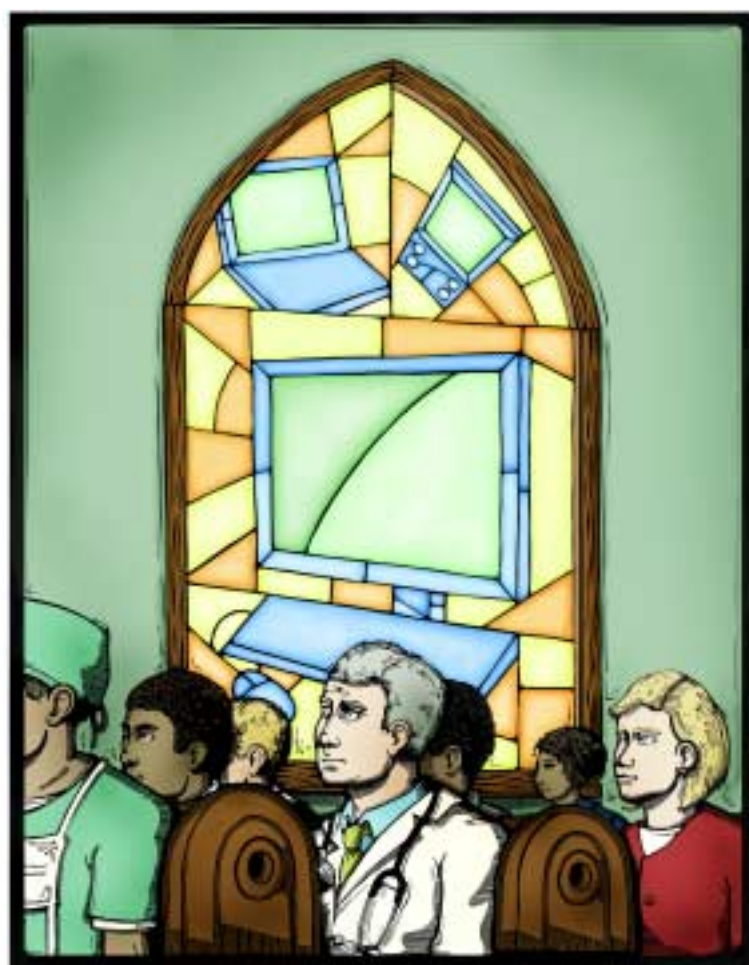


FAITH-BASED



SPENDING

BY NEIL VERSEL

Take everything you have ever heard about technophobic physicians, balky computer systems, slow response times and tightwad finance departments.

Then throw it all out the window.

No matter what you may have been told in the past, physicians today believe in information technology. They are going online in record numbers, and their organizations are on board, too. E-mail usage is rising, investment in electronic medical records is soaring, and the phrase "clinical information systems" is no longer an oxymoron.

According to the sixth annual *Modern Physician/PricewaterhouseCoopers Survey of Executive*

Opinions on Key Information Systems Issues, the dynamics of information technology in medical practices have changed. While few harbor illusions that a fully wired, seamlessly interconnected health-care industry is right around the corner, significant numbers of the 436 survey respondents are getting more of what they want and need: more money, more speed, more usage, more understanding and more connectivity. And more is better.

The following pages contain detailed survey results and an in-depth examination of the issues, trends and challenges in IT for physician executives. Additional data and analysis are online at ModernPhysician.com.

Performance driving investment up

By Neil Versel

The idea that docs are technophobic is pure nonsense," says Bill Crouse, M.D., global industry manager for health-care at Redmond, Wash., software powerhouse Microsoft Corp. "If (technology) serves a particular business purpose, they will adopt it."

The results of the 2003 *Modern Physician/PricewaterhouseCoopers* information technology survey largely support Crouse's opinion. For the second year in a row, physician leaders say their hospitals and fellow doctors are joining the information revolution as both physician acceptance of automation and organizational investment in technology rise.

"We're certainly headed for more and more electronic record keeping," says survey participant Ray Mummery, M.D., CMO of Dimension Health, a Miami-based PPO with 400,000 enrollees in South Florida.

Slightly more than 80% of those surveyed say physicians in their organizations rely on computers for billing and claims submission, about the same as a year ago. Scheduling remains the second most popular application, nearly unchanged at 74.3%.

