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Welcome to the #?!*! Future of Medicine

The Road to E-Health Is Paved With Good Inventions

By Craig Stoltz
 Washington Post Staff Writer
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The health care industry as we know it is at the cusp of a staggering change, one that promises to focus on wellness rather than illness, one that centers on the needs of the patient instead of the insurance company, one that has the potential to deliver necessary care to virtually everyone at a fraction of today's cost.

The only problem is (rimshot, please!): the health care industry as we know it.

At least that's what I came away thinking after two days in December at eHealthcareWorld, an annual gathering of people and companies devoted to the digital transformation of the U.S. medical system. It was also an ideal opportunity to view consumer e-health technologies likely to emerge in the new year. The presentations and products carried a distinctly utopian sheen, with demos of CAT scans whizzing over fat fiber-optic cables to expert physicians halfway around the globe, and doctors shrewdly avoiding deadly medication errors with nifty hand-held devices invisibly linked to constantly updated databases. It was possible to blunder from booth to booth filled with wonderment and hope.

But as you looked closer, the underlying difficulties of Web-based health care technologies -- system incompatibilities, privacy and security issues, slow physician adoption, the high expense of building out entirely new systems and digitizing existing data, the terrific rout of most Web-based stocks, including many in the e-health field -- wafted through the conventional halls like a foul dose of aromatherapy.

One of my favorite booths at the trade show was operated by a newsletter called e-Health Investor, whose editors were kind enough to share with me something they called their "Crispy Critters" list -- rankings of e-health companies burning through remaining cash so quickly they appeared to have only a few months to live. Several of the crispies were represented at the show.

— E-Health Sites —

- [Digital Sampling: Some Promising E-Health Sites](#) (The Washington Post, Jan 9, 2001)

— Past Coverage —

- [Sites for Sore Eyes](#) (The Washington Post, May 16, 2000)
- [Behind the Screens](#) (The Washington Post, May 16, 2000)
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The delightfully named sickbay.com, for instance, had a big booth just across the way. Though launched as a "content" Web site where women could get health advice and buy products, the site was now making the familiar turn into a "business to business" site offering services to other Web-based health businesses. The Sickbay booth was blaring with disco music and staffed with unsettlingly attractive young women wearing glittery spandex pants, and seeing steady traffic from the physicians and business people in attendance.

What many of them didn't know was that, according to e-Health Investor, the firm had fewer than five months of cash on hand. But by the end of the show the firm had announced \$25 million in new financing and some new business deals. Another e-health life saved.

Report From the Future

The e-health business may be a hard way to make money now, but nearly everyone agrees it will eventually help reshape health care. I saw quite a few things at the show that promise (eventually) to improve the lives of householders with Web access, specific medical needs and some free time on their hands. (See "Digital Sampling: Some Promising E-Health Sites," Page 9.) I saw demonstrations of services that provide analytical data to help people decide which hospital, doctor or nursing home to choose. There was a Web site that uses a "bot," or a software program that scours other sites, to compare prices and quality of online drugstores for specific products. I saw two sites dedicated to providing scientifically documented information about the efficacy and shortcomings of vitamins, minerals, herbals and so on. Several Web services allow consumers to find out about drug trials for which they may qualify.

I attended a workshop featuring a remote-monitoring product called Lifeshirt, being developed by a company called VivoMetrics. Lifeshirt looks like a tank top but records 40 different kinds of clinical information about the biological processes of the wearer, which can then be transmitted to a doctor or other diagnostician. Essentially, medical director Marvin Sackner said, "it's like making a movie of a patient's health and disease."

Though the shirt costs \$600, it promises to slash costs of monitoring those with chronic and possibly deadly conditions, like congestive heart failure and sleep apnea. Much of the data was captured in streams that would be understood only by experts, but some of the output was quite simple. For asthmatics, the shirt records the number of times the wearer coughs; for the depressed or anxious, the garment counts sighs.

But most of the show wasn't about this sort of mind-bending innovation. That's because, in order for the industry to undertake its transformation toward efficiency and patient-centered service, a daunting number of little things, and a short list of really big things, must be tackled. For example:

- Doctors have to agree on and learn to use digital tools at "the point of care," which means introducing into the exam room hand-held devices or PCs connected to a network.
- Your medical records have to be made digital and accessible to your doctor, other health care providers and (some say) you, but not to anybody

else. This task was made no easier by news reports a few days after the convention of a hacker's break-in into the medical records of hundreds of patients treated at the University of Washington Medical Center -- nor by the following weeks' announcement of new federal standards for health information privacy and electronic data transfer, which many companies immediately decried as unfair, unrealistic and certain to put them out of business.

