

Dossia and Doctors

An Employer Driven, Personal Health Record and The Provider

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Five Fortune 500 companies, 5.5 million people, a projected 15 million dollars – a pre-emptive strike at a healthcare system that cannot change itself. Will Providers feel the heat? ¹

Abstract:

The likelihood of providers needing to deal with Dossia, or similar employer based Personal Health Records is currently low, but getting greater. Providers will experience outside market pressure and incentives to participate. Providers may find themselves overwhelmed by too much information. They may also find information that is unreliable or simply lacking. However, providers may more easily get the information they need, especially if they instill trust and reliability with their patients.

What is Dossia? ²

Dossia is a Personal Health Record (PHR) being developed by several large employers.

Applied Materials, BP America, Inc., Cardinal Health, Intel Corporation, Pitney Bowes and Wal-Mart are members of the Dossia Founders Group. They are funding the Dossia Network, a third party administered collector of personal health information. It is a tethered PHR.

The use of the PHR by the individual patients will be voluntary. Access will include the patient as well as possible caregivers.

The patient will determine who sees what information from the PHR.

The PHR follows the patient even when they change doctors, insurance companies or employers.

What is Dossia's history?

To understand what Dossia may mean to providers, it is be good to know where it came from and its current status.

So when we have hospitals and doctors saying I can't possibly do this, I can't possibly do electronic prescriptions because a PC is so expensive, I mean, you just can't look at those people with a straight face. You have to laugh at them.

-Craig Barrett, CEO Intel ³

Prior to the official launch of Dossia the CEO of Intel, Craig Barrett, gave an address in Washington. He spoke of the tremendous burden healthcare puts on the ability for US business to compete, and the large current cost to

the US taxpayer and an even larger cost in the future. In his address he makes several points: ⁴

The resolve of business to implement a fix: As a major payor, big business has the most to gain and to lose. It has the purchasing power, and is not “hamstrung” like the government. Businesses are looking to pay for outcomes and not services. If a provider is not able to comply, employers will take their business elsewhere.

The use of IT to solve the problem: Investing in IT makes businesses better. Many other modern industries have successfully made such investments and garnered the rewards.

The inability for healthcare to fix itself: The healthcare system is not capable of changing itself. Employers will need to pre-empt the healthcare system in order to move it in the proper direction.

However, despite this early aggressive, confrontational, stance, the current history of Dossia, reads more like a soap opera. (It would also take up more space than we have here.)

Briefly:

On December 6th, 2006 Dossia announces their PHR plans. The founding members are: Applied Materials, BP America, Inc., Intel Corporation, Pitney Bowes, Inc., and Wal-Mart. The software is to be developed by Omnimedix of Portland. ⁵ Omnimedix will also “gather” and maintain the health records. ⁶

Early in 2007, Cardinal Health joins Dossia. ⁷

By mid 2007 the first beta test is scheduled to begin. ⁸

However, around mid 2007, it becomes public that Dossia has filed a restraining order against Omnimedix. Dossia is able to prevent Omnimedix from making information public if Omnimedix sues Dossia. ⁹

As of today, little more has been revealed, save for some indirect recriminations.

A Brief Dossia Timeline

Sept 26, 2006

CEO of Intel testifies to Congress about healthcare’s need for change and IT.

Dec 6, 2006

Dossia launched with 5 founders. Omnimedix is the developer

Feb 2, 2007

Cardinal Health joins group.

Feb 27, 2007

New Orleans announced as demonstration site.

June 27, 2007

Dossia exec joins Google healthcare advisory group.

July 11, 2007

Dossia filed restraining order against Omnimedix.

July 16, 2007

Omnimedix claims Dossia not fully funded.

July 27, 2007

Dossia actively looking for other vendors.

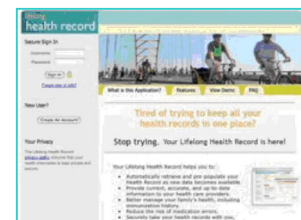
August 6, 2007

National Consumers League withdraws support.

