

August 2005 News

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Piggybacking on Banking Networks

The Medical Banking Project launched an initiative in July to create a network allowing banks and healthcare providers to exchange patients' financial and medical information. [Read full item.](#)

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New Think Tank for CIOs

A new think tank will focus on issues facing health plan CIOs. [Read full item.](#)

CDHC as a Business Opportunity

Several high-profile investors are launching a private firm to buy up promising companies offering a range of consumer-directed healthcare services. [Read full item.](#)

Number of "Cyberchondriacs" Increases

Despite a decrease over the last three years in the percentage of online U.S. adults who have searched the Internet for health-related information, the actual number



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White Paper: A Little Data With Your ROI?

A Tennessee health system details improvements in its payer communications department through the use of voice technology, with a white paper that offers heavy metrics. [Read full item.](#)

Consumer-directed Health Plans-Who Is Buying, Who Isn't and What's the Impact?

The evidence is in, or at least enough to begin examining trends and results from the emergence of consumer-directed health plans, via a Rand study prepared for the California Healthcare Foundation. [Read full item.](#)

Family Physicians: In Pursuit of Electronic Efficiency

An American Academy of Family Physicians PDF zeroes in on how physicians can maximize their electronic searches for clinical information. [Read full item.](#)

EMRs and PHRs Make News, But Are They Today's Tools?

Consumers support electronic record keeping, but is that enough to influence how

of adults who have searched for health information online has grown due to an increase in the percentage of U.S. adults who go online. [Read full item.](#)

Register now! Attend a Web seminar September 13, 9:00 AM EST, when **IBM** will sponsor featured analyst firm *Gartner*, as they present the findings of their 2005 Hospital IT Budget and Staffing Survey. Hear how an **IBM** customer from the University of Pittsburgh Medical Center has implemented one of Gartner's key initiatives. Attendees will receive an executive summary of the Gartner report at no charge. Tell your colleagues, and [REGISTER TODAY!](#)

Self-service Applications Popular in Call Centers

Consumers expect easy-to-use, yet sophisticated technology to help themselves to service at organizations. [Read full item.](#)

Docs Rate Pharmaceutical Web sites

Physicians rate their top five corporate pharma Web sites and top five pharma product Web sites. [Read full item.](#)

Hospital Telecom Budgets Growing Faster Than Others

Hospital respondents to a Forrester Research survey expect their telecom budgets to increase 5.4 percent in 2005 over 2004, compared with 3.3 percent year-over-year growth in other industry sectors. [Read full item.](#)

Full Text of News and Features:

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HL7 Standard Closer to Approval

The public has until midnight Eastern time, on Friday, September 9, 2005 to comment on Health Level Seven's draft EHR System (EHR-S) functional model, due to be issued August 26. The next step will be for HL7 to incorporate the public input into the document, reconciling any negative votes, and submit it next year to the American National Standards Institute (ANSI) for full approval.

Work began on the functional model in the spring of 2003, and a draft standard for trial use was issued for public comment in the spring of 2004. In July this year, HL7's EHR technical committee completed incorporating

physicians practice and whether they will implement EMRs? [Read full item.](#)

Biting the Bullet Pays Off

The Oklahoma Heart Hospital wasn't planned as an all-digital enterprise, but making the digital leap has paid off. [Read full item.](#)

the public's input into the draft EHR-S functional model.

The draft for public comment indicates minimum functions required for EHR systems in ambulatory, acute inpatient care and long-term care settings. For example, if the EHR-S function is "order medications," conformance criteria will specify what that means, such as "The EHR system shall support the creation of a prescription," or "The EHR system shall update the active medication list."

The draft also addresses how to make the EHR the legal medical record and incorporates the needs of pediatrics and emergency medicine specialties. The EHR committee also has started a workgroup to make sure the EHR standard can share data with personal health records. If passed, the standard will help healthcare providers select EHR systems and lawmakers guide legislation. To comment, visit www.HL7.org/ehr.

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Piggybacking on Banking Networks

The Medical Banking Project, a Franklin, Tenn.-based policy research and strategic advisory firm, launched an initiative in July to create a network allowing banks and healthcare providers to exchange patients' financial and medical information.

Some 35 companies are signed up for the initiative called Cooperative Open-source Medical Banking Architecture & Technology, or C.O.M.B.A.T. They include PricewaterhouseCoopers LLP; Chicago-based LaSalle Bank; BearingPoint, the former KPMG Consulting; Kansas City, Mo.-based Cerner; and Nashville, Tenn.-based St. Thomas Healthcare Services, which is part of Ascension Health. Health plans/third party administrators involved include Blue Cross and Blue Shield of Florida, Fiserve (Wausau Benefits) and United Healthcare/Exante Financial Services.

