

Embracing new technology

JACQUIE GOETZ
STAFF WRITER

Medical informatics academy earns charter

It is the first osteopathic specialty academy in more than 20 years to be newly recognized by the AOA. Its membership numbers around 20 individuals so far, and its charter is only three months old. The newest addition to the osteopathic medical family, the American Osteopathic Academy of Medical Informatics (AOAMI) is open for business.

With technology infiltrating every industry and profession, including healthcare, it has become necessary for the osteopathic medical profession to weigh in on such subjects as electronic medical records, e-prescribing and e-mail consultations.

So when Gerald E. Brenton, DO, and other members of the profession approached the AOA Board of Trustees last year about developing a medical informatics specialty group, the Board quickly agreed to set up a task force to facilitate the process.

The AOA's 2002-03 3rd vice president, Dr Brenton headed up this task force, which recommended the creation of the AOAMI.

In keeping with the goal of AOA President Darryl A. Beehler, DO, to bring DOs to the forefront of technology, the AOA approved a charter creating the AOAMI during the AOA House of Delegates' annual meeting in July.

Osteopathic medical concerns

Though the AOAMI is a freestanding entity, the American Osteopathic Information Association (AOIA) is nurturing the fledgling academy along by providing management services. An AOA affiliate association, the AOIA's purpose is to improve the effectiveness of osteopathic physicians through the application of new information technology. All AOA members are also AOIA members.

AOA House addresses online medicine

During its annual meeting in July, the AOA House of Delegates approved a position paper addressing several major concerns regarding online medicine—from liability issues to reimbursement.

The discussion began in July 2002 when the Missouri Association of Osteopathic Physicians and Surgeons submitted a resolution on online medicine to the AOA House.

Because the resolution included many nuances and provoked extended discussion, the AOA House referred the resolution to the AOA Bureau of State Government Affairs for review. The bureau discussed what the AOA's position on online medicine should be and developed a policy paper.

The policy paper was sent to state osteopathic medical associations and osteopathic specialty colleges for review and comment. The policy paper's final draft accompanied a new resolution submitted by the AOA Bureau of State Government Affairs to the AOA House at its most recent meeting in July.

Physician-patient relationship

The policy paper analyzes three main issues: liability for treatment and diagnosis, licensure concerns, and reimbursement.

"Online medicine inherently carries with it a distance relationship between patient and physician," notes AOA Trustee Max T. McKinney II, DO, who chaired the AOA Bureau of State Government Affairs this past year. "As a

result, e-mail consultations and online diagnosing leave physicians vulnerable to liability because physicians make decisions about patients' care without ever physically examining those patients."

The AOA's position paper states that a physician-patient relationship can be established only through at least one face-to-face encounter.

"The AOA emphasizes that online consultation done without establishing a physician-patient relationship or without a licensed independent practitioner to receive the consultative opinion does not meet an acceptable standard of medical practice," Dr McKinney stresses.

Another major concern that the AOA Bureau of State Government Affairs is grappling with is online prescribing.

"Due to the harmful side effects and contraindications of prescription drugs when taken without proper instruction and follow-up, the potential for patient injury is great," Dr McKinney says. "Most states require a physician to have established a relationship with a patient before prescribing medicine."

The AOA's position is that physicians should prescribe medicine online only if they have been directly involved in a patient's physical evaluation, have knowledge of that patient's medical history and are aware of the other medications the patient may be taking.

Licensure worries

The policy also addresses the licensure of physicians who practice medicine via the Internet and treat patients who live in other states.

"A physician who maintains a Web site in Illinois could easily reach patients from any part of the country," Dr McKinney notes. "There are questions as to whether the physician who maintains the site should be licensed in the state in which he or she lives or the states in which the patients live."

The AOA recommends that state medical boards grant reciprocity for licensure to physicians licensed by other state medical boards that have equivalent standards for regulating medicine over the Internet.

Reimbursement concerns

While communicating with patients may be made simpler by using e-mail, Web sites, bulletin boards and other online communications, physicians are likely to encounter problems obtaining reimbursement for this type of care. While a few health insurance companies pay small amounts for medicine practiced over the Internet, most do not.

The AOA policy calls for securing more state legislation in support of reimbursement by insurance companies and other third-party payers for services rendered online.

