

# TRENDS & Ideas

## INFORMATION TECHNOLOGIES

### Preparing for the Year 2000

To prepare their organizations for the use of leading edge technologies, hospital chief information officers (CIOs) must focus on a blend of tactical, strategic, and visionary issues, according to Joseph M. DeLuca of Joseph M. DeLuca Associates in San Francisco.

At the March Healthcare Information and Management Systems Society meeting, DeLuca said that information system managers should supplement shorter-term tactical and strategic plans with a 10-year vision of the organization's information system needs. He suggested that organizations form multidisciplinary information systems "vision groups . . . to analyze leading edge technologies and develop positions relative to

their applications within the organization."

Of current leading edge technologies, DeLuca predicted that several will have a major impact on healthcare delivery by the year 2000. Clinical workstations will be "the favored, if not the dominant" information systems architecture, he said, with enormous potential to make

managed care programs more effective and efficient.

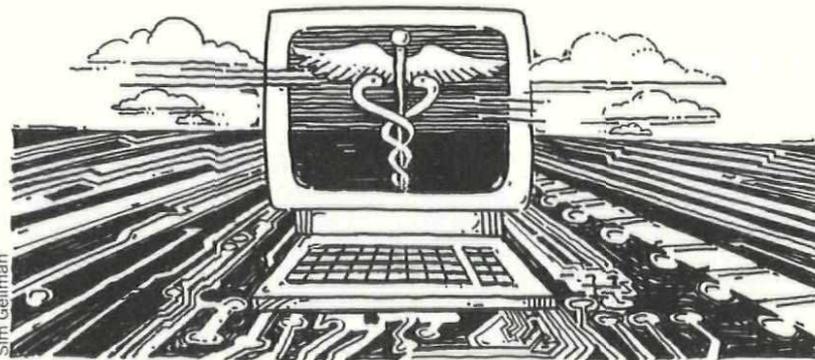
The development of community data bases will be driven by healthcare reform. "Electronic transfers of patient medical records will be commonplace by the year 2000," DeLuca predicted. The data bases that make such transfers possible will be regional and will facilitate the

collaboration and mergers necessary for regional care networks.

As such technologies become more powerful, the emphasis on promoting computer competency will grow. "By 2000, computer-aided instruction, knowledge-building, and competency systems will be a standard feature in healthcare facilities," DeLuca noted. Their use will significantly increase productivity and the effectiveness of providers' information systems. To improve productivi-

ty in the near future, CIOs should create a "structured awareness, strategy development, and learning process" to educate key staff in the use of leading edge technologies, DeLuca urged.

As part of an effective acquisition strategy, CIOs must define a "proven technology" (e.g., installed at five sites, financially stable vendor, proven cost economics) that allows them to gauge the "acceptable risk" of purchasing a particular information technology. DeLuca said they must also learn to "identify the vendors of tomorrow." CIOs should constantly review the literature and attend conferences to find out what the most promising products are and who is developing them. Finally, they should conduct regular seminars for senior managers in which participants review leading technologies and discuss their potential implications.



## LONG-TERM CARE

### Help for Middle-Income Seniors

Affordable long-term care insurance is now available to middle-income residents of New York, thanks to a new state program.

The program arranges for private insurers to provide coverage to eligible residents, Sarah Lyall reports in the *New York Times*. Policies will cost \$400 to \$800 for persons aged 40 and \$1,800 for those aged 65, with premiums remaining the same as long as a customer holds the policy. The insured will be covered for at least \$100 a day for nursing home costs for up to three years or \$50 a day for home care costs for up to six years. Medicaid will pick up costs after a policyholder's benefits are exhausted.

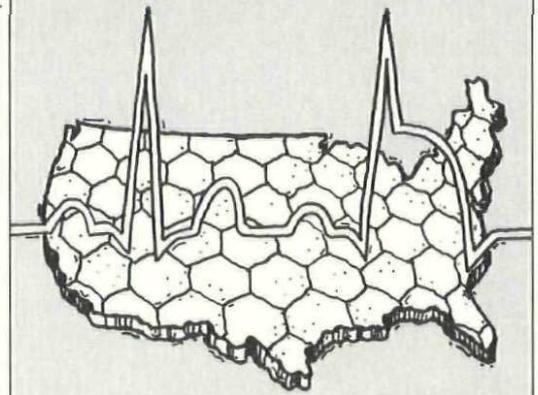
The program is designed to protect the elderly from liquidating savings and selling assets to pay long-term care costs. It also keeps policyholders off Medicaid, which should save the state millions of dollars.

