## Feel empowered, feel better

Information therapy tells patients: 'Here's how'

**By Neil Versel** 

f knowledge is power, then information might just be the gateway to better medicine, happier patients and a healthier bottom line for physician practices. That is the

theory being advanced by some clinical informaticists who advocate a new type of treatment called information therapy.

"Information therapy is the prescription of the right information to the right person at the right time," says Donald Kemper, chairman and CEO of Healthwise, a Boise, Idaho-based health information service.

Kemper and his wife, Molly Mettler, senior vice president of Healthwise, developed the concept of information therapy, which they introduced to the public in

No uncertain term

**NEW AS THE CONCEPT IS, informa**tion therapy is significant enough to be among the more than 3,000 words and phrases added to the first update in a decade of the Shorter Oxford English Dictionary.

The OED defines information therapy as "the giving of medical information, regarded as a therapeutic technique."

Donald Kemper, chairman and CEO of Healthwise, the Boise, Idaho, not-for-profit that coined the term, says "information therapy" is "open and available" as a generic term, though Healthwise has trademarked "Ix" as a shorthand medical symbol, similar to Rx for drug prescriptions and Dx for diagnoses.

-N.V.

January 2002, when Healthwise opened the Center for Information Therapy in Washington, D.C. "Eventually this will be a reimbursable medical service." Mettler says.

At an "innovators" conference in Park City, Utah, in September, David Lawrence,

M.D., chairman emeritus of Kaiser Foundation Health Plan and Kaiser Foundation Hospitals, Oakland, Calif., talked of the "critical importance of information therapy."

"Information therapy, the radical idea that people should have access to accurate, evidence-based information as part of their treatment, is an important and vision-

ary advance in medical care," says Lawrence, a member of the Institute of Medicine healthcare quality committee.

He says information therapy empowers patients, making them feel more involved in the care process, and that's essential.

"If we try to innovate this only through the physician side, we will run into roadblocks," says Lawrence.

The way information therapy advocates envision it, physicians will write an information prescription at the same time they write a medical prescription, immediately following an exam or diagnosis.

"The day after a diagnosis is an incredibly teachable moment," Mettler says.

The information prescription could include printed literature, a list of reference material specific to the patient's condition or an e-mail or secure electronic message containing pertinent Web links.

Rather than scholarly tomes and clinical journals, physicians should turn to consumer-focused sources that patients can easily understand and are likely to follow, the information therapy camp says.

"We need to change the way we speak (to patients)," Lawrence says. "We're not very good at de-jargonizing. We need no more 'you've got to' or 'you ought to' and more 'here's how.'"

And, says Albert Mulley, M.D., chief of general medicine at Massachusetts General Hospital in Boston, information therapy can and should be an important component of clinical decision support, helping physicians make better-informed judgments.

Orthopedic surgeon William Mohlenbrock, M.D., vice chairman of San Diego-

based clinical software developer Opsion Medical, was unfamiliar with the information therapy movement but likes the idea, especially for patients with Internet access. available to the patients because they are online? They want their physicians educating them," he Lawrence

savs.

Opsion has been conducting beta tests on a secure physician-patient communication and records system at San Dieguito Orthopaedic Medical Group, an affiliate of Scripps Memorial Hospital, La Jolla, Calif., where Mohlenbrock practices.

"Why not have lay articles

Patients are encouraged to view their electronic medical records online prior to an office visit, then send their physicians comments and questions about symptoms. The software now being tested converts these remarks to "medicalese" to help with EMR clinical documentation, Mohlenbrock says.

"Docs can link to articles based on possible conditions before patients come in," Mohlenbrock says. "It brings evidencebased medicine to the point of care without having to rummage through the medical record" or search thousands of articles.

Doctors may then share this information with patients.

Rushika Fernandopulle, M.D., executive director of the Harvard Interfaculty Program for Health Systems Improvement, an interdisciplinary health policy think tank, says information has to be integrated into the care process.

"The real power here is content linked to individual data, mediated by the clinician," says Fernandopulle.