

INSIDE CONSUMER-DIRECTED CARE

News and Analysis of Benefit Design, Contracts, HSAs, Market Strategies and Financial Results

Contents

- 3** CDH Savings Are Due to Usage, Behavior Change, Not Cost Shifting
- 3** Table: Regression-Adjusted Mean Utilization PMPY by Plan and by Year
- 4** Tomorrow's Consumer-Focused Practice Moves Toward Reality
- 5** Survey Responses Show Mixed CDH Outlook for 2009
- 6** What We Heard at the Health Care Consumerism Conference
- 7** Industry News

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The next issue of *ICDC* will be dated Jan. 9.

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Steady CDH Growth Is Expected for 2009; Misconceptions Hinder Employer Adoption

Despite an incoming Democratic president and stronger Democratic majorities in both houses of Congress, employee benefits consultants are optimistic that consumer-directed health (CDH) will continue to see steady growth in 2009 and could even become part of health reform efforts (see table, p. 5). However, a limited understanding about the plans on the part of employers and their employees remains a key barrier to the acceptance of the plans, according to results of a survey conducted by *ICDC* and the International Society of Certified Employee Benefits Specialists (ISCEBS). The fourth annual CDH study, conducted in December, is based on responses from 34 benefits consultants who collectively represent more than 5,000 employers.

"Employers continue to be too cautious about the reaction these plans will have on their work force," said one consultant in the survey. Others said that employers often have little confidence that their employees will understand the plans, or assume that employees will see a CDH plan as a take-away.

Another critical problem is that few employers continue to educate employees about the plans once the open-enrollment period ends. While all respondents said their employer clients offered some level of education to address the unique aspects of account-based coverage, they said just 30% of employers offer ongoing education (see survey responses on CDH growth, p. 5).

"An employer commitment is required to make [a CDH] program successful. There also needs to be "lots of employee communication," wrote one consultant. Other respondents suggested that too many employees focus on the higher deductible rather than the money they will save in lower annual premiums. But sometimes that price differential isn't enough to prompt employees to switch plans.

continued on p. 4

Hawaii Insurer Offers Anytime, Anywhere Virtual Physician Consults to All Residents

Taking the concept of "anytime, anywhere" consumer access to medical care to its next level, the Hawaii Medical Service Assn. (HMSA) next month will begin offering Hawaii's 1.3 million residents virtual access to credentialed primary care physicians on a 24-hour-a-day, seven-day-a-week basis, no matter where in the 11,000-square-mile island chain they live.

All a consumer needs for the consultation is a computer with Internet access and telephone, although consumers with Webcams also will need broadband access. HMSA, a mutual insurer and Blue Cross and Blue Shield Assn. licensee, tells *ICDC* that it is offering the service to all residents and not just plan members because of Hawaii's serious medical care access issues. "We're basically a geographically dispersed rural state," says Michael Stollar, HMSA vice president of marketing and communications. "We have a limited number of physicians in our rural settings.

continued

This project is meant to help deliver a solution to these access issues."

HMSA is using American Well's Online Healthcare Marketplace platform to offer its online consultation service. American Well, a Boston-based company, is bringing instant virtual communications between patients and providers to the marketplace but with a twist. While several 24-hour online physician consultation services are already available, they are stand-alone companies operating under their own brand identities. American Well licenses its technology directly to health plans that then operate the service under their own brands for their members. Physicians also could license the application and offer the service to their patients.

HMSA is the first health plan to test the new service. The plan says that 60% of physicians who participated in a series of opinion leaders focus groups across the state indicated that they were extremely or very likely to use the service.

Roy Schoenberg, M.D., American Well CEO, discussed the online virtual consultation concept at the Dec. 7-10 Health Care Consumerism Conference in Arlington, Va. In his presentation, he said that Health 2.0 tools must go beyond consumer-to-consumer exchanges and information retrieval to actual health care transactions. On-call virtual visits push in just this direction, he says.

HMSA members enrolled in the service will be charged \$10 for a 10-minute consultation as part of their copayment. The session can go an additional five minutes at \$1 per minute. Non-plan members can also enroll and access the service for \$15 for a 10-minute session and \$12.50 for an additional five minutes. All virtual consultations are limited to 15 minutes. Patients pay for the online session with a credit or debit card. American Well will collect a transaction fee (which it would not disclose) for each online care conversation. According to Stollar, the insurer will pay participating physicians \$25 per virtual visit, \$30 if the visit is conducted after normal office hours. HMSA is working with independent practice associations (IPAs), clinics and medical groups to ensure adequate coverage, especially for night-time hours.

