RedBrick Realigns Financing to Address Behavior Before Point-of-Care Purchasing

Consumer-directed health (CDH) plans may have helped bring prudent purchasing behavior and the importance of wellness-based lifestyles to the fore. But Kyle Rolfing, CEO of RedBrick Health, argues that these plans have created prudent consumers of health care, not of overall health. In fact, he tells ICDC that what these plans are doing is reducing costs only for lower-cost discretionary medical spending at the point of care.

Rolfing’s observations are of particular interest because he was one of the early CDH pioneers. Before RedBrick, Rolfing was a co-founder of CDH plan operator Definity Health and president of the Definity subsidiary after it was acquired by UnitedHealth Group in late 2004 (ICDC 12/3/04, p.1).

Rolfing also is skeptical about the effectiveness of most health and wellness programs. Using gift cards, lower copayments and deductibles and other financial incentives, he explains, doesn’t motivate people to embrace healthy lifestyles. And it becomes an added expense for employers who are trying to save money.

What the system needs, Rolfing argues, is a new financing model that motivates people to take ownership of their health, not just their health care, and to do this regardless of their current health status. “Using lower copays and deductibles impacts only those who need to access health care,” he says. “But a large portion of the population isn’t seeking care because they don’t need it, so this approach doesn’t really impact costs.” RedBrick’s solution: lower premiums for those who “engage” in their health, continued on p. 5

OptumHealth Carves Out Strong Position in Emerging Direct-to-Consumer Market

OptumHealth’s announcement Dec. 29, 2008, of its partnership with Microsoft Corp. for access to HealthVault integration could be read as a straightforward move that enables OptumHealth personal health records (PHR) holders to enjoy the benefits of a truly portable PHR. But on a deeper level, it reflects an important step in OptumHealth’s goal of becoming the dominant player in the emerging direct-to-consumer (D2C) health care market.

Scott Heimes, senior vice president of OptumHealth Consumer Solutions, UnitedHealth Group’s health and wellness subsidiary, tells ICDC that the company is positioning itself to “create the foundation for a large and significant direct-to-consumer health experience.” In addition to the HealthVault integration capability, part of its strategy for 2009 includes adding QuickenHealth to its PHR capability, launching a downloadable program that will enable consumers to access and send data from their PHRs through their cell phones, and marketing health and wellness programs directly to consumers.

OptumHealth’s partnership with HealthVault reflects a direct competitive challenge to its two main rivals in the health portal arena: WebMD and Mayo Clinic. “United is the largest provider of private [health] portals,” Heimes says, nothing that WebMD
and Mayo also have established a major presence in the field. “Allowing our consumers to sink their PHR data into the HealthVault storage mechanism enables them to transfer their PHR information from an OptumHealth-managed portal directly into the Microsoft HealthVault account, creating a truly portable health record.

The move comes just one month after OptumHealth launched the consumer portal myOptumHealth.com, where consumers can store their health information for free (ICDC 12/5/2008, p. 7). Heimes says “it’s a unique approach for a company like ours to invest this much in a direct-to-consumer venture.” But he adds that by making online tools and content from the private side of its business available on a public portal, OptumHealth will gain information about which types of content are most useful, and what drives consumers to access certain tools. That intelligence, Heimes says, will help strengthen the usefulness of the company’s private portals used by employer clients.

The second phase is the HealthVault “sinking capability” for OptumHealth users. Heimes notes that HealthVault lacks the connectivity tools or auto-populated resources available through MyOptumHealth. The ability to sink the MyOptumHealth account into HealthVault enables the “plug and play” capabilities people want, Heimes says. So the partnership between OptumHealth and Microsoft will “jump start the direct-to-consumer health service market model that people are now moving toward.” OptumHealth will be offering this capability to both the private and public sides of its business this year.

