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Medicare Conference

PREMIUM SUPPORT, HEALTH SAVINGS ACCOUNTS, MORE, STILL UNRESOLVED WITH TIME RUNNING OUT

Congressional Medicare negotiators are not giving up, but it's fair to say the odds seem relatively long against a conference report emerging, and even longer against any report passing in both the House and Senate.

For the first time last week, conferees who have been relentlessly optimistic in their public comments sounded pessimistic notes. The negotiators might "agree to disagree," conference chair Bill Thomas told reporters Nov. 4.

As the calendar moves closer to Senate Majority Leader Bill Frist's (R-TN) declared Nov. 21 adjournment date, the conference remains deadlocked on huge issues like premium support — the House plan that would put traditional Medicare into direct competition with private plans — and health savings accounts, another House provision which would expand and make permanent the existing Medical Savings Account demonstration program.

Whether and to what extent Americans should be allowed to buy less expensive, Food and Drug Administration-approved drugs from abroad is another huge unresolved issue.

House Republican Whip Roy Blunt (MO) said Nov. 6 said

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In Medicine & Health Perspectives this week ...

HOW FAR IS IT FROM E-RECORD VISION TO REALITY?

This is the second in an occasional Perspectives series on electronic health records. The first appeared in our Oct. 20 issue.

Electronic-health-record initiatives and products are emerging at health plans and hospitals around the country. And you would be hard pressed to find anyone who doesn't want medicine to take advantage of computers for accessing, storing, communicating, and analyzing clinical information, at least in theory. Money is the most frequently mentioned obstacle to implementing EHR at every site of health-care delivery. But those in the trenches point to more daunting hurdles.

• **Two words: digital, interoperable.** First off, it's important that people understand what a useful EHR is and is not, say many experts. To accomplish its goals, an EHR must be both digital and interoperable, most agree.

What does "digital" mean in this context? The short answer: no scans.

A system in which physicians share data via electronically transmitted scanned patient records, charts, or images may look like a working EHR. But it doesn't fit the bill because, among other things, its data points can't be disaggregated and manipulated to reveal trends, which are at the heart of diagnosis.

"There are a number of [EHRs] today that are not actionable," says Intermountain Healthcare Chief Information Officer Carvel Whiting, who superintends Intermountain's extensive computerization initiatives. "You need everything digital in separate fields. You can't just take a scan. People can see that, but it's not actionable."

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