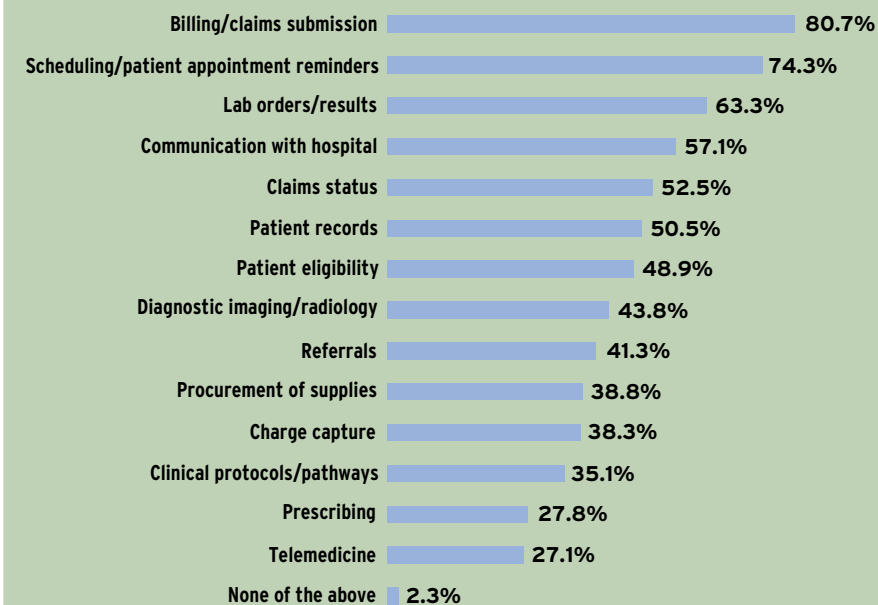
But solid majorities now manage laboratory orders and results (63.3%), communicate with hospitals (57.1%) and check claims status (52.5%) with the help of computers. Growth in electronic medical records adoption is particularly dramatic, as computer usage for patient records has grown to 50.5% of survey respondents from 38.5% in 2002 (see related story, page 18).

The 2003 survey also indicates gains of at least 5 percentage points in physician use of computers for diagnostic imaging and patient referrals.

Survey results "certainly parallel our experiences with physicians over the past year," says PricewaterhouseCoopers healthcare expert Donald Michaels, who helped analyze the data. "We have noticed a definite trend among our physician clients to more fully embrace technology."

Aurora Health Care, a 13-hospital not-for-profit health system based in Milwaukee, employs 750 physicians and counts another 1,700 doctors with staff privileges.

What do your physicians use computer-based systems for?



"About half of our (employed) doctors are doing everything electronic," says Michael Gorczynski, D.O., director of medical informatics. "By the end of December, every single one of our doctors will be writing prescriptions electronically."

Just as in the 2002 survey, the top motivation for IT investment is the opportunity to improve business performance, physician executives say. Clinical quality improvement and management of practice growth again hold the second and third spots.



■ Gorczynski

However, clinical integration of multiple locations has shot up to fourth place on the priority list from seventh in 2002.

"Up until the present time, the primary stumbling block has been getting all the systems to talk to each other," Mummery says.

More money is going to information technology than in past years, as 36.3% of those surveyed say their organizations devote at least 4% of total operating expenses to IT. Last year, just 27.1% of physician executives surveyed said they were budgeting at 4%. The share of organizations spending less than 2% on IT has fallen markedly

in the past year to 21.2% from 32.6%.

In anticipation of higher investment, the "less than 1%" category was eliminated from the 2003 survey form in favor of "5% or more." One-fifth of 2003 respondents allocate at least 5% of expenditures for IT.

In the family practice clinic at Memorial Hospital in South Bend, Ind., IT spending is now below 2% of the budget, but that is about to increase. At press time, the clinic was making its choice of a full-powered EMR after four years with a rudimentary system that required the clinic to keep both paper and electronic charts, says Kenneth Elek, M.D., director of the outpatient clinic.

"We will get rid of transcription, and we will probably get rid of one of our medical records people right off the bat," says Elek, who supervises 25 to 26 residents in family medicine and one to two OB/GYN fellows.

The Memorial Hospital clinic has been preparing for the transition to a paperless environment for several years by requiring all residents to complete a course on computers in medicine before Nov. 1 of the first academic year of their residencies.

"It's important for our residents to know the latest technology before they

continued on page 23

Speedy surfer-docs linking to access

By Neil Versel

In perhaps the most surprising finding in the sixth annual *Modern Physician/Price-waterhouseCoopers* information technology survey, nearly four in five respondents indicate that the doctors in their groups have high-speed Internet access in their offices.

Of the 431 valid responses to the question about Internet service providers, 343, or 79.6%, say their physicians connect to the Internet by DSL, cable, T-1 or some other form of broadband service. Another 18.3% have slow dial-up connections, while only nine respondents, or 2.1% of those surveyed, say their physicians are not on the Internet at all.

The median organization represented in the survey has 14 physicians, and nearly 58% of all respondents are from groups of fewer than 20 physicians, suggesting that even doctors in smaller practices are surfing the 'Net at high speed.