**Integrating Health and Wealth Management**

Also watch for OptumHealth to add Quicken Health to its PHR capability “to drive a new kind of integration between health and wealth management.” Quicken Health is a tracking tool that enables users to manage their out-of-pocket spending. The initiative involves a partnership between Ingenix, a UnitedHealth Group company, and Intuit Inc., the accounting software company that markets the QuickBooks suite of products. Heimes says the integration will enable consumers to view a claim and know immediately what they owe, “eliminating the confusion that occurs when they receive their explanation of benefits (EOB) notices.” Heimes says the company is “deep into the architecting mode” and hopes to pilot test the product in 2009.

OptumHealth also is working on a downloadable program that will enable consumers to access their PHRs on their cell phones. Heimes says the program also will allow consumers to e-mail or fax data from their phones to their providers. The program will work on any phone that is Web-enabled, and can be used on phones operating through AT&T, T-Mobile, Sprint and Verizon. According to Heimes, the application will be
simple to use and will require little technological sophistication. “It’s a killer app from the consumer’s perspective because it’s easy to access the record and send information by e-mail or fax to your provider.”

Heimes says the program is being pilot tested through a partnership with AllOne Mobile, a health technology and service company. The program should be available to OptumHealth’s private portal clients this year, and to the public through MyOptumHealth in late 2009, according to Heimes.

**Marketing Health and Wellness Programs D2C**

Finally, you’ll see OptumHealth make some of its employer-based health and wellness programs available directly to consumers sometime this year. The programs, including smoking cessation and chronic disease management, will be provided on a subscription basis. In doing this, OptumHealth will begin competing with other online wellness services, such as WeightWatchers.com, which sells monthly subscriptions to its online weight-loss programs. Heimes says that OptumHealth “wants to use the expertise in health and wellness we’ve gained over the past decade or more, and the experience of 60 million consumers, and apply that to the sales of services directly to consumers.”

For more information, contact Molly McMillen for Heimes at molly.mcmillen@optumhealth.com

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### HSA Investment Activity Goes Up With Age

<table>
<thead>
<tr>
<th>INVESTMENT ACTIVITY</th>
<th>INDIVIDUAL</th>
<th>FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Transfer To Investments</td>
<td>$751</td>
<td>$2,897</td>
</tr>
<tr>
<td>Average Transfer From Investments</td>
<td>$340</td>
<td>$1,216</td>
</tr>
<tr>
<td>Average Trade Amount</td>
<td>$1,108</td>
<td>$2,745</td>
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<tr>
<td>Average Amount Invested Age 25–40</td>
<td>$6,951*</td>
<td>$8,639*</td>
</tr>
<tr>
<td>Average Amount Invested Age 41–50</td>
<td>$10,643*</td>
<td>$12,072*</td>
</tr>
<tr>
<td>Average Amount Invested Age 51+</td>
<td>$16,337*</td>
<td>$16,723*</td>
</tr>
</tbody>
</table>

**Average Amount Invested by Age (Q3 2008)**

*Note that in the Q2 HSA Market Report, HIA balance was reflective of average balance per fund per individual/family. In the Q3 HSA Market Report, HIA balance is reflective of average balance per individual/family.

SOURCE: Canopy Financial, January, 2009

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**HSA Balances Dropped Only Slightly Despite Prolonged Market Losses**

Despite a severe economic downturn and stock-market losses, individual and family health savings account (HSA) balances showed only modest declines of 2% and 4% respectively during the third quarter of 2008, according to Canopy Financial’s Q3 2008 HSA Market Report, issued on Jan. 26.

But the report notes that health investment account (HIA) balances sharply declined in the third quarter due to recent stock-market performance, with individual HIAs declining on average 17% quarter-to-quarter. Family HIA balances fared better, declining on average only 8% quarter-to-quarter versus 2007 levels. HIAs are the investment accounts into which HSA holders transfer funds to grow their accounts tax-free for long-term medical expenses or for retirement.

In commenting on the report, Vik Kashyap, Canopy CEO, says that despite the recent financial crisis, contributions to HSAs, and particularly to HIAs, “resembles that of 401(k) plans. Even in the midst of significant declines in the stock markets, inflows to individual and family HIAs were double and triple that of outflow respectively.”