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How does Dossia work?

Dossia is a lifelong, web based patient portal. ¹¹ Dossia uses the Health Common Framework model, ¹² so it can supply a summary of one’s



health history from third parties, as well as allow one to enter one's own information.

Dossia will be available not only to employees of the Dossia's investing companies, but to "their dependants, retirees, and others in their communities".¹³

Dossia intends to keep the information confidential. Employers and insurance companies will not have independent access to individual identifying data.¹⁴

Features and categories that may be included are: health issues, medications, immunizations, surgeries, family history, allergies, appointments, a providers list and secure email. Patients would be able to create reports based on those categories. Reports include Emergency Summary and Pre-Appointment Summary as well as others.¹⁵



When creating a report a patient would select what information one would like to include on the report, then print, fax, or upload that report to an electronic device.¹⁶

I emailed Dossia for more details, such as if consumers will be charged to have access to their data, will providers be able to access the information on-line, and do they have any general information on how this will affect providers? Their response-

"We're not at a point where we can answer all these questions yet. This is a level of detail that has a lot of dependencies. I'd advise you to stay tuned to the website over the next 6-12 months as we begin limited implementations."¹⁷

However, they did indicate that the initial release will not include a provider portal. Further, they see a future of a variety of applications that would offer services based on personal health information.¹⁸

By using Omnimedix, the information is 'kept' organizationally separate from the employers and insurance companies.¹⁹ While the information

will belong to the patients, de-identified information will be available to insurance companies and others.²⁰

However, there is some indication that this plan has changed, and that is one reason the National Consumers League no longer supports Dossia.²¹ Further, since there is no federal law that protects these records, they may not be truly safe. As the Patient Privacy Rights Foundation believes, Dossia is not offering an "ironclad privacy-protection."²²

-Interestingly, the Connecting for Health Common Framework include several employees of the Dossia founders.²³

(Illustrations from Dossia video²⁴)

How will Dossia affect Providers?

Now that we have some background, how might this all play out on the provider's end of things?

Can providers simply ignore Dossia?

PHR adoption has in general been quite low²⁵ so it may be that Dossia will also have a slow start. However, Dossia is an integrated PHR. As a Tethered PHR it offers more benefits to consumers than the stand alone variety.²⁶ While voluntary, it is this author's opinion that employees may find themselves subject to the sort of tactics of market pressures and incentives that Dossia will use on the providers. (Tactics to be used on providers.²⁷)

I would think that eventually some providers may very likely see Dossia, or something similar. It has been noted that there has been a "Dossia effect" which has lead to well over one hundred other US companies to consider employer-sponsored PHRs.²⁸ Among these PHRs are organizations such as HealthTrio, WellPoint, Healthe Mid-America, and webVisit²⁹

Despite its current legal issues, it may still be a force to be reckoned with. Dossia is highly motivated and intends a pre-emptive engagement with the provider.

Providers geographically close to large populations of employees of Dossia investing

companies may be affected early and to a greater extent. Other providers may be able to ignore Dossia, but the system intends to include dependants and others, so its reach may spread fairly quickly.

The people that are paying the bills need to demand that the changes take place faster in this industry.

-Craig Barrett, CEO Intel ³⁰

How might Dossia engaged the provider community?

Dossia intends to force the issue in two ways:

Dossia will use the power of the purse.

Providers will feel a combination of market pressures and incentives. ³¹ Providers will be required to make changes to improve their healthcare or employers will take their business elsewhere. ³² Providers will be dealing with an organization that feels it has an imperative, as the major payor of healthcare, to improve it. ³³

Dossia will use the empowered consumer.

Employee use of Dossia will be voluntary. ³⁴ Providers will have consumers whose employers expect the patient to select Dossia compliant providers. ³⁵ Further, more patients will may also have such incentive since patents will have the ability to access their records even if they switch providers, health plans, and employers. ³⁶ For these reasons Dossia feels that providers will not be able to ignore the Dossia PHR.

