

# INSIDE CONSUMER-DIRECTED CARE

News and Analysis of Benefit Design, Contracts, HSAs, Market Strategies and Financial Results

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## HSA Volume, Assets Continue Their Climb; Financial Firms Hold Almost \$4.2 Billion

Financial firms tell *ICDC* that they now hold close to \$4.2 billion in health savings accounts (HSAs) assets — up from \$3.2 billion reported to *ICDC* a year ago and \$2 billion in 2007 (see table, p. 5). The figure is probably conservative, since only 30 firms responded to this year's survey, down from 40 that submitted data for last year's survey (*ICDC* 3/28/08, p. 1).

Since Jan. 1, 2004 — the day the 2003 Medicare reform law gave birth to the accounts — more than 2.9 million HSAs have been established with the firms that provided data for *ICDC*'s annual survey. That's up from 2.2 million accounts reported to *ICDC* in March 2008 by the firms responding to that survey. Nationally, 14 million lives are now covered by account-based health plans, and it is estimated that more than half of those are plans linked to HSAs.

*Among firms that report dramatic growth in their HSA accounts and assets over the past year: American Chartered Bank, The Bancorp Bank, First American Bank, HealthEquity, HSA Trustee Services, JPMorgan Chase, Sterling HSA, UMB Financial Corp., U.S. Bank and Wells Fargo. ♦*

## Physicians Use Copyright Infringement Threat to Block Patient Ratings on the Web

More than 40 Web sites, ranging from RateMDs.com to Zagat, now offer consumers the opportunity to rate physicians. Most allow anonymous postings, and most offer physicians the opportunity to post rebuttals. Advocates argue that the information helps consumers who are looking for physicians or other providers. And physicians can use the information to improve their practices.

But Medical Justice, a North Carolina firm run by Jeffrey Segal, M.D., J.D., a neurosurgeon, takes issue with these sites. Two years ago he launched an "Internet defamation protection" service to help physicians force Web sites to remove negative comments. *At the heart of the service: a mutual privacy agreement (MPA) that, when signed by a patient, in effect prohibits the patient from posting comments — positive or negative — about the physician on public rating sites.*

"Reputation is a physician's most valuable asset," Segal tells *ICDC*. "These sites are not self-policed, and they are largely protected from lawsuits." He argues that the anonymous information could come from nonpatients with an ax to grind. The information is anecdotal, he claims, and it deals largely with customer service, not quality. "Physicians want to be rated on quality of care, not 'comfort of care,'" he contends.

### MPA Relies on Copyright Infringement

To date, 2,000 physicians have signed up for the Medical Justice program and, according to Segal, are asking their patients to sign MPAs. What makes the agreement unique is its use of copyright law. Segal says that Web sites are immune from accountability under Section 230 of the Communications Decency Act. But they aren't immune from copyright infringement suits. So when a patient signs an MPA, the patient automatically assigns all

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intellectual property rights for anything the patient may write (and publish) about the physician to the physician. Should the patient post a rating on a Web site, the physician can then claim copyright infringement and issue a "take down" notice, forcing the Web site to remove the review pending further legal action.

Medical Justice wouldn't provide a copy of the MPA. But a copy obtained by *ICDC* reveals a document so broadly drawn that patients could be limited from discussing their treatment with anyone but medical peer-review bodies, other medical providers and government agencies (see box, p. 3). Attorneys and other experts who were shown the agreement call it "breathhtaking." But they question its broadness and ability to withstand court challenges. *ICDC* knows of no actual lawsuits that have been filed.

Steve Zansberg, head of the digital media and online practice group of the law firm Levine Sullivan Koch & Schulz, L.L.P., tells *ICDC* that while he couldn't predict that a court wouldn't honor the agreement, he's skeptical

about whether all courts would honor it. "A judge may find this to be an extremely broad waiver," Zansberg says. "The key word is 'airing.' That could be construed to mean that the patient is precluded from discussing the physician or treatment with a spouse, family members, friends and colleagues." Zansberg says that he could see a court saying this was unenforceable because it is overly oppressive and broad, and even unconscionable. "It also creates an adversarial relationship between the physician and patient."

