

Technology & Information

A Vote of Confidence for Personal Health Records

According to Kathryn Mackenzie, in the December 2, 2008, issue of *HealthLeaders*, “Personal health records (PHRs) are gaining wider acceptance among even those who are typically slow to adopt new technologies.” Mackenzie reports that the Centers for Medicare & Medicaid Services (CMS) chose four PHR companies to participate in a pilot program in which Medicare patients can choose one of the selected PHR companies to maintain their health record information electronically.

Under the Medicare PHR Choice Pilot program, which begins in early 2009, seniors in Arizona and Utah can access their personal health data from CMS databases using Google Health, HealthTrio, NoMoreClipboard.com, and PassportMD.

The move by CMS is significant because the agency is widely recognized as being very conservative, according to John Halamka, MD, Chief Information Officer of Harvard Medical School and Beth Israel Deaconess Medical Center. “The fact that CMS has linked the Medicare database to Google Health and other PHRs implies that CMS has embraced Healthcare 2.0 approaches to infrastructure and has validated the importance of personal health records,” Halamka states.

Mackenzie reports that under the pilot, “Medicare beneficiaries will be able to collect and store personal health information from other authorized sources in their chosen commercial PHR. Depending on the type of PHR selected, members will be able to directly link their pharmacy data with the PHR and also add other personal health information. Members can also connect to tools for tracking diet and exercise, and find information about drugs and medical devices, health education information, and applications to detect potential medication reactions. Beneficiaries can authorize care providers and family members to have access

to their PHRs. CMS says it will transfer up to 2 years of the beneficiary’s claims data into the individual’s PHR, on beneficiary requests.”

Free Online Health Record Launched for BlueCross Medicare Advantage

BlueCross BlueShield of Tennessee is offering its Medicare Advantage members a free online resource designed to provide confidential, personalized attention and allow them to better monitor and manage their care. Prescription refill reminders, care guides, health risk assessments, printable wallet-sized emergency room information, and drug interaction and symptom checkers are just some of the tools accessible via a secure member Web site.

Members decide which tools are helpful, what types of information and alerts they wish to receive, and how involved they want to be. They can even allow the personal health manager to refer them to real people (case managers, disease managers, and health consultants) who can help connect them with resources they need to improve their health.

Data in the personal health manager is populated three ways: medical and pharmacy claims, member self-reporting, and input from health care professionals, who may access and supply data with the member’s permission. More information is available on the company’s Web site at www.bcbst.com.

Patient-centered Medical Home Initiative from MDatacor and BCBSND

MDatacor, Inc., which offers quality management solutions for health plans and providers, and Blue Cross Blue Shield of North Dakota (BCBSND) have introduced the MediQHome program, the country’s first state-wide patient-centered medical home initiative.

A patient-centered medical home model provides patient care through a personal physician trained to provide continuous and comprehensive

New Survey Shows Seniors Overwhelmingly Satisfied With Medicare Part D

Ninety-two percent of seniors enrolled in the Medicare Part D prescription drug benefit in 2008 are satisfied with their coverage according to a national phone survey by RetireSafe, a nationwide education and advocacy group for older Americans.

The findings were not unexpected. Similar surveys conducted over the last year found the same results. The survey also indicated that 90% of seniors were happy with the number of medicines their individual plan covered, and 85% felt their overall costs were manageable. Eighty-one percent of seniors said that they would most likely stick with their current drug plan for the coming year.

Some key results include:

- Almost all (96%) of seniors surveyed reported that their Medicare drug plan was relatively easy to use.
- Importantly, 86% reported that they no longer needed to skip doses or cut their pills now that they are enrolled in Part D.
- Nearly all (95%) said that they were satisfied that they were getting the medicines they needed through their Part D plan.
- Eighty-nine percent reported that they now had the peace of mind of knowing they could afford the medicines they needed.
- Finally, the survey also found out that 91% of seniors agreed with the statement, "My Medicare plan is working for me and I am happy I signed up."

More information is available at www.RetireSafe.org.

care. The hallmarks of the patient-centered medical home model include improved quality, safety, and more coordinated care. The goal of the MediQHome program, which launched in January 2009 and is voluntary for physicians, includes all 4241 providers within the state. Of those, 1433 are primary care physicians and 2808 are specialists. The initial focus of the initiative will be on diabetes, hypertension, heart disease, childhood asthma and chronic lung disease, immunizations, and attention deficit hyperactivity disorder (ADHD). The MediQHome program promotes a patient-centered medical home approach to the delivery of care to all North Dakota citizens, not just BCBSND members.

