

Fixing Health Care With an Online Information System

HAS YOUR EMPLOYER INCREASED your health insurance co-payments recently? Or has your insurance carrier reduced or eliminated your medical expense benefits? If not, runaway medical costs may soon make it happen, as retired salaried workers at General Motors are now finding out.

As a health insurance actuary, I've had a long-term interest in the ever rising cost of medical expense coverage. The following are a few but by no means all of the causes of these rising costs.

■ **Years ago, if you were sick you saw your family doctor**, who diagnosed your problem and prescribed your course of treatment. Now your doctor is more likely to send you to a specialist. After several visits—and after following the specialist's instructions regarding expensive lab tests, medications, and treatment—you may be better, or you may end up getting a third or fourth opinion. The same thing is likely to occur with each separate and different complaint, so you end up having not one doctor but four or five, depending on the severity of your problem.

■ **We've become a litigious society**. A misdiagnosis, incorrect medication, or unsuccessful treatment can all too often result in a malpractice suit. This has caused the price of malpractice insurance to become prohibitively high, driving some physicians out of business altogether.

As a protection against the possibility of a malpractice charge, many doctors engage in defensive medicine, which means unnecessary lab tests, the use of costly equipment, and more referrals to expensive specialists.

■ **As we get older, we find ourselves taking more and more costly prescription drugs**. Some of these are helpful, others are not; they're prescribed in part because doctors are under pressure from their patients (and from drug manufacturers) to try whatever may be helpful. In some cases, these medications do more harm than good.

Washington and the providers of medical care have been aware of these rising costs for years. But most remedial measures have failed because they've always centered on efficiencies and economies based on our existing system. I believe the only way we can really fix many of the problems in the health care system is to first change the way we handle and disseminate medical information.

The idea occurred to me more than a dozen years ago. I decided to approach our policy-makers in Washington and wrote to then Secretary of Health and Human Services Don-

na Shalala to explain my thinking. I later sent letters to Hillary Clinton when she was addressing the problem of medical insurance, and then to Senators Dole, Kennedy, and Kyle, among others. Mostly

there was no response, and never more than a polite acknowledgment.

The extreme situation the country again faces regarding medical care costs prompts me to take another pass



at this subject. My letters suggested a core change in medical care based on the technological advances that have been occurring over the past 20 years or so.

Using Technology

Doctors' diagnoses are usually based only on their own experience or on what they've read and how that relates to the particular symptoms they're observing. It's often a highly subjective judgment, heavily influenced by the doctor's experience or lack of it.

A recent article in *The Wall Street Journal* reported on a 12-year-old study by Kaiser Permanente that's still on point. It asked 135 doctors to evaluate the same patient who had a urinary tract infection, and these doctors recommended 82 different strategies for treatment. Not terribly efficient. But I believe there's a way to make a quicker, more accurate diagnosis in any doctor's office, whether rural family practitioner or highly trained specialist.

I'm not proposing a national health program or one in which patients and doctors would participate on other

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than a voluntary basis, only a much improved medical information system that makes maximum use of modern computer technology and the information superhighway.

Large clinics such as Mayo, Kaiser Permanente, and others have already recognized the usefulness of storing personal health histories in computers. Though it's certainly a helpful step, it's not as useful as a global database would be. Nor does it provide a sufficient guide to treatment of an existing or new complaint. Yet millions of people in this country and (later) around the world could be contributing data concerning health history, diagnosis of symptoms, treatment, and success or failure of the treatment.

Such data could be stored in a single database for statistical analysis. The results could be accessed by medical professionals all over the world. A nurse practitioner would be able to enter a current health complaint and the patient's access ID number. In addition to his health history, the nurse would receive instant recommendations concerning treatment, based on an immense quantity of data. The broad basis of such recommendations would lend them great credibility and in most cases would require little or no personal time from the physician. Further, this service would be available wherever and whenever the patient happens to require medical help.

How would this medical information system be initiated and financed? Clearly, the cost, magnitude, and continuing nature of this undertaking are such that our federal government must be involved. Administration and maintenance of this informa-

tion system could be handled either by a federal agency or by contract to a large private company. Some or all of that cost and the cost of maintenance might be charged as an annual fee to participating health care practitioners who would benefit a great deal by use of the system. The system might even be marketed profitably around the world.

In either case, confidentiality of personal information would need to be maintained and there should be no need for any administrative employees to have access to the identities of the participants. Confidentiality of personal health history would be less a problem now than it was years ago, when I first discussed this idea with friends. Encryption techniques have advanced to the point that everyone could have a private access code that could be changed at will. Or people could choose not to participate. Though non-participants could use the system at any time, they wouldn't benefit from having their complete health histories widely and instantly available.

A Dynamic System

How will the new medical information system help to provide better medical care and lower or contain costs? One early benefit is the establishment of uniform standards for recording health histories, observations, medications, test results, the actual treatment, and the results of the treatment—information often lacking in a doctor's records. Doctors frequently don't know whether a treatment or medication worked, and no documentation is presently required.

This wealth of experience will be readily available to every health practitioner, whether a big-city specialist or a family doctor in a rural community with limited exposure to unusual problems.

Doctors' and hospitals' staffing needs will change. Paramedics and physician's assistants will be able to provide advice that was once strictly the domain of physicians. When the system offers choices or is indecisive, the doctor will need to spend time with the patient and exercise judgment based on the data. In effect, the doctor's role becomes a better-informed, supervisory one. Doctors who disagree with the computer's recommendations won't be constrained to follow them. In such cases, patients may choose to get a second opinion.

This system will help reduce the malpractice problem since in most cases treatment will be based on the computer system's recommendations. Rapid and correct diagnosis will significantly reduce the cost of medical care. Further, it will relieve the pain and suffering caused by the current system's inherent delays in determining a correct diagnosis. A dramatic example of this is the need to expedite the determination of cancer at an early stage to avoid metastasis and possible death.

This system won't be static. The continuing updating of the system to reflect new treatments, medications, and equipment will be quickly reflected in the ongoing statistical analysis.

The foregoing is basically a simple concept. I think it's inevitable that we move in this direction now that technological advances make it feasible. I'm sure that my crude outline of this new medical information system can and will be expanded and improved upon in the course of implementation. ●



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