### RateMDs.com Is a Popular MPA Target

RateMDs.com, a physician rating Web site with more than 700,000 posted ratings of 187,000 physicians, has become a major target for take-down notices. John Swapceinski, co-founder of the site, helped launch it in 2004 after successfully launching RateMyProfessors.com and RateMyTeachers.com. Swapceinski tells *ICDC* that he receives threats of lawsuits on a weekly basis, and that six have come from physicians claiming copyright infringement under an MPA. Swapceinski adds that in a new tack, one physician has gone after the site's Internet service provider (ISP). So far, no physicians have taken actual legal action against either the ISP or RateMDs.com, he says.

Swapceinski says that RateMDs.com allows anonymous postings because consumers are afraid of being blackballed by their physicians if they post negative ratings. He dismisses the argument that anonymous postings encourage postings by nonpatients. "We have found that, for the most part, people who are sufficiently motivated to rate a physician are indeed patients." The site, according to Swapceinski, monitors postings and uses various tools to flag suspicious postings, including duplicates. Physicians can respond to negative postings and ask that a review be "re-reviewed." Physicians who use MPAs are listed on the site's *Wall of Shame*. So far, two physicians are listed on the Wall. When asked how physicians know that ratings were posted by their patients when the postings are anonymous, Swapceinski says it's obviously a shot in the dark. "It's why I don't think this [strategy] will hold up in court."

Responding to Medical Justice's argument that customer-service measures are not relevant to physician ratings, Swapceinski counters that "patients don't want to waste money, and until physicians start giving away their services for free, patients will be interested in how they spend their money."

### Angie's List Avoids Anonymous Postings

Angie's List, which began posting physician ratings in 2007 (*ICDC* 12/5/08, p. 4), recently polled both its members and physicians who have been rated

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on its site to measure their attitudes about the use of MPAs. "Our members were almost unanimous in saying they were against them," Angie Hicks, founder of Angie's List, tells ICDC. "And 60% of the physicians we surveyed said they would not use them." Hicks argues that consumers should not have to choose between their First Amendment rights and their health care. "The most important thing about a physician-patient relationship is trust. And if a physician asked me to sign a waiver, it would make me suspicious and call that relationship into question," she says.

Hicks notes that consumers have been discussing their physicians since day one and that the use of the Internet to do this reflects a shift in societal norms. "The issue is how a Web site is collecting and using the information [from consumers]," she says. Angie's List does not use anonymous postings, and providers have the opportunity to respond to a negative posting. If a physician doesn't recognize a patient's name, Angie's List contacts the patient to verify the patient's identity and the validity of the complaint, Hicks says.

Hicks contends that customer-service measures are as important to consumers as clinical quality. "All elements of a physician's service are important to consumers and should be evaluated," she says. "Physicians need good interpersonal skills and should be running consumer-friendly practices." She argues that non-clinical factors make a difference in terms of the larger customer experience.

### Medical Justice Pushes Ratings Standards

Segal tells ICDC that Medical Justice isn't opposed to physician ratings on public Web sites. Rather, the company wants the sites to apply certain standards developed by Medical Justice for collecting and posting comments. Among the standards:

- ◆ The site must verify that the individual posting the comment is indeed a patient of the physician, and
- ◆ Anywhere from 30 to 50 evaluations of a physician should be collected before a review is posted.

Segal also says that Medical Justice has been working with DrScore.com, a new Web site that collects patient-satisfaction measures from patients and then provides feedback to the physicians (*ICDC 2/6/09, p. 6*). He says Medical Justice's goal in working with sites like DrScore.com is to make sure that "ratings are done right." According to Segal, Medical Justice has provided feedback to DrScore.com on the standards Medical Justice is advocating for rating sites.

Steven Feldman, M.D., founder of DrScore.com, confirms that he has been working with Medical Justice. But he sees MPAs as counterproductive. "They limit the public's access to very positive news about doctors," he

tells ICDC. "But even when the patient feedback is less than positive, those comments are a benefit to doctors because they enable us to see what we need to be doing better." Feldman also asserts that patient anonymity "is critical to ensuring that patient comments are unbiased, honest and candid."

Segal says that his goal is to "develop a [rating] system that is credible and reliable." He wants more self-policing of the rating sites so that they are less "name and blame" sites. "If there is more self-policing [of these sites] and the use of the standards we're recommending, then I say we've accomplished our mission."

