Physician participation is key to increased Internet use

Doctors need to be involved, not settle for whatever is offered to them

Tech Talk

By H. Jay Wisnicki, MD

While many physicians have begun to use the Internet in many aspects of their daily practices, there are still many barriers to be overcome before universal implementation of Internet-enabled services occurs.

In a recent PricewaterhouseCoopers survey, which polled physician leaders and office-based practicing physicians as to their perception of Internet use in their practices, the greatest barrier to increased use was the lack of uniform standards for health information (See Tech Talk column, June 1 issue, Page 14).

So how does the industry go about setting up these standards?

Lee Akay, a sponsoring partner of the survey at PricewaterhouseCoopers, believes that existing models of Internet-enabled services, such as WebMD and MedUnite, have not involved physicians until late in the implementation process.

"Stakeholders other than the physicians set up the platform, and then physicians are recruited to be a part of it at a later point," Akay said.

If the physicians were involved from the beginning, they would have more ownership and be more willing to work through and set up the proper standards and protocols necessary for these to succeed, he added.

"You almost need the AMA and other organizations supporting these programs," Akay said. "Grass roots efforts in medicine are very difficult because of the fragmentation among the different specialties. It is incumbent on specialty organizations such as the American Academy of Ophthalmology and the American Dental Association to play a major participatory role in this development.

"Talking with other specialty associations in developing these standards helps everyone come around a common cause, and that has been missing in this area," Akay added.

More than 96% of respondents to the PricewaterhouseCoopers survey indicated that Internet-enabled technologies will make the practice of medicine easier by the year 2003. There are systems in place already aimed at helping physicians get more out of Internet usage, and more are forming. Yet, while 96% of respondents say that the Internet will make practice easier by 18 months from now, usage today is far below those levels.

Is it realistic to believe that a surge in Internet use in medical practices will grow over the next year and a half? It depends on the level of involvement and commitment among physicians.

Akay recalls implementing computerized patient recordkeeping during the late 1980s in Canada.

"We thought our biggest users would be the physicians coming right out of college, those who could fit right in and assimilate the systems," he said.

"We were wrong. Many of those who came out of school wanted nothing to do with the system because they had no involvement level with it. Others who had been practicing 20 years took right to it because they were involved from the beginning. They became our best agents for selling the system to other physicians," he explained.

As the use of computers has grown in schools over the past decade, many

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physicians are entering their practices with a higher comfort level with the Internet. It is time to take advantage of that comfort and develop standards and an infrastructure before these physicians become set in their ways.

Physicians as a rule are creatures of habit. Any changes to those habits usually encounter great resistance. The Internet infrastructure that is in place today was born out of the path of least resistance—that is, the basics were provided by the vendors, and physicians adapted to those "standards" as a means of taking advantage of the technological benefits offered.

But there is so much more out there. Content has tailed off.

"No one has really put content on the Web in terms of 'Best of Breed,' that is,

author info

H. Jay Wisnicki, MD, editor of Tech Talk, is the head of the ophthalmology department at Beth Israel Medical Center in New York. He has a background in computers and electrical engineering. He serves on the AAO New Education Technology Committee and advises in other areas in health-care information technology. Send comments and suggestions about Tech Talk to Dr. Wisnicki at *OT@en.com*.

INTERNET
Input is needed

the best information from the best specialists," said Akay. "Sure there are some university sites, but finding them is often difficult.

"And physicians are not communicating with each other via e-mail," he added. "The survey indicated 29% of physicians communicate with patients via e-mail, but there was little communication between physicians via e-mail. There is a quality issue, when physicians can consult with each other electronically, that is not being taken advantage of. That should change with more physician involvement."

Akay tells of a *Wall Street Journal* conference in Washington, DC, several years ago.

"I have a telecommunications and utilities background and have been active in the development of increased technology use in those industries," he said. "At this conference, we got the feeling from the different groups that represented the medical industry that there was almost no hope for collaboration on a set of standards. They thought the industry was too splintered.

"I got to thinking that there has to be one common element that we can identify that everyone in the health care industry can work with to help further the development and use of the Internet among physicians," he said.

Could that element be the willingness to get involved? Imagine having the ability to consult, communicate, advise, refer, and practice online. The technology is there, yet the standards and participation are not yet in place. Physicians playing an active role could be the answer.

"If you don't have physicians involved from the beginning, it is almost easier for them to go back to each individual insurer site and work within those limitations rather than working with an exchange," Akay concluded.◆

PAIN
A common symptom

but short-lasting (seconds) paroxysms of pain in a distribution of one of the branches of the trigeminal nerve.

In general, patients with trigeminal neuralgia (pain or sensation loss) require neuroimaging.

13. Sharp jabs of pain in an eye or the head (idiopathic stabbing headache, "jabs and jolts" syndrome, "ice-pick headache," "needle-in-the-eye" syndrome) are often alarming to the patient but usually benign or part of another headache syndrome (e.g., migraine).

Beware of GCA. Consider this diagnosis on any elderly patient with new headache or eye pain of any type.

14. The association of a third-order Horner's syndrome and orbital and/or ipsilateral head pain or neck pain of acute onset is so characteristic that it should be considered diagnostic of internal carotid artery dissection unless proven otherwise.

Carotid artery dissection presents with the sudden or gradual onset of ipsilateral neck or hemicranial pain, including eye or face pain, often associated with other neurologic findings including ipsilateral Horner's syndrome, TIA, stroke, anterior ischemic optic neuropathy, subarachnoid hemorrhage, or lower cranial nerve palsies.

15. Patients with nonmetastatic lung cancer may rarely experience facial pain as a presenting symptom, during the course of the disease, or upon recurrence of the disease.

In a recent review of 10 patients, all complained of severe, aching facial pain typically aural-temporal but occasionally orbital. Pain was ipsilateral to the lung cancer in all patients.

In summary, the clinician should keep in mind alternative etiologies for eye pain in the "quiet" eye. Although many cases are benign, recognizing the distinctive symptom or sign may allow accurate, early diagnosis.◆

> *Keep in mind alternative etiologies for eye pain in the 'quiet' eye.*

Academic practice salaries up

DENVER—Compensation is on the rise for academic practice faculty, according to two recent publications of the Medical Group Management Association (MGMA).

Survey findings showed an increase during 2000 in median compensation for faculty in academic practice, regardless of rank.

The size of the department was found to be a determining factor in the earnings of academic practice managers; managers in departments with greater numbers of physicians and greater revenue tended to command higher compensation.

Results of the 2001 survey, covering the 2000 fiscal year, were published in the *Academic Practice Faculty Compensation & Production Survey Report* and the *Academic Practice Management Compensation Survey Report*.

Founded in 1926, MGMA represents medical group practices and the professionals who lead them.◆