Even though the seven-hospital Parkview Health integrated delivery network in Fort Wayne, Ind., has a medical staff of 700, all but the 35 primary care physicians employed by the system have other practices outside Parkview facilities. Affiliated

physician groups need broadband connections because the hospital has digital imaging, diagnostic radiology and a laboratory information system, according to Executive Vice President Frank Byrne, M.D.

In his survey response, Byrne lists results reporting and access to medical records among the most important Internet functions for Parkview physicians.

"Physicians need to be able to access our laboratory results," says Byrne, a member of the 2003 *Modern Physician* editorial advisory board.

Parkview itself will not complete the installation of electronic medical records or computerized physician order entry for at least two more years, but many staff physicians already have automated their own offices, says Byrne. High-speed Internet access helps assure that practitioners have as much information as possible to treat hospitalized patients.

"It's not a full EMR or CPOE, but docs are able to access their office records from PCs in the hospital, which is a tremendous quality enhancement," Byrne says.

The survey also indicates the Internet is becoming a popular place for physicians to

read clinical journals and communicate with other practitioners, though physician-patient e-mail is not catching on as rapidly.

Screenland Medical, an otolaryngology practice in Culver City, Calif., has just three physicians, but it has a digital subscriber line feeding its local area network.

President Marc Kayem, M.D., takes advantage of the speedy connection to order supplies, participate in several ENT Internet discussion groups and find journal articles.

"I still read more on paper, but sometimes I do look online. If I want to do reprints for the office, I can go online and download high-quality PDFs."

A staggering 95% of his patients have asked to communicate with the practice via e-mail—far beyond the survey average of 6.8%—but that is because Kayem is proactive. On personal information forms for office visits, patients are asked, "May we contact you by e-mail?"

"People definitely like the idea of having access," Kayem says.

Kayem says he likes to return laboratory results by standard e-mail. Although he does not follow the recommendations of privacy experts to set up a secure Web site for delivering clinical results, Kayem is careful not to divulge any sensitive or potentially embarrassing information in e-mail messages.

"I won't use it to tell someone they have HIV or something like that," he says. ■



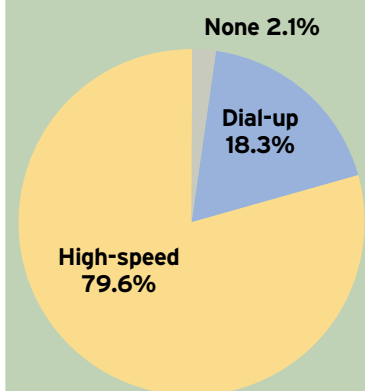
Physicians need to be able to access our laboratory results.'

Frank Byrne, M.D.

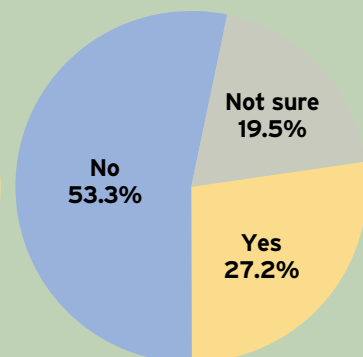
For which of the following is the Internet important to your physicians? (Rank from 1 to 5 with 1=most important and 5=least important)

	2003	2002
Personal use	1.59	1.41
Access to clinical journal information	1.61	2.60
Claims submission	1.84	1.93
Continuing medical education	1.86	1.84
Links with hospitals	1.87	2.04
Medical records access	1.89	2.13
Results reporting	1.91	2.00
E-mail with other physicians	1.92	1.90
Eligibility and referrals	2.08	2.22
Prescription orders/refills	2.34	2.58
Access to clinical trials	2.49	2.55
Credentialing	2.53	2.65
Buying supplies/equipment	2.55	2.66
Drug detailing	2.62	2.89
E-mail with patients	2.75	2.80

What kind of Internet access do most of the physicians in your group have in their offices?



Are physicians in your organization using the Internet to communicate clinical information with patients?



Record-setting year for EMR

By Neil Versel

Investment in electronic medical records systems is soaring, according to the results of the 2003 *Modern Physician/Price-waterhouseCoopers* survey on healthcare information technology.

More than 41% of survey respondents are with organizations that already have made some investment in EMRs, up 10 percentage points from one year earlier. A total of 80% indicated they plan to invest in technology for clinical records by 2005.

For the first time in the six-year history of the survey, half of the responding organizations have physicians who use computers for patient records, either within their own practices or at hospitals where they have staff privileges. The 50.5% usage rate is nearly double the 2001 rate of 27.3%.

