

By S. Harvey Price



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About FYA

FYA - *For Your Advantage*, is a free twice-monthly newsletter published by American Governance & Leadership Group.

With every issue, Editor S. Harvey Price provides insights into technology and e-health and how they relate to healthcare management and leadership today and into the future.

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The Doctor Is In...India, Australia, Israel

They are called nighthawks. They're not new, but they represent one of the hottest trends in medicine. Hospitals are sending X-rays, CAT scans and MRIs to countries in time zones seven to 14 hours ahead of theirs. It means that instead of radiologists interpreting images on site-in the middle of the night-the images are transmitted to radiologists in foreign countries where they are read during their daytime.

The idea of nighthawking is credited to work done on a pilot teleradiology program started by Sprint in 1990. The company wanted to offer an X-ray document transmission service across its frame-relay network. It was intended to provide imaging coverage for rural medical centers during the night by having images transmitted to other time zones. While hailed at the time, the project never got started.

Now we have an outsourcing phenomenon combined with high-speed transmission technology to support it. It is further fueled by the spread of PACS. Nighthawk practices are rapidly becoming the solution of choice for hospitals and imaging centers that find it difficult to provide 24-hour coverage. And more and more radiologists are balking at the lifestyle that requires middle of the night working hours.

On top of the issue is economics. The most highly trained professionals in India or the Philippines earn a fraction of what professionals in our country earn. As a result, many institutions are going where the economic advantage is best. Especially small rural hospitals that see very few cases at night and find it cheaper to pay \$50 per scan than to hire a \$200,000 radiologist.

This raises a considerable clash between ethics and economics. In this election year the question of off-shoring or outsourcing has its supporters and detractors. It raises particularly sensitive discussions when it comes to healthcare. Should the bottom line be dollars or patient wellness? Other questions arise. Critics question whether foreign doctors are credentialed to our standards? As we apply best practices, will nighthawks be able to guarantee the same level of care as U.S.-trained physicians? Supporters point out that this is no bigger an issue than one we have dealt with for decades: accrediting foreign medical professionals in the United States.

One interesting twist to the offshore dilemma is the number of foreign born students who graduate from U.S. programs, complete U.S. residencies and return to their homelands to set up nighthawk services.

The issue is very complicated. One hospital leader stated that his insurance wouldn't permit nighthawking because his hospital would end up being sued when people who are suing realize they would have to go after someone in Australia. He went on to say, that without taking a position on who is better trained, he wondered whose tort laws are in effect if mistakes are made.

Last year the American College of Radiology established a task force to study teleradiology and produce standards for its use.

The Doctor Is In...India, Australia, Israel (continued)

Many observers think that nighthawking may have a limited appeal because of its negatives, and that the real opportunity lies in nighthawking as a day business. They point to a growing shortage of radiologists. The volume of demand for radiology is going up because the technology is doing things that were previously accomplished by surgery. There is a growth in the technology as the number of radiologists decreases.

By contracting with a U.S.-based teleradiology group for their daytime activity, hospitals can have access to high-quality image reading. Typically if a trauma case comes into

their emergency room, a scan can be sent through the hospital's computer network to the radiology consultant. If the scan is top-priority, it is flagged and read immediately, and a report is issued in less than 10 minutes. In other cases doctors read the scan, dictate a report and send it back to the emergency room in less than 30 minutes.

The nighthawk represents another conflict among medical ethics, technology and economics. It's one more change that has to be dealt with.

That's my opinion. What's yours?
Send it to: hprice@americangovernance.com.

Regional Medical Information Networks

By: Rick Kneipper, Chief Administrative Officer and Co-Founder of PHNS

For all the national buzz about electronic health records (EHRs), so far not much is actually happening. Nationally, nothing is planned--- and with good reason since a national EHR would cost a staggering \$275 billion. Individually, not much is happening--- only about 14 percent of hospitals have purchased and implemented EHRs, and only a small number of physician offices have done so.

But fortunately progress is being made regionally--- over 100 state and local groups are moving quickly to establish their own EHR networks. These regional networks are focused on improving patient care by converting patients' paper medical records into EHRs that will be readily available for hospitals, doctors and other local providers. These regional groups say that by using a single network they can reduce medical errors, cut costs by eliminating unnecessary and duplicative lab tests and X-rays, and reduce information technology costs for their regional participants.

These regional projects are being funded with seed money from both federal and nonprofit sources. President Bush has set aside \$100 million to fund pilot projects for EHR implementations. And EHR funding is also being provided by nonprofit groups such as the eHealth Foundation and Bridges to Excellence.

The eHealth Foundation recently awarded seed money grants to start nine regional health information networks, including the Taconic Health Information Network in New York's Hudson Valley. According to a recent Wall Street Journal

article (9/22/04), the Taconic project is one of the nation's most ambitious regional EHR projects. It will let area hospitals, doctors, labs and pharmacies share medical records securely over the Internet in order to improve patient care for more than 600,000 patients in the region.

Similar regional EHR networks are being established in Massachusetts (SAFE Health Info), Indiana (Indiana Health Information Exchange) and Ohio (Cincinnati Health Bridge).

So why haven't more regions pursued a shared EHR solution? Unfortunately, one reason is turf--- healthcare providers have historically been unwilling to share any information about their patients in order to avoid helping competitors steal their patients.

Another reason is the highly fragmented nature of our U.S. healthcare system in which healthcare is provided on a hospital by hospital, physician group by physician group, basis with little, if any, overall focus on whether that is providing the best healthcare for the region being served. This is rather anomalous since 72 percent of all hospitals in the U.S. are not-for-profit hospitals that are supposed to be focused on providing the best possible healthcare services to their constituents.

Could healthcare in your region be improved by a regional, rather than an individual, approach? Have you considered a regional, versus an individual, EHR? And if not, why not?

I would like to hear your comments.
Send them to: Richard.Kneipper@phns.com



About AG&L Group

American Governance & Leadership Group is a partnership of the American Hospital Association, futurist and governance consultant James E. Orlikoff, and publisher and educational developer Jerry F. Pogue, and governance experts Dennis D. Pointer and Mary K. Totten.

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- Earnings can be pliable as putty when a charlatan heads the company reporting them.
– Warren Buffett
- A treasure is to be valued for its own sake and not for what it will buy.
– Graham Greene
- Character is not made in a crisis, it is only exhibited.
– Robert Freeman
- Pride goes before destruction, and haughtiness before a fall.
– Proverbs 16:18

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