Few Try Consumer-Driven Plans

BY JANE ANDERSON  Contributing Writer

A
merican consumers and their employers are treading cautiously when it comes to
switching from traditional, more comprehensive health insurance to consumer-dri-
ven health plans, with few actually adopting the
new plans, according to survey results
from the Employee Benefit Research Institute
(EBRI) and the Commonwealth Fund.

In addition, satisfaction among members in
customer-driven health plans (CDHPs) was
considerably lower than satisfaction among
individuals in more traditional plans, and
more members in CDHPs reported that they
had delayed getting needed medical care.

The Consumerism in Health Care Survey
tracks public opinion on consumer-driven
and high-deductible plans, defined as those
plans with deductibles of $1,000 or more for
employee-only coverage and $2,000 or more for
couple coverage. The plans also feature
health savings accounts (HSAs) and
high-deductible plans, defined as those
plans with deductibles high enough to qual-
ify for health savings accounts but did not have
an account.

Employers are cautiously awaiting data on
the cost and effectiveness of CDHPs before
switching coverage, Dr. Davis said.

“The plans are not well known at this
point,” said Paul Frohnstorf, EBRI senior
research associate. “Only 7% of the population
responded that they are ‘very familiar’ with
consumer-directed health plans, while 13%
said they were ‘somewhat familiar.’

In addition, despite the expectations of
some policy makers that the lower premiums
and tax benefits of CDHPs would substantially
reduce the number of people without health
insurance, “we did find that individuals in
customer-directed plans were not more like-
ly to have been uninsured than those enrolled
in a conventional plan,” said Mr. Frohnstorf.

The survey of 3,158 U.S. adults aged 21-64
was conducted in September through a 14-
minute Internet survey.

Facial Photo Capture Technology
Could Prevent Medical Errors

WASHINGTON — Electronic bar
codes and radiofrequency microchips
are all the rage in medical error pre-
vention, but one research team thinks
avoiding mistakes may be as easy as
snapping a photo.

Researchers with the MedStar
Health network here are experiment-
ing with facial-capture software that
they say could quickly and inexpen-
sively help busy nurses and physicians
avoid mistakes.

The software can pick human faces
out of any photo image in less than a
second. It’s tied into a $120 Web cam-
era mounted behind the nurse’s triage
desk, and anyone who approaches the
desk automatically has his or her face
captured. Nurses can permanently tie
a patient’s face to the corresponding
electronic health record with one click.

Nurses “don’t have to pick up a
camera, they don’t have to make them
say cheese, they don’t have to put
them in a special location. All they
have to do is click on the patient’s
face,” Dr. Michael Gillam, director of
the medical media lab at MedStar, said
at the annual symposium of the Amer-
ican Medical Informatics Association.

MedStar researchers already devel-
oped an electronic health record sys-
tem allowing doctors and nurses to
view patients’ full charts at a glance.

Now Dr. Gillam’s team is hoping that
the facial photo capture system can help avoid errors by capitalizing
on humans’ natural penchant for rec-
ognizing faces. “The problem with a
bar code is that it’s not human read-
able,” he said in an interview.

MedStar says the software could be
used to tack the right face to any
medication order, blood product, or
device before it goes into a patient.

“Anyone can look and see that that
blood doesn’t match, because that’s
not the right person,” Dr. Gillam said.

The Medical Media Lab tested the
software prototype and found that it
captured the smiling faces of all 22
racially diverse adults who ap-
proached a MedStar triage desk.

But as with most identity technol-
gy, privacy is a concern. Dr. Gillam
said that although the system would
photograph all comers, images are
quickly erased if nurses don’t attach
them to a medical record.

—Todd Zwillich