According to Canopy, older individuals and families (age 51+) continued to hold the highest average HIA ac-
count values, nearly triple the HIA account values held by younger individuals and families (ages 25 to 40). Additionally, card payments continued to lag behind every other spending category, with the majority of HSA spend-out being derived from bill payments and reimbursements.

During the third quarter of 2008, the average amount invested by HSA holders ages 41 to 51 was $10,643 for individuals and $12,072 for families. For those age 51 and older, the average amount was $16,337 for individuals and $16,723 for families (see chart, p. 3).

Ohio led the nation during the third quarter with the highest HSA account balances for both individuals and families. North Dakota registered the lowest balances for individuals. North Dakota also registered the lowest balance for families during July, but was replaced by Idaho during August and September).

For more information, contact Mark Hall at markh@egoeast.com.

**HSA Asset Portability Creates New Opportunities for Hungry Banks**

HSA assets now exceed $8 billion nationwide, Forrester Research estimates, a substantial prize for banks that can capture these accounts in a financial marketplace with limited growth opportunities.

But don’t assume that your customers have a strong sense of allegiance toward you, cautions Carlton Doty, Forrester Research vice president and research director. “[HSA] customers are starting to act more like true [financial] account holders,” he says. “And this means that if they’re not getting what they need from you, they’ll be taking their accounts elsewhere.”

Doty notes that consumers are catching on to the fact that they can take their HSAs to any bank that offers custodial services, especially when they leave an employer. “And in today’s economy, many employees are being forced to leave,” he tells ICDC. He notes that a growing number of insurance products are becoming more ‘plug and play’ in nature, meaning that HSAs can be linked to any compatible high-deductible health plan. “This is giving consumers far more options,” Doty says.

Doty’s advice to financial market leaders: Good customer service is a must. But banks also have to understand how consumers behave and take a holistic market focus that includes a retention strategy based on “obsessive customer advocacy.” As part of the strategy, Doty recommends that banks step up to the plate and offer their HSA customers the same kind of financial advisory services that investment firms offer their clients.

In *Consumers Sound Off On Health Savings Accounts*, released by Forrester Jan. 21, Doty, the report’s author, notes that while most HSA holders are quite positive about the long-term savings potential of HSAs, that optimism is balanced with some trepidation given the state of the economy. The result is that while HSA holders want to save for the future, the economy is forcing them to tap into their accounts sooner rather than later.

**HSA Owners Have Positive Attitudes but Incomplete Understanding**

Most owners believe that HSAs are a good option

“Please indicate how much you agree or disagree with each of the following statements regarding HSAs.”

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree or strongly agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree or strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe that HSAs are a good option for most people to save money for health care expenses in retirement</td>
<td>65%</td>
<td>23%</td>
<td>11%</td>
</tr>
<tr>
<td>I fully understand the tax benefits and rules that govern my use of an HSA</td>
<td>44%</td>
<td>36%</td>
<td>19%</td>
</tr>
<tr>
<td>My HSA will be an important part of my future retirement savings</td>
<td>43%</td>
<td>36%</td>
<td>22%</td>
</tr>
<tr>
<td>I would prefer to have my HSA managed by the same financial institution that manages my other investment accounts (e.g., 401(k), IRA, etc.)</td>
<td>37%</td>
<td>40%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Base: US online non-elderly commercially insured who are enrolled in an HSA (percentages may not total 100 because of rounding)


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Most HSA owners also wind up in a banking relationship by default because of an arbitrary partnership between the bank and the employer (or insurer). And a large number are confused about the portability potential and other rules governing their HSAs.

“But these consumers will wise up over time,” Doty says. And market leaders could find themselves in a predicament when it comes to customer churn rates. He cites Forrester research indicating that HSA owners are most concerned with fees, interest rates and debit cards. In fact, they prefer using debit cards to pay their medical bills. HSA holders tend not to pay attention when health insurers recommend a bank. And most are “on the fence” about their existing HSA banking relationship (see chart, p. 4).

