

# Computers, Internet seen as improving medical care



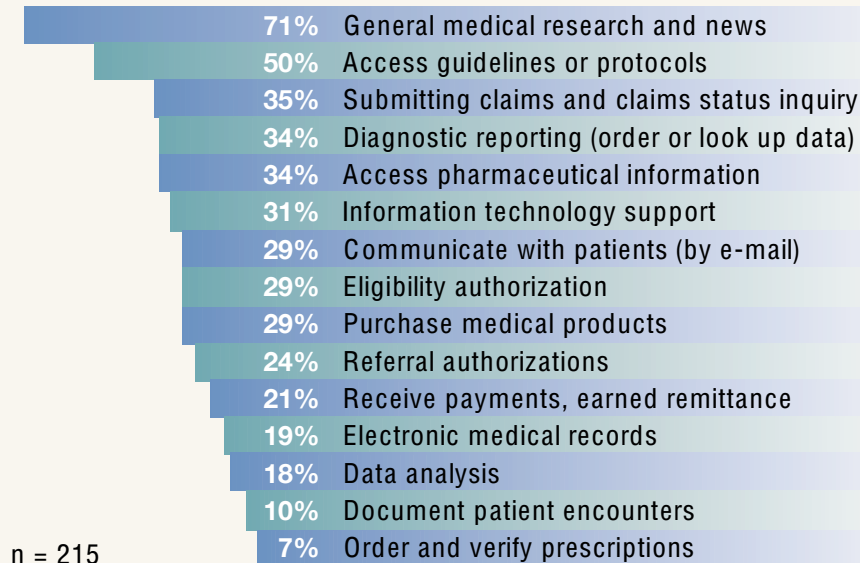
## Tech Talk

By H. Jay Wisnicki, MD

Physicians believe computers are having a positive impact on their practice and the quality of medical care they deliver, according to a Harris Interactive survey conducted in cooperation with PricewaterhouseCoopers and The Institute for the Future. The survey was conducted for The

### 85% of physicians use at least one Internet-enabled application

#### What they use:



n = 215

Ophthalmology Times / Source: H. Jay Wisnicki, MD

Health Technology Center (Health-Tech).

More than 96% of respondents believe that Internet-enabled clinical services will make the practice of medicine easier, while improving the quality of care by 2003. More than 80% say that certain Internet applications are essential or important. These applications include:

- **General research:** This was rated as essential by 45% and important by 44% of respondents. Physicians, like the public, have found the Internet to be a valuable research tool. Information gleaned via the Web is not limited to making travel plans and buying collectibles on eBay. Physicians are taking advantage of the vast amounts of reference material available electronically.

- **Diagnostic reporting, including order and look up:** This was rated as essential by 43% and important by 45%. Connecting to labs' Web sites allows the physician to track patients' records better.

- **Eligibility authorizations:** This was rated as essential by 43% and important by 43%. Being able to tap into insurance providers' sites to determine patient coverage reduces time spent on hold with health-care administrators.

- **Assessing guidelines and protocols:** This was rated as essential by 31% and important by 53%. The Internet can provide an easy method to ensure physicians are following proper protocols for each diagnosis.

- **Claim information:** This was rated as essential by 38% and important by 46%. Again, claim status can be easily checked via insurance providers' sites.

- **Information technology (IT) support:** This was rated as essential by 35% and important by 49%. IT support is one of the bailiwicks of the Internet—the entire foundation of the Web is IT-based.

- **Referral authorizations:** This was rated as essential by 38% and important by 42%.

- **Processing pharmaceutical information:** This was rated as essential by 31% and important by 53%.

Surprisingly, electronic communication with patients, including e-mail, is not perceived as essential to physicians—only 13% reported it as being so. Fifty-three percent said e-mail with patients is important; 34% said it is not important.