HMSA Will Measure Access, Not ROI

Stollar says that virtual visits are best suited for routine medical issues such as colds and flu, sore throats and other non-urgent conditions. "But it's not just about ailments," he adds. "Patients may have a multitude of issues that they want to discuss with a doctor, including second opinions, follow-up care, chronic disease management and health education." A record of the encounter is forwarded to the patient's primary care physician.

HMSA began a "dry test run" of the service on Dec. 15, and will launch it statewide on Jan. 15, 2009. Stollar says that HMSA's initial involvement with the service does not include a traditional return-on-investment (ROI) measurement. Rather, the success of the program will be measured in terms of improved access to medical care by residents in rural areas of the state. The insurer declined to provide information on the amount of its up-front investment.

American Well has partnered with ActiveHealth Management, an Aetna, Inc. company, to integrate ActiveHealth's CareEngine System analytics, a clinical decision support technology, into the virtual online visit. When a patient mentions a certain condition or illness, the physician receives an alert on his or her computer screen containing evidence-based medical information on that condition for use in guiding the patient and suggesting courses of treatment.

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While Schoenberg won't identify other health plans that are considering licensing the technology, he told ICDC that "[American Well] is expecting significant rollout of online care in the mainland U.S. within the coming 12 months."

American Well also has formed a strategic collaboration with Microsoft Corp. to integrate the HealthVault tool into its Online Healthcare Marketplace so that patients can share their personal health records (PHRs) with the consulting physician.

Contact Laura Lott for Stollar at Laura_Lott@hmsa.com and Yael Glassman for Schoenberg at Yael.Glassman@americanwell.com. ♦

CDH Savings Are Due to Usage, Behavior Change, Not Cost Shifting

An analysis by UnitedHealth Group comparing cost and utilization patterns over two years for individuals enrolled in a Definity Health Reimbursement Account (HRA) plan and those enrolled in UnitedHealthcare's PPO plan finds that CDH plan members had consistently lower total costs in both 2006 and 2007. Medical claims were 4% to 8% lower, and pharmacy claims were 18% to 23% lower (see table this page).

The analysis, released in a Dec. 12 report entitled *The Effect of Consumer-Driven Health Plans (CDHP) on Health Care Costs and Utilization: Definity CDHP vs. UnitedHealthcare PPO, 2006-2007*, covered more than 414,000 individuals, of whom 266,000 were enrolled in a Definity CDH plan with 26 large employers. Overall, in 2007, employer-paid costs were 12% lower in CDH plans, while member-paid costs were 9% higher. The analysis concludes that employer savings are the result of utilization cost decreases rather than cost shifting, with about 82% to 87% of the savings resulting from utilization reductions. The analysis also suggests that in 2007, lower hospital admissions and fewer office visits were likely driving a large part of the cost differentials.

Meredith Baratz, vice president of market solutions at UnitedHealth Group, tells ICDC that "this is the first study I'm aware of demonstrating that the differences in cost between CDH plans and traditional plans is attributable principally to changes in behavior and utilization, not cost shifting." She adds that United first looked at five years worth of data and then went deeper into the experience of the last two years to gather additional data points for the study. "Because the data span five years of mature plan experience, the analysis demonstrates that consumer-driven health plans deliver sustained value over time," Baratz says.

While CDH plan members had significantly lower levels of hospital admissions and physician office visits

in 2007 than did PPO members, they had higher rates of emergency room (ER) visits than did PPO members. Of particular interest, the report notes, is that overall levels of preventive care were slightly lower for CDH plan enrollees. "This is counterintuitive," the report notes, "since preventive care is covered at 100% in CDH plans." The analysis also found that while adults in CDH plans experienced similar levels of preventive care compared to PPO plan enrollees, preventive care rates for children in CDH plans are lower than for children in PPO plans.

Baratz says that "the one area of preventive care that we observed a difference in after previous studies was the rate of well-baby visits," although she adds that levels of well-child visits were comparable between the two plans. "As a result of that earlier findings, we now send personalized messages to new mothers with babies at the ages of four, six, 12 and 15 months to remind them of the importance of these visits."