**Think Obsessive Customer Advocacy**

“Financial services firms don’t have a lot of growth opportunities these days,” Doty says, “and this is where HSAs come into play.” But his findings point to a lack of intimacy between banks and their customers, and even less between health plans and their customers. So as HSA customers become more informed about their HSAs and, especially, the portability feature, they will be more likely to start switching banks. Doty contends that it takes about two years after opening an HSA before most consumers are fully up to speed on how it works. “My call to arms with this report,” he tells ICDC, “is for financial institutions to recognize this as a customer relationship issue and work hard to build customer loyalty.”

Doty advises banks to make obsessive customer advocacy the cornerstone of their retention strategies. “This is something we’ve written a lot about as it applies to the financial service industry,” he says. “It’s a tool a bank can use to measure whether and to what extent a customer believes that the bank is doing what’s in the customer’s best interests and not just in the best interest of the bank’s bottom line.” Doty explains that a high score on Forrester’s customer advocacy scale is a solid indicator of customer loyalty and purchase intent. “It’s an indicator of loyalty more than satisfaction.” And loyalty more than satisfaction, he says, translates into a continuing customer relationship.

The big question, according to Doty, is who will step up to the plate and educate consumers about their HSAs. “Employers generally are not doing this because many are not in a position to do it,” he says. Health plans, meanwhile, are not doing a good job at this. So banks have a market advantage. But it’s still early in the HSA game, Doty says, “so the land grab will continue.”

**RedBrick Uses Cost-Sharing Structure continued from p. 1**

and higher premiums for those who don’t. This is a more equitable and sustainable approach, Rolfing says. It’s also more effective because it impacts people’s behavior before point-of-care purchasing and impacts costs upstream.

**Program Is Indifferent to Health Status**

Rolfing co-founded RedBrick Health in 2006 to offer employers an approach that combines behavior-based health financing with a menu of integrated tools and personalized programs designed to help people assume greater ownership of their health. Under the financing model, employees who, regardless of their health status, take responsibility for their health as well as their health care by consistently participating in RedBrick’s program are rewarded with lower monthly insurance premiums. Those who do not participate continue to pay their regular premiums, and may end up paying higher premiums.

“Our program is indifferent to an employee’s health status,” Rolfing explains. “You may be healthy and have good biometric indicators, but if you choose not to embrace a totally healthy lifestyle by participating in our programs, you’ll pay your regular health premiums while your office mate, who may have health problems but participates, will pay a lower premium.”

Rolfing compares this approach to the financing model used for automobile and homeowners insurance. “In health care, we’re basically overcharging people who take care of themselves and undercharging those who are not committed to living healthy lifestyles. In effect, those who are not taking care of themselves are being subsidized by those who do.” RedBrick reverses this equation by creating a cost-sharing structure that rewards those who, according to Rolfing, “engage in their health while passing additional costs to those who do not engage.”

**National Clients Are Coming on Board**

So far, RedBrick is working with six clients, including Hannaford Bros. Co., the Scarborough, Maine-based grocery chain that attracted attention by being among the first to offer its employees an international medical tourism benefit. Hannaford launched its RedBrick pilot with 2,000 of its employees in June 2008. Last month, the company expanded the program to 18,000 benefit-eligible employees and their dependents.

Other clients include Welch Allyn, Inc., a New York manufacturer with 2,300 employees, and Ridgeview Medical Center, a Minneapolis-based regional health care network with 1,200 employees. A Fortune 500 consumer foods company signed on in January 2008 for a pilot at two of its locations, and is in discussions to expand the program later this year. Rolfing says that three additional

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Visit the “Consumer-Directed Care” channel on www.AISHealth.com to access a wide range of free resources.
clients have partnered with RedBrick and will be publicly announcing shortly. Two of the three are large national Fortune 500 employers. Rolfing declined to identify the companies.