Contact Mark Barnes for Segal at (877) 633-5878, Cheryl Reed for Hicks at [cherylr@angieslist.com](mailto:cherylr@angieslist.com), Swapceinski at (650) 265-7229, Zansberg at [szansberg@lkslaw.com](mailto:szansberg@lkslaw.com) and Laura Burrows for Feldman at [laura@twobpr.com](mailto:laura@twobpr.com).

*Do you have an opinion on this issue? Would you like to share your position? Send an e-mail with your comments, along with your name and affiliation, to Michael Carbine at [mcarbine@aispub.com](mailto:mcarbine@aispub.com). We may publish your remarks in ICDC.*

### ***Intellectual Property Rights Provisions in Medical Justice's Physician-Patient Agreement***

While Medical Justice would not provide ICDC with a copy of its Mutual Agreement to Maintain Privacy, ICDC obtained a copy of the agreement and has reprinted below the provisions in the agreement relating to intellectual property rights.

"In consideration for treatment and the above noted patient protection, Patient agrees to refrain from directly or indirectly publishing or airing commentary upon Physician and his practice, expertise and/or treatment — the sole exceptions being communication to a confidential medical-peer review body; to another healthcare provider; to a licensed attorney; to a government agency; in the context of legal proceedings; or unless mandated by law. Publishing is intended to include attribution by name, by pseudonym, or anonymously. **If Patient does prepare commentary for publication about Physician, the Patient exclusively assigns all Intellectual Property rights, including copyrights, to Physician for any written, pictorial, and/or electronic commentary.**" (Medical Justice's emphasis)

## Long-Term Study Puts CDH Plan Doubts About Savings to Rest

A six-year study of 410,000 members enrolled in Aetna Inc.'s consumer-directed health plans confirms that the plans do save money for employers without sacrificing needed medical or preventive care for consumers. And these plans are creating educated consumers who are making prudent health care purchasing decisions.

Aetna studied the health care claims and utilization for members in its Aetna HealthFund CDH plans. It compared that to data from 2.1 million of its PPO members. Study results were based on total allowed cost, meaning that Aetna studied total cost of care regardless of the share paid by the employer or employee. The results show that "collectively, members and employees alike are saving," Kathy Campbell, head of product development for Aetna, tells *ICDC*.

"The importance of the study is that it encompassed a long period of time," Campbell adds. "We think this is the longest period of time that any study has looked at CDH plans to measure their impact."

Overall, the study found that the CDH plans produced sustained savings for employers over a five-year period while plan members continued to receive the medical care they needed. Comparing the CDH plan enrollees with those enrolled in the PPO products, Aetna found that CDH plan members also sought increased levels of chronic and preventive care, use generic drugs more often, and accessed online tools and information at higher rates than their PPO counterparts. They also registered lower emergency room use, "suggesting that they are becoming better informed consumers and becoming more prudent about where they go to get their care," says Campbell.

The study included 200 plan sponsors who offered an Aetna HealthFund with an HSA or HRA option. The report found that employers offering full-replacement HRA and HSA plans saved \$21 million per 10,000 members over the five-year period, while employers offering HealthFund plans as an option saved \$7 million per 20,000 members. But employers that offered the plans and also implemented what Aetna calls "best in class" strategies achieved savings of \$23 million per 10,000 members.

"We identified those customers who have been with us over a long period of time and found that the ones

with the best results were using certain strategies that drove these results," Campbell says. These "best in class" strategies include:

- ◆ Fostering a culture that creates true health care consumers;
- ◆ Investing in a focused, ongoing employee education campaign;
- ◆ Offering wellness programs and incentives for healthy behaviors;
- ◆ Covering preventive care at 100%; and
- ◆ Making sure that the deductible encourages members to become prudent health care consumers.

*A sixth best-in-class strategy also emerged during the study:* actively encouraging employees to enroll in the CDH plan option. Best-in-class employers were doing this by offering the CDH plan as the lowest-cost option, lowering the required contribution or increasing the fund amount.

"There's been a lot of criticism in the market that these plans don't save money," Campbell says. "But this study validates the savings. It also rebuts the criticism that members don't get the care they need, including preventive and wellness care." Campbell adds that the study also demonstrates that CDH plan members, when given the tools and support, become prudent users of the health care system. "CDH plan enrollees used our Navigator [Web] site twice as often as PPO members, and searched for cost of care information at twice the rate. They also took more online health risk assessments. In sum, they're far more engaged in making decisions about their care."

