Sen. Clinton Urges Wider Role for Nonphysicians

BY JOYCE FRIEDEN
Senior Editor

WASHINGTON — According to Sen. Hillary Rodham Clinton (D-N.Y.), primary care physicians don't get enough pay or respect, and there aren't enough of them. Her response to the problem? The federal government should try to help increase the supply of primary care doctors, but in the meantime nurses, pharmacists, and others should fill the gaps in care.

"I'm intrigued by the fact that a lot of states are permitting pharmacists to give vaccines," Sen. Clinton, a candidate for the Democratic presidential nomination, said at a health policy forum sponsored by Families USA and the Federation of American Hospitals. "What other functions can we delegate out, given appropriate oversight and training?"

For example, she said, "I think nurses have a great opportunity to do much more than they're doing. If we're not going to be able to quickly increase the number of primary care physicians, we need more advanced practice nurses, and they've got to be given the authority to make some of these [treatment] decisions, because otherwise people will go without care."

Sen. Clinton, who is in her second Senate term, said that health care would be her top domestic priority if she were elected president. "This is, for me, a moral question and an economic one," she said. "Do we want to continue to be so unequal and unfair that, if you are uninsured and you go into the hospital with someone who is insured, you are more likely to die?"

Sen. Clinton said she learned a lot from her experience in her husband's first presidential term when she led his efforts to develop a universal health care plan.

"The fact that the White House took on the responsibility of writing the legislation turned out to be something of a mistake," she said at the forum, part of a series of presidential candidate health policy forums underwritten by the California Endowment and the Ewing Marion Kauffman Foundation. She said that now she sees the president's role on health care as "setting the goals and framework but not getting into the details."

Election 2008

Further, the Clinton plan of the early 1990s was just too complicated, she said. "It was a source of concern to a lot of Americans who didn't understand how it could work, and it certainly wasn't presented in the best way."

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SEN. CLINTON

This time, Sen. Clinton has a different plan. The "American Health Choices Plan" would allow people to keep their current insurance coverage, but if they didn't like their current insurance or were uninsured, they could choose from a variety of plans similar to those offered to federal employees. They would also have the option of enrolling in a public plan similar to Medicare.

Sen. Clinton said coverage under her plan would be affordable and fully portable, and that insurers would be barred from discriminating against enrollees based on preexisting conditions. Large employers would be required to offer coverage or help pay for employee health care; small businesses would not be required to offer coverage, but would be given tax credits to encourage them to do so.

She estimated the cost of her plan at $110 billion per year and said it would be paid for by rolling back tax breaks for Americans who make more than $250,000 annually.

Sen. Clinton said critics who called her plan a back door to a single-payer, government-run health care system were either misinformed or were misrepresenting her proposal. "I've included the public plan option because a lot of Americans want it," she said. "It will not create a new bureaucracy; it will not create a government-run system unless you think Medicare is government run. In Medicare, you choose your doctor, you choose your hospital—you have tremendous choice."

Sen. Clinton predicted that a lot of people would still choose a private plan because "if the private plans are competitive and smart, they'll offer a lot of new features. What are we afraid of? Let's see where competition leads us."

Sen. Clinton also expressed her support of the increased use of electronic health records to make the health care system more organized. "It's very hard to think about having a system when you don't have any way for people to move [their records with them] from place to place and job to job."

Paying providers based on their outcomes was another recent innovation mentioned by Sen. Clinton. She lauded the Bush Administration for announcing that the Medicare program would no longer pay for care occurring as a result of medical errors.

The recent increase in cases of nosocomial infections such as methicillin-resistant *Staphylococcus aureus* "should be a wake-up call for everybody," Sen. Clinton said. "A couple of hospitals I'm aware of have changed their infection control policies; they have cut the rate of hospital-borne infections. Everybody should be expected to do that.

"When you look at some of the disparities and disorganization, it's because we don't have a good system to disseminate evidence-based clinically proven treatments," she continued. "It takes 17 years for something that is proven in the lab to be broadly disseminated. It should take 17 hours—17 seconds. With the Internet, why are we so far behind?" ■

Patient Portals Not Likely to Increase Physician Headaches

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

NEW ORLEANS — Rather than unlocking a Pandora's box of nattering e-mails, an electronic patient portal that allows messaging and even access to test results can improve patient satisfaction and decrease patient visits, says one expert.

"Many physicians think that this type of access is frightening," Dr. Gretchen P. Purcell said at the annual clinical congress of the American College of Surgeons. "They think they'll be barraged with messages, that patients will misinterpret their test results, and that physicians could even be held legally liable if they don't respond in time to an urgent message."

But health care providers, who are about 10 years behind the curve in the digital world, need to face up to the facts of the 21st century, said Dr. Purcell of the surgery department at the Children's Hospital at Vanderbilt in Nashville, Tenn. "Patients are demanding the same kind of online access to their medical information as they have for all other aspects of their lives. Those health care institutions that do not have a patient portal now probably will within the next 5 years."

Patient portals can be designed to suit the needs of different practices and to fulfill various functions. At a minimum, they allow patients to pay bills, schedule or change appointments, and request prescription refills. Other portals are more robust and give patients the ability to review medical records, view test results, and send messages to their health care providers, said Dr. Purcell, who is also with the biomedical informatics department at Vanderbilt Medical Center.

Messaging and the ability to access test results are controversial topics, she said. "Messaging is probably the function physicians fear the most. Many think it's the equivalent of getting and sending personal e-mail, and this brings up all kinds of worries about security and privacy."

E-mail and messaging, however, are not the same things. Messages don't go to a personal e-mail account; instead, they go to a dedicated in-box. "This message box is routinely checked by an administrative assistant or nurse—someone who can often answer many of the questions, and who would involve the physician only when necessary—similar to phone call triage."

There also are concerns that these electronic exchanges aren't part of a patient's documented record. "Some portals can make messaging part of the medical record, and some physicians have found ways to charge for this 'online consultation,' " Dr. Purcell said.

It's important to set clear expectations about response time and emergency issues. Most messaging systems tell patients that they may have to wait 2-3 business days for a personal reply and advise them to call 911 for a medical emergency.

It's not unreasonable to assume that electronic communication could allow patients to bombard offices with questions and requests. Although data are still limited, the studies that are out there suggest just the opposite, Dr. Purcell said.

Two studies published in 2005 indicate that messaging increases patient satisfaction without any corresponding increase in workload. The first study randomized 200 patients to secure messaging or usual care. Only 46% of the patients who were given access sent any messages at all; the average was just 1.5 messages per patient per year. And although messaging didn't reduce the number of telephone calls the office received, the number of office visits in the intervention group did go down (Int. J. Med. Inform. 2005;74:705-10).

The second study randomized 606 patients to a patient communication portal or to a Web site with general health information. Only 31% of the patients given access used the portal. The message box received only one message per day per 250 patients. Again, there was no difference in the number of office telephone calls between the groups, but the patients in the portal group reported better satisfaction with communication and overall care, even if they never used the portal (J. Med. Internet Res. 2005;7:e48).

The same study indicated that secure messaging probably would not overwhelm anyone during working hours, Dr. Purcell said. "Patients tended to use the portal during nonclinic hours—the most convenient time for them—with about 73% of messaging occurring from 5 p.m. until midnight." Patients may even be willing to pay for the added convenience of messaging, the authors concluded. Of 341 patients surveyed, 162 (48%) were willing to pay for online correspondence with their physician, with $2 cited as the median payment they thought fair.

MyHealthAtVanderbilt (www.myhealthatvanderbilt.com) has three tiers of test results, two available to patients online. ■

INDEX OF ADVERTISERS