a patient gets a referral from one doctor to another, it is really that patient who acts as an information transporter, telling the new doctor his or her medical history, medication use, and in some cases actually transferring paper records."

HealthVault tries to facilitate that process, which Mr. Scriban contends will reduce errors, prevent loss of important information, eliminate redundancy, and give physicians a fuller picture of their patients' health. The system is being designed to interface with many different

electronic medical records systems.

HealthVault and Google Health are similar in that they are both backed by large companies with a lot of resources and have both looked at the same problem and arrived at similar conclusions, he said. "One conclusion is that you cannot revolutionize health care in one big step. The other is that the consumer is really the agent of change in all of this."

Still, there are some differences, he said. Microsoft is primarily focused on enabling people to manage their health information, and less engaged in providing self-care tools, something that Google is pursuing.

Both companies are trying to line up partners across the health care landscape, including insurers and managed care plans, information service providers, medical organizations, and patient advocacy groups.

Microsoft recently partnered with Kaiser Permanente, an integrated health plan with more than 8 million members, to test the transfer of data from Kaiser's personal health records into HealthVault.

The pilot project, launched last month, is open to Kaiser's 159,000 employees. The idea is to combine the clinical data entered by Kaiser physicians, which is available in the Kaiser personal health record, with patient-entered health information and clinical information from providers outside of the Kaiser system. Kaiser officials plan to reevaluate the pilot later in the year before expanding it to its members.

Google's Mr. Wiseman said it is important to create alliances with health plans because many people will not use it unless their health plans support it. Among Google Health's new partners is HealthGrades, a private company that is a leader in online physician and hospital ratings. Currently, Web users seeking HealthGrades ratings for a doctor or hospital must pay a fee. Under the partnership agreement, users would have free access to the ratings. ■

THE OFFICE

EHR Implementation ... In Hindsight

If there's one thing we've learned about implementing an electronic health record system, it's that it doesn't make sense to train everyone about the big picture.

A brief overview makes sense. But learning all the details about how each employee uses the EHR isn't necessary and it's too much information. It overloads one's capacity to learn what's critical to know for one's job.

Before flipping the switch on our system about a year ago, we devoted 3 half days to training. Our preference had been to avoid closing the office for those days, so training was conducted on-site while the office was kept open for patient appointments. Half of the staff participated in a morning session and the other half an afternoon session.

But all too often, people felt the tug of their work responsibilities and they couldn't focus on the training. In hindsight, it would have made more sense to close the office for those days and to conduct the training off site.

In our practice, we have seven full-time family physicians, 18 support staff members, seven nurses, one physician assistant, and two nurse practitioners. Attempting to train each of those employee groups together on how to use the EHR proved counterproductive. A better ap-

proach would have been to conduct shorter training sessions geared toward what individuals needed to know to get up and running. After 3-4 weeks of using the system, another session would then have been helpful to address problems and help maximize efficiencies.

Among the most helpful aspects of our EHR implementation was the fact that our vendor, iMedica, arranged to speak with us during weekly teleconferences for 10 months. These meetings started as we were gearing up for implementation and continued for several months afterward. Having this routine contact was very helpful and something that we would encourage anyone considering investing in an EHR system to request.

We also took the opportunity to test-drive the tablet device that we would be using to enter patient information into the system and to request information from a database. Trying out this device for 60 days before we went live helped many of us develop a comfort level with the hardware.

Any practice that goes through the implementation of an EHR has to be prepared to take a temporary financial hit. Every physician in our practice had to cut their number of appointments back by half while they became used to using the EHR system. It took about 2 months for the prac-

tice's patient appointment schedule to return to normal.

To minimize the financial burden, we phased in the rollout by having a couple of physicians make the switch from paper to EHR each week, rather than converting everyone all at once. We wisely had our most computer-savvy physicians make the transition first. This most willing and able group went through the growing pains and passed along their tips to the self-described Luddites who watched for a while before having to switch from paper. That tactic worked well and helped the transition go smoothly.

One really nice feature of an EHR system is that it allows labs to automatically send their results to patient medical charts. But this feature is also enormously complicated to arrange.

No matter how many times your EHR vendor has worked with multiple interfaces, it always takes more time than expected to get multiple computer systems to speak to one another. So insist on starting this process early as soon as you select your EHR vendor. ■

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