BCBSND's MediQHome program will use MDdatacor's patented and interoperable CareInformatix™ technology to automate the collection of clinical data from physician practices' existing electronic medical record, practice management, lab, and registry systems. The MDdatacor system is also able to extract clinical data from physicians' transcribed notes, allowing providers without electronic systems to participate in the program. In addition, the MediQHome program will offer MDdatacor's personal health record (PHR) solution, through which patients can access their medical history and contribute self-reported data.

The MDdatacor system provides physicians with real-time Web-based reports that identify patients whose current treatment does not meet clinical guidelines, enabling physicians to provide appropriate, evidence-based medical care to patients in a cost-effective manner. Physicians will have access to data on all of their patients, regardless of health insurer.

The Intel® Health Guide Connects Patients and Their Care Teams

Intel Corporation has received 510(k) market clearance from the Food and Drug Administration (FDA) for Intel® Health Guide, a care management tool for health care professionals who manage patients with chronic conditions. The Intel Health Guide combines an in-home patient device and an online interface that allows clinicians to monitor patients and remotely manage care. The solution offers interactive tools for personalized care management and integrates vital sign collection, patient reminders, multimedia educational content and feedback, and communications tools such as videoconferencing and E-mail. It can connect to specific models of wired

and wireless medical devices, including blood pressure monitors, glucose meters, pulse oximeters, peak flow meters, and weight scales. The system stores and displays the collected information on a touch screen and sends it to a secure host server, where health care professionals can review the information. Patients using the Health Guide can monitor their health status, communicate with care teams, and learn about their medical conditions. For more information, go to www.intel.com/healthcare.

E-prescribing Systems Can Boost Drug Cost Savings

Electronic prescribing (E-prescribing) systems that allow doctors to select lower cost or generic medications can save \$845,000 per 100,000 patients per year and possibly more system-wide, according to findings from a new study funded by Health and Human Services' Agency for Healthcare Research and Quality (AHRQ).

Complete use of E-prescribing systems with formulary decision support could reduce prescription drug spending by up to \$3.9 million per 100,000 patients per year, according to the study's authors. Brigham and Women's Hospital and Massachusetts General Hospital in Boston compared the change in prescriptions written in three formulary tiers before and after an E-prescribing system was launched. The study examined data collected over 18 months from two major Massachusetts health insurers covering 1.5 million patients.

Doctors using E-prescribing with formulary decision support, which accounted for more than 200,000 filled prescriptions in the study, increased their use of generic prescriptions by 3.3%. These changes were above and beyond increasing use of generics that was occurring among all doctors and the already high rate of generic drug use in Massachusetts.

The study, entitled "Impact of Electronic Prescribing with Formulary Decision Support on Medication Use and Cost," is published in the December 8 issue of the *Archives of Internal Medicine*.

Few Doctors Sign Off on E-Prescribing

Overall, just 2% of eligible prescriptions written in the United States are transmitted electronically, according

to the eHealth Initiative, a nonprofit group that promotes technology in medicine. Officials at the Medical Society of the District of Columbia could not identify a single local doctor who E-prescribes. "The key barrier to getting to electronic prescribing is financing," said Janet Marchibroda, chief executive officer of the eHealth Initiative.

"White Coat" Hypertension: A Case for House, MD?

A new study suggests that spikes of anxiety can cause the blood pressure of some people to rise when a doctor is examining them, a phenomenon known as the "white coat effect." Nine percent of patients studied showed signs of white coat hypertension, which could prompt doctors to prescribe unneeded medication and potentially lower blood pressure to dangerous levels (see the Editorial on page 5 of this issue).

"Doctors should not be taking a blood-pressure reading," said study lead author Gbenga Ogedegbe, MD, an associate professor at New York University School of Medicine. "Automated devices should be doing it." According to Ogedegbe, several studies have revealed the existence of the white-coat effect, but its cause has not been clear.

Matthew Lucks, MD, a cardiologist at Scripps Memorial Hospital La Jolla in San Diego, said it's best for patients to get blood-pressure readings at home. His office has given monitors to patients that measure their blood pressure at set intervals and provide print-outs.

The study results appear in the December 8 issue of the journal *Archives of Internal Medicine*. **MPM**

■ *Overall, just 2% of eligible prescriptions written in the United States are transmitted electronically. The key barrier to getting to electronic prescribing is financing.*