Predictably, adoption is lower among independent medical groups than for hospitals or hospital-affiliated practices; 61.4% of hospital respondents say their institutions have made the investment, compared with 50% of physician leaders surveyed from medical groups affiliated with nonhospital companies—e.g., laboratory services companies, PPMs and locum tenens providers. Of the physician executives from independent group practices, 36.7% say they have invested in an EMR.

"The big players in our area are moving at one degree of speed or another to get physicians to use electronic medical re-

cords," says Ray Mummery, M.D., CMO of Dimension Health, a Miami-based PPO that serves about 400,000 enrollees in South Florida. "As we move toward that, the doctors are going to find that it will improve their ability to render care."

However, investment does not necessarily translate into system completion and usage, as connection within a large organization takes time. "I thought electronic records were just around the corner for everybody back in 1986 and '87," says Michael Gorczyński, D.O., the director of medical informatics at Aurora Health Care, a 13-hospital not-for-profit health system in Milwaukee that has about 750 employed physicians.

Aurora has collected 60 million laboratory results in its electronic databases since 1986, Gorczyński says, but just this fall moved to a full EMR at its largest facility, St. Luke's Medical Center. Its outpatient clinics will not be fully wired with a Cerner Millennium system until the end of 2004, he says.

Two years ago, Daniel Hier, M.D., chief of neurology and physician adviser to the information technology services department at the University of Illinois Medical Center at Chicago, told *Modern Physician* that the 600 physicians at the academic medical center would be able to create and view patient charts on personal digital assistants within a year or two. That still has not happened.

In many circles, automating clinical documentation has proved to be even trickier than implementing computerized physician order entry.

UIC has achieved 100% inpatient CPOE but still has not gone electronic with its nursing documentation because nursing has hundreds of specialized forms.

"That's been the sticking point," Hier says. "The first thing you have to do is remove all the duplicate and redundant forms."

But all the effort has been worth it, Hier says.

"With an electronic record, you can document better. You can bill a higher level of service because you have the documentation to back it up."



'You can bill a higher level of service because you have the documentation to back it up.'

Daniel Hier, M.D.

Improved documentation, it is said, can help reduce liability risk at a time when rising malpractice insurance premiums are causing many physicians to practice defensive medicine and consider early retirement.

"I know in the past we've lost (malpractice) cases because the documentation has been lost or we couldn't produce the documentation," Hier says. "That doesn't happen anymore."

A more recent twist—and one that adds to implementation time—is the integration of clinical and administrative functions through the EMR. Successful integration can improve practice efficiency and contribute to greater patient satisfaction.

In particular, automated scheduling created a good deal of buzz at last month's Medical Group Management Association conference in Philadelphia.

Murray Hill Medical Group, a 34-physician primary care practice affiliated with New York University, now links its EMR and practice management system with an online scheduling program that allows patients to choose appointment times over the Web.

The EMR also can send patients reminders by e-mail if they are overdue for an office visit.

"The thought of allowing patients into a scheduling book to make their own appointments is way out there," admits Jeffrey Friedman, M.D., Murray Hill's managing partner.

But the radical thinking has paid off. Friedman says the electronic link has allowed the practice to reassign five of its 20 full-time employees who previously had done little more than answer phones. ■

'Cyberchondriac' phenomenon waning

By Neil Versel

Using the *Modern Physician/Price-waterhouseCoopers* technology survey as a barometer, physician support of consumer-driven healthcare is rising.

For the second year in a row, physicians who said their patients brought information from the Internet for them to see rose by about 3 percentage points from the previous year, this time to 12.85%.

However, the "cyberchondriac" phenomenon involving both patients and physicians may be waning, as nearly half report that patient information does not change physicians' minds very often. However, only 9.5% of responding physicians surveyed say consumer information has never influenced a course of treatment.

"If it's from a reliable source, I've sometimes changed my course of treatment, as long as it's not from Fred's Home Page or

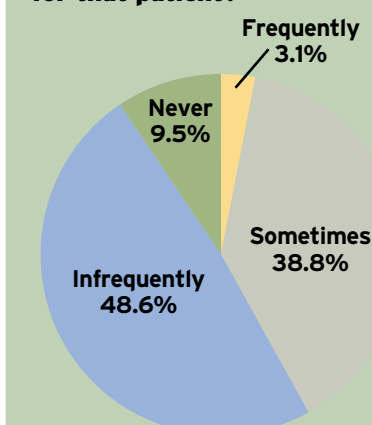
something like that," says Fort Worth, Texas, family physician Carolyn McDougald, D.O.

Those patients who do turn to the Internet apparently are spending more time educating themselves before showing up at the doctor's office.