The proof-of-concept project, set to last nine to 12 months, will include setting up an open-source medical banking platform, and enrolling companies to exchange data and money. The architecture will connect various healthcare providers without a centralized database. Instead, it will use a Google-type function to collect relevant data from various providers that physicians could view. A product could become commercially available in a couple of years.

The MBProject is also forming an HSA Workgroup to develop best practices for administering health savings accounts. The goal is to give consumers the ability to swipe insurance smartcards at a hospital kiosk and eliminate complex paperwork associated with HSA-approved high deductible health plans. For more

information, visit www.mbproject.org

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UPMC Recognized for Excellence in Information Technology

The University of Pittsburgh Medical Center (UPMC) was named by *CIO* magazine as a recipient of the 2005 CIO 100 award. The annual award recognizes organizations that exemplify excellence in information technology. It underscores UPMC's leadership in the areas of telemedicine, electronic health records and patient safety programming.

The University of Pittsburgh Medical Center and New York-based IBM recently entered into an eight-year, \$402-million agreement that includes co-development of IT solutions around patient safety, healthcare quality and EHRs for possible commercialization to a broader market.

The 2005 CIO 100 awards were presented at the Hotel Del Coronado in San Diego, Calif. on August 23 at the conclusion of the seventh annual CIO 100 Symposium and Awards Ceremony.

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New Think Tank for CIOs

San Diego e-health company AboveHealth has founded the Dolphin Group, a think tank that will focus on issues facing health plan CIOs. The group held its inaugural event in conjunction with the America's Health Insurance Plans Institute 2005 in June.

Jack Johnson, AboveHealth CEO and chairman and founder of The Dolphin Group, says the increasingly complex nature of health IT projects makes collaboration among CIOs vital. Large-scale implementations are influenced by economics, business, industry governance, user requirements, among other things, he says. The Dolphin Group intends to "build a cooperative environment that leverages the collective experience and expertise of its CIO members to help health plans chart an effective IT strategy in the face of these challenges," Johnson says.

Membership in The Dolphin Group is free and by invitation only. Initial members include executives from Blue Cross of Idaho, RxEOB and Molina Healthcare of New Mexico. For more information, visit www.thedolphingroup.org

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CDHC as a Business Opportunity

AOL co-founder Steve Case, former Secretary of State Colin Powell and several other investors are launching a private firm aimed at buying promising companies that offer a range of consumer-driven health services. Revolution Health Group will provide patients with information on price and quality of healthcare in convenient retail locations and online. The group is partly owned by a private holding firm called Revolution that Case founded in April. Powell and other investors own the remainder. Case says he will put \$500 million of his own money into Revolution, the parent company. The firm's other investors include Franklin Raines, former CEO of mortgage giant Fannie Mae; Jim Barksdale, former CEO of Netscape; Miles Gilburne, a venture capitalist who worked with AOL; and Steve Wiggins, who founded Oxford Health Plan, a managed care company in New York that was a Wall Street darling until it suffered big losses in 1998.

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Number of "Cyberchondriacs" Increases

Despite a decrease over the last three years in the percentage of online U.S. adults who have searched the Internet for health-related information (from 80 percent in 2002 to 72 percent now), the actual number of adults who have searched for health information online has grown, due to an increase in the percentage of U.S. adults who go online (from 66 percent in 2002 to 74 percent in 2005).

The number of U.S. adults who have searched online for health or medical information has increased to approximately 117 million, up from about 111 million last year, according to a Harris Interactive poll of 1,015 adults between June 7 and 12, 2005. Cyberchondriacs, as Harris calls the U.S. adults who have searched online for health information, now represent 72 percent of all online adults, down slightly from last year's 74 percent.

Compared to last year, however, online adults appear to search the Internet for health-related information more frequently.

- Almost six in 10 (58 percent) say that they have looked for information about health topics often (25 percent) or sometimes (33 percent), an increase of 8 percentage points from the 50 percent in 2004
- The percentage that says they hardly ever search for health information has dropped to 14 percent, down from 24 percent last year;
- Eighty-five percent of those who have searched the Internet for health information have done so one or more times in the last month. This is up substantially from last year, when 60 percent said that they went online for health information

one or more times in the past month.