Despite the perceived importance of Internet applications, just 7% of respondents have adopted automated prescribing systems. Respondents cited the lack of uniform standards for health information and the inability of current health information applications to communicate among themselves as the greatest barriers to implementation of Internet-enabled services.

The "lack of system compatibility across health-care organizations" is a

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## INTERNET Compatibility may limit

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critical barrier to the realization of the full potential of Internet-enabled systems in medicine, according to 97% of physician leaders surveyed.

Not surprisingly, 93% of physicians and physician leaders cite the need for

industry-wide agreement on standards as the effective way to bring about change. More than 90% also said that the lack of compatibility between systems across health-care organizations is a barrier that prevents organizations from using Internet-enabled applications or services. About 58% of respondents said that the lack of compatibility is a major barrier.

As many other industries have discovered, standardization is important in

successful implementation of electronic communication systems. Physicians realize that to maximize the technology, communications barriers must be reduced.

However, many respondents believe this is possible—84% said agreement on standards is the preferred way to bring about universal use of the Internet.

Industry-wide agreement on standards leading to market-based competition meeting physicians' needs is the best method of encouraging large numbers of physicians to adopt Internet-enabled technology, said 53% of respondents. The next most preferred method is standards set by industry associations, cited by 18% of respondents.

Getting practices to use Internet-enabled applications and services might be a matter of the Health Care Financing Administration (HCFA) requiring it, said 87% of respondents, including 72% who say that such requisites would prompt rapid conformation.

However, forming a government-funded organization aimed at facilitating the adoption of Internet technology was only seen as very effective by 23% of respondents. Such a plan was called "somewhat effective" by 53% of respondents. Twenty-four percent said that system would be "not effective"—the highest total of "not effective" tallies of all suggested solutions.

Nearly 80% of respondents said that faster claims payment and higher reimbursements would be very valuable to their organizations. Lower administrative costs were cited by 71% of respondents as a benefit that their organizations could realize from using Internet-enabled applications. About 60% of respondents said their organizations

would benefit from lower medical supply costs.

On the patient service side, 72% of respondents said their organizations

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would be able to provide better patient care through earlier diagnosis and better coordination. Sixty-eight percent said that Internet-enabled applications could help them reduce prescription error, while 66% said the Internet would help them spend more time with patients. Sixty percent said they could see more patients.

The big key to increased capability, once again, is the move to standardization of the Health Care Internet and other medical communications.

This survey was conducted of 215 physicians and physician leaders in medical practice organizations with at least 25 physicians. The surveys were done online using random samples drawn from the AMA Group Practice File and the Physicians List.

We will look at exactly how physicians are using the Internet in the next Tech Talk column. ♠

## TUMOR Further testing needed

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aract" or "age-related macular degeneration" as the cause for a patient's visual loss without considering additional pathology. All too often, once a ready "explanation" is found for decreased vision, the evaluation stops.

Fourth, I would caution against the cavalier use of the term "optic atrophy." Optic atrophy is not a diagnosis. This term does not describe the etiology of the process and is merely an ophthalmoscopic description of the optic nerve. Optic atrophy (or any evidence for an unexplained optic neuropathy) always demands assessment. Simply noting the finding of "optic atrophy" without making a differential diagnosis or plan for management is generally insufficient.

In addition, the severity (or lack thereof) of the optic atrophy is not predictive of etiology, and even "mild" pallor should be investigated or explained. In general, we would start the evalua-

tion with a neuroimaging study, generally magnetic resonance imaging of the head and orbit with gadolinium enhancement and fat suppression.

Further evaluation for infectious (e.g., syphilis serology), demyelinating, inflammatory (e.g., sarcoid), toxic/nutritional (e.g., B<sub>12</sub> and folate), hereditary (e.g., Leber's hereditary optic neuropathy), and other etiologies would be determined by the associated clinical findings and presentation. ♠

### Reference

1. Trobe JD. Neuro-ophthalmic diagnoses you don't want to miss. *Focal Points* 1999;9:1-14.

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