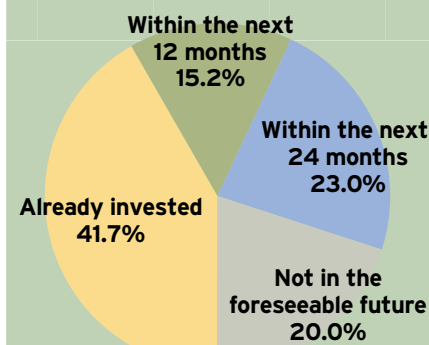
Nearly 43% of healthcare organizations taking the survey report that their patients are bringing in treatment-related information more than disease information (36%)—the reverse of the 2002 survey results. Only about 18% say pharmaceutical information is the most frequent material they see from patients.

"It's very rare that someone walks in and says, 'I want to be on this. I want to be on Lipitor,'" says Mark Cohen, M.D., chief of professional technology in Rochester, N.Y., for Lifetime Health, which operates outpatient centers in upstate New York. ■

How often does information brought in by a patient influence your recommendation of a course of treatment for that patient?



When will your practice invest in an electronic patient record system?



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Online education continues growth

By Neil Versel

Although the vast majority of health-care organizations say their physicians have tried online continuing medical education at one time or another, there is no clear sentiment on whether the Internet is preferable to more traditional forms of learning.

In the sixth annual *Modern Physician*/PricewaterhouseCoopers information technology survey, 83.8% of 427 respondents say physicians in their group or or-

ganization have participated in Web-based CME, while only 4.4% say they have not. Another 11.7% are unsure.

But 42.8% of the 381 respondents who offer an opinion cannot determine whether their doctors are pleased with the experience.

Less than a quarter (23.9%) would rather have the convenience of high-tech distance learning than deal with the hassle of traveling to an instruction site, while one-third prefer the more personal setting of a classroom.

A similar level of uncertainty exists on the subject of online pharmaceutical detailing, according to the survey. Only 42.6% of respondents say their physicians actually have had the experience, but that's up by 3.2 percentage points from the 2002 survey.

Boston-based healthcare consultant Donald Michaels, a principal with PricewaterhouseCoopers, says the survey numbers confirm his own observation that pharmaceutical companies and continuing education organizations are increasingly using the Web to reach physicians.

Modern Physician did not ask about CME a year ago, but an August report from Manhattan Research says 363,000 physicians in



■ Landa

the United States had tried computer-based CME within the preceding 12 months, 79% more than in 2000.

"It's not saturation yet, but you're getting close," says Mark Bard, president of New York-based Manhattan Research, of the CME participation.

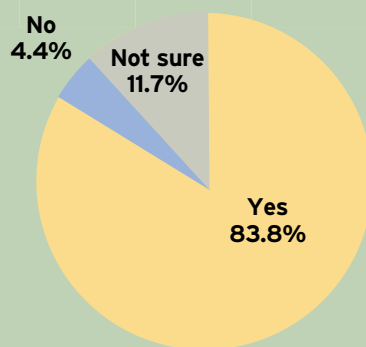
Carolyn McDougald, D.O., an entrepreneurial solo family practitioner in Fort Worth, Texas, is among those who wish there were more Internet learning opportunities, because online education saves her precious time.

"I would love all my CME online," says McDougald, who sees patients only on house calls and in a mobile clinic. She has no real office and no staff. "I'm my own nurse and my own accountant, and I'm also a mom."

More typical of those surveyed is Howard Landa, M.D., who is a medical informaticist for both Kaiser Permanente in Honolulu and Loma Linda (Calif.) University.

"I have not been impressed that people are that enamored with (Web-based learning)," says Landa, one of approximately 350 physicians who make up the Hawaii Permanente Medical Group. "A lot still like the face-to-face interaction." ■

Have physicians in your group or organization participated in Web-based continuing medical education?



Safety still first in CPOE

By Neil Versel

By next summer, a majority of those who took the sixth annual *Modern Physician*/PricewaterhouseCoopers information technology survey in July and August expect their physicians will have ties with hospitals that have invested in computerized physician order entry.

And 45% of respondents call patient safety the primary motivation for physicians to embrace CPOE, while the incentive of long-term savings barely registers at 2.8%.

Albany (N.Y.) Medical Center, which includes a 500-bed inpatient facility and an ambulatory surgery center, is one of the many organizations that has made an investment but is nowhere near being done. It

plans to go live with CPOE on its Siemens Soarian clinical records system this month.

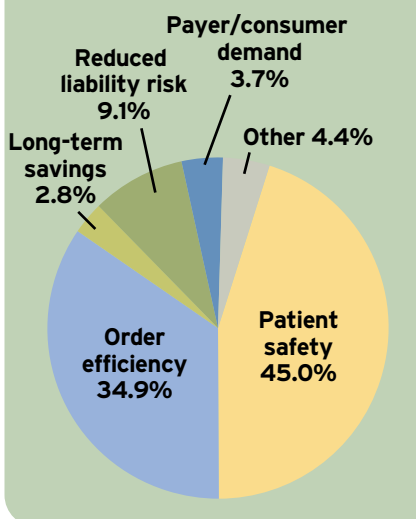
"We're going to go softly at first, with the expectation that it will be mandatory (for all physicians) within two years," says John Morley, M.D., vice president for medical affairs.