Contact Kate Prout for Campbell and for information about the study at [ProutKF@aetna.com](mailto:ProutKF@aetna.com). ✧

## MinuteClinic Scales Back Facilities As Take Care Continues to Expand

MinuteClinic caught the retail clinic industry off-guard on March 9 when it announced that it was shifting 89 of its in-store clinics to a seasonal schedule. While it was originally reported that the clinics were being closed permanently, MinuteClinic, owned by CVS Caremark Corp., stressed that the clinics would be open but only during flu and cold season.

Tom Charland, CEO of Merchant Medicine, a research and consulting firm, said in a special alert on March 9 that MinuteClinic's Web site showed that day that 89 clinics had been dropped and two new clinics added, for a net reduction of 87 clinics. Charland says that this would put MinuteClinic's total at 458, down from 545 on March 1. Most of the clinic scale-backs were in California, Florida, North Carolina and Virginia. Charland had noted in its March 2009 issue of *Merchant*

### Hot New Product From AIS

✓ *Health Plan Facts, Trends & Data: 2008-2009*, a softbound book with health plan news, trends, data, directories and other practical resources. Visit the AIS MarketPlace at [www.AISHealth.com](http://www.AISHealth.com)

*Medicine News* that retail clinic openings were “going into hibernation,” with growth in the industry all but disappearing in early 2009. He said that major operators were scaling back in an effort to save cash in anticipation of the off-season, which for clinics typically begins in April.

But Gabriel Weissman, a spokesperson for Take Care Health Systems, the retail clinics operated by Walgreen Co., tells *ICDC* that Take Care has no intention of moving to the seasonal model, contending that the company is “pleased with its clinic’s performance.” Weissman says that on the day CVS announced its scaling back, Take Care opened three new clinics, bringing its total to 338. While Weissman says the company’s expansion plans “are fluid and open to change...Take Care does not operate under a seasonal model. We’re a health care business,

so we launch year-round service offerings.” Weissman adds that the company’s future expansion will focus on new clinics as well as new services and marketing efforts.

Take Care also operates worksite health and wellness centers. On Jan. 14, Walgreens announced that it would be marketing its network of pharmacies, in-store clinics and worksite health centers to employers as a seamless and fully price-transparent health care resource (*ICDC 2/23/09, p. 6*). Walgreens is calling the new initiative the Complete Care and Well-Being program. Take Care also has been introducing additional services, including an expanding line of new preventive services, to its retail clinic to insulate them from seasonal variability.

Contact Charland at (651) 483-0450 and Weissman at gabriel.weissman@takecarehealth.com. ✦

<b>2009 Financial Data From Selected HSA Administrators and Custodians</b>			
<b>HSA Custodian or Administrator</b>	<b>Total HSA Accounts</b>	<b>Total HSA Assets</b>	<b>Avg. New Accounts per Month</b>
<b>ACS/Mellon HSA Solution</b> Dallas/Pittsburgh www.hsamember.com	638,000.	\$486 million.	10,000 to 15,000.
<b>American Chartered Bank</b> Schaumburg, Ill. www.americanchartered.com	30,000 as of March 1.	\$51 million (includes FDIC-insured deposits and brokerage assets).	700 to 800.
<b>American Health Resources, Inc.</b> St. Charles, Ill. www.ahr.net	21,500.	\$26 million.	100 to 150.
<b>Associated Bank</b> Green Bay, Wis. www.associatedbank.com.	23,500 as of Aug. 31, 2008.	\$30.7 million as of Aug. 31, 2008	N/A.
<b>Baker Boyer National Bank</b> Walla Walla, Wash. www.bakerboyer.com	85	\$153,700.	N/A.
<b>The Bancorp Bank</b> Wilmington, Del. www.thebancorp.com	135,000 as of Dec. 31, 2008.	\$211 million as of Dec. 31, 2008.	N/A.
<b>Blackhawk Bank Corp.</b> Beloit, Wis. www.blackhawkbank.com	4,116.	\$6.4 million.	115 to 140.
<b>Cornerstone Community Bank</b> Grafton, Wis. www.bankwithcornerstone.com	1,300.	\$2.1 million.	About 20.
<b>Discovery Benefits, Inc.</b> Fargo, N.D. www.discoverybenefits.com	3,573.	\$8.7 million.	50.
<b>Fifth Third Bank</b> Cincinnati www.53.com	45,100 as of Dec. 31, 2008.	\$50.4 million as of Dec. 31, 2008.	N/A.
<b>First American Bank</b> Elk Grove Village, Ill. www.firstambank.com	12,000.	\$22.4 million (including FDIC Insured and brokerage assets).	300.
<b>First Horizon Msaver, Inc.</b> Overland Park, Kan. www.firsthorizonmsaver.com	54,319.	\$72,528,337 million in health care deposits.	N/A.
<b>First HSA Inc.</b> Reading, Pa. www.1hsa.com	38,000 as of Dec. 31, 2008.	\$75 million as of Dec. 31, 2008.	700.