Some critics charge the program does not go far enough. Gail Shearer,

a policy analyst with the Washington, DC-based Consumer's Union, points out that it may leave out "the people who have some assets to protect and don't qualify for Medicaid right away, but don't have enough income to buy this type of program." And Howard Bedlin of the American Association of Retired Persons (AARP) warns that the policies do not protect income from investments that could make customers ineligible for Medicaid and that persons who move from New York are no longer eligible for the plan. Bedlin says the AARP strongly opposes the plan.

However, with nursing homes costs averaging \$62,000 a year in New York, the program should help many seniors. New York is the second state to offer such a plan, but several others are expected to soon. If the federal government enacts a plan to subsidize long-term care insurance, insurers in New York State would be required to make partial refunds to policyholders.

## A Network for Cardiac Care



A network of cardiac physicians from throughout the nation may be one of the first tests of how effectively physicians can collaborate to reduce healthcare costs while maintaining quality.

Ron Winslow reports in the *Wall Street Journal* that more than 500 of the best cardiac surgeons have already joined the group, which will "provide open-heart surgery, angioplasty and other services for set fees to corporations, health plans and government programs such as Medicare." The network expects to perform a typical bypass operation for between \$30,000 and \$40,000, compared with the current rate of about \$60,000.

The ability to pool expertise, compare outcomes, and develop effective procedural standards will enable the network to compete in local markets and improve the quality of cardiac services, explains William D. Knopf, a cardiac physician based in Atlanta who is the network's president. He says the group's services should be attractive to American business not only because corporations will pay less for them but also because they will have a better idea of what they are getting for their money.

"The concept is that when a patient gets care in Minnesota, it looks the same as it does in Atlanta," Knopf notes. "If we can standardize care, then we can really tackle the issue of costs by figuring out where the fat is in the system and getting it out."

To participate in the network, a cardiology practice must do at least 500 bypass and 300 angioplasty procedures annually. Research has shown that higher-volume providers have lower death rates and better economies of scale. Employers are already showing interest in the idea of contracting separately for major cardiac procedures, and the network hopes that health maintenance organizations and Medicare will find their services attractive.

But, Winslow notes, corporate purchasers are increasingly interested in preventing the need for costly healthcare in the first place. Although the network's immediate objective is to concentrate on high-cost, acute-care procedures, participating physicians hope to soon turn their focus to preventive services and links with primary care physicians.

## LA DIFFERENCE

## Gender Variations in Health and Healthcare

At birth, girls have a survival advantage over their male counterparts. And at the other end of life, women outlive men by an average of seven years. Nevertheless, women are sicker more often than men and more susceptible to many disorders, including depression and autoimmune diseases such as arthritis.

The gender differences in health begin with girls' stronger immune systems and lower susceptibility to infection, Margie Patlak writes in the National Research Council's *NewsReport*. In childhood, however, social and psychological differences also contribute greatly to differences in health. For example, aggression and competitiveness among boys lead to their higher rate of risk-taking behaviors (such as smoking) and violent or accidental deaths. In contrast, adolescent girls—concerned over their appearance and more vulnerable to sexual abuse—are more likely to develop depression and eating disorders.

In adulthood, perhaps because of their caretaking role, women experience a greater number of illnesses than men, are more likely to miss work due to sickness, and visit doctors more often. And even though women live longer, "the extra seven years can be whittled down to three good years," according to epidemiologist Maureen Henderson of the

University of Washington, Seattle. Women take longer to die than men but tend to be frail and disabled. One possible explanation is that women do not exercise enough. But differences in healthcare could also be a factor.

Because they are more likely to hold part-time or unskilled jobs, women are less likely than men to be insured. Even those who are insured may not be covered for the type of care they need, including perinatal care and nursing home and home healthcare. "Eight of every 10 elderly people needing such care for five years or more are women," reports Patlak.

Finally, the healthcare women do receive may not be as aggressive as that provided to men or it may not be tailored to their needs. Women are often excluded from research on medical treatments and drugs and are treated based on information derived from studies with men. And relatively little research has been done on proper medical care for women related to menopause, vaginal viricidals, and the disabling disorders they are subject to because of their longevity.

On the plus side, studies indicate that women may be improving their health by working outside the home, avoiding the social isolation and monotony that contributed to heart disease in women as homemakers.