At first, the hospital will require CPOE for the 10 physicians with the most severe handwriting problems, as identified by medical staff leadership, Morley says.

"Order entry allows us to eliminate the handwriting issue."

Eventually, though, Morley says CPOE will be cost-effective because it can save time and reduce payer denials. "We think we will see a return." ■

What is the primary motivation for physicians to embrace CPOE?



Few still doubt HIPAA privacy effect

By Neil Versel

Now that the privacy regulations of the Health Insurance Portability and Accountability Act of 1996 have the force of law, much of the confusion of past years has subsided, and a majority of physician executives agree that HIPAA is an adequate safeguard of patient privacy, results of the 2003 *Modern Physician/PricewaterhouseCoopers* technology survey indicate.

Of the 432 people who submitted valid responses to this question, 69.2% say the regulations authorized by HIPAA will protect the privacy of personal healthcare information. Only 10.6% say they will not.

A year ago, a 42.2% plurality of survey participants were unsure whether HIPAA would protect patient privacy.

The privacy rules went into effect April 14. Mark Cohen, M.D., chief of professional technology for the Rochester, N.Y.-area operations of Lifetime Health, an HMO-affiliated multispecialty physician group

across upstate New York, has seen HIPAA privacy restrictions in action. Cohen says the practice has upset a number of people by refusing to release test results to the spouses of patients without written authorization.

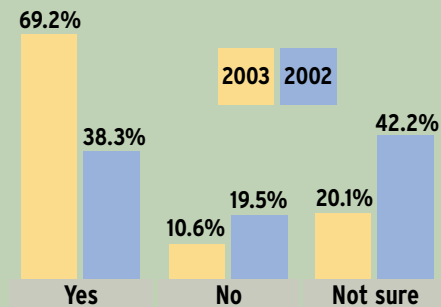
"We've had people yell at us," he says. "We just blame HIPAA."

The University of Illinois Medical Center at Chicago has put its staff through rigorous, mandatory training for patient privacy.

"I think organizations are taking the training a lot more seriously," says Daniel Hier, M.D., physician adviser to the medical center's IT services department.

Among the few skeptics is Clement Fox, M.D., medical director of Health Advantage, the HMO arm of Arkansas Blue Cross and Blue Shield. He says HIPAA was written based on technology of the early 1990s.

Based on your understanding of the HIPAA rules governing transmission of electronic patient information, will patient privacy be adequately protected?



"I think it's kind of outdated for what's going on now and what may happen in the future," Fox says. "I think HIPAA will not protect medical information. (Patient data) is going to be disseminated in ways we can't anticipate." ■

PDA use getting less personal

By Neil Versel

In terms of the number of physician users, the tremendous growth in popularity of personal digital assistants may be slowing a bit. But in terms of functionality in medical settings, PDAs may be just taking off, based on results of the sixth annual *Modern Physician/PricewaterhouseCoopers* technology survey.

"(While) the percentage of physicians responding to this survey who utilize PDAs remained relatively constant, we have seen a significant increase in the business applications of PDAs in physician practices," says Donald Michaels, a Boston-based PricewaterhouseCoopers principal.

About 18% of respondents indicate that more than 75% of physicians in their organizations carry and use handheld computers, the same as a year ago. On the other end of the scale, those with less than a 25% physician PDA usage rate dipped marginally, to 45.3% from 47.9%, in the past 12 months.

And yet, about 75% of respondents re-

port that their organizations have at least one physician with a PDA, almost triple the rate of three years ago.

Physicians still use PDAs for personal purposes more than any other reason, but the gap is closing.

PDA usage for drug reference has nearly doubled since 2001, to 68.1% from 35.6%.

What do your physicians use PDAs for?

	No. of users	%
Personal uses	322	73.9
Drug reference	297	68.1
E-mail	122	28.0
Scheduling	107	24.5
Patient census	94	21.6
Prescribing	87	20.0
Web browsing	78	17.9
Charge capture	67	15.4
Patient records	60	13.8
Lab orders/results	46	10.6
Dictation	40	9.2
Billing/claims submission	30	6.9
Order entry	18	4.1
Other	23	5.3

The most popular electronic pharmaceutical reference software programs for handheld computers, ePocrates Rx and Rx Pro, together have 300,000 registered users in the United States, including 130,000 physicians, according to San Mateo, Calif.-based ePocrates.