continued

**2009 Financial Data From Selected HSA Administrators and Custodians (cont.)**

HSA Custodian or Administrator	Total HSA Accounts	Total HSA Assets	Avg. New Accounts per Month
<b>FlexHSA</b> Rosemont, Ill. www.flexhsa.com	17,550.	\$44 million.	250.
<b>Fowler State Bank</b> Fowler, Ind. www.fowlerstatebank.com	415.	\$1.11 million.	2.
<b>HealthEquity</b> Salt Lake City www.healthequity.com	105,000.	\$125 million.	2,500+.
<b>HSA Bank</b> Sheboygan, Wis. www.HSAbank.com	240,000 as of Jan. 31, 2009.	\$616.5 million (\$564 million in bank deposits and \$52.5 million in investments).	5,000 to 8,000.
<b>HSATODAY - DataPath Financial Services</b> Little Rock, Ark. www.dpath.com.	19,497.	\$25,042,869.95.	441.
<b>HSA Trustee Services</b> Lake Geneva, Wis. www.hsatrusteesservices.com.	23,000.	\$25 million.	350.
<b>JPMorgan Chase</b> New York www.jpmorganchase.com	400,000 (estimate).	\$550 million (estimate).	8,000 (estimate).
<b>M&amp;I Bank</b> Milwaukee www.mibank.com	26,706 as of Dec 26, 2008.	\$38.6 million as of Dec. 26, 2008 (includes FDIC-insured deposits and brokerage assets).	N/A.
<b>National Advisors Trust</b> Overland Park, Kan. www.nationaladvisorstrust.com	15,960.	\$19.2 million.	319.
<b>OptumHealth Bank</b> (formerly Exante Bank) Salt Lake City www.optumhealthbank.com	More than 485,000 as of Feb. 28, 2009.	More than \$765 million as of Feb. 28, 2009 (includes \$25 million in investments).	5,000 to 15,000 (off peak).
<b>The Principal Financial Group</b> Des Moines, Iowa www.principal.com	22,131 as of Dec. 31, 2008.	\$34.6 million as of Dec. 31, 2008.	355.
<b>SelectAccount</b> Eagan, Minn. www.selectaccount.com	81,300 (Includes all funded accounts: HSAs, MSAs and VEBAs).	\$142 million (Includes all funded accounts: HSAs, MSAs and VEBAs).	1,100.
<b>State Farm Bank</b> Bloomington, Ill. www.statefarmbank.com	32,393 as of Jan. 29, 2009.	\$59,996,000 as of Jan. 29, 2009.	350 to 400.
<b>Sterling HSA</b> Oakland, Calif. www.sterlinghsa.com	25,000.	\$46 million.	N/A.
<b>Tower Bank &amp; Trust Company</b> Fort Wayne, Ind. www.towerbank.net	19,218 as of Dec. 31, 2008.	\$24.2 million as of Dec. 31, 2008.	N/A.
<b>UMB Financial Corp.</b> Kansas City, Mo. www.umb.com	121,291 accounts as of Feb. 28, 2009.	\$166 million+ in both FDIC-insured and brokerage assets as of Feb. 28, 2009.	N/A.
<b>U.S. Bank</b> Minneapolis www.healthsavings.usbank.com	87,400+ accounts as of Dec. 31, 2008.	\$101 million+ in deposits as of Dec. 31, 2008.	780.
<b>Wells Fargo</b> San Francisco www.wellsfargo.com	179,210 as of Dec. 31, 2008.	\$273,762,802 as of Dec. 31, 2008.	N/A.