Contact Daryl Richard for Baratz and for information on the analysis at daryl_p_richard@uhc.com. ♦

| Regression-Adjusted Mean Utilization Per Member Per Year by Plan and by Year | | | |
|---|-------|-------|-------|
| Plan | 2006 | 2007 | 06-07 |
| HRA | | | |
| Hospital admissions | 0.064 | 0.059 | -7% |
| Days | 0.219 | 0.191 | -13% |
| Emergency room visits | 0.200 | 0.194 | -3% |
| Office visits | 5.930 | 5.500 | -7% |
| Lab services | 5.450 | 5.298 | -3% |
| Radiology services | 1.204 | 1.111 | -8% |
| Prescriptions | 9.773 | 8.109 | -17% |
| PPO | | | |
| Hospital admissions | 0.065 | 0.074 | 13% |
| Days | 0.226 | 0.247 | 9% |
| Emergency room visits | 0.190 | 0.164 | -13% |
| Office visits | 6.036 | 5.867 | -3% |
| Lab services | 4.831 | 4.628 | -4% |
| Radiology services | 1.204 | 1.055 | 12% |
| Prescriptions | 9.915 | 8.024 | -19% |
| DIFFERENCE | | | |
| Hospital admissions | -2% | -19% | -20% |
| Days | -3% | -23% | -22% |
| Emergency room visits | 5% | 18% | 11% |
| Office visits | -2% | -6% | -4% |
| Lab services | 13% | 14% | 1% |
| Radiology services | 0% | 5% | 5% |
| Prescriptions | -1% | 1% | 2% |

SOURCE: *The Effects of Consumer-Driven Health Plans (CDHP) on Health Care Costs and Utilization: Definity CDHP vs. UnitedHealthcare PPO, 2006-2007*. UnitedHealth Group.

Tomorrow's Consumer-Focused Practice Edges Toward Reality

With all the talk about bringing collaboration, partnership and convenience into the patient-physician relationship, what might that relationship actually look like?

Participating in a panel discussion at the Dec. 7-10 Health Care Consumerism Conference in Arlington, Va., David Judge, M.D., medical director of the Ambulatory Practice of the Future (APF), outlined what his design team has come up with.

The APF, being designed for the Massachusetts General Physicians Organization based at Massachusetts General Hospital (MGH), is a primary care practice model built on "a new collaborative relationship where the physician and patient jointly create care goals and then measure progress on goal achievement," Judge said during the discussion. The practice model, now being pilot tested on MGH health

plan members, is team-based and features full data transparency. Care is proactive and continuous. The practice is testing a variety of medical and communications technologies to provide virtual visits, remote monitoring and an "open access" scheduling model so that patient needs can be met at any time and in any location. Patients are connected to other patient communities, and a dynamic patient portal includes personal health records (PHRs) to support a population management focus.

When the clinic opens in 2010, it will serve as a primary care clinic for MGH employees while doubling as a "learning lab" for the MGH primary care community.

Contact Judge at (617) 724-8824. ✧

CDH Growth Is Expected for 2009

continued from p. 1

A commonly cited barrier to CDH adoption is that the price difference between an account-based plan and a more traditional managed care plan often isn't big enough to justify the increased risk and complexity of the plans.

ISCEBS President Philip Grisafi argues that consultants who complain that CDH plans are too complex or offer no real savings are "taking the easy way out." Grisafi, senior vice president at Mosse & Mosse Associates in Peterborough, N.H., tells *ICDC* that "the only way to truly control health coverage cost is by helping employees change their behaviors. And without employee involvement in the process, it won't work. And to change behavior, incentives must be a part of the solution, and HSAs offer a great financial incentive." Grisafi says that a majority of his clients intend to introduce HSA-based plans.

Consultants Are Optimistic About CDH

Many consultants were optimistic that enrollment in CDH plans will continue to grow as employers become more comfortable with the price setting and employees gain a better understanding of the potential cost-saving benefits.

For 2009, responding consultants said 11% of their jumbo employer clients (more than 10,000 employees) would offer a health reimbursement arrangement (HRA)-based plan, and 9% of them would offer a health savings account (HSA)-compatible plan (see tables, p. 5). Those percentages are up slightly from 2008's figures. And while the number of employers that offer a CDH plan hasn't increased much over the past two years, consultants agree that enrollment in the plans continues to grow.