Only 21.6% of physician users take patient census on handhelds, but that number is up from 13.9% two years ago. Similarly, charge capture has risen to 15.4% from 10% in 2001, while those entering laboratory orders or checking results on PDAs now number 10.6% of respondents, vs. a mere 2.5% in 2001.

"We believe that there will be a continuing increase in the percentage of physicians who use handhelds for business applications," says Michaels. ■

For complete results of the *Modern Physician/PricewaterhouseCoopers* technology survey, log on to ModernPhysician.com.

Investment continued from page 15

complete their training here," Elek says.

The University of Illinois Medical Center at Chicago is among those institutions that allocate at least 5% of their budgets to IT. Even though it long ago went 100% paperless with outpatient medical records and has achieved 100% computerized physician order entry on the inpatient side, the academic hospital is a long way from full clinical automation.

"I think we would have to spend more to move faster," says the Chicago hospital's neurology and rehabilitation chief, Daniel Hier, M.D. Hier serves as physician adviser to the IT services department. "The limiting factor right now is money. We have the will, we have the culture."

In July, the National Library of Medicine agreed to pay the Northfield, Ill.-based American College of Pathologists \$32.4 million over five years to make the Snomed CT standardized terminology set available free nationwide, removing a major barrier to widespread sharing of clinical information.

On July 1, HHS Secretary Tommy Thompson asked Ann Arbor, Mich.-based standards-setting organization Health Level Seven and the Institute of Medicine to develop a voluntary standard for electronic health records and report back within two months. Although HL7 membership voted down an initial proposal in September, the plan is being refined in anticipation of another vote in January. ■

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The wait may be over

By Neil Versel

With 77.7% of respondents to the 2003 *Modern Physician/PricewaterhouseCoopers* technology survey saying that their organizations have Web sites—up from 73.2% last year and 57.4% in 2000—it is clear that the Web has shaken its status as mere novelty, even in the technologically challenged world of medical practices.

Among the 335 responding organizations that do have a Web presence, nearly two-thirds say that the sites contain specifics about individual physicians, such as specialties and board certification. More than 60% of these Web sites also have some form of consumer healthcare information, often provided by a third-party content vendor or a hospital affiliated with the practice.

Still, few Web sites of physician organizations have more advanced, interactive features like appointment scheduling and online payment capability.

Similarly, just 15% of those respondents with Web sites post quality ratings online, though that may be because patients have not asked for such information. A recent Harris Interactive poll found that just 8% of the general public consider report cards or other quality ratings to be an important

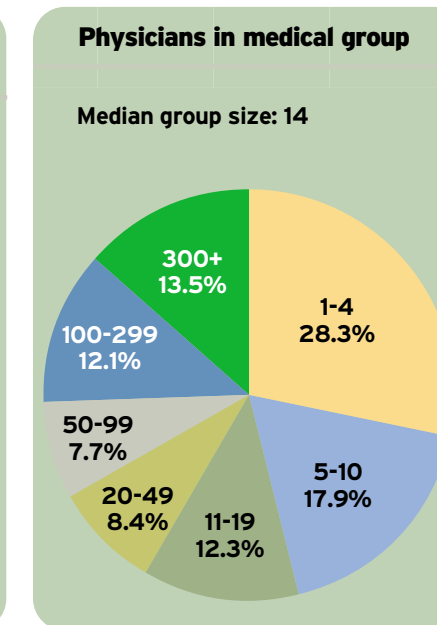
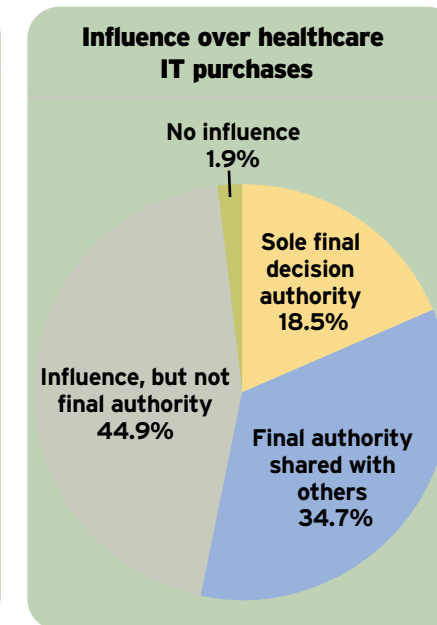
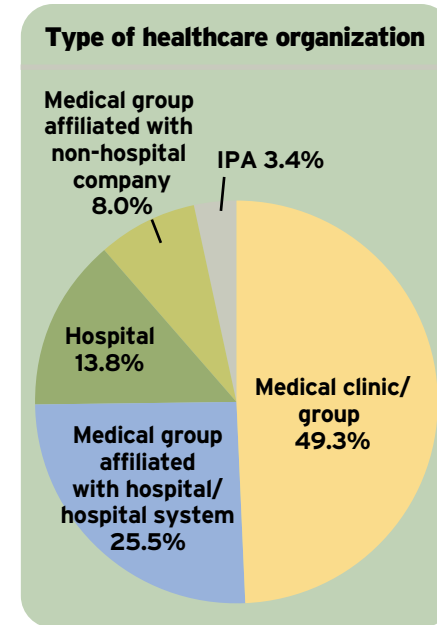
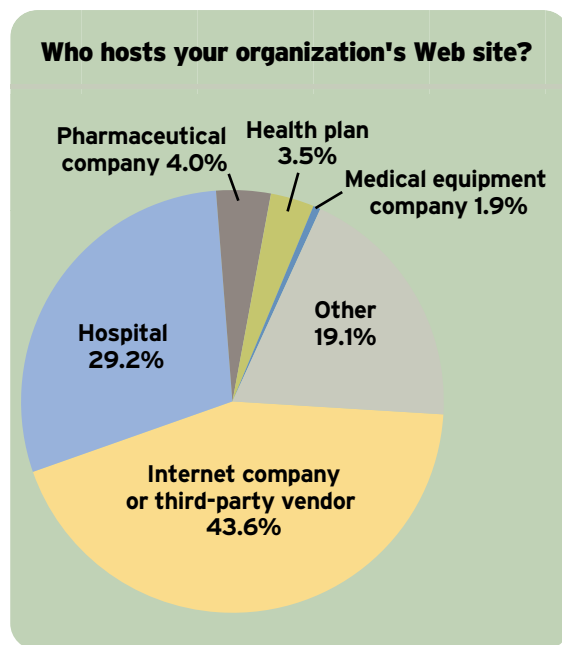
factor in choosing a physician. (See October 2003 issue, page 22.)

