

Government takes the pen out of your doctor's hand

By: DAVID CHARLES Bucks County Courier Times

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Republicans and Democrats are set to clash on health care once the new Congress begins in January. Unfortunately, neither side has indicated it's interested in reforming the health information technology (HIT) programs the President signed into law.

HIT gets a lot of good press - often times, justifiably so. Better use of computer technology will help physicians reduce errors - and this is a key part of the President's effort to reform HIT. But HIT does also pose certain dangers to patient access to care in this country. One element of HIT could end up doing a lot more harm than good. Policymakers need to examine this issue - with the interests of patients and doctors in mind.

Congress passed the "Health Information Technology for Economic and Clinical Health Act" as part of last year's stimulus package. The law provides incentives for physicians to computerize their health records. Starting in 2015, doctors will actually be penalized if they haven't adopted certain health information technologies.

One of the new technologies is electronic prescribing - eRx for short.

Widespread adoption of eRx is a worthy goal. The practice means paper no longer has to change hands from doctor to patient to pharmacist. So eRx reduces the possibility a prescription will be lost and reduces the chance for error when a pharmacist tries to decipher a doctor's poor handwriting.

There's simply less room for human error with eRx and it brings down costs at the same time.

However, eRx could also allow bureaucrats to get between you and your doctor.

When I write a prescription with eRx at my hospital, as I start typing the name of a drug, the computer begins to suggest options to help me quickly find the correct medication. It would be very easy for programmers to build-in limitations on my options. The system could be programmed to simply not list certain medications.

If this happened, Medicare or a private insurance company could clamp down on treatment options, and limit your doctor's treatment options. In its most drastic form, these built-in eRx rules could potentially dictate what drugs your doctor could prescribe.

Insurers have a huge incentive to manipulate eRx technology in just this way in order to cut costs.

One of the more dangerous policies that could be imposed through eRx is "fail first," in which your doctor has to prescribe the cheapest possible treatment first. You then have to suffer through prolonged symptoms while you "fail" the drug your doctor never wanted to prescribe in the first place. Only after this forced suffering on your part, is your doctor allowed to prescribe the preferred medication.

This practice is increasingly popular among insurers. In fact, a 2008 survey done for the Medical Society of the State of New York found that almost all doctors - 93 percent - were required by insurers to switch their patients' drugs. And 87 percent sometimes felt pressured to prescribe not what's best for the patient, but what costs less. (http://www.mssny.org/mssnyip.cfm?c=i&nm=Insurance_Carrier_Rules)

Worse yet - fail first rules can be dangerous. A 2002 Harris Interactive survey found that for about one in ten patients forced to take a (cheaper) substitute drug, the "fail first" medication was ineffective, and nearly a quarter of those suffered new side effects.

Anonymous bureaucrats shouldn't take precedence over your doctor when it comes to your health. Your doctor best knows your medical condition and health needs. Distant bean counters don't. Unfortunately, eRx could enable the government or an insurance company to get between you and your doctor.

What can we do to ensure that the eRx doesn't undermine your doctor and your health?

A recent move by the Maryland State Medical Society points us in the right direction. They recently passed a resolution insisting that eRx should "not advance the commercial interests of any particular participant (e.g., health insurers, hospitals, pharmacy benefit managers, pharmaceutical companies, etc.) to the potential detriment of the patient."

I hope other state medical societies will follow suit. If enough pass resolutions to fight against the abuse of HIT technology, the American Medical Association could likely do the same, sending a serious message to policymakers.

When your doctor can no longer write your prescription and is forced to use eRx, the government or insurance company has literally taking the pen out of their hand. While this could lower costs and reduce errors, it could also empower anonymous bureaucrats to sit between you and your doctor - allowing a bean counter to dictate the terms of your treatment. Policymakers need to keep this fact in mind as HIT and eRx gains traction in the healthcare system.

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