

## POLICY &amp; PRACTICE

**A PAC Is Born**

The American Academy of Family Physicians has launched FamMedPAC, its political action committee, with the goal of raising \$1 million in this election cycle. The idea for the PAC was approved at last year's Congress of Delegates meeting and it got underway in June. At press time, the PAC had raised more than \$100,000. All of the contributions will go toward contributions to federal campaigns. Already, the PAC has contributed on a bipartisan basis to five sitting House members, including Rep. Patrick Kennedy (D-R.I.) and Rep. Tim Murphy (R-Pa.), who have cosponsored legislation encouraging the use of health information technology. Issues on the top of the PAC's agenda this year include medical liability reform and a fix to the physician pay formula, according to PAC board member Jim King, M.D., a family physician in Selmer, Tenn. He said that before the PAC was established, the AAFP had hit the limit on what it could accomplish politically. "The PAC takes us to a different level in the political game," Dr. King said. The establishment of PACs within medicine seems to be a growing trend: In 2004, the internal medicine community formed the ACP Services PAC, which was very active during the 2004 election season.

**No Free Lunch**

Among the many exhibits showcasing pharmaceuticals and technology products at this year's AAFP meeting was one exhibit devoted to urging physicians not to accept free gifts from pharmaceutical reps. No Free Lunch is a group of physicians and other health care providers who say that the promotional efforts of drug companies are unduly influencing physicians. The issue is "much bigger than pens and gifts," said Paul Bergeron, M.D., an internist based in Portsmouth, N.H., who participated in an ethics panel discussion at the American College of Physicians meeting earlier this year. If the pharmaceutical company offers something that benefits patients, such as compliance programs free of charge, that's okay, he said. "What we should not be taking are things that personally benefit the physician. If they pay me \$1,000 to talk about a drug at a conference, that's not appropriate."

**Health Care Rankings**

Health care quality improved markedly in many key areas in 2004, but only about 21.5% of the industry now reports publicly on its performance, according to the National Committee for Quality Assurance (NCQA) annual State of Health Care Quality report. Among the 289 commercial health plans that reported their data, average performance improved on 18 of 22 clinical measures although Medicare and Medicaid plans reported smaller gains. Improvements in measures related to high blood pressure control were made in 2004, (up 4.6 points to 66.8%) along with cholesterol control

for people with diabetes (up 4.4 points to 64.8%). Fewer patients are enrolled in plans that publicly report their data, due largely to shifting enrollment patterns, the NCQA reported. Enrollment in preferred provider organizations and consumer-directed health plans is up sharply. With few exceptions, these plans tend not to measure or report on their performance. "Today we see a lot of health plans that aren't measuring anything. The right response as a consumer to these plans is simply, don't buy them," said NCQA President Margaret E. O'Kane. "The new mantra for health care purchasers needs to be, 'show us your data.' Why trust your family's health to an organization that operates behind closed doors?" As many as 67,000 deaths have been prevented to date as a result of improvements recorded over the past 6 years.

**von Eschenbach to FDA**

Andrew C. von Eschenbach, M.D., has been named acting commissioner of the Food and Drug Administration, following the resignation of Lester Crawford, D.V.M., Ph.D. Dr. von Eschenbach served as head of the National Cancer Institute prior to his appointment. "As a practicing physician and research scientist, I share in the critical mission of this agency in protecting and promoting the health of the American people," he said in a statement. Dr. Crawford had a 30-year career with the agency, serving as its deputy commissioner and director of the Center for Veterinary Medicine, among other posts. "It is time at the age of 67, to step aside," he said. In a statement, Michael Jacobson, executive director of the Center for Science in the Public Interest said CSPI would "miss Dr. Crawford for his openness, despite various policy disagreements. He was one of the only FDA commissioners who had substantive experience with food safety."

**Public Health Unpreparedness**

Many local public health agencies are ill-prepared to learn about and respond to naturally occurring outbreaks of deadly infectious diseases or acts of bioterrorism, a test by the RAND Corporation has found. To conduct the test, researchers posed as local physicians who were reporting fictitious cases of botulism, anthrax, smallpox, bubonic plague, and other diseases to 19 public health agencies in 18 states nationwide. (Agency directors agreed in advance to participate in the test, but did not tell their staff members.) In one case, after listening to a description of the classic symptoms of bubonic plague, a public health worker advised the caller not to worry because no similar cases had been reported. Another caller who reported a botulism case was told: "You're right; it does sound like botulism. I wouldn't worry too much if I were you." The article appears in the Aug. 30 online edition of Health Affairs.