Even a large integrated delivery network like Milwaukee-based Aurora Health Care publishes only limited quality data, such as for diabetes, asthma and flu vaccination programs. “We will advertise what we do with some of our care management initiatives,” Director of Medical Informatics Michael Gorczynski, D.O., says.

Patients can log onto the “My Aurora” portion of the Web site for secure communications, quality-related data and to request appointments, but not for actual appointment scheduling.

“We don’t let them into our scheduling book,” Gorczynski says. Nearly 84% of respondents with Web sites are the same way.

(A physician executive with one of the few healthcare organizations that does allow patients to schedule their own appointments online calls the concept “way out there.” See “Record-setting year for



EMR,” page 18.) Capitol Orthopaedics and Rehabilitation, a Rockville, Md., office-based practice with three physicians and two physical therapists, has a rather simple but functional Web site. Patients can follow a link to an American Academy of Orthopaedic Surgeons page to find consumer information about musculoskeletal health and diseases, including arthritis and osteoporosis. They also can send e-mail to a general practice address though not directly to physicians, and find a link to an outside billing service.

But the most useful feature of the COR Web site is right at the top of the home page: a list of printable documents so patients can read and sign the practice’s HIPAA privacy statement and complete registration and history forms before they arrive at the office.

“We direct them to it whenever a new patient contacts us,” says Managing Partner Steven Rockower, M.D. Rockower says that about 70% of patients take advantage of the service to speed up their visits and keep the physicians on schedule.

“I think the waiting times are definitely less,” says Rockower. “And I avoid the 3 p.m. bus, where six patients arrive (in the examination rooms) all at once.” ■

About the survey

The sixth annual *Modern Physician/PricewaterhouseCoopers* survey of executive opinions on key information systems issues is the first edition of the poll conducted entirely online. While this may introduce a new bias toward the tech-savvy, the demographics are not that different from those of the 2002 survey pool.

Although the survey has gone paperless for the first time, 436 physician executives and practice leaders submitted valid responses, about the same number as in each of the past two years, when most returned forms by standard postal mail. The first three annual surveys were entirely paper-based.

In 2003, 49.3% of respondents are from independent medical clinics or groups. The majority are physician executives, with 42% classifying themselves as an owner, partner, principal, CEO or president; another 9.9% being department chairs; and 23.4% holding the title of vice president of medical affairs or CMO.

Perhaps reflecting the bias of the electronic format, 5.3% of respondents to the 2003 survey are informaticists or tech specialists, more than double the year-ago rate of 2.5%.

Most of the entities represented are small, as 59% are from groups of fewer than 20 physicians—about the same as in last year’s survey. The median size is 14 physicians.

All but 1.9% have at least some influence over information technology purchasing decisions, down from 2.9% in the 2002 survey.

Modern Physician and PricewaterhouseCoopers ran the survey for about six weeks in July and August.

—Neil Versel

