

Technology can benefit medical economics

Colin Read: Everybody's Business

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— It might seem like a minor thing. Yet, a digitized medical records infrastructure can revolutionize health care. And patients' access to their own medical information can have a transforming effect on the health-care industry.

Some now argue that patient access to digitized medical information is an important policy initiative that can make the health-care profession more competitive and efficient.

It is easy to see why better access to medical records can improve health care and decrease costs.

Equally important but less obvious is the effect on competitiveness of the health-care system. Let's see why.

Certainly, the technology for electronic medical records already exists. A micro secure digital high capacity (microSDHC) memory card the size of your baby toenail can now hold upwards of 32 gigabytes of information. That is enough to easily store 32,000 books, about 16,000 songs or about 60 full-length movies. It can also hold many lifetimes of x-rays, MRIs, lab tests, and doctor's notes. And this amount of information can be transmitted along a recently upgraded medical Internet in a matter of minutes and at the speed of light.

Leading hospitals have been moving toward digitized medical records. Our own hospital, CVPH, has been mounting a sophisticated and elaborate digitization effort. Hospitals like ours realize just how competitive their business has become, and are using such leading-edge technologies to bring down costs, reduce redundant tests, share knowledge and diagnoses and raise health-care quality. They realize that competitiveness requires innovation.

Experts claim digitized medical records, along with the various associated technologies, can bring down health-care costs dramatically. Some even calculate that the savings from digitization can free up sufficient resources to bring affordable health care to the uninsured.

It is more difficult to digitize the records of our first-line health care providers. Our local doctor's offices do not always have the leading-edge computer-ready equipment that is now the norm at hospitals. They still rely on a stethoscope, a blood-pressure gauge, scales and astute doctors and nurses. Their first-line diagnoses are more likely handwritten than computerized, and their files often remain paper-based. Computerization of family doctor's offices is a big challenge and the target of new federal initiatives.

Of course, many local doctors are quick adopters of new technologies. My doctor can issue a prescription by making some clicks on his PDA. The information is immediately transmitted to my local pharmacist so the prescription is ready in less time than it takes to drive to the drugstore. I can even initiate approved prescription renewals from an Internet Web site.

Other physicians are reluctant to completely computerize and digitize, however. Easily communicated

medical records, or records that can be stored on a card carried by a patient, give patients more control over their health care. When doctors hold our medical records, they have some monopoly power over us. We are tied to the doctor who holds our information, and cannot easily shop around. In turn, we have less control over our own physical health.

Doctors view their notes and diagnoses as their work product, and are reluctant to simply pass to another their time invested in each of us. They correctly surmise that we could use the accumulated medical information to get second opinions or shop around for other doctors, with all our medical records in hand. While such shopping around would be rare, it could happen.

Of course, most of us are very happy with our doctors, and may be willing to have our primary-care physician be the vital link in all of our medical decisions. After all, doctors give us terrific personalized care, based on their recall of our visits, conversations and examinations.

Ultimately, it is proprietary information that prevents doctors' services from becoming a commodity. My doctor is differentiated from all other doctors because of the information he has about me. Just as the skilled tradesman resisted the assembly line a century ago, some primary-care physicians still want to ensure that our medical care rests primarily with them.

This reluctance to let patients own their records is actually part of a bigger problem. Economies are built upon the production of things of value, or on the seeking or holding of things of value. The former is called production and the latter is called an asset. Too much effort in preserving assets often comes at the expense of production. While patients and doctors alike certainly have an interest in the asset value of medical information, such an asset can still be protected while we also stimulate competition and enhance medical care. Patients can be trusted to have access to their medical information without jeopardizing the cherished doctor-patient relationship.

Our physicians' proprietary interest in our medical information will likely decline with the march of technology. They should rest assured that their importance in our health care will not.

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