

## To Your On-line Health

In the Norman Rockwell days of health care, your “family doctor” knew your medical history because he knew you. And if he forgot something, there was always a manila file filled with scrawled notes from previous visits. That was before privatized health management organizations and the information age reduced medical records to a series of check-boxes and red tape.

Recently, though, a segment of on-line industry has promised to empower individuals with control of their own health records on secure Web sites. The idea is that users visiting a health site on the Web or on a corporate intranet establish lifelong personal medical records for free; companies advocating the idea would make money by licensing their software to on-line portals, corporations and health plan providers. Eventually, these companies predict, the personal medical record will become a collaboration between physician and patient and would be readily available on-line to any health care provider you happen to visit.

Building a lifelong personal medical record that’s useful to the patient, the physician and the firm that is footing the bill is no small task, though. And even if logistical nightmares are on the verge of resolution, patient demand for personal health care records remains uncertain. Ultimately, these companies’ predictions and prescriptions may prove to be way off target.

“I don’t think consumers are going to find these products exceedingly attractive today,” says Calvin Wiese, CEO of HealthMagic, who reported abysmal interest in his firm’s HealthCompass personal medical record system when it was tested in 1998 in Celebration, Fla. HealthCompass is also available via the high-traffic [drkoop.com](http://drkoop.com) health portal. “What [the personal medical records] are today are things consumers can put information into, but they don’t hook up to the world,” Wiese says. “I do believe that personal medical record space is the center of the universe for the health care information infrastructure of the 21st century, but it’s a long way to the center.”

And along the way, health care’s infamous Tower of Babel must be toppled. “There are 100 ways of saying ‘high

blood pressure,’ ” says Philip Marshall, an architect of WellMed Personal Health Manager, offered by firms such as General Electric and Goldman Sachs to their employees. “That disparate array of information, which on any given individual can sit on a wide variety of databases in a number of health care offices, needs to be summarized in some format.”

A standardized record, however, requires a doctor’s diagnosis not only to be legible but also to be quantified into percentages, codes and precise wording understandable by a computer. “If you put in that you had a ‘busted ankle,’ does that mean you had a twisted or sprained



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ankle or broken ankle?” asks WellMed president and CEO Craig Froude. WellMed believes they have this problem solved via software that probes the patient for details. “We allow you to describe yourself in your own words and interpret that,” Froude explains.

The benefits of a standardized and centralized system of on-line medical records are clearest for the bean counters. It’s easier for administrative tasks (read: billing) if a patient’s entire medical history is all in one place. Again, though, worries arise for the patient when a lifelong history of every ingrown toenail or malignant polyp is laid out in front of the person who typically foots your premiums: your employer. WellMed has this rather unsettling statement in its marketing materials: “In a typical organization, 10–15% of the employees will

account for 80% of a company’s health care claims. [Our risk-profiling product] serves as an affordable, highly accurate tool to identify those employees with abnormally high health risks.”

And fire them? Absolutely not, Froude insists. “I guess the phrasing there may be confusing. The corporation itself just gets group-level data.” If they received individual data, the corporation could be “liable for prejudice or wrongful termination,” Froude adds.

Of course, those individuals are the ones to be most affected by on-line medical records. Certainly the service is a step in the right direction. Appointment reminders can be automatically e-mailed, for instance, and health risk assessment tests can keep you abreast of potential conditions to watch out for based on your diet, or you could be notified of emerging treatments as they become available.

But there’s the rub. In the future, these firms hope to garner advertising revenue from companies targeting specific niches of personal health record users. Putting yourself in the center of a target market necessitates that you forgo at least a bit of privacy—even if it’s not as drastic as revealing your medical conditions directly to the drug vendors. “We’re like a direct-mail house,” Froude says. “If you choose to participate—and this is an opt-in situation for consumers—we’ll allow marketing in. But we’re the ones who control that.”

Whether or not even that kind of consumer-requested advertising will fly is, at the moment, up to Congress. “Federal law does more today to guarantee the privacy of our choice of video rentals than it does our personal medical histories,” wrote Donna Shalala, secretary of the U.S. Department of Health and Human Services, in a recent *Los Angeles Times* editorial. At press time, Congress was to vote on legislation guaranteeing the privacy of personal medical records. If no laws are handed down by February 21, 2000, the regulation becomes the responsibility of the DHHS, a stern advocate for patient privacy.

Clearly, while numerous companies race to put physicians at ease with the digitization of their duties, the wants and needs of the end customer must be determined as well. After all, a personal medical record is only as useful as the information provided. —David Pescovitz