Sen. Clinton Urges Wider Role for Nonphysicians

WASHINGTON — According to Sen. Hillary Rodham Clinton (D-N.Y.), primary care physicians don’t get enough pay or respect, and there aren’t enough of them. Her response to the problem? The federal government should try to help increase the supply of primary care doctors through nurse practitioners, pharmacists, and others should fill the gaps in care.

“I’m intrigued by the fact that a lot of states are permitting pharmacists to give vaccines,” Sen. Clinton, a candidate for the Democratic presidential nomination, said at a health policy forum sponsored by Families USA and the Federation of American Hospitals. “What other functions can we delegate out, given appropriate oversight and training?”

For example, she said, “I think nurses have a great opportunity to do much more than they’re doing. If we’re not going to be able to quickly increase the number of primary care physicians, we need more advanced practice nurses, and they’ve got to be given the authority to make some of these [treatment] decisions, because otherwise people will go without care.”

Sen. Clinton, who is in her second Senate term, said that health care would be her top domestic priority if she were elected president. “This is, for me, a moral question. It’s an economic one,” she said. “We do want to continue to be so unequal and unfair that, if you’re uninsured and you go into the hospital with someone who is insured, you are more likely to die.”

Sen. Clinton said she learned a lot from her experience in her husband’s first presidential term when she led his efforts to develop a universal health care plan.

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SEN. CLINTON

The fact that the White House took on the responsibility of writing the legislation turned out to be something of a mistake,” she said at the forum, part of a series of presidential candidate health policy forums underwritten by the California Endowment and the Ewing Marion Kauffman Foundation. She said that now she sees the president’s role on health care as “setting the goals and framework but not getting into the details.”

Further, the Clinton plan of the early 1990s was just too complicated, she said. “It was a source of concern to a lot of Americans who didn’t understand how it could work, and it certainly wasn’t presented in the best way.”

This time, Sen. Clinton has a different plan. The “American Health Choices Plan” would allow people to keep their current insurance coverage, but if they didn’t like their current insurance or were uninsured, they could choose from a variety of plans similar to those offered to federal employees. They would also have the option of enrolling in a public plan similar to Medicare.

Sen. Clinton said coverage under her plan would be affordable and fully portable, and that insurers would be barred from discriminating against enrollees based on pre-existing conditions. Large employers would be required to offer coverage or help pay for employee health care; small businesses would not be required to offer coverage, but would be given tax credits to encourage them to do so.

She estimated the cost of her plan at $110 billion per year and said it would be paid for in rolling budget breaks for Americans who make more than $250,000 annually.

Sen. Clinton said critics who called her plan a back door are “way off.”

Patient Portals Not Likely to Increase Physician Headaches

WASHINGTON — Rather than unlock a Pandora’s box of nattering e-mails, an electronic patient portal that allows messaging and even access to test results can improve patient satisfaction and decrease patient visits, says one expert.

“Many physicians think that this type of access is frightening,” Dr. Gretchen Purcell of the Mid-Atlantic Bureau of the University of Alabama at Birmingham said. “They think they’ll be barraged with messages, that patients will misinterpret their test results, and that physicians could even be held legally liable if they don’t respond in time to an urgent message.”

But health care providers, who are about 10 years behind the curve in the digital world, need to face up to the facts of the 21st century, said Dr. Purcell, who is also with the biomedical informatics department at Vanderbilt Medical Center.

Messaging and the ability to access test results are controversial topics, she said. “Messaging is probably the function physicians fear the most. Many think it’s the equivalent of getting and sending personal e-mail, and this brings up all kinds of worries about security and privacy.”

E-mail and messaging, however, are not the same things. Messages don’t go to a personal e-mail account; instead, they go to a dedicated inbox. “This message box is routinely checked by an administrative assistant or nurse—someone who can answer many of the questions, and who would involve the physician only when necessary—similar to phone call triage.”

There are also concerns that these electronic exchanges aren’t part of a patient’s documented record. “Some portals can delegate out, given appropriate oversight and training,” Sen. Clinton said.

It’s important to set clear expectations about how much time and energy issues. Most messaging systems tell patients that they may have to wait 2-3 business days for a personal reply and advise them to call 911 for a medical emergency.

It’s unreasonable to assume that electronic communication could allow patients to bombard offices with questions and requests. Although data are still limited, the studies that are out there suggest that patients who use a patient communication portal report better satisfaction with the portal group compared to those who did not receive messages, the authors concluded. Of 341 patients surveyed, 162 (48%) were willing to pay for online correspondence with their physician, with $2 cited as the median payment they thought fair.

MyHealthATVanderbilt (www.myhealth.atvanderbilt.com) has three tiers of test results, two available to patients online, and a $25 fee for a more comprehensive report. Patients are also given access to the portal 24/7.

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It’s unreasonable to assume that electronic communication could allow patients to bombard offices with questions and requests. Although data are still limited, the studies that are out there suggest that just the opposite, Dr. Purcell said.

Two studies published in 2003 indicate that messaging increases patient satisfaction without any corresponding increase in workload. The first study randomized 200 patients to receive messaging or usual care. Only 46% of the patients who were given access sent any messages at all; the other group sent just 1.5 messages per patient each per year. And although messaging didn’t reduce the number of telephone calls the office received, the number of office visits the intervention group did go down (Int. J. Med. Inform. 2005;74:705-10).

The second study randomized 606 patients to a patient communication portal and patients with no communication. Only 31% of the patients given access used the portal. The message box received only one message per day per 250 patients. Again, there was no difference in the number of office telephone calls between the groups, but the patients in the portal group reported better satisfaction with communication and overall care, even if they never used the portal (J. Med. Internet Res. 2005;7:e48).

The same study indicated that secure messaging probably would not overwhelm anyone during working hours, Dr. Purcell said. “Patients tended to use the portal during nonclinic hours—the most convenient time for them—with about 73% of messaging occurring from 5 p.m. until midnight.”

Patients may even be willing to pay for the added convenience of messaging, the authors concluded. Of 341 patients surveyed, 162 (48%) were willing to pay for online correspondence with their physician, with $2 cited as the median payment they thought fair.

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