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Self-service Applications Popular in Call Centers

Consumers expect easy-to-use, yet sophisticated technology, such as advanced call routing, to help themselves to service when communicating with organizations, according to a study. More than 200 North American customer service executives and 300 consumers participated in the study commissioned by Genesys Telecommunications Laboratories, Inc. According to the study, 60 percent of executives said improving customer service is a greater priority than reducing costs, with executives rating self-service as the most important business priority. For a complete copy of the study, "Contact Center Realities: Industry Insights for Success with Self-Service," call Ali Finer at (612) 455-1751 or e-mail him at afiner@psbpr.com.

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Docs Rate Pharmaceutical Web sites

For the fourth consecutive year, Manhattan Research determined the leading pharmaceutical corporate and product Web sites based on the number of U.S. physicians visiting them and the docs' satisfaction with the content and services offered. The top 5 corporate pharma Web sites for 2005 are: 1-Pfizer, 2-Merck, 3-Lilly, 4-GSK, 5-Novartis. The top pharma product Web sites for 2005 are: 1-Advair, 2-Allegra, 3-Singulair, 4-Crestor, 5-Pulmicort. The rankings are part of Manhattan Research's latest physician research, entitled ePharma Physician v5.0: The Future of Professional eMarketing-an advisory service focused on physician usage and opinions of online pharmaceutical information resources. For more information on the research, click [here](#).

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Hospital Telecom Budgets Growing Faster Than Others

Forrester's recent survey of IT execs responsible for telecom systems and services shows that while most firms have boosted their telecom budgets by a modest 3.3 percent this year, hospitals have grown theirs by 5.4 percent. Security and landline spending in healthcare also outpaces the mainstream. Seventy-eight percent of hospital respondents indicated that spending would be significantly or somewhat higher on IT security, compared to 65 percent of non-hospital respondents. Forty-four percent of respondents said their spending on IP telephony for desktop functionality would be significantly or somewhat higher, compared to 35 percent of non-hospital respondents. Forty-four percent of respondents said their spending would be significantly or

somewhat higher on landline data equipment and services (frame relay, ATM, and private line), compared to 30 percent of non-hospital respondents indicating higher spending in this area. Forrester surveyed 1,007 network and telecommunications decision-makers at North American and European enterprises. The telephone-based survey in February and March 2005 included 702 respondents from North American firms. To purchase the study, click [here](#).

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White Paper: A Little Data With Your ROI?

Nothing warms the hearts of technology buyers faster than metrics, especially metrics that support return on investment. "A Review of Long-Term ROI From Using Voice Technology in Payer Communications Management" from Robert Cathey of Ackermann Research is a 12-page, easily read PDF that is 50 percent text and 50 percent metrics. It details the four-year initiative of Erlanger Health System, a five-campus 818-acute care bed system in Chattanooga, Tenn., to put meat on the bone of its voice technology purchase. In 2001, Erlanger implemented VoiCert to reduce the time that nurses, admissions personnel and concurrent review staff spent on precertifications and authorizations mandated by managed care plans. The healthcare organization also achieved several unexpected and beneficial results, including a drop in the percent of admission days denied per 1,000 patient days and enough resource savings from the voice technology to redeploy three FTEs from the payer communications department to other departments.

The report shows a detailed four-year history of decreased percentages in days denied from May 2001 (14.7 days per 1,000 patient days) through March 2005 (4.4 days per 1,000 patient days), with some months in late 2004 totaling a mere 2.0 or 2.1 days per 1,000. It also charts financial amounts of denied claims recovered from May 2001 through April 2005 with an explanation of the voice system's role in gaining recoveries. Overall, Erlanger Health attributes a total payback of \$920,201.59 to the VoiCert system from The White Stone Group. Click [here](#) to access the white paper.

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Consumer-directed Health Plans-Who Is Buying, Who Isn't and What's the Impact?

Consumer-directed health plans (CDHPs) seem to have become synonymous with "high-deductible plans." A study by Rand for the California Healthcare Foundation

offers 37 pages of trend analyses in this arena and in tiered-benefit plan designs, with an ambitious goal-to determine whether CDHPs, tiered- benefit plans, healthcare reimbursement accounts and healthcare savings accounts have impacted either the cost of healthcare, the quality of healthcare or both.

