



Insurer Linking E-health Records in Four States

Aims to reduce duplication, errors and costs while improving quality of care

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April 30, 2007 ([Computerworld](#)) -- Blue Cross and Blue Shield insurance plans in four states are integrating the medical data of more than 11 million clients into a single electronic health records (EHR) system as they look to eliminate unnecessary treatment and encourage preventive care.

Health Care Service Corp. (HCSC), which runs Blue Cross and Blue Shield plans in Illinois, New Mexico, Oklahoma and Texas, has been working for about two years to merge data about patient eligibility, medication, lab visits, hospitalization and physician office visits into a single system.

Chicago-based HCSC plans to provide its clients and doctors with free access to the integrated system, called Blue Care Connection, as it is deployed through the rest of this year, said Joe Taylor, vice president of enterprise business processes at HCSC.

Taylor detailed the effort earlier this month during the **World Health Care Congress in Washington**.

The move by HCSC is a new twist on the federal government's effort to encourage the adoption of EHRs in hopes of reducing medical errors and bolstering quality of care by replacing disjointed paper records with comprehensive electronic ones.

Combating Resistance

To date, the effort has focused primarily on encouraging doctors and hospitals to install EHR technology.

Many physicians have so far balked at undertaking such projects because they often involve hefty installation and maintenance costs. Some contend that even though they are the ones who pay EHR expenses, insurance companies end up reaping the lion's share of the rewards in the form of lower costs.

HCSC uses Patient Clinical Summary software from MEDecision Inc. in Wayne, Pa., to gather patient data from various sources to create EHRs. The software also analyzes the data and applies rules to identify options for treating patients, Taylor said.

Doctors can access the data with an Internet connection, he added.

"We're trying to take this data and empower it with some analytics to provide a more meaningful office visit between the member and their selected physician," Taylor said. "There is a chance to do more prevention and more wellness [programs] and to see a potential treatment opportunity and act on it."

He noted that the system could use the MEDecision analytics and rules-based software to remind a patient and a physician that an annual mammogram needs to be scheduled, for example, or to send alerts when different physicians for a single patient write prescriptions for medications that can't be used together.

The system will also provide physicians with a list of all tests done on a patient, eliminating the possibility of conducting unnecessary duplicate tests, Taylor said.

Blue Care Connection went live in New Mexico and Oklahoma last year and in Illinois earlier this year. It will begin operating in Texas by this summer, Taylor said.

"All of this hopefully will help to stem the high rate of [cost] increases in health care," he added.

John Capobianco, president of MEDecision, noted that doctors have been reluctant to invest in EHR tools, which can cost from \$35,000 to \$100,000 and ultimately just feed data into a system without providing information back to the doctor.

"He is not getting a whole lot of value out of all this big expense," Capobianco said. "The economic benefit just isn't there."

The systems created by health plans, however, offer multiple views of a patient's history based on the claims they pay, he added.

"[The health plans] are a wonderful source of the best set of data that is available today," Capobianco said. "It is certainly a better record than any one individual would have."