While changing the financing model is at the heart of RedBrick’s approach, the company also acts as an independent advocate for a client’s employees apart from the employer as well as the employer’s insurance carrier or health plan administrator. “In effect, we step in and the employer steps out,” Rolfing says, adding that “we become the agent for the consumer and we work directly with the consumer.” This is an important shift, Rolfing adds, since employees often feel that their employers should not be meddling in their personal lives, and many employees do not trust their health plans.

After an initial assessment, RedBrick uses multiple data sets to create what it calls a Personal HealthMap that provides the employee with two to four “health behavior choices” that are relevant to the individuals’ personal health status. “You won’t see a menu of 25 choices because that’s confusing and overwhelms people,” Rolfing says. RedBrick also uses health risk assessments, biometric screening and engaging in an activity identified in the Personal Health Map.

Looking at a full year’s worth of data for its book of business, Rolfing says that RedBrick has achieved a 40% to 60% employee participation rate in its incentivized programs. The industry average for overall participation, he notes, is 5% to 15%. While premium savings and reward amounts for employees vary across RedBrick’s client base, “rewards have ranged from $300 for individuals upward to $1,000 for family coverage,” Rolfing says, adding that the typical premium savings ranged between $300 and $500 for the first year. RedBrick works with employers to determine the most appropriate reward timing, but typically savings are realized by employees after each year’s involvement in the program. Rewards are also tied to specific actions, such as taking a health risk assessment or biometric screening and engaging in an activity identified in the Personal Health Map.

RedBrick works with employers to model cost savings through a realignment of employee cost share. Individuals who do not engage in healthy activities help subsidize those who do. The modeling includes a RedBrick per-employee-per-month fee and a per-participant fee for actual program participation. RedBrick does not get paid by the employer unless employees participate.

Contact Pat Sukhum for Rolfing at psukhum@redbrickhealth.com.

### INDUSTRY NEWS

**UMB Health Services said Jan. 22 that it had acquired the health savings accounts (HSA) book of business from Benefit Administrators** While the financial terms of the deal were not disclosed, UMB said it involved 315 HSAs and 308 medical savings accounts (MSAs) with total assets of $3.6 million. The final transfer of the accounts was initiated earlier in January. UMB Financial Corp. is a multi-bank holding company headquartered in Kansas City, Mo. Benefit Administrators is a third-party administrator and division of E.G. & Co. Insurance Services, headquartered in Lafayette, Calif. For more information, call Mandie Nelson at (816) 860-5088.

**U.S. News Media Group has added an interactive medical forum for consumers to its online health channel.** *Health Advice: U.S. News Experts’ Opinions* allows consumers to submit questions about their health and medical concerns to a panel of experts through the new forum. Selected questions will be answered and posted on the forum on a rolling basis. The new feature is being headed by Bernadine Healy, M.D., former head of the National Institutes of Health. The panel includes experts in cardiology, oncology, preventive medicine, clinical psychology, pediatrics, integrative medicine and other specialties. Consumers can access the forum on the U.S. News Health channel under Health Advice at http://health.usnews.com/sections/health/health-advice/index.html. For more information, contact Lucy Byrd at pr@usnews.com.

**Anthem Blue Cross has expanded its Zagat Health Survey online survey tool to consumers in the greater San Francisco, San Diego and Sacramento, Calif., areas.** Anthem launched the tool in January 2008 in the greater Los Angeles market. The Zagat survey tool allows plan members to review their physicians based on four criteria: trust, communication, availability and environment. Consumers also are asked if they would recommend their physician to others. The tool provides a comments section where consumers can explain their ratings. Anthem notes that the four categories are designed to rate consumer experiences with a physician, not quality of care. For more information, contact Peggy Hinz at Peggy.Hinz@wellpoint.com.
INDUSTRY NEWS (continued)

◆ In a twist on consumer Web sites for rating physicians, the new DrScore.com collects satisfaction data from patients about their physicians and feeds the data back to the physicians. The site also allows visitors to view ratings for physicians. While the site is free to consumers, physicians pay to have satisfaction data from their patients funneled back to them. DrScore.com says that so far about 1,000 physicians have subscribed to the service. Physicians are rated on such factors as waiting time, treatment outcomes, staff customer service and time spent with the physician. Physicians receive an overall rating as well as average scores for key satisfaction areas. The site can be viewed at www.drscore.com. Contact Laura Burrows at laura@bcpr.com for more information.

