



PETER HIRZGELTY IMAGES

Google, then Gargle

America's sorry performance on personal health records could soon change.

By Neil Versel

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ith names like GlobalPatientRecord, NoMoreClipboard, HealthKey, and HealthCard, the U.S. marketplace for electronic personal health records, so-called PHRs, is getting crowded. And yet the public has barely noticed that the era of people tracking their own medical history has arrived.

Dr. David Kibbe, a former director of the Center for Health Information Technology of the American Academy of Family Physicians, estimates that perhaps 10 percent of adults in the United States will have access to PHRs by the end of 2007, though only 2 percent will actually be using the records.

Now senior advisor to the academy, he expects that figure to double in 2008.

Those numbers won't blow anyone away, but today's sleepy calm could change once a few tech heavyweights enter the PHR arena. Steve Aylward, Microsoft's U.S. general manager for healthcare, says, "It's not an if, it's when we'll do that and how we'll play."

Google also is preparing its much-anticipated entry into the healthcare arena.

Internet scuttlebutt suggests that a simplified PHR called Google Scrapbook could surface sometime this year, perhaps as an outgrowth of Google Co-op. Naturally, Googleplex mouthpieces are on lockdown, but Vice President Adam

Bosworth dropped some hints in a speech to a Washington, D.C., audience in December.

In describing how his mother died of cancer, Mr. Bosworth said, "For lack of an easy way to find the right specialist and for lack of comprehensive medical information about her that could have been shared between her doctors and caregivers, she ended up being sicker than she should have been and dying sooner than she should have."

The solution, according to Mr. Bosworth, is for sick people to have a "health URL" for caregivers to share information and discuss treatment options. "This isn't rocket science. It is Online Web Applications 101," he said.

Indeed, a three-year-old Watertown, Massachusetts-based company called MedCommons already offers health URLs, secure web pages summarizing basic health status, including diagnoses, medication lists, and allergies, all under the control of patients. "It's a patient-centered view of the world," says Chief Science Officer Dr. Adrian Gropper.

AOL co-founder Steve Case is also putting his time and bankroll behind Revolution Health, a company that is offering free online "personal health homes" to the public.

"It's really a dynamic and interactive concept," Dr. Kibbe says of the URL system. It moves the focus from software to the control of information, says Dr. Kibbe, a contributor to Google Co-op for Health. A health URL would provide access to basic health data, as well as relevant documents, images, and video, he says. "All of those things might be useful in taking more control of your health and healthcare."

A Measure of Control

An oft-stated problem in healthcare is that records are scattered and otherwise unavailable when doctors and patients need them most. Personal health records are meant to address the situation by centralizing health information and giving

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ADAM BOSWORTH, VP, GOOGLE



Dr. Adrian Gropper of MedCommons.

consumers a measure of control, with the goal of cutting out some of the administrative waste and improving the quality of care.

That is the idea behind Dossia, a project bankrolled by some of the nation's largest employers, including Intel, Wal-Mart Stores, Applied Materials, and Pitney Bowes. Announced in December and scheduled to debut in the second half of the year, Dossia is a nonprofit effort to provide "lifelong" PHRs to employees of each participating company, records that people will be allowed to take with them even if they change jobs or retire.

Much of the impetus for Dossia came from Intel Chairman Craig Barrett, who thinks businesses should expect better results for the billions of dollars they spend on employee health insurance, and the best way to do that is through information technology. "The people with the purchasing power have to provide the incentives because, frankly, I don't think the [healthcare] industry is capable of modifying itself," Mr. Barrett said in a speech last September.

According to Dr. Kibbe, "That's exactly the kind of national dialogue we need to be having about healthcare." But reform needs to involve consumers, be patient-centric, and focus on preventive care, he says. "It is unlikely to come from those incumbent interests—disruption will come from outside the healthcare system."

Omid Moghadam, director of PHR programs at Intel, says that the chip maker looked at many of the 200 or so PHR options out in the marketplace, but nearly all were "tethered" to a single vendor, health system, insurer, or employer—and information was all over the place. "You have to go through nine or 10 different sources and you can't take it with you when you change jobs," he says.

"Fragmentation is what we realized is the big problem," Mr. Moghadam adds. "What that requires is for the individuals to gather and enter all the information themselves."

Users of Dossia PHRs will have the option of keying in their own information, but the system also will aggregate data from billing claims, pharmacy records, and, where they exist, electronic medical records. (Perhaps a quarter of all U.S. hospitals keep patient records electronically, and even fewer independent doctor's offices do, according to most estimates.)

"There is enough electronic data to make a pretty good record," Mr. Moghadam says. "The combination of claims and pharmacy data will get you about 80 percent there."

Health insurers are thinking along the same lines, working through national associations to develop a standard for a "payer-based" PHR, a standard that may or may not be compatible with the one Dossia is creating. Some of the larger insurers, including Cigna, Aetna, and Blue Cross and Blue Shield, offer a form of PHR through their web portals.

Predictably, many are skeptical about the notion of insurance companies building clinical records from billing claims. "There has to be a Chinese wall between the record and the health plan," asserts W. Ob Soonthornsima, CIO of Blue Cross and Blue Shield of Louisiana.

"I don't think people realize how much data the insurers have," says Dr. William A. Yasnoff, a former senior federal health IT official who now consults on the interoperability of health information. "Do patients trust the insurance companies to have this information?"

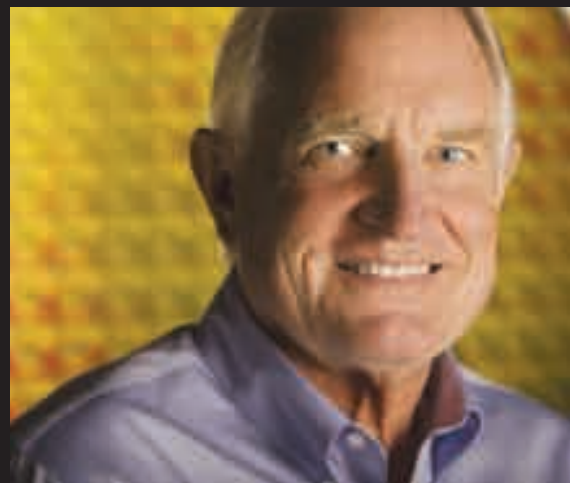
Trust is a big deal in the PHR arena. "Doctors are not that interested in claims data. They are interested in clinical data," says Dr. R. Daniel Claud III, an emergency physician at Chicago's Northwestern Memorial Hospital. But today, much more electronic information exists on the payer

side than anywhere else in healthcare.

Dr. Claud also runs HealthCapable, a small firm that just introduced an ATM-like system called HealthCard in Illinois after running a test in Colorado last year. A swipe of the card in a standard magnetic-stripe reader "unlocks" secure patient information stored online—currently limited to medication lists—when the holder shows up at a doctor's office or hospital. The provider then can update the information when the patient leaves.

Whether on a card, CD-ROM, USB drive, secure web site, or even a piece of paper, the advantage of a consumer-controlled PHR is that it is more portable than one tied to a specific health plan, job, or hospital system.

The sponsors of Dossia are promising that all records created on that platform will be fully portable when employees leave. Louisiana Blue Cross and Blue Shield, for example, is developing a claims-derived PHR that people will be allowed to keep—for a fee—if they switch insurers. "We want to advocate the ownership of the record," Mr. Soonthornsima says. "We want it to be portable." ■



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CRAIG BARRETT,
CHAIRMAN, INTEL

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