Pharmacy Benefit Resources From AIS

- ✓ **2000-2007 Survey Results: Pharmacy Benefit Trends & Data**, a book and CD resource featuring the complete results of AIS's quarterly survey of PBM companies — with information on costs, benefit design, utilization and PBM market share.
- ✓ **Medicare Part D Compliance News**, monthly news and strategies on marketing, enrollment, formularies, rebates, claims pricing, and fraud, waste and abuse.
- ✓ **Drug Benefit News**, biweekly news, data and business strategies on the pharmacy benefit, for health plans, PBMs and pharmaceutical companies.
- ✓ **Specialty Pharmacy News**, monthly news and strategic information on managing high-cost biotech and injectable products.
- ✓ **Specialty Pharmacy Stakeholders, Strategies and Markets**, a softbound book on vendors and products in the specialty pharmacy marketplace and health plan strategies for managing high-cost biotech, injectable and infusible products.
- ✓ **Oncology Drug Management: A White Paper on Marketplace Challenges, Opportunities and Strategies**, a 72-page white paper with data, illustrations and case studies that clearly explain the industry's history and current climate.

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Several respondents said that the crumbling economy is preventing many of their clients from trying a new type of health coverage. One respondent said that the economy has prompted some employers to reduce or eliminate next year's HSA contributions.

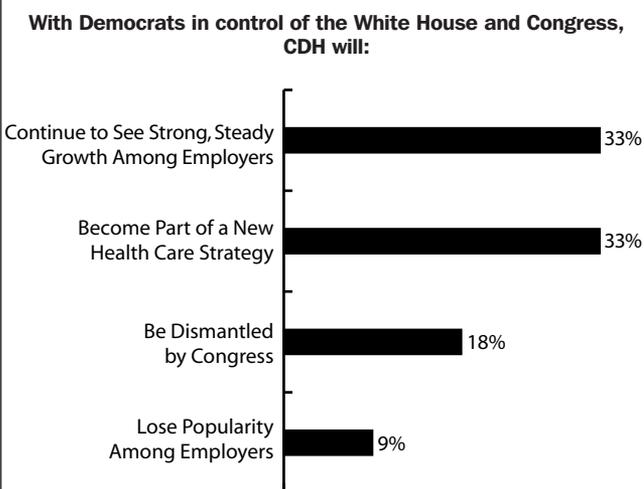
Other consultants said employers are still waiting for more results from early adopters.

"Midwest clients are conservative and want to see case studies where cost savings were achieved," explained a Midwestern respondent. "With significant cost savings only achieved over time, it will take a few years for these case studies to evolve."

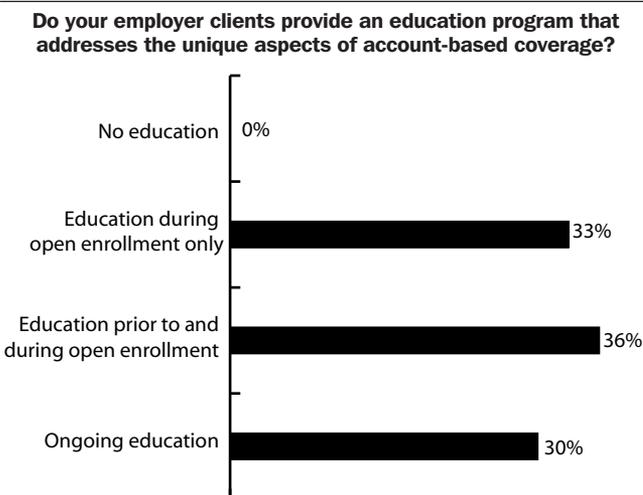
Visit ISCEBS at www.iscebs.org. Contact Grisafi at pag@mosseandmosse.com. ✧

Survey Responses on CDH Growth Show Mixed Outlook for 2009

CDH Will Show Strong, Steady Growth, One-Third of Consultants Predict



Communication Is Seen as Top Barrier for CDH Growth



Modest HRA Growth Expected Among Employers

| Number of Employees | Offered HRA-based plan for 2005* | Offered HRA-based plan for 2006** | Offered HRA-based plan for 2007** | Offer HRA-based plan for 2008 | Will offer HRA-based plan for 2009 |
|---------------------|----------------------------------|-----------------------------------|-----------------------------------|-------------------------------|------------------------------------|
| Fewer Than 500 | 1.5% | 4% | 6% | 7% | 8% |
| 501 to 2,500 | 6% | 5% | 8% | 9% | 11% |
| 2,500 to 10,000 | 5% | 5.5% | 6% | 7% | 8% |
| More Than 10,000 | 9% | 8% | 11% | 10% | 11% |