◆ Google Health account members can now seamlessly transfer their medication data to DestinationRx’s free Web site to access a range of pharmacy-related resources, including personalized medication comparisons. Under the arrangements, anyone with a Google Health account can link their online medical profile to DestinationRx, where they can compare drug plans, find medication alternatives and compare prescription side effects. Users also will be able to price shop among pharmacies, view medication interaction alerts, and compare and apply for Medicare Part D prescription drug plans during open enrollment. Contact Barbara Gibson at (415) 848-8111 for more information.

◆ HSAConnect has rolled out a new Web site with interactive tools and calculators for consumers to use in learning about and evaluating HSAs. The Web site includes a searchable database of more than 350 financial institutions offering HSAs as well as a tool for obtaining real-time quotes and HSA insurance plan summaries from all major insurance carriers. Also on the site: an updated library of IRS and U.S. Treasury Dept. publications on HSAs. For more information, visit www.HSAConnect.com.

◆ A comparative usability study of user experiences with Google Health and Microsoft Health Vault PHRs finds flaws with both tools, although on the whole, participants said they preferred Google Health over Health Vault. The independent study, by User Centric, Inc., a user experience research firm, involved 30 participants who completed key tasks using both PHR applications. Participants used five dimensions for their ratings: overall usability, utility (usefulness of features), security, privacy and trust. Participants said they favored Google Health because they found the PHR more usable and that navigation and data entry of health information was easier. They also said Google Health uses more familiar medical terminology. The study can be accessed at www.usercentric.com/publications/2009.01/phr. For more information, contact Pamela Stoffregen-Gay at (630) 376-1185.

◆ Consumer Watchdog, a California-based consumer education and advocacy nonprofit, on Jan. 27 issued a statement calling on Google to cease a rumored lobbying effort that would allow Google to sell patient medical information to its advertising clients on the Google Health database. The advocacy group said Google was lobbying Congress to allow the sale under proposed amendments to the current version of the economic stimulus package. The statement from Consumer Watchdog also said that it had sent a letter to Congress urging members to “refuse Google’s amendments” and detailing five areas where patient privacy needs to be improved, including prohibiting the sale of private medical data. Google immediately issued a statement saying that Consumer Watchdog’s claim is unfounded and totally false. Consumer Watchdog’s statement can be accessed at www.consumerwatchdog.org. The Google statement can be found on its public policy blog at http://googlepublicpolicy.blogspot.com/.

◆ Watch for Rep. Patrick J. Kennedy (D-R.I.) to reintroduce the Personalized Health Information Act, legislation that would provide incentives for physicians to have their patients create PHRs. Kennedy co-chairs the House 21st Century Health Care Caucus. His original bill, co-sponsored with Rep. Dave Reichert (R-Wis.) was introduced for a second time in March 2007. The bill would require the HHS secretary to launch a trust fund that would be used to pay physicians $3 for every patient who enrolled in a program to create a PHR. The bill also would authorize the HHS secretary to find private-sector partners to participate in and help fund the program. Contact Kennedy’s office at (202) 225-4911 for more information.

◆ Medicare has launched a pilot test of PHRs for fee-for-service Medicare beneficiaries in Arizona and Utah. The Medicare PHR Choice Pilot began on Jan. 13 and offers beneficiaries the opportunity to choose among PHR products offered by Google Health,
PassportMD, NoMoreClipboard.com or HealthTrio, LLC. Medicare will add claims data directly into the PHRs. PHR holders can add their own personal health information and can authorize links to other personal electronic information, such as pharmacy data. In announcing the pilot, Medicare said that the four PHR vendors offer a range of product choices, including several that are free and several that offer concierge services for an extra fee. The pilot is being coordinated by Noridian Administrative Services, the agency’s regional contractor. Visit www.medicare.gov/phr.

