

A Global PHR

David B. Nash, MD, MBA

Dr. Raymond C. and Doris N. Grandon Professor and Chairman

Department of Health Policy

Jefferson Medical College

Our department was fortunate to receive an educational grant from InterComponentWare, AG (ICW), a leading international e-health company headquartered in Germany. For the past two years, we have been working with the corporate leadership of ICW as they begin to enter the US domestic marketplace. ICW “develops and markets software and hardware components for healthcare IT infrastructure for electronic health cards, personal health record known as LifeSensor® and network solutions for clinics and physicians in private practice.” ICW and its LifeSensor® PHR is the leading product in Germany, Austria, Switzerland and Bulgaria. With the help of a nationally prominent advisory board convened by our department, including such domestic luminaries as Janet Marchibroda from e-Health Initiative and Blackford Middleton from Partners Health Care System, Inc., the goal of our work is not only to help ICW to break into the domestic US market, but rather to expand their world view, suggest a research agenda, and network internationally.

As we were sailing down the Spree River in the beautiful reunified city of Berlin this past summer, it struck me that there were some key take-home lessons that I learned during our three-day advisory board summit meeting there. I think there are at least seven important take-home messages, and I will articulate each in turn.

Cultural barriers abound! Cultural barriers exist from both a consumer and physician perspective regarding the use, connectivity, and penetration of a PHR. For example, in centrally controlled healthcare systems like Switzerland (with a total of 9 million inhabitants), ICW has readily made a great breakthrough in that isolated homogeneous nation. Comparable breakthroughs in the US market will be rare. German physicians were skeptical about the power of a PHR and the additional time it might add to a typical office visit; sound familiar? ICW was smart and worked hand-in-hand with the German Association of Family Practitioners (Deutscher Hausaerzteverband) to overcome their reluctance. Dr. Ludwig Richter helped the domestic advisory board members to grasp nuances of the physician cultural barriers, especially in Germany.

Connectivity is king. ICW, like every other healthcare provider, is struggling to make sure that their product can connect back to any legacy electronic medical record (EMR)

and hospital-based computerized physician order entry (CPOE) system. It is a real struggle, but because LifeSensor® is entirely web-based, everyone believes it can be done. The Germans know there is a movement in the US toward standardization. This will go a long way toward the diffusion of the PHR. The real connectivity conundrum will be when a patient with LifeSensor® goes to a primary care doctor who really cannot handle the whole idea of an empowered, web-enabled patient. Connectivity will disconnect at the door in such a practice.

Cashing in on ROI. Whether it is measured in euros, pounds, or dollars, the language of return on investment is the same. The advisory board struggled with the question of how to measure the return on a PHR. Who will gain? Who will lose? How do we measure patient activation? Will empowered patients cost the US system more? All the evidence from Germany points to improved workflow, improved communication all around, and probably some early gains in quality. We will have to test this hypothesis in America.

Research Redux. There is a paucity of scholarly peer-reviewed data regarding the research agenda for the PHR. How will we know if we are successful? What are the major outcome measures? Can we link a PHR to the Physician Quality Reporting Initiative from CMS? Do we really want patients reviewing key laboratory data at home at night while they are online? What if one doctor uses the LifeSensor® web-enabled secure password but a referral specialist refuses? How will this skew the data and impact the research agenda? The advisory board grudgingly admitted that we know so little about what really goes on in the black box of an ambulatory primary care visit in the United States. Yet, they were heartened to learn that the same is probably true in Western Europe!

Who is the purchaser? The enthusiasm of the advisory board was tempered by a wide-ranging and heartfelt discussion regarding who will actually buy LifeSensor®. In the US, will it be large employers who essentially give away LifeSensor® as a competitive recruiting advantage? Will it be managed care plans seeking market leverage who fund LifeSensor® and deliver it to a certain strata of paying customers? Finally, outside of a federal government centrally-controlled system it is open to interpretation as to who the final purchaser might really be. Switzerland, with 9 million people is a nice, neat demonstration project!

Primacy of partners. ICW has done an exemplary job of reaching out to all kinds of partners beyond the German Association of Family Practitioners mentioned earlier. They are no doubt going to need corporate partners like Intel, Microsoft, or others yet un-named. Maybe they should join with Revolution Health or WebMD to push out

LifeSensor® to a broader domestic market. Experienced IT professionals in the US know that partnerships come and go just as frequently as corporate mergers and divestitures. Today's partner is tomorrow's adversary. A legacy system that worked yesterday may not connect tomorrow. It will be important to establish these kinds of partnerships early on and to work aggressively to nurture them moving forward.

Finally, all politics are global! That's right, not local, global. Our work overseas has convinced me beyond a doubt that a PHR and an empowered healthcare consumer is where we need to go. We could quibble over whether it is LifeSensor® or another outstanding product. But I know in my own practice as a primary care internist, I relish the day when patients bring an easy-to-use, web-enabled, password-protected, no legacy wires necessary system to their primary care visit. We could spend quality time doctoring and get down to what really matters — enhanced doctor-patient communication. Who knows, during my next trip to Germany sometime in the future, maybe there really will be a global PHR readily connected, as easily as the internet enables us to do email. Imagine falling ill in Europe and enabling your German primary care doctor to view all of your domestic records, labs and the like. I hope I will get to see this in my practice lifetime.

If you would like to learn more about ICW, certainly go to www.icw-global.com or www.LifeSensor.com.