Interest in HSAs Plateaus Among Employers

| Number of Employees | Offered HSA-based plan for 2005* | Offered HSA-based plan for 2006** | Offered HSA-based plan for 2007** | Offered HSA-based plan for 2008 | Will Offer HSA-based plan for 2009 |
|---------------------|----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|------------------------------------|
| Fewer than 500 | 2.5% | 4% | 7% | 9% | 8% |
| 501 to 2,500 | 4% | 5% | 7% | 8% | 8% |
| 2,500 to 10,000 | 2% | 4% | 6% | 4% | 5% |
| More Than 10,000 | 5% | 3% | 7% | 8% | 9% |

*Based on 2005 survey results

** Based on 2006 survey results

SOURCE AND METHODOLOGY: Based on survey responses from 34 employee benefits consultants and compiled by ICDC and the International Society of Certified Employee Benefits Specialists, December 2008

What People Said and What We Overheard at the Dec. 7-10 Health Care Consumerism Conference

Primer on Health 3.0 for those who blinked and missed Health 2.0: According to Jeff Gruen, M.D., director, PRTM Management Consultants, Health 1.0 refers to the time when the Web was a vehicle for gathering health information. Health 2.0 emerged when the Web became an interactive tool that people could use to connect and interact with others around health care issues and concerns. Now we're entering Health 3.0, the era of the fully wired consumer, the ubiquitous Web and new connective technologies."

Two hot Health 3.0 markets to watch: "Our mantra is to get in early and be able to see around the corner....What we see is personalized medicine and mobile platforms....We're focusing our attention on molecular diagnostic companies and iPhone applications. We've created the iFund, a \$100 million initiative to fund ideas and products that will extend the use of iPhones and the iPod." Dana Mead, Partner, Kleiner Perkins Caufield & Byers, a venture capital firm. More at www.KPCB.com.

Forget the "Wow" factor. Does it work?

"We can't be seduced by all the wonderful toys and other stuff, because every good idea ain't good. At the end of the day, you have to ask yourself, Does [the technology] work? Will it improve quality? Help manage costs? Be good for the consumer? Meet a real need? And when it comes to getting consumer buy-in for health and wellness programs, unless you give 'em a turkey, it's difficult." Reed Tuckson, M.D., Executive VP and Chief of Medical Affairs, UnitedHealth Group.

"We have a lot of great solutions being created and applied. But the question to ask is, Are we adding value or creating more confusion, complexity and redundancy?" Al Gubitosi, Principal, Towers Perrin.

"We need to get into the hearts and minds of people to get them to change. And often it's easier to do this using 'analog' rather than 'digital' tools and strategies. In many cases, simple everyday things work better than high-tech approaches." John Young, VP, Consumerism, CIGNA Corp.

Three takes on "disintermediation" and who will own the patient-physician relationship:

"Ownership is a very fluid term these days. The question of who will own the relationship begs the question of who owns it now. Perhaps the word should be controls rather than owns." David Hunt, M.D., Chief Medical Officer, Office of the National Coordinator for Health Information Technology

"Perhaps the question is who will 'mediate' the relationship? Phil Marshall, VP of Product Strategy, WebMD Health.

"We [consumers] talk about disintermediation at the truck stop all the time. But when you come down to it, the health care system, like the legal system, is complex. So just as you hire an attorney, we "hire" a physician, and this implies that we own the relationship." Greg Scandlen, President, Consumers for Health Care Choices, representing consumers on the panel.

You're no longer the only game in town. "Last year, 62% of Americans sought some kind of alternative medicine treatment. Seventy-five percent say they have done this at least once in their lifetime. Eight million people a day conduct health information searches on the open Web. So the consumer's view of where to go to get help is expanding far beyond the formal health care delivery system." Vincent Kerr, M.D., Chief Clinical Officer and President of Care Solutions, Uniprise (a UnitedHealthcare company).