California’s Office of Statewide Health Planning and Development (OSHPD) has posted on its Web site hospital inpatient mortality indicators for the state’s 384 acute-care hospitals. The agency used the Inpatient Quality Indicators Version 3.2 set developed by the federal Agency for Healthcare Research and Quality to measure the rates of death after in-hospital surgery for five procedures and for death after in-hospital treatment for three medical conditions. Acute-care hospitals were required to participate in the survey. The data cover mortality rates for 2006 and 2007. In announcing the public release of the data on Jan. 22, OSHPD notes that while it views these indicators as potentially useful starting points for looking at hospital quality, “it does not regard them as definitive measures of quality.” Access the ratings at www.oshpd.ca.gov/.

After undergoing a major technology upgrade, the Surgeon General’s Family Health History (FHH) Tool 2.0 Web site has been reopened with a new version of the My Family Health Portrait (ICDC 12/5/08, p. 6). The technological facelift enables users to assemble family health information and integrate the information into PHRs and a physician’s electronic health record (EHR). The agency also is making the tool openly available for adoption by other health organizations under their own brand. The Web site is at https://familyhistory.hhs.gov/. For more information, contact Campbell Gardett at campbell.gardett@hhs.gov.

Seniors age 64 and over as well as older baby boomers age 55 to 63 are the most likely groups to be searching for health information online, according to a report issued on Jan. 28 by the Pew Internet & American Life Project. The report, Generations Online in 2009, finds that teens and those in their 20s tend to go online for entertainment and socializing, while older generations use the Internet to send e-mail, find information and shop. Teens, meanwhile, favor instant messaging over e-mail. Among other findings: Young adults (ages 18 to 32) use the Internet to watch videos, download podcasts and use social networking sites. Seniors are the fastest-growing group of Internet users. The report can be accessed at www.pewinternet.org/.

Saying that freedom-of-information laws are intended to open the window on government operations and not private businesses, a federal appeals court in Washington, D.C., overturned a lower court’s ruling that Consumers’ CHECKBOOK could access Medicare claims data for use in rating physicians. Consumers’ CHECKBOOK rates service providers in seven geographic areas. The nonprofit organization wanted the data to include in its quality ratings system and had won a lower court ruling in 2007 that ordered HHS to release the data under the Freedom of Information Act. But both HHS and the American Medical Association appealed the ruling. On Jan. 30, the appeals court ruled against Consumers’ CHECKBOOK. An official tells ICDC that the organization is “considering the options.” Contact Don Potter at (800) 213-7283.

Anvita Health is releasing a new mobile viewer for Google Health that enables on-demand, real-time viewing of medical records. The application was unveiled on Feb. 3 at the TERP+ Conference in Palm Springs, Calif. The new application, built on the Android platform, will enable users to view their Google Health profile data from Android-powered devices, which currently includes only the T-Mobile G1 device. But the San Diego-based health care analytics company says the mobile viewer will soon be available on other devices, including the iPhone. For information, contact Anvita at (858) 554-1886 or visit www.anvitahealth.com/.

The Joint Commission is adding patient satisfaction ratings to its Quality Check Web site. The commission’s Web site contains accreditation data on the more than 15,000 health care organizations that it accredits. The Web site is open to consumers interested in learning about a hospital’s quality and safety record. The Joint Commission will add the patient satisfaction data from the Medicare Hospital Compare Web site, and says it plans to update the information quarterly. Visit the Quality Check Web site at www.qualitycheck.org.
If You Don’t Already Subscribe to the Newsletter, Here Are Three Easy Ways to Sign Up:

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2. Go to the MarketPlace at www.AISHealth.com and click on “newsletters.”

3. Call Customer Service at 800-521-4323

If You Are a Subscriber And Want to Routinely Forward this PDF Edition of the Newsletter to Others in Your Organization:

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