What can providers expect with the PHR?

Providers who are presented with a Dossia PHR can expect several things and need to be wary of several issues.

Providers will need to expect patients that have the ability to “evaluate price and performance.” ³⁷ PHRs are often an attempt to put more responsibility on the consumer, financial as well as health. This will translate into consumers being more aware of costs...as well as being required to pay more in deductibles and co-pays. ³⁸

The patient may approach providers with a printed report that has information from various

healthcare sources as well as things the patient has added themselves. It is possible that the patient will have this information in electronic form. The patient could use the provider’s computer to login to the patient’s portal and bring up the information that way. They could also place the electronic file on a USB device or CD ROM, ³⁹ but I did not get a reply from Omnimedix as to its format. Presumably, Providers would need to supply PC’s, as well as the requisite virus protection and firewall, for this purpose.

As we noted, the patient selects what information is on the report, and what is not. This allows for patient’s privacy, revealing only information the patient deems appropriate.

This means, the provider may not get all the information they need. The provider may find themselves wondering if the information on the report is all that is available, reliable, or if it is up to date. ⁴⁰

Providers may find that patient entered data may help capture information not otherwise available. But it may suffer from the problems noted above.

The provider may feel they are overwhelmed by the amount of data if it is not properly summarized. ⁴¹

The nature of these patient generated reports will directly bring up aspects of trust and responsibility for both parties. Current attitudes of trust may need to change. Providers will need to trust their patients are giving them all the data, and patients will need to trust their doctors not to use the data inappropriately. Providers will need to impress upon the patient their responsibility to correctly record important information. ⁴²

A provider may also find other changes:

Providers may find themselves more free from office visits or phone calls, as patients can more easily inform doctors of their conditions, electronically. ⁴³

Providers may also discover that the records will lack their own notes and interpretations. ⁴⁴

Providers may find some familiarity in all of this, as they may be used to seeing similar reports from patients. Medicare and AARP

suggest taking similar information when meeting with a provider.⁴⁵

However, one big sticking point for providers is there is currently no specific reimbursement for looking at PHRs.⁴⁶

Discussion-

In the near term, unless a provider is in a Dossia beta testing area, providers might take a wait and see approach on Dossia in general. If a provider is in an area where the employees of these companies live, it may be a good idea to open lines of communication to the employer's benefits department. While the response I reported from Dossia indicates they are still working on the details, an early approach may help mitigate the surprise of a pre-emptive strike by Dossia and misunderstandings.

For the longer term, there seems to be a PHR perfect storm on the horizon. Dossia may be making the biggest splash at the moment, but as we have seen, there are other employer generated PHRs out there. We noted that PHRs are not being used by many adults, but I think that may be from a general lack of understanding and being untethered. Look at how many folks used to balance their checkbooks with a pencil until Quicken, with its automated imports of bank and credit card statements, came along. Intuit, the makers of Quicken, also seems to be betting that PHRs will be popular.⁴⁷

Organizations would do well to see how PHRs will fit into their strategic plans. Once it becomes clearer what market pressure and influences may be brought to bear, a more detailed understanding can be created, as well as possible ROIs. If Dossia can bring enough pressure, it may have to be treated as a must-do, almost regulatory compliance, in order to stay in business.

It may also come to down to actually contemplating a relationship with Dossia as a vendor. Does the lack of forthcoming to my

missive indicate they are not clear on how they are to work with providers? Will they be an aggressive, confrontational, partner as the earlier quotes from Intel's CEO indicate? Are they able to properly develop and implement a project without resorting to the courts? Just having to ask these sorts of questions, indicates to me that they would not be an easy partner to deal with.

The next 6 to 12 months may tell us just what Dossia will mean and how providers may react to it. It may also be an indication of where other employer driven personal health records will go. Providers ought to follow the news and begin to think about how they may be affected.

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