N/A = Not available.

Editor's note: Unless otherwise noted, all data are as of Jan. 1, 2009.

SOURCE AND METHODOLOGY: Based on information supplied by company officials and compiled by ICDC, March 2009.

**INDUSTRY NEWS**

◆ **The South Carolina Dept. of Health and Environmental Control's Web site now includes a report on hospital-acquired infection (HAI) rates for all hospitals in the state.** The report is based on data provided by hospitals to the state under the Hospital Infections Disclosure Act, a 2006 law mandating that South Carolina hospitals in 2007 begin reporting their HAI rates twice each year and make the reports available to the public. The Web site provides information on HAIs and then compares each hospital's rate with those of similar hospitals nationwide. Hospitals are then rated as "not different," "lower" or "higher" than the national average for similar hospitals. While the 2009 report contains HAI data covering July 2007 to Nov. 30, 2008, future reports will span a one-year period. The site can be viewed under the Data and Reports section at [www.scdhec.net](http://www.scdhec.net).

◆ **The Medpedia Project, described by its founders as an online repository for medical information and a gathering place for consumers and practitioners, went live in a Version 1.0 format on Feb. 17.** The project is a collaboration of the Harvard Medical School, Stanford School of Medicine, School of Public Health at the University of California, Berkeley, and the University of Michigan Medical School. The site is based on the wiki concept, although only preauthorized physicians and Ph.D.s will be allowed to post and edit articles. In addition to serving as an open repository for the latest in medical research and health information, Medpedia also features a social networking community where consumers can discuss health issues, conditions and treatments with other consumers and with medical professionals. Consumers also are being asked to take an active role in improving the site as it moves forward. Visit [www.medpedia.com](http://www.medpedia.com).

◆ **The North Carolina Division of Health Service Regulation has added a four-star rating system to its Web site for consumers to use in evaluating adult care homes and assisted-living facilities.** The *Adult Care Facility Star Rating* feature uses data based on state and county inspections of adult and family care homes in the state beginning Jan. 1, 2009. So far, only 60 of the state's more than 1,200 facilities have been rated. The star ratings are based on the results of state inspections, follow-up surveys, and violations noted by county agencies that have either been corrected or left uncorrected. A point system incorpo-

rating a merit and demerit equation is used to calculate final scores. Any facility scoring 100 or more points on two consecutive annual surveys will earn a four-star rating. The rating system can be viewed at [www.ncdhhs.gov/dhsr/acls/star/search.asp](http://www.ncdhhs.gov/dhsr/acls/star/search.asp).

◆ **Dossia has selected HealthTrio LLC as a personal health record (PHR) application provider.** The HealthTrio Personal Health Record and Electronic Health Record solution will collect health and medical information from various sources so that consumers can add more personal health information to their PHRs. Dossia is making its infrastructure available on an open-source basis. Dossia is a nonprofit organization run by several larger corporations encouraging the use of PHRs by employees (*ICDC 12/5/08, p. 1*). HealthTrio LLC is a health care information technology company. Contact HealthTrio at (877) 571-1988.

◆ **While few employers changed the core aspects of their benefit offerings this year, a growing number offered CDH plans, according to a national survey from Wells Fargo Insurance Services.** The survey, of 400 employers of different sizes and industries, found that 6% of respondents added an HSA plan for 2009 and 3% added a HRA plan, bringing the total number of employers offering a CDH plan to 18%. Another 10% of respondents said they plan to offer a CDH plan next year. Most survey respondents did not make any changes to their plans. About 82% reported that they remained with their current carrier. More than 60% made no changes to their medical plan design, and more than 75% made no changes to their prescription drug coverage. Only 28% asked employees to pay a larger percentage of total costs. Employers continued to implement wellness programs, and 51% of those offering a program reported using incentives to encourage employee participation. Employers also reported adding more voluntary benefits, especially for accident, cancer and critical-illness benefits. For more information on the *Wells Fargo Benefits Marketplace Survey* released on March 12, contact Susan Stanley at (415) 947-3994.