—Jennifer Lubell

# VA Moves Forward With Patient Access to EMRs

BY MARY ELLEN SCHNEIDER  
Senior Writer

Physicians at the Department of Veterans Affairs have been using an electronic medical record for about 20 years, so officials there are getting ready to take the next step—online patient access to their medical records.

Next May, the VA plans to provide patients with online access to their medical information through an existing patient portal called My HealtheVet—[www.my-health.va.gov](http://www.my-health.va.gov).

Currently, the project is in a pilot phase at nine VA medical centers around the country. As part of the pilot, patients are able to log in and see features of their medical record including hospital admissions, allergies, prescriptions, a problem list, progress notes, discharge summaries, vital signs, lab reports, radiology reports, and ECG reports.

"It really represents a fundamental advancement," said Robert Kolodner, M.D., chief health informatics officer at the Veterans Health Administration.

VA officials are now working on the details to allow nationwide patient access to medical records. Though a small number of institutions and physicians offer some type of patient portal access, it's still not the norm, Dr. Kolodner said.

But this may be about to change, according to Steven E. Waldren, M.D., assistant director of the Center for Health Information Technology at the American Academy of Family Physicians.

More widespread adoption of patient portals and personal health records may be driven by the emergence of health savings accounts, which put more decision making in the hands of patients. In addition, the development of the Continuity of Care Record—a standard that allows personal health summary information in an electronic file to be transferred in multiple formats—is likely to aid the development of these products, Dr. Waldren said.

When the VA project is expanded nationally, there will be some small changes from the pilot. For example, patients won't have access to their progress notes, at least not at first, Dr. Kolodner said. The release of progress notes will happen in a later phase of the rollout, he said. But once they are added, physicians will be able to use the notes as a tool for patient education by adding instructions that patients can later read at home.

Officials are also working out the appropriate time lag between when lab results are available to the physician and when they are released to the patient's online record. The idea is to give the clinician time to notify the patient of a lab result so patients aren't seeing that information for the first time online, he said.

The VA has yet to perform a formal evaluation of the pilot, said My HealtheVet program director, Ginger Price. But questionnaires completed by patients participating in the pilot indicate there is widespread support for expanding

the program nationally. And anecdotal reports show that the online record has made it easier for patients to share information with their caregivers, she said.

But online access won't be entirely new for VA patients. For the past two years, patients across the VA system have been able to access the online patient portal My HealtheVet to self-enter both personal and medical information.

The Web site allows veterans to enter personal data such as their contact information, emergency telephone numbers, health care providers, treatment locations, and health insurance.

VA patients can also enter their prescription information and view their prescription and refill history. And they can order refills online through the site.

In addition to prescriptions, they can enter medical information such as over-the-counter drugs and herbal supplements that they take. They can also record their allergies, tests, medical events, and immunizations. For example, the medical event section allows patients to enter the type of events, the start date and stop date, and the response from their physician.

The site also includes a Health eLog feature where patients can enter their blood pressure, blood sugar level, cholesterol level, body temperature, weight, heart rate, and pain level.

For pain information, patients enter data that includes the time and their pain level from 0 to 10. And patients can enter additional comments on their pain.

VA patients can also record their military health history on the site.

The idea is that patients will use the site to help them better manage their health, get patient education information, or print out their self-entered information and bring it in to their physician, Dr. Kolodner said. But the self-entered information is entirely controlled by the patient. VA physicians do not have access to the site, and it's up to patients whether they want to share the information with health care providers or caregivers.

On Veterans Day, the portal will be expanded to include food and activity journals. In addition, patients can begin adding pulse oximetry results to the Health eLog.

When the pilot is completed this spring, patients will be able to access their medical record in the same place as their self-entered data. But they will retain control of the self-entered information, Dr. Kolodner said. At that point, patients can choose whether to allow their physician electronic access to the self-entered information.

In the future, patients will also have the option to integrate their self-entered information into their VA medical record. "The decision to share the information is the patient's," Dr. Kolodner said.

VA officials are also considering secure online messaging as a possible future improvement to the patient portal. The feedback from physicians has been that they would like to have messaging so that they can communicate online with patients, Ms. Price said. ■