On reaching consumers wherever they may be congregating (Hint: It's not on your Web site): "About 20% of our members never have a claim, and 30% never interact with us at all. Only 1% to 2% of the 20% of our members who have registered to use our Web site actually use the site. Currently there are 124 million Facebook users and 115 million MySpace members. One billion video clips are accessed on YouTube every day. About two months ago we put a short health insurance 101 clip on YouTube and, to our surprise, we've registered about 200,000 hits on the clip. We'll definitely be doing more of this." Lois Gargotto, Corporate Vice President, Market & Business Segment Operations, Humana Inc. (Note to readers: CIGNA Corp. opened an island on Second Life a year ago, and Partners HealthCare and the CDC are there as well.)

Tonight's homework assignment for health plan executives: "The book *Change or Die: The Three Keys to Change at Work and in Life* [by Alan Deutschman]. What doesn't work, according to Deutschman: facts (just giving people information), fear and force. What works: relationships and reframing. It's a must read." John Young, VP, Consumerism, CIGNA Corp.

Whatever happened to Marcus Welby, M.D.? "The paradigm of the passive patient and paternalistic physician is over." Wendy Borow-Johnson, Consumer Health World chair and President of Boom].com Inc.

INDUSTRY NEWS

◆ **Citing the shift of the health insurance market toward a consumer-driven model, Highmark, Inc. will open the first of what could be several retail insurance stores in local neighborhoods in its market area early next year.** The Highmark Direct stores will be located in shopping centers and other retail locations, will be staffed by sales associates, and will feature self-service kiosks where customers can research health plans as well as videoconferencing capabilities so customers can speak with customer-service representatives. Visit www.highmark.com.

◆ **The Military Health System has launched a pilot test of a new prototype personal health record (PHR) for military personnel.** Called MiCare, the new tool is being tested among personnel at Madigan Army Medical Center in Tacoma, Wash. If successful, the MiCare tool will replace the military's TriCare Online PHR. The new tool incorporates many of the features found in commercial PHRs, and can be used with either Microsoft Corp.'s HealthVault or Yahoo Health's PHR system. For more information, visit www.health.mil/Press/Release.aspx?ID=456.

◆ **The Internet and social networking as powerful health extenders are among the nine top issues for the health industry in 2009,** according to PricewaterhouseCoopers. The consulting company's report, *Top Nine Health Industries Issues in 2009*, notes that the growing patient-to-patient interaction over social-networking platforms and Web sites are changing how health care is navigated and experienced by consumers, especially as electronic health records become more common. The report is available at www.pwc.com/hri/top9.

◆ **U.S. Bank has been selected by Professional Groups Plans, Inc. (PGP) to provide health savings account (HSA) administration for its employer group clients.** PGP is a general agent servicing more than 5,000 licensed insurance professionals and 50,000 employer groups. U.S. Bank provides HSA products for individual and small businesses, and also partners with self-insured businesses, third-party administrators, health care providers and business-services companies to offer HSAs. Visit www.usbank.com.

◆ **Baby boomers now make up the largest group of Internet users, according to eMarketer.** A recent report from the online market research company, entitled *Boomers Online: Attitude is Everything*, finds that as a

group, boomers now make up 30% of the online presence. The report also suggests that older boomers, ages 54 to 62, use media more like the 'matures' who precede them, and that younger boomers, ages 44 to 53, act more like Gen Xers online. The report says that boomers go online to get things done, including finding information, shopping and connecting with others. Visit www.emarketer.com.

◆ **The Regence Group has introduced its new Regence HSA Healthplan 2.0 with an enhanced set of online and other electronic tools for members to use in managing their health and medical care.** The insurer, which operates Blues plans in Oregon, Utah, Idaho and selected counties in Washington state, has been offering an HSA plan since 2004. But the new plan includes an expanded set of tools and services, including up-front preventive health benefits, personalized one-on-one support, wellness programs, health calculators and an HSA navigational guide on its customer portal. Visit www.Regence.com.

◆ **The California HealthCare Foundation has launched the California Center for Connected Health (CCCH) to lead and coordinate telehealth planning and adoption throughout the state.** The center will be incorporated as an independent nonprofit organization. The center will act as a coordinating entity to develop and implement a sustainable telehealth model for the state. The foundation is providing \$5 million in initial funding to support CCCH operations and the launch of a specialty access project. Another \$3.6 million is coming from the California Emerging Technologies Fund. Contact Steven Birenbaum at sbirenbaum@chcf.org.