◆ **iPhone and iPod users can now download a new application to obtain anytime/anywhere access to information about medical symptoms and what steps to take to address them.** SymptomMD, launched Feb. 25, is a decision-support tool that uses clinical protocols for 173 adult and pediatric symptom guides to help a user determine how sick the individual (or child)

**INDUSTRY NEWS (continued)**

is and whether to call 911, go to an emergency room or call the doctor. If the symptoms indicate a minor non-emergency condition, the application provides instructions for self-care at home. The mobile application uses a variety of indicators and factors inputted by the user to identify the symptom or injury. A decision tree is used to determine appropriate actions based on severity of the symptom. Self-care instructions, when provided, including over-the-counter medications and dosage guides, all come from the clinical protocols used by the tool. SelfCare Decisions LLC is offering consumers a low-priced introductory offer for the download. Contact Barbara Fallon at (708) 482-4993.

◆ **Aetna Inc. has added cost information for eight health care professions and expanded physician- and facility-cost and quality information for four states as part of its Aetna Navigator transparency tools.** The professions for which cost information has been added are audiologists, chiropractors, occupational therapists, optometrists, physical therapists, podiatrists, speech pathologists and speech therapists. Aetna also has added more cost and quality information for facilities and providers in New Jersey, New York, Pennsylvania and Rhode Island. Contact Kate Prout at ProutKF@aetna.com.

◆ **HSA Clearinghouse has launched a new division to facilitate outbound medical tourism at selected Costa Rican facilities.** Among procedures that will be handled by Costa Rican Medical Care are bariatric surgery, angioplasty, heart bypass, hip and knee replacement, dental surgery and care, and ophthalmology and medical checkups. The division will make all arrangements for the procedures, including hotel accommodations, transportation and follow-up care in the U.S. HSA Clearinghouse says it is capitalizing on Costa Rica's high-quality health care system, its close proximity to the U.S. and its stable economic and political system. Political instability and consumer reluctance to travel long distances for major procedures have become a growing concern for the medical tourism industry over the past year (*ICDC 2/23/09, p. 1*). HSA Clearinghouse provides HSA educational services to financial institutions, employee benefit companies and health agents. Contact Timothy Morales at (262) 348-1300.

◆ **ExperienceLab Inc. has added a new Readiness Assessment Report to its CDH Diagnostic tool set to help employers develop communica-**

tions and training strategies for new CDH and other high-deductible health plan (HDHP) offerings. The Web-based tool, released in late February, uses a small sample of the company's employee population to create a report predicting which and how many employees are likely to sign up for a new CDH plan, and what educational messages will be most effective with each employee. This is the first upgrade to the CDH Diagnostic tool set since its release early last year. Contact ExperienceLab Inc. at (617) 224-6223.

◆ **Using its own in-store clinics as a test bed, Wal-Mart Stores, Inc. is about to introduce its own electronic health records (EHRs) tailored specifically for use by small medical practices.** *The New York Times* reported on March 10 that Wal-Mart has entered into a partnership with Dell Inc. and eClinical Works to market the product through Sams Club, a Wal-Mart subsidiary. The package will include hardware, software, installation, maintenance and training services through Sams Club starting this spring. The Times says the package will be sold for under \$25,000 for the first physician in the practice, with \$10,000 more for each additional physician.

◆ **Consumers using Google Health and Microsoft HealthVault PHRs generally found Google Health easier to use than HealthVault, according to a study from User Centric, Inc.** Between December 2008 and January 2009, the user experience research company had 30 consumers complete key tasks using each PHR application. The users then provided qualitative feedback, ratings and preference data on five dimensions: overall usability, utility (usefulness of features), security, privacy and trust. Consumers reported finding Google Health more usable because navigation and data entry were easier. They also reported that Google Health used more familiar terminology and provided a persistent health information profile summary. Google Health also includes a drug interaction feature, which consumers rated highly. While Microsoft scored high on security, privacy and trust, Google scored almost equally as high. User Centric says in its report, released in late February, that neither Google Health nor Microsoft HealthVault are perfect applications, and that each has flaws in user experience that can reduce people's willingness to adopt PHR technology. The report can be accessed at [www.usercentric.com/publications/2009/01/phr/](http://www.usercentric.com/publications/2009/01/phr/).

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