Web Tool Lets Patients Access Medical Records

Since last August, at least 60,000 vets and 5,000 Medicare beneficiaries have used the 'blue button.'

BY DENISE NAPOLI

Since the launch of the new "blue button" on the Medicare and Veterans Affairs patient Web sites this summer, tens of thousands of patients have downloaded their personal health records to computers, flash drives, and disks – including claims data, test results, and more.

Now, physicians' groups and patients are calling for this practice to be commonplace for all.

"If the patient has access to his or her [personal health] information, they become part of the decision-making process, they are more engaged in their care, and they're empowered to make better decisions," said Dr. Steven Waldren, director of the American Academy of Family Physicians' Center for Health Information Technology. "The blue button initiative is saying, 'Let's get started.' "

The blue button, developed jointly by Veterans Affairs, the Centers for Medicare and Medicaid Services, and the Defense Department, is "a Web-based feature through which patients may easily download their health information and share it with health care providers, caregivers, and others they trust," according to Todd Park, chief technology officer at the Health and Human Services department, writing in a post on the White House's Office of Science and Technology blog.

The blue button went live in August on www.mymedicare.gov and www.myhealth.va.gov. Since then, more than 60,000 vets and more than 5,000 Medicare beneficiaries have made use of the feature, according to Mr. Park.

"This new option will help veterans and Medicare beneficiaries save their information on individual computers and portable storage devices or print that information in hard copy," Mr. Park wrote. "Having ready access to personal health information from Medicare claims can help beneficiaries understand their medical history and partner more effectively with providers."

Now, many physicians and physician groups want to see the concept of downloadable personal health records extended to all of their patients.

A policy paper on the topic published by the nonprofit Markle Foundation aims to promote the use of the blue button by calling on "organizations that display personal health information electronically to individuals in Web browsers to include an option for individuals to download the information."

Additionally, the paper recommended making the download capability a "core procurement requirement for federal- and state-sponsored health [information technology] grants and projects" that come about as a result of the American Recovery and Reinvestment Act of 2009, which allocated billions of dollars for the development of health care technology.

Dr. Waldren was a member of the work group that reviewed the policy paper; he and more than a dozen physicians and other stakeholders endorsed it, including Dr. Jack Lewin, CEO of the American College of Cardiology and Dr. Allan Korn, chief medical officer for the Blue Cross and Blue Shield Association.

Patients, too, seem to embrace the concept of downloadable personal health records. In an online survey commissioned by Markle, 70% of almost 1,600 adult respondents agreed that they should be able to download and keep copies of their personal health information.

The real benefit, however, lies in the potential of Internet- and mobile phone–based applications, which can access the data and increase its usefulness for patients and physicians alike.

For example, said Dr. Waldren, imagine a tool that parses through all of a patient's downloaded health data, highlighting all potential and actual medical problems, making lists of all prescribed medications and doses, assessing them for drug-drug interactions, and communicating that information to the physician at every visit.

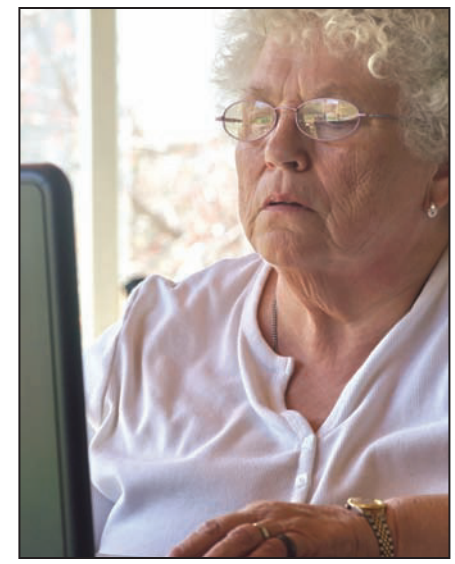
He went on to say that such a smart "app" also could scan resource Web sites to find new scientific data and government findings that affect patient care. "Those are the things that can start to happen," with blue button technology.

But despite the myriad possible benefits of downloadable records, privacy remains a concern, for patients and physicians.

