

# Advancing the Cause

## Meeting Challenges and Improving Outcomes

By Charlee Beasor

### IU Begins CLEAR Look Into Health Care Records

**T**he idea that a doctor could review an X-ray on his cell phone wasn't too realistic just a few years ago. But today, that prospect doesn't sound so strange. In fact, many doctors have viewed some form of medical records on a portable device.

With this increased use of technology, it is important to enforce strict legal and ethical measures to protect patient privacy. That's why Indiana University, with the help of a \$4 million Lilly Endowment grant, recently formed the Indiana University Center for Law, Ethics and Applied Research (CLEAR).

Eric M. Meslin, co-director of IU CLEAR and director of the IU Center for Bioethics, notes that the center exists to examine the legal and ethical issues that arise from the collection, use and distribution of patient health information.

"The center is really responding to what we think is an explosion in the field of personal health information and treatment and research," he observes. "Health information is created and collected today at a fairly rapid rate, more so than ever before."

IU CLEAR uses existing offices and administrative staff, meaning all funds will go toward research and applying for more grants.

"We're taking a pretty broad approach to this. For some of these topics, there may not be a law or it may be ambiguous. We're hoping to identify some key projects ... in which we not only add to a research base, but begin to implement some of those ideas into practice, to look at both ethical and legal best practices for how to go forward," Meslin says.

The center – led by co-directors Meslin, Fred H. Cate, Kay Connelly and Stanley W. Crosley – will partner with nonprofit and industry groups here and around the country to advance the quality and affordability of health care.

Meslin indicates the center's research could have a positive effect on life sciences in Indiana, as well as the cost of health care.

"If our work can contribute in a small way to allaying public concern (on legal and ethical issues), that can contribute very positively to the health and life sciences business climate," he explains. "There's a tremendous amount of costs that goes into protecting health information; if we can address some of those, we might actually be able to reduce costs."

#### INFORMATION LINK

**Resource:** Eric M. Meslin, Indiana University Center for Law, Ethics and Applied Research, at <http://clearhealthinfo.iu.edu>

### Center Works to Keep Patients Safe

**G**oing to the hospital can be scary, especially if you're there for a surgical procedure or as a result of a serious illness or injury. The one thing you don't want to have happen is an error or mistake that further threatens your health.

The Indiana Patient Safety Center (IPSC) was formed in 2006 to improve patient safety and outcomes across the state. "The aim is focused on helping facilitate the development of safe, reliable systems," says Betsy Lee, IPSC director.

Formed through the Indiana Hospital Association, the IPSC works in collaboration with



The four co-directors of the Indiana University Center for Law, Ethics and Applied Research: (from left) Fred H. Cate, Stanley W. Crosley, Eric M. Meslin and Kay Connelly (photo courtesy Hetrick Photography).



Safety Day attendees at the Indiana Hospital Association's annual meeting in October were able to learn more about the Indiana Patient Safety Center.

health care partners around the state to educate and standardize best practices, ensuring that patients receive the highest quality of care.

"Our goal is to look at really raising the bar of safety in every hospital, large and small," Lee remarks.

The center also is also working to develop regional patient coalitions. The Indianapolis Coalition for Patient Safety serves as a model for those around the state.

"In 2003, hospitals were brought together within the Indianapolis metro area – and in many ways they are big competitors. They said, 'We may compete on services, but we're not going to compete on patient safety.' We now have six (coalitions), and we're working to help facilitate the development of five more," Lee notes.

While the center works to combat health care safety failures, one of the obstacles is how to measure patient safety.

"We can't make statistically significant claims that we're safer here. What we need to create is a culture of safety, an internal awareness of errors and mistakes that happen

within a system and encourage people to call those out," she says.

Indiana's lifestyle shortcomings – including high smoking and obesity rates – present a challenge, Lee admits, but she believes Indiana's status as a hotbed in the health and life sciences industry could allow the state to become a leader in patient safety.

"I think we have the opportunity to leverage all of those assets and resources to do patient safety and design in areas that are unimagined right now," she comments. "In my mind, the opportunities are to really leapfrog ahead and be regarded as leaders across the country, aligning these forces and organizations to create the safest places to receive care."

#### INFORMATION LINK

**Resource:** Betsy Lee, Indiana Patient Safety Center, at [www.indianapatientssafety.org](http://www.indianapatientssafety.org)

## Utah a Step Ahead With Insurance Exchange

Progress has been made in reducing health care costs and improving care by creating the Utah Health Exchange.

**K**nowing the Utah health care system needed a major overhaul, leaders there decided to tackle the growing problem of uninsured residents and rising health care costs on their own – instead of waiting for federal intervention.

The Utah Legislature enacted bills in 2008 and 2009 to start a pilot program called the Utah Health Exchange. Essentially, the exchange creates an online marketplace where consumers can compare and shop for health plans.

One of the main tenants of the exchange is employers offering defined contribution plans. The basic idea is that employers give each employee a lump sum of money to purchase one of the offered plans, with the hope that the employee will pick the plan best suited to his or her needs. Insurance providers compete to offer the best and most affordable plans, thus reducing the cost of health care for employees.

Employees are able to choose health care plans that work best for each individual or family, while paying premium contributions with pre-tax dollars. They have the ability to carry forward an insurance plan when changing jobs, provided both employers participate in the defined contribution plan. Employers also enjoy the benefit of predictable costs in a defined contribution plan.

While not the first state to embark on this type of exchange –



Maine tried it in 2003 and Massachusetts began a health exchange called the Connector four years ago – Utah’s effort is unique in that it does not require residents to acquire health care coverage, unlike Massachusetts and federal reform legislation. Also, the Utah exchange organizes the market and allows consumers to compare the plans, while the state of Massachusetts acts as an active purchaser.

The Utah Office of Consumer Health Services opened a limited launch of the exchange in the fall of 2009. Initially, premium prices inside the exchange were higher due to the way insurance carriers were interpreting the state’s existing risk-rating rules.

The Legislature clarified the language and structural issues in an amendment signed into law in March 2010 before launching the exchange to small employers: those with two to 50 employees. A large employer group pilot program for companies with more than 50 employees is currently underway.

Now that the Patient Protection and Affordable Care Act, passed by Congress in March, mandates that all states establish health care exchanges by 2014, Utah is one step ahead. Other states are now deciding whether to start their own exchanges or allow the federal government to create one for them.

**INFORMATION LINK**

**Resource:** Utah Health Exchange at [www.exchange.utah.gov](http://www.exchange.utah.gov)

**Best Places to Work Earns STAR Award**

The Indiana Chamber’s Best Places to Work in Indiana program recognizes Hoosier companies for their strong workplace cultures. Best Places itself was honored recently with a STAR award from the Indiana Society of Association Executives for Outstanding Individual Program/Event.

The 2010 program began in late 2009 with the application period, followed by completion of employer questionnaire and employee survey tools. Independent analysis determined the winners. In May 2010, 70 companies were saluted at the high-energy awards dinner. More than 800 people participated in the fifth annual celebration at the Indiana Roof Ballroom.

Applications are closed for the 2011 program. Winning companies will be named in March, with the final order unveiled at the May 5 awards event. More information is available at [www.bestplacetoworkIN.com](http://www.bestplacetoworkIN.com).



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