◆ **Consumers researching medications and supplements on Wikipedia.org may find accurate information about the drug itself but little about important interactions or potentially harmful side effects, a study finds.** Kevin Clauson, M.D. and colleagues compared Wikipedia entries for 80 drugs and supplements with entries in Medscape Drug Reference (MDR), a peer-reviewed free site, using eight information questions, including adverse reactions and side effects. They found that while MDR provided comprehensive answers to 82.5% of the questions, Wikipedia information covered over 40% of the important information. The researchers note that while the information on Wikipedia tended to be accurate, it failed to include important information that could put consumers at risk of harm-

INDUSTRY NEWS (continued)

ful interactions and adverse effects. The article appears in the December 2008 *Annals of Pharmacotherapy*. Visit www.theannals.com.

◆ **Twenty-seven percent of U.S. adults now say they are “extremely likely or somewhat likely” to create an online PHR to help track their medical history and medications**, according to Morepace, Inc. The survey, conducted by the consulting company’s Health Care Practice, is based on data from a sampling of 1,015 consumers from an Internet panel. It found that the likelihood of a consumer subscribing to a new online PHR service did not vary by age. Americans aged 55 and up were found to be as likely to create an online PHR as are younger Americans. Among other findings: Consumer awareness of federal government efforts to create a nationwide electronic medical records system is edging up, from 50% in October to 56% in November, when the survey was conducted. Visit www.morepace.com.

◆ **2009 will be the year of the mobile device in health care**, according to *The HIT Status Report 2008*, a “state of the union” review of important health information technology developments released Dec. 10 by the Medical Records Institute (MRI). The report looks at important technology developments from 2008 and contains projections for what should come in 2009. The report notes that several companies are preparing launches of various mobile phone-based PHRs (termed mPHRs) which, by the end of 2009, should be appearing on personal PDAs, smart phones and other mobile devices. **In preparation for this trend, the MRI’s Center for Cell Phone Applications in Healthcare is being replaced by a new nonprofit organization called mHealth Association Inc.** Contact Megan Maguire at megan@medrecinst.com.

◆ **Online health care is getting personal as more people use social networking sites to solicit and receive emotional support when faced with life-changing health events**, according to a study from CarePages.com. The study, entitled *Online Healthcare Gets Personal: Health 2.0 and the Healing Power of Supportive Communities*, explores the latest research, trends and health social networks and their impact on outcomes. CarePages commissioned Nielsen Online to conduct the study. Among its findings: A growing number of discussions on health social networking sites were dedicated to messages of appreciation, gratitude and the positive impact of receiving emotional support in the face of a diagnosis or condition. Also, nearly 25% of online health search-

ers turned to online content created by others in similar situations or to online social communities where they could interact with individuals to share experiences about a disease of condition. CarePages.com is an online community for people with life-changing health events. Visit www.CarePages.com.

◆ **Dossia has selected MediKeeper as one of its PHR applications providers.** Dossia, an employer-created coalition, is now testing the use of PHRs with Wal-Mart employees (*ICDC 15/5/08, p.1*). MediKeeper is a software and technology company providing Web-based PHR applications. Contact Meighan McFalls at mmcfalls@yrgcommunications.com.

◆ **Watch for Google Health, which stuck its toe into the PHR waters last February with a Cleveland Clinic pilot test, to launch a new online application enabling physicians to access a patient’s Google online health profile during a patient visit.** The *San Jose Business Journal* reported on Dec. 12 that Google Health will introduce the online sharing service sometime during the first quarter of 2009. The service will be modeled on the Google Calendar that allows others, with permission, to view the information. According to the Journal, Google is soliciting partnerships among retail pharmacy chains, labs, hospitals, physicians, insurers and medical device companies. These would be added to existing partners such as Walgreens and Quest Diagnostics Inc. The Journal says there will be no charge for either consumers or Google Health partners who use the service. Blue Cross and Blue Shield of Massachusetts recently integrated on the Google Health platform so plan members can import their BCBSMA health histories into their Google Health PHRs (*ICDC 12/5/08, p.7*). Contact Google at (650) 253-0000.

◆ **MyHealthArchive has added several new interactive tools to its online PHR platform to help consumers facilitate their routine as well as emergency medical care.** The PHR resource now includes My-Graphs, an educational and interactive graphing tool that trends progress in several health areas, including treatment, in picture form for use with providers. Another new tool allows calendaring of health events, including preventive screening schedules and medications. The company also has added a concierge service to help consumers and their families determine how to complete a health history and which medical records should be obtained for use with their PHRs. Visit www.patientcentral.com.

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