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SEPTEMBER 10, 2011



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Medicine on the move

WIRELESS COMPUTING INSIDE & OUTSIDE YOUR PRACTICE

[By MICHAEL MGRIBBE | Photos by DAVID ZENTZ]

Get ready to innovate. Soon you may find that to compete and operate within medical home communities and accountable care organizations (ACOs), you will have to integrate mobile healthcare technologies into your practice. How will this affect the way you practice?



Health information technology (HIT) has come a long way in a short period of time. Just a few years ago, physician pushback to implementation of electronic health records (EHRs) in their practices and hospitals was quite high. Today, however, doctors have little choice but to use the technology available to them.

Not that they care to object anymore. For as they have adopted iPads, smartphones, and other mobile devices in their private lives, those primary care physicians (PCPs) who decried not long ago that electronics interfered with the practice of medicine are now more likely to describe mobile technology as “cool” and “a must-have.”

A PLETHORA OF DEVICES AND APPLICATIONS

Laptops, tablets, android smartphones, iPhones, iPads, and USB drives—the options for using mobile technology in healthcare are many and varied. Software applications (apps) run the gamut

Although most doctors are using smartphone apps to speed up daily tasks or communicate information to patients or peers, Michael I. Levine, MD, an internist and kidney specialist, is using **ZocDoc** and its mobile app to build his solo practice. Levine credits the Web-based service for bringing him 95% of his patients since he relocated to New York City from Milwaukee, Wisconsin.

ZocDoc allows patients to book same-day appointments with primary care physicians (PCPs) and specialists via an iPhone app or online. Currently available in nine major cities, the service allows patients to search for doctors by location and insurance plan. It also gives them access to a physician's educational background, board certifications, hospital affiliations, and patient ratings.

“My practice pretty much wouldn't exist if it wasn't for ZocDoc,” Levine says.

MEETING MEANINGFUL USE

Doctors have embraced the use of smartphones and tablets in their practices, but they have given an icy reception to the federal law promoting use of electronic health records (EHRs). The 2009 American Recovery and Reinvestment Act mandates that physicians and hospitals meet “meaningful use standards” of EHRs by 2015 or face loss of a portion of their Medicare reimbursement.

Implementing such systems is costly—a five-PCP practice could expect to spend an estimated \$162,000 to put EHRs into use and another \$85,500 in maintenance costs the first year, according to a report in the March issue of *Health Affairs*.

One upside is that EHR companies are making patient records mobile as companies such as Greenway (their PrimeSuite software), Practice Fusion (a free advertisement-supported EHR company used by more than 100,000 medical professionals), and DrChrono add iPad apps to their lineups.

In late July, DrChrono's iPad app became the first native EHR on the iPad to be certified for meaningful use. That designation means doctors who use DrChrono's free app as an EHR platform can qualify for up to \$44,000 in government incentives under the Health Information Technology for Economic and Clinical Health Act. The DrChrono app tracks a doctor's use of the EHR and automatically gives him or her key metrics to report to the government to get his or her incentive money for 2011.

Health insurers also are getting in on the act, with companies such as Humana developing mobile tools that benefit providers as well as members.

Julie Kling, mobile executive business lead at Humana, says the company expects this year to launch an app for network providers that will put at their fingertips patient eligibility and benefit information as well as referrals to network specialists. Eventually, she



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envisions apps offering a form of secure communication that will alert doctors to gaps in patient care, such as when a patient is due for a mammogram; provide information on a patient's out-of-pocket costs; and process payments.

“mHealth provides another channel of communication, enhancing the relationship with the patient and [his or her] doctor,” Kling says. “I see health plans like Humana being able to facilitate that.”

THE REALITY

Nonetheless, Derek Kosiorek, a consultant with the Medical Group Management Association Health Care Consulting Group, cautions the promise of mobile devices, such as the iPad, has not yet caught up to reality.

“The iPad has come with an extremely high level of hype,” Kosiorek says. “In the 16 short months since it has been out, it has been called the solution

for everything. Doctors are not immune to all this hype.”

Though vendors are rapidly releasing apps, Kosiorek believes it may be 2 to 5 years before tablets are providing a financial payoff in medical practices. He foresees practice management software routinely being offered as part of an EHR suite of products—all of which will be accessed through an app. Physicians will benefit by recapturing physical space in their offices and increasing revenue through improved coding.

Eventually, Kosiorek says he believes, “it is going to cost you in the eyes of your patients for not having [EHRs]. Patients are going to view you as not tech-savvy or a state-of-the-art practice.”

USE DUE DILIGENCE

In the meantime, physicians can expect to be greeted daily with news of a new mobile application for use on their smartphones or tablets.

“For doctors, I see it as an exciting time, but also a time where they are probably going to feel pretty overwhelmed,” Jackson says. “There literally are a half-dozen or more of new [medical] apps coming out a week. They deal with a specific condition or a variable that applies to that condition. Just weeding through the different apps and getting a sense of which ones are truly useful, which ones can help my patients, will be difficult.”

Jackson suggests physicians apply the same due diligence to mobile apps as they do to new medications.

“Just because a [pharmaceutical] rep comes in and says this is a great [medication], the doctor has a process to go through before he is comfortable prescribing it,” she says. “The same process may be appropriate to apply to apps. Find the ones that are the most useful and then test them out a little bit.”

Mark Ryan, MD, a family practice physician from Richmond, Virginia, admits he prefers “old school methods” of information gathering—keeping a drug handbook in his pocket, even though he has downloaded *EpoCares Rx* and *MedCalc* on his new iPad.

Ryan already brings a laptop into the exam room for patient care, so using apps would require lugging a second piece of equipment with him.

“I really haven't found an app that is so compelling that I want to do that,” he says.

MOVING FORWARD—CAUTIOUSLY

Ultimately, the smartphone's greatest legacy may be its ability to usher in telehealth. Airstrip Technologies' FDA-approved apps for remotely monitoring a patient's electrocardiograph (*Airstrip Cardiology*) or a baby's fetal waves (*Airstrip OB*) may be the tip of the telehealth iceberg. Next up is *Teladoc*, which plans to make the waiting room a thing of the past by releasing apps that use Apple's *FaceTime* video calling feature for mobile consultations between patients and doctors.

Despite the promising technologic advances, physicians should move forward with a degree of caution, particularly when using their mobile devices to access patient information.

Joseph Kim, MD, president of Medical Communications Media, advises doctors to use common sense and be alert to the dangers of computer viruses and spyware when downloading an app to a mobile device.

“These devices are capable of so much. We don't think about the dangers,” Kim says. “Whether you are a doctor or a patient, if you are about to download an app, you should say, ‘Is it from a reliable source—an academic institution or a major commercial entity? If I Google the app developer and get no information, one of the big questions you have to ask is, ‘Who is releasing the app?’”

Kim also reminds doctors the only form of digital communication with a patient that is compliant with the Health Insurance Portability and Accountability Act is through secure, encrypted portals, which typically are hospital or network-based.

“Emails and text messages could get intercepted by anyone if it is not going through an encrypted portal,” he says. “That's the No. 1 thing doctors have to be cautious of.”

With mHealth advances seemingly around every corner, it may be difficult to know what the future holds. For now, doctors are out in front in their use of mobile technology.

“Nobody can predict where this is going to go,” Kosiorek says, “because nobody 5 years ago could have predicted where we are today. ■”