In "'Consumer-Directed' Health Plans: Implications for Health Care Quality and Cost," a half-dozen of Rand authors examine and present a respectable collection of evidence that indicates that these new vehicles *are* having a positive influence on costs-cost containment at minimum and, in some cases, cost reduction. More important, however, is the conclusion that cost containment or even reduction does not appear to be at the expense of either quality healthcare delivery or sufficient healthcare delivery. The IT focus in this paper mainly rests on consumer-centric tools developed over the past few years to help consumers learn where healthcare costs emanate from and how to compare both cost data and quality data when making healthcare and treatment decisions. What this study only touches upon is that the prevalence of CDHPs-offered by employers and chosen by employees, and selected by individuals for non-group coverage-is low. Although statistics abound to suggest that CDHP enrollment easily will be in the millions by 2010 or 2015, still the concept has not caught on like wildfire. At minimum, the Rand study offers fundamental food for thought for those invested on the growth side of this equation. Click [here](#) to read the Rand paper.

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Family Physicians: In Pursuit of Electronic Efficiency

Physicians love efficiency, and electronically enabled physicians have all the more reason to pursue efficiency in online activities. Hats off the authors Jeffrey M. Weinfeld, M.D., and Kate Finkelstein, M.L.I.S., for their July/August 2005 article, "How to Answer Your Clinical Questions More Efficiently," and to the American Academy of Family Physicians for posting it on their Web site. The authors report that three clinical questions occur to family physicians for every 10 patients they see, and proceed to suggest methods and tools physicians can use to streamline and refine their online searches. They presume physician support for evidence-based medicine and PDAs, and recommend sources such as MEDLINE via PubMed, InfoPOEMS, *American Family Physician* and UpToDate, with suggestions for how physicians can maximize search efforts. Click [here](#) to access the PDF.

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EMRs and PHRs Make News, But Are They Today's Tools?

Last month, healthcare IT reporters had a field day

reporting the latest data from Accenture (which acquired Capgemini earlier in the year) that indicated 90 percent of consumers believe the use of EMRs will reduce medical errors in hospitals and might be willing to part with \$60 of their own cash to support the endeavor. More than 75 percent said EMRs can reduce wait times in physicians' offices, eliminating the need for patients to repeatedly fill out the same forms. But then again...

Accenture surveyed about 520 people via the Web-not a huge population, and a decidedly tech-savvy population. *CIOInsight* provided a nice recap by eWeek's M.L. Baker in "Patients Willing to Pay for Electronic Medical Records, Surveys Show." Click [here](#) to read it. But Baker's article, as well as most other coverage of the release of survey results, went on to identify up to a half dozen companies that provide an electronic record-keeping product or service for consumers. Most of those companies are in the personal health record or PHR space-and there's a difference between EMRs selected by and used in physician offices, and PHRs managed and used by consumers as patients. (Read "Closer to Reality" by C. Peter Waegemann in the May 2005 issue of *Health Management Technology* for a drill-down look at PHRs. Click [here](#) to access Peter's article.) To be useful for physicians, PHRs require regular updates and oversight by the patients that own them, and even Accenture's Dr. Manuel Lowenhaupt labeled that as a process that demands "care and feeding."

In a related article, "An End to Medical Forms?" Susannah Patton for *CIO* describes Medem's iHealthRecord, being offered to patients by more than 100,000 U.S. physicians as a transitional step to getting patient info online and ready to transfer, when the physician practices do opt to use EMRs. In the short and readable article, Patton describes the positive experience of Brown and Toland Medical Group, a San Francisco IPA that is rolling out an EMR to its 1,500 physicians and also is offering iHealthRecord to their patients. Click [here](#) to read Patton's coverage.

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Biting the Bullet Pays Off

The story of how the Oklahoma Heart Hospital went all digital from the start-even though that wasn't its intention-is filled with lessons learned and input from the hospital's IT manager, COO and one of its founding fathers.

According to Paula Musich writing for e-Week, going digital cost the hospital \$5 million more than if it hadn't made the leap, and the commitment wasn't without its challenges: "Without an understanding of the full power at their fingertips, doctors could inadvertently bring the system to its knees. By scanning heart rhythms into the system using uncompressed file formats, for example, doctors could fill up all available storage and lock up the

system, making it unusable." But the effort paid off. Hospital COO Peggy Tipton says Oklahoma Heart Hospital's patient satisfaction ratings are in the top 1 percent in the nation. Click [here](#) to read Musich's article.

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Have News for HMT e-News?

If you have a mini case history you would like to submit to **HMT e-News**, or you know of research, a study or a white paper that we should include, send an e-mail to *HMT* Editor Robin Blair at rblair@healthmgtech, and put "HMT e-News" in the subject line. If you need guidelines for HMT e-News, ask for those.

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