



## EDITORIAL

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# A Medical Tower of Babel

I see a multitude of veterans with assorted endocrine problems in my current position at the VA outpatient clinic in Oxnard, California. I have discovered a great many satisfactions and frustrations that go hand in hand in assuming such a frontline position. Please indulge me as I rant about one of my biggest frustrations that is inextricably associated with providing direct patient care.

I'm referring to the extreme difficulty that frontline providers have in communicating effectively with one another in today's mixed-up medical world. The problem is magnified, because a large number of patients visit more than one medical provider for the same basic medical problems—at least those patients who come to VA medical clinics.

I recognize that my patients all served their time faithfully in the U.S. military and that they are therefore entitled to as much or as little medical care as they may choose to receive through the VA. However, the desired involvement with the VA for many patients is limited to receiving medications, particularly if they are for service-connected health problems and do not have copays (usually \$9 for 30 days' medication). Most of the time the medications prescribed by non-VA providers are the standard antidiabetic drugs or antihypertensive and lipid-lowering agents that all of our shared patients with diabetes also take.

There will be the occasional patient who wants to have his hydrazine prescription refilled, even though he admits to feeling sluggish and light-headed much of the time. I'm then left wondering to myself whether the

private provider dislikes this particular patient or whether he is losing the battle to keep up with new guidelines and recommendations.

My frustration is that I have no easy way to communicate with the private providers with whom I am sharing patient care responsibilities—especially if I disagree with their medical decisions. It is difficult, if not impossible, to review non-VA medical records to understand their reasoning. Only occasionally will patients bring along dribs and drabs of their private medical records.

For patients who have seen other VA providers, I can access the sophisticated and beloved CPRS (Computerized Patient Record System) and view all the records of their medical visits at any of the nearly 1,000 VA sites. The records of patient care delivered by the myriad of providers outside of the VA system are inaccessible, even though most of these providers are also using an electronic medical record (EMR) system.

As most of you know, these EMR systems do not communicate with one another. As a result, I usually get fragmentary medical information, if any, from the other providers with whom I am comanaging patients.

Some of these patients are critically ill, leaving a small margin for error. Let's say that one of my diabetic patients develops ketoacidosis and is admitted to a private hospital. There's no way that I can directly access the EMRs from that hospitalization when the patient comes to see me for post-discharge, follow-up diabetes management a week later. Even if I were to take the time to try to track down

the treating hospitalist, many times the patient cannot recall the doctor's name, and I am thwarted by byzantine HIPAA rules if I try to call the facility. I'm usually left to hope that the patient brought a concise discharge summary, which rarely happens.

There are glimmers of hope on the horizon. According to *The Wall Street Journal*, significant progress is being made in improving sharing between EMR systems. Carequality, an information technology collaborative, was formed last year to create common standards to handle both the technology and legal issues involved. Also last year, CommonWell Health Alliance, which now has 17 members, formed to share EMRs. Although CPRS is not part of either initiative, these groups represent important steps forward. Still, as far as I and my long-suffering patients are concerned, it can't happen soon enough. ●

### *Author disclosures*

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