

## HEALTH &amp; FAMILY

**The Informed Patient** / *By Laura Landro***Please Get the Doctor Online Now**

**C**AROL DUDLEY LEFT her doctor's office recently with a new prescription, but it wasn't for a drug. It was a directive to read up on the diet, nutrition, and exercise regime that might help her ward off the onset of diabetes.

The physician's orders came with specific instructions on where to find the information the 51-year-old Georgia school librarian needed. Her doctor, Jacqueline Fincher, handed her a "Health Information Rx" that checked off the diabetes Web site address on a list of disease-specific links.

"Most laypeople don't know what sites to go to, or how to discern what is quackery and navigate what's not," says Dr. Fincher, who already has handed out more than 75 information prescriptions to her patients since an Information Rx pilot project was launched six weeks ago. It's particularly useful for patients with chronic diseases that need education and self-management. "There's not enough time in a day to talk to someone who is a newly diagnosed diabetic about everything they need to know," Dr. Fincher says.

Such "e-medicine" projects are gaining wider acceptance as mounting evidence shows that harnessing the Internet and e-mail might offer one creative solution to the burgeoning cost of health care in the U.S. The Information Rx pilot project is a joint effort between the U.S. government's National Library of Medicine and the American College of Physicians-American Society of Internal Medicine. Prescribing information such as what's found on the library's medlineplus.gov consumer Web site can help patients take better care of themselves and can reduce the need for catastrophic care down the road.

**B**UT WEB SITE recommendations alone aren't enough. Though more than 100 million consumers go online for health information every year, many say what they really want is more online interaction with their physician. A survey by Manhattan Research, a consulting firm, found that while 57% of doctors now recommend Web sites to patients, the number using e-mail with patients fell slightly to 19%. Two-thirds of doctors, though, said they'd be willing to e-mail with patients if they were reimbursed.

Daniel Sands, a physician at Boston's Beth Israel Deaconess Medical Center and a leading proponent of doctor-patient e-mail, says patients should simply ask their physician to start communicating with them electronically. "That's the expectation of everyone in society today,

(www.e-pcc.org).

Of course, reimbursement remains a stumbling block. According to the Manhattan Research survey, physicians remain reluctant to provide online consultations that take up more of their time and don't make them any more money.

"Patients have to realize that doctors have to be paid for their time," Dr. Sands says. Electronic medicine, he notes, is dividing along two lines: free general medical advice such as the Medlineplus program, and more time-consuming and personalized online consultations for which physicians want to charge. A

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small but growing number of health plans are starting to reimburse doctors for online consultations, and the pressure is mounting for others to do so.

The American College of Physicians recently called on the Center for Medicare and Medicaid Services and all other payers to work with doctors to develop guidelines for reimbursement of health-related consultations online. Donald Kemper, whose nonprofit Healthwise Inc. helps design information-therapy plans, argues that an "information benefit" is just as important as a "drug benefit"—and would cost Medicare far less to provide. (A Medicare spokesman says online reimbursement isn't under consideration now, "but we are open to demonstrations and opportunities to see if it can work.")

**I**N THE FUTURE, medical groups say, online consultations should take on a growing share of the "nonurgent" care—prescription refills, follow-up care for problems that haven't become more severe, the reporting of certain lab results, and easily diagnosed symptoms such as a urinary tract infection. They also can be used for extended personal counseling after an office visit, and answering questions about something a patient finds online. Studies already show significant cost savings.

In one program sponsored by 16 Silicon Valley employers, a group of employees used a service called webVisit from RelayHealth Corp. Doctors were paid \$20 to \$25 for each consultation, with patients responsible for a \$5 to \$10 co-payment. Researchers at the University of California at Berkeley and Stanford University found that compared with a control group, webVisit users cut spending on physician office visits \$1.92 per patient per month.

For insured Americans facing higher out-of-pocket costs from their employer-sponsored plans, meanwhile, the idea of being able to get information and advice from the doctor without an expensive, time-consuming and possibly unnecessary visit suddenly looks much more attractive, even if there's a small fee. The American Medical Association now lets patients search online for doctors who use e-mail consultations at [www.ama-assn.org](http://www.ama-assn.org). "As more costs are shifted to the consumer, they are going to look for more-efficient ways of getting higher levels of care for fewer dollars," says Ed Fotsch, chief executive of Medem Inc., a for-profit venture of AMA and other medical societies that helps physicians offer secure e-mail consultation services.

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### Genetics Legislation Advances in Senate

*Associated Press*

WASHINGTON—After years of talking about the issue, a Senate committee approved legislation to bar employers and insurers from discriminating against people based on genetic information. The legislation, which has bipartisan support, was approved on a voice vote.

The bill would bar health-insurance companies from using genetic information to deny coverage or to set premiums, and would prohibit em-

ers nor employers could ask for genetic information or require people to take genetic tests.

Advances in genetics make it possible to identify people's predisposition to cancer, heart attack and other diseases. Many people worry this information could be used to discriminate against them. Advocates of the legislation say health-insurance companies might charge people higher premiums if they are statistically more likely to get sick. Health insurers and business groups, however,