

## Few Try Consumer-Driven Plans

BY JANE ANDERSON  
Contributing Writer

American consumers and their employers are treading cautiously when it comes to switching from traditional, more comprehensive health insurance to consumer-driven health plans, with few actually adopting the new plans, according to survey results from the Employee Benefit Research Institute (EBRI) and the Commonwealth Fund.

In addition, satisfaction among members in consumer-driven health plans (CDHPs) was considerably lower than satisfaction among individuals in more traditional plans, and more members in CDHPs reported that they had delayed getting needed medical care.

The Consumerism in Health Care Survey tracks public opinion on consumer-driven and high-deductible plans, defined as those plans with deductibles of \$1,000 or more for employee-only coverage and \$2,000 or more for family coverage. The plans also feature one of two kinds of tax-exempt savings accounts: health savings accounts (HSAs) and health reimbursement arrangements (HRAs). Employees can use money in the accounts without tax penalty to pay for medical expenses not covered by their health plans.

"Consumer-driven health plans aim to control costs largely through demand-side incentives, and to make premiums more affordable for the uninsured," said Karen Davis,

Ph.D., president of the Commonwealth Fund, at a press teleconference sponsored by EBRI and the Commonwealth Fund.

But the survey found that the plans have been slow to catch on. Just 1% of the privately insured U.S. population aged 21-64 years, or 1.3 million individuals, was enrolled in CDHPs in September 2006, unchanged from the year before—despite widespread attention. Another 7% (8.5 million adults) had plans with deductibles high enough to qualify for health savings accounts but did not have an account.

Employers are cautiously awaiting data on the cost and effectiveness of CDHPs before switching coverage, Dr. Davis said.

"The plans are not well known at this point," said Paul Fronstin, EBRI senior research associate. "Only 7% of the population responded that they are 'very familiar' with consumer-directed health plans, while 13% said they were 'somewhat familiar.'"

In addition, despite the expectations of some policy makers that the lower premiums and tax benefits of CDHPs would substantially reduce the number of people without health insurance, "we did find that individuals in consumer-directed plans were not more likely to have been uninsured than those enrolled in a conventional plan," said Mr. Fronstin.

The survey of 3,158 U.S. adults aged 21-64 was conducted in September through a 14-minute Internet survey. ■

## Facial Photo Capture Technology Could Prevent Medical Errors

WASHINGTON — Electronic bar codes and radiofrequency microchips are all the rage in medical error prevention, but one research team thinks avoiding mistakes may be as easy as snapping a photo.

Researchers with the MedStar Health network here are experimenting with facial-capture software that they say could quickly and inexpensively help busy nurses and physicians avoid mistakes.

The software can pick human faces out of any photo image in less than a second. It's tied into a \$120 Web camera mounted behind the nurse's triage desk, and anyone who approaches the desk automatically has his or her face captured. Nurses can permanently tie a patient's face to the corresponding electronic health record with one click.

Nurses "don't have to pick up a camera, they don't have to make them say cheese, they don't have to put them in a special location. All they have to do is click on the patient's face," Dr. Michael Gillam, director of the medical media lab at MedStar, said at the annual symposium of the American Medical Informatics Association.

MedStar researchers already devel-

oped an electronic health record system allowing doctors and nurses to view patients' full charts at a glance. The system, known as Axyzzi, was snapped up by Microsoft Corp. in July.

Now Dr. Gillam's team is hoping that the facial photo capture system can help avoid errors by capitalizing on humans' natural penchant for recognizing faces. "The problem with a bar code is that it's not human readable," he said in an interview.

MedStar says the software could be used to tack the right face to any medication order, blood product, or device before it goes into a patient.

"Anyone can look and see that that blood doesn't match, because that's not the right person," Dr. Gillam said.

The Medical Media Lab tested the software prototype and found that it captured the smiling faces of all 22 racially diverse adults who approached a MedStar triage desk.

But as with most identity technology, privacy is a concern. Dr. Gillam said that although the system would photograph all comers, images are quickly erased if nurses don't attach them to a medical record.

—Todd Zwillich

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