- Doctors and others have to figure out such basics as how to make even simple e-mail transactions secure, and how to create financial rewards for providing digital "care" outside of an office or hospital setting. And everybody has to figure out who is going to pay the bill for these things, in an environment where most sectors in the health care industry -- except the pharmaceutical companies, who are doing quite well, thank you -- are in money trouble and appealing for some sort of legislative relief.

Perhaps the most promising trend for consumers in the short term is something called "electronic disease management." Since by some estimates up to 70 percent of health care dollars are spent on treating people suffering from chronic conditions like asthma, diabetes, arthritis and high blood pressure, the idea is that whoever foots the bill can save a lot of money simply by managing these specific patients better -- ensuring they stick with treatment, reducing doctor visits and keeping them out of the emergency room.

And so, many firms at eHealthWorld were dedicated to using the Internet and other digital tools to extend and automate care. For instance, a Web-based service called DiabetesManager.com helps type 1 diabetics manage their glucose levels. Users enter blood sugar numbers, diet and exercise information into their PCs regularly, and the site uses an algorithm to derive a recommendation, if any, for adjustment. The site is available only by prescription, ensuring it's used as an extension of a doctor's care, not a replacement for it.

Who Pays?

Unfortunately, the current economic system -- notwithstanding the many attempts by managed care companies to change it -- rarely rewards health care providers for keeping patients healthy or holding down costs. The more care they provide, the more money they make. As author, activist and (lately) corporate adviser Jeremy Rifkin put it in a provocative address to convention delegates, "If you're sick, the companies [pharmaceutical firms, hospitals, doctors] are well."

The only players in health care who currently benefit from clients' good health are insurance companies -- though they rarely have long-term relationships with patients that permit these firms to reap the potential benefits of early investments in preventive care, self-care and wellness training. Employers, Rifkin says, may have the most urgent interest in seeing employees remain healthy, as they would enjoy the benefits not only of reduced health care benefit costs, but of workers who are more productive and less stressed. Rifkin sees employers ultimately taking the lead in supporting and funding e-health initiatives that will reduce costs and improve care.

Until a big change in the economics of health care occurs, there are some

encouraging small efforts intended to help people manage their care. A company called Health Hero makes a product called Health Buddy, a simple digital device -- designed to be operable by "a 90-year-old patient with one trembling knuckle," as the firm's CEO, Steve Brown, said during one panel -- that lets users input data about how they are feeling, what they have eaten and other measures of their health status. The system also permits attachment of other digital devices, such as scales and blood pressure and heart monitors. This information is transmitted to a care provider, which can verify the patient's continued wellness and "manage exceptions," as they say in the field -- i.e., take appropriate action when the data suggest it. Brown says the system can offer cost savings to insurers, in the form of treatments not required, of 40 to 60 percent.

There are subtler benefits, too. "What we hear the most," Brown said, "is, 'I feel like someone is there for me.'"

High-Tech Dictation

During a panel about doctors' adoption of technologies, I asked Daniel Sands, an internist who heads the clinical technology efforts of Beth Israel Deaconess Medical Center in Boston, whether his doctors didn't suffer the same "404 ERROR" and "this page not found" messages and other annoyances and small disasters that befall the rest of us who use the Web regularly. I suggested that most doctors I'd had contact with didn't seem likely to be tolerant of that sort of thing. He looked at me as if I were one of those annoyances or small disasters. He said problems were rare and that "there was no comparison" in the efficiency of a wired and unwired doc. "It's not even close," he said.

Since Sands is a renowned pioneer in clinical computing, and because Beth Israel is a recognized leader in technology adoption in clinical settings, I took this as very good news for the developing e-health industry. If such successes can be widely replicated, then an industry transformation, quite possibly for the better, may indeed be at hand.

Still, I couldn't shake the feeling that there were plenty of bumps to come along that vast digital highway. At the booth of a firm that sells Windows-based palmtop computing services to doctors, I was offered a demo of the company's voice recognition "solution." Voice input is considered a promising technology in the effort to get doctors wired, since many doctors are comfortable dictating but few are used to typing their orders and notes, especially in a patient's presence. I confessed to the company's sales rep that I was a veteran of many voice recognition software demos that had proved mainly that the technology was promising but buggy, not yet ready for real use by real people who had real work to do -- especially, say, doctors who had seven minutes to deal with me, including the steps that involved swabs, needles and rubber gloves.

The sales rep assured me the system was ready for in-office use. To demonstrate, her colleague spoke a fictional patient's name into a Windows CE palmtop computer, one of two names pre-installed in the memory of the device. The other client's name came up instead. He cursed lightly and tried again, this time holding the unit near his chin and speaking slowly and clearly, as if giving instructions to a disobedient moron. This time the right name popped up on the screen.

"See," the sales rep said, "it works!"

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