



HOT Topics

For this issue, we asked managed care executives from companies throughout the country to give us their opinions and ideas on hot topics in the managed care industry. The following comments are their thoughts on the benefits of physicians changing over from paper files to electronic medical records and their ideas on how to accomplish this.

1) The government is spearheading a campaign to develop electronic health records for all Americans within the next 10 years. Do you think this will help the healthcare industry and how?

■ Electronic health records are the key to completely integrating healthcare for Americans. We have too many disease states where coordination of care is integral to optimal outcomes. We will have to have electronic communication of health information to make healthcare better.

■ It will help by providing one common record for all healthcare delivery sites and all practitioners by allowing better disease and health management. It will drive some administrative costs for activities like prior authorization and drug utilization review out of the system. The portability of health information improves drastically.

■ Absolutely, electronic medical records are the future. Records will be more legible, fewer mistakes will

occur, and pharmacists will be able to decipher the prescriptions. It will also help the physician understand what he wrote the last time he saw the patient.

■ There is no question that electronic medical records are needed. The healthcare system is too fragmented and coordination of care is limited by the current paper systems. Having patients 'own' their medical record is also something I believe is beneficial. The healthcare industry will see reductions in duplicate tests and procedures as there is greater visibility to the patient's prior information. Drug-drug interactions may also be minimized, which will help avoid unnecessary hospitalizations.

■ I believe it will help eliminate errors on the part of physicians who

currently only have part of the medical record available. With the records of other physicians available for the same patient through secure Internet connections, there will be fewer errors, such as duplicate prescribing and testing.

■ If this is done well, it will reduce duplicate testing, waste, etc. It will be helpful eventually, but initial costs are remarkably high.

■ Yes, uniform standards should create efficiencies and a reduction in redundancies. There will be more opportunities for quality improvement research.

■ I'm concerned about confidentiality. It would, however, prevent those patients who shop for physicians and prescriptions and pay full price from keeping their records hidden from family and health plans.

2) Physicians, because of financial constraints, have been reluctant to change over to an electronic system. Do you have any strategies that will encourage physicians to change from paper to electronic records?

■ An easy way might be to provide 20% reductions in malpractice/liability insurance premiums for physicians who use electronic medical records and electronic prescribing. This way they can justify the cost and effort to move in this direction.

■ Start with claims first. Give bonus consideration for management of quality. Give a bonus for a percentage of coronary artery disease cases treated to goal, a percentage of diabetics treated to goal, and a percentage of blood pressure cases treated to goal. All of these will require electronic bases for the primary care physician office.

■ All the plans in our area currently give bonuses to physicians who make the switch. We need established national guidelines to encourage physicians that their new equipment won't become obsolete quickly.

■ If physicians can see the benefits of electronic systems, they will see how much better care can be. Currently most systems do not meet or work with physician workflows or office practices. I believe they will change as electronic systems improve and physicians see that they work.

■ We need to understand what the barriers are and create alternatives and incentives so physicians

are convinced of the value; ie, benefits must be clearly articulated and returns greater than the cost necessary to implement.

■ I think there is a large cohort effect here. As older physicians are gradually replaced by newer generations, this problem may be resolved. Financial incentives may help during the transition.

■ Implement financial incentives, quicker payments, and tie them into the Health Employer Data and Information Set/National Commission for Quality Assurance standards.

■ Provide tax credits for installing the system. ■