—Jacquie Goetz

The AOAMI is in the process of surveying its members to determine what services they would most like the academy to provide. A major goal of the AOAMI is to have a voice on federal committees addressing such topics as electronic medical records standardization.

Jason R. Aronovitz, DO, is in the midst of the second year of a two-year fellowship in medical informatics at the Boston University School of Medicine. A member of the American Medical Informatics Association (AMIA), Dr Aronovitz attended an AMIA meeting on standardizing electronic medical records more than a year ago and noticed very few DOs in attendance.

"I became concerned that osteopathic medicine's nomenclature would be excluded from the electronic standards under discussion due to a lack of representation from the osteopathic medical profession," notes Dr Aronovitz, the AOAMI's secretary-treasurer. "If osteopathic medicine's nomenclature is not advocated for when standards groups decide what should be included in electronic medical records, osteopathic principles and practice won't be incorporated."

Dr Aronovitz believes that the first step to getting osteopathic medicine's nomenclature recognized was to establish the AOAMI.

"The second step is to make a presentation to the National Library of Medicine, which oversees the Unified Medical Language System," Dr Aronovitz says. "UMLS is a biomedical nomenclature freely licensed for use in clinical research, applications and indexing of medical literature."

Dr Brenton recently volunteered to be part of a consortium of physicians to develop electronic medical records standards.

"The federal Centers for Medicare and Medicaid Services would like to begin differential payments for physicians who use completely electronic medical records

Dr Beehler keeps AOA active in technology discussions

A champion of the wise use of new technology, AOA President Darryl A. Beehler, DO, realizes that many challenges must be tackled as the profession advances technologically.

Dr Beehler has declared his intent to keep the AOA actively involved in national discussions pertaining to all aspects of information technology in healthcare. To that end, he attended recent meetings on the National Health Information Infrastructure (NHII) in Washington, DC, and Chicago.

The NHII is an initiative established by the US Department of Health and Human Services to improve the quality of healthcare in the United States. The goal of this initiative is to build a comprehensive network of integrated electronic systems of clinical, public health and personal health information that would optimize medical decision-making by making health data available when and where it is needed.

"Initially, the AOA was not active in the NHII, but we demanded to be players and are now invited guests at NHII meetings," Dr Beehler says.

So far, nearly 40 associations—representing physicians, health plans, nurses, information management organizations and professionals, and clinical research interests—have participated in NHII meetings.

The NHII initiative will address three overlapping spheres of healthcare:

- **Personal health.** Within the personal health sphere, the vision of the NHII initiative is to empower consumers by enabling patients to create and control their personal health records.

- **Healthcare delivery.** The healthcare delivery sphere includes the handling of information such as provider notes and clinical orders, and it covers major issues such as online medicine (see the accompanying article on Page 21).

- **Public health.** The NHII initiative aims to improve the clinical management of populations through better sharing of information.

By becoming involved in this new initiative, Dr Beehler intends for the AOA to have a say in establishing the technologies, standards, applications, systems and laws that support all facets of individual health, healthcare and public health.

In upcoming issues, *The DO* will continue to report on the growth of the NHII and the AOA's involvement with it. For additional information, visit the NHII's Web site at <http://aspe.hhs.gov/sp/nhii/>.

—Jacquie Goetz

systems," explains Dr Brenton, who chairs the AOIA's Technical Advisory Committee and who serves as the AOAMI's president. "Now that the AOAMI is up and running, we can provide osteopathic physicians with the skills and knowledge base to implement CMS's standards."

AOAMI goals

Dr Aronovitz's interest in medical informatics grew out of the frustration he experienced while serving his family medicine residency in Philadelphia.

"I would see patients after surgery or after they saw specialists, and we would not have the patients' reports or charts back from the hospital or the specialists," Dr Aronovitz recalls. "That meant we had to make several phone calls, track down the reports or charts, and have them faxed over. That's unacceptable in this day and age with the technology we have. It's wasted time.