According to the Markle Foundation paper, "Any online download capability for personal health information must be provided via secure access. That means the identity of each individual given credentials to access their own data must be proofed to an acceptable level of accuracy, and the individual must present those credentials or some acceptable token of those credentials upon login in order to get access to the data for download."

Dr. Waldren agreed. "There's no question that privacy and security are real issues," he said. And that means not only keeping the site secure, but educating patients, too. "Every time the patient clicks on that blue button, they need to be reminded, 'You're doing something that puts your information at risk,' " he said.

But he added that privacy concerns should not be something that keeps technology like the blue button moving forward. "I personally view privacy as a balance between benefit and risk. We could put your records in an encrypted format ... that no one could get to. It would be highly secure and I would bet it would never be released inappropriately," he said. "But it's never available to actually help make sure you get good care."



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Patients who can access their records "are more engaged in their care."

The Markle Foundation's paper, "The Download Capability," is available at www.markle.org/downloadable_assets/20100831_dlcapability.pdf. ■

Primary Care Groups Offer Principles for ACO Formation

BY ALICIA AULT

The four biggest primary care physician organizations issued a joint document last month that contained what they believe are important principles to guide the development of accountable care organizations.

The 21 principles were developed and issued by the American Academy of Family Physicians, American Academy of Pediatrics, the American College of Physicians, and the American Osteopathic Association. According to the groups, the principles were submitted to the Centers for Medicare and Medicaid Services for consideration as guidelines for ACO demonstration projects.

The organizations also are hoping to see the guidelines adopted more widely. "The AAP urges adoption of these principles by governments, payers, providers and all others who are involved in the health, well-being and success of America's children and their families," Dr. O. Marion Burton, president of the AAP, said in a statement.

ACOs are being considered as the underpinning of health reform, changing how health care is delivered and financed. The Affordable Care Act calls for Medicare beneficiaries to be assigned to ACOs, which has spurred some debate.

The CMS is charged with developing regulations on how ACOs will be structured and how Medicare and Medicaid will pay providers that participate. The agency, along with the Federal Trade Commission and the Office of Inspector General of the Department of Health and Human Services, held a public meeting on ACOs on Oct. 5 to gather input.

And in mid-November, the CMS issued a request for information on ACOs. The agency is expected to issue regulations later, perhaps by early 2011.

The agency has been looking at a risk-sharing payment methodology that would reward providers for improved quality and lower costs.

The Joint Principles for Accountable Care Organizations issued by the primary care groups outlines a number of principles that should guide that payment system. For instance, incentives should "adequately reflect the relative contributions of participating physicians," and practices that participate in ACOs and achieve recognition as medical homes "should receive additional financial incentives," according to the Joint Principles.

The Medicare Payment Advisory Commission (MedPAC) has backed the ACO concept and the notion of shared savings as a means for eliminating inefficiencies.

In comments submitted to the CMS on Nov. 22, MedPAC Chairman Glenn Hackbarth wrote, "If structured carefully, a shared savings program for ACOs could present an opportunity to correct some of the undesirable incentives inherent in fee-for-service payment and reward providers who are doing their part to control costs and improve quality."

Shared savings also could "help beneficiaries receive more coordinated care and become more engaged with their care management, particularly if beneficiaries are informed when they are assigned to ACOs," Mr. Hackbarth wrote.

Dr. Roland Goertz, president of the AAFP, agreed that ACOs will be crucial to shifting the delivery and payment system.

"If implemented correctly, ACOs may help improve quality and efficiency of care and reduce costs while strengthening the patient-physician relationship in the context of a patient-centered medical home," he said.

The American Medical Association also has established guiding principles for ACOs. Members approved the 13 principles at its interim House of Delegates meeting in November.

The AMA is concerned that existing antitrust and fraud rules can make it difficult for physicians to participate in ACOs. The organization called for increased flexibility in those laws, and for the FTC to provide explicit exceptions to antitrust laws for ACO participants.

ACO savings should be retained for patient care services and distributed to ACO participants, and the organizations should also be allowed to use a variety of payment models, according to the AMA principles. ■