

EXPERT OPINION

Portable Patient Health Records

One of the promises of electronic health records is easy and secure access to patient information, with the goal of improving outcomes. The hope is that with greater information portability, no matter where a patient seeks care, his or her records would be available. Even if a patient was unconscious in an emergency department far from home, the ED physician would have immediate access to a list of current medications, allergies, and chronic health issues.

Several ways have been proposed to make information sharing possible. One suggestion is the creation of a nationwide web of health information accessible through the Internet or via the interconnection of existing electronic health networks. Already, many health care systems have created regional health information organizations, or RHIOs. These link hospitals and private practices in a given area together and facilitate secure information exchange.

One large RHIO project has been undertaken by New York City. Through the Primary Care Information Project, the city has gathered physicians and practices under one umbrella, and so far it has linked more than 2,100 providers. In addition, patients can access and update their personal records through an online portal, and can communicate with their physicians through e-mail.

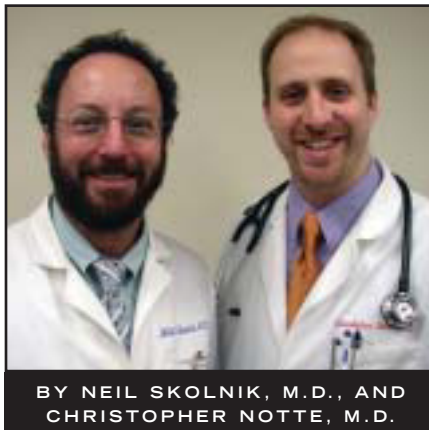
Google and Microsoft already have robust systems in place that facilitate online storage and organization of patient data. Google Health (See [google.com\) is a service that allows individuals to log on and create a thorough health profile that includes details such as previous and current medications. Microsoft's HealthVault \(\[www.healthvault.com\]\(http://www.healthvault.com\)\) covers much of the same ground. Both services are free to patients](http://health.</p>
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and already have established "links" to outside vendors and services, such as Quest Diagnostics and CVS Pharmacy, among many others. This allows information to be updated continuously, as labs are drawn or prescriptions are filled. Both companies promise that they keep the data secure and private, and that they won't disclose any information to inside or outside sources.

The online services seem to be catching on, and several established EHR products allow information to be exported automatically to these sites with each patient encounter.

For those wary of storing their personal health data online, some extremists have suggested implantable "chips" that would stay under the skin and could be read only by specialized equipment. More realistically, however, this approach would take the form of a "key fob" or a USB flash drive, which are relatively inexpensive. The critical issue is

making sure the information on such devices meets standards that allow it to be accessed in any health care setting. The industry has yet to agree on which standards are to be followed, but a few proposed standards appear to be promising.



BY NEIL SKOLNIK, M.D., AND CHRISTOPHER NOTTE, M.D.

One such standard is the Continuity of Care Record, or CCR, developed through a joint partnership among key players, including the Healthcare Information and Management Systems Society (HIMSS), the American Academy of Family Physicians, and the American Academy of Pediatrics.

According to the HIMSS, the CCR is a technology-neutral and vendor-neutral proposed standard for "exchanging basic patient data between one care provider and another to enable this next provider to have ready access to relevant patient information."

Another proposed standard is the CCD, or Continuity of Care Document. This seeks to unify the CCR with another existing standard known as the HL7 Clinical Document Architecture, or CDA.

Now, if you find yourself confused by all of these acronyms, you are in good company. Even after a thorough investi-

gation into the details of each, it is difficult to determine which, if any, will rise to the top and become the final standard. Even the biggest online health information repositories are in disagreement: Google Health uses the CCR standard, while Microsoft's HealthVault uses a combination of the CCR and the CCD.

Dr. David Blumenthal, the national coordinator for health information technology at the Department of Health and Human Services, has called for the removal of boundaries in health information sharing. "The goal, above all else, is to make care better for patients, and to make it patient-centered" by enabling information to follow the patient, and not allowing technical, business-related, and bureaucratic obstacles to get in the way, he said in a statement.

In other words, regardless of how the information is shared, in the end there is only one standard we need to focus on: the standard of care. Unless we continue to improve this, we'll miss out on the ultimate promise of electronic health records. ■

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Electronic Records Consistently Boost Practice Efficiency

BY MITCHEL L. ZOLER

PHILADELPHIA — Electronic health records improve patient care, streamline record keeping, and substantially boost practice efficiency, agreed three rheumatologists who have switched from paper to electrons.

"I have gone from seeing 25 patients a day [before switching to electronic health records] to seeing 40 patients a day," Dr. Charles King commented during an electronic health record forum at the annual meeting of the American College of Rheumatology.

Other benefits from adopting electronic health records (EHRs) are that "our data are clearly better, our work flow is certainly better, we have improved communication within our system, and we can more easily do research," added Dr. King, senior rheumatologist at North Mississippi Medical Clinics in Tupelo.

Dr. King chairs the ACR's Committee on Rheumatologic Care's health information technology subcommittee, and organized the forum.

But physicians must realize that starting up an EHR system also has significant disadvantages: an expensive up front cost, a large learning curve, loss of face time with patients, and privacy issues that the system must be designed to address.

Data entry during the physical examination is the most challenging part of EHR record keeping, and as a result he still handles that aspect by dictation.

Dr. King also warned that entering impressions and management plans into a patient's record can end up as simply a list rather than more insightful thoughts.

"We cannot lose the thinking style of rheumatology" when using EHR, he warned.

Start-up problems can be so

daunting that Dr. King, as well as his colleagues at the forum, recommended that practices build their EHRs in stages.

Another speaker at the forum, Dr. Craig Carson, documented the improved efficiency that came with the introduc-



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DR. KING

tion of EHR into his practice at the Oklahoma Arthritis Center in Edmond.

During the third year that his three-physician practice had an EHR system in place, they had a \$123,000 boost to their income, the result of being able to nearly double the number of patients seen per day.

Dr. Carson reported going

from an average of 18 patients per day to 28, and his partners had even more expansion. But this benefit was balanced by a first-year start-up cost of more than \$257,000.

"The cost is considerable, but it leads to rewards," said Dr. Carson, who also serves on the ACR's health information technology subcommittee.

The start up was also an ordeal. "You need someone [in the practice] who decides that 'no matter what, we'll stick with [EHR]' because it is not easy. You'll have employees who say they can't do it and want to quit. You need to get through that. Once you do, everyone will be happy," Dr. Carson said.

Another subcommittee member who spoke, Dr. Thomas Geppert, had his own list of benefits that have come from adopting EHRs.

They included improved quality of care because of bet-

ter access to patient data, availability of computerized prescribing, an easy system for generating reminders, the potential to incorporate rules that minimize mistakes, and easy access to patient records from anywhere.

Other benefits have been better work flow organization, a need for less office staff, and improved communication with patients.

Like his colleagues, Dr. Geppert, a physician at Rheumatology Associates in Dallas and another member of the ACR's subcommittee dealing with health information technology, also cited the disadvantages of cost, the potential for system failure, and the ordeal of getting a system in place, and recommended introducing a new EHR system in stages. ■

Disclosures: Dr. King, Dr. Carson, and Dr. Geppert all said that they had no financial relationships to disclose.