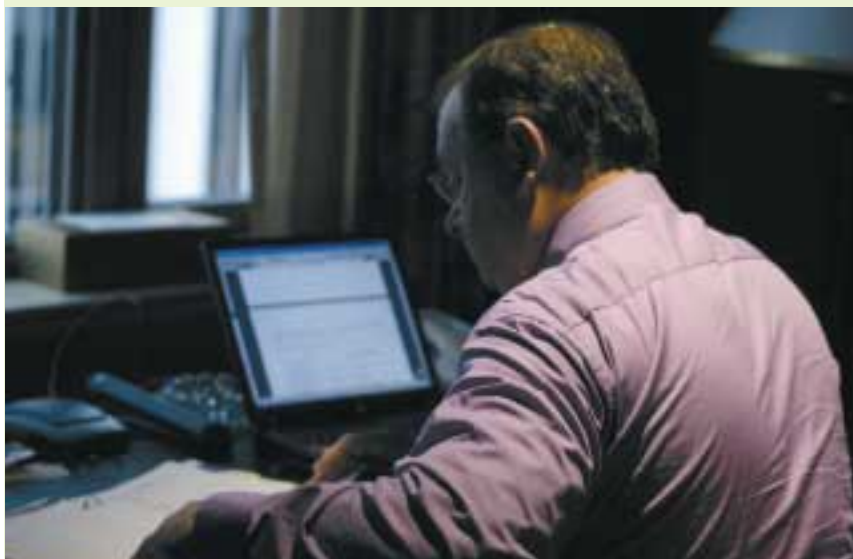
"The exchange of information and communication between patients and physicians are strained, and it doesn't have to be."

Upon completing his residency, Dr Aronovitz sought out a medical informatics fellowship. The informatics training program he is pursuing is part of the Boston Research Training Program in Medical Informatics, which is funded by the National Library of Medicine. This program is affiliated with Harvard Medical School, Harvard School of Public Health, Massachusetts Institute of Technology, and New England Medical Center in addition to Boston University Medical Center.

Dr Aronovitz is currently conducting research on telecommunications systems for managing patients with chronic diseases.

"I have helped develop an automated telephone system providing counseling and behavior therapy for patients who are obese," Dr Aronovitz says. "When a patient

AOA President Darryl A. Beehler, DO, believes strongly in the value of technology and intends for the AOA to have a voice in the National Health Information Infrastructure initiative. (Photo by Jay Schurman)



calls, a computer handles the call based on the patient's responses," he explains.

"The computer has the technology to provide appropriate responses," Dr Aronovitz notes.

With his knowledge of medical informatics, Dr Aronovitz plans to assist the AOAMI in teaching medical informatics to other osteopathic physicians and will remain a proponent for preserving osteopathic principles and practice in the emerging electronic standards community.

"This new group is open to anyone with any level of medical informatics experience," Dr Aronovitz stresses. "We are looking for young physicians in practice who are proficient with computers and who can help to implement the growth of electronic medical records. We are also looking for older physicians who may just want basic information on how technology can help them in their practices."

Dr Brenton echoes Dr Aronovitz's open invitation to potential members.

"We are seeking practicing physicians who understand that computer skills and the Internet are part of the future," Dr

Brenton says. "Through the AOAMI, they can go online and get computer training, or they can attend our annual meeting, which will offer Category 1-A continuing medical education credit."

Dr Brenton stresses that the AOAMI hopes to appeal to practicing osteopathic physicians who want to learn to incorporate information technology into their practices, DOs with more advanced technological training who want to set up paperless offices or share best practices with advanced computer users, and DOs seeking recognition for advanced training they have already earned in medical informatics.

To meet the needs of this last group of osteopathic physicians, the AOAMI is looking into developing criteria for granting certification of added qualifications to DOs through certifying boards.

Dr Brenton also encourages osteopathic medical students to explore membership in the AOAMI.

"Students have basic computer skill sets far exceeding those of practicing DOs," Dr Brenton says.

For more information

AOAMI membership is free for osteopathic medical students, \$50 for interns and residents, and \$100 for practicing DOs. The AOAMI is in the process of securing funding to launch its programs through membership dues, corporate sponsorship and philanthropic donations.

During the 108th Annual AOA Convention and Scientific Seminar in New Orleans, the AOAMI held its first membership meeting. At the AOA's 2004 convention in San Francisco, the AOAMI plans to offer a formal CME program.

DOs and osteopathic medical students interested in learning more about the AOAMI can call (800) 621-1773, Ext 8148, or (312) 202-8148; send e-mail to mzarski@aoa-net.org; or send faxes to (312) 202-8448. DOs and students can also write to Michael J. Zarski, JD, the director of the Department of Information and Technology, American Osteopathic Association, 142 E Ontario St, Chicago, IL 60611-2864. 