

EHR REPORT

Portable Patient Health Records

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

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.

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

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 (<http://health.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) covers much of the same ground.

Both services are free to patients 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.

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after each patient encounter occurs.

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.

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



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Humalog is for use in patients with diabetes mellitus for the control of hyperglycemia. Hypoglycemia is the most common adverse effect associated with insulins, including Humalog.

For complete safety profile, please see Important Safety Information and Brief Summary of full Prescribing Information on adjacent pages.

Please see full user manual that accompanies the pen.

Humalog KwikPen™
insulin lispro injection (rDNA origin)



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 investigation 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 informa-

tion 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. ■

DR. SKOLNIK, *associate director of the family medicine residency program at Abington (Pa.) Memorial Hospital, is professor of family and community medicine at Temple University, Philadelphia.* DR. NOTTE *is in private*



practice in Chalfont, Pa. They are partners in EHR Practice Consultants (www.ehrpc.com), helping practices move to EHR systems. Contact them at info@ehrpc.com.

Indication

Humalog (insulin lispro injection [rDNA origin]) is for use in patients with diabetes mellitus for the control of hyperglycemia. Humalog should be used with longer-acting insulin, except when used in combination with sulfonylureas in patients with type 2 diabetes.

Important Safety Information

Humalog is contraindicated during episodes of hypoglycemia and in patients sensitive to Humalog or one of its excipients.

Humalog differs from regular human insulin by its rapid onset of action as well as a shorter duration of action. Therefore, when used as a mealtime insulin, Humalog should be given within 15 minutes before or immediately after a meal.

Due to the short duration of action of Humalog, patients with type 1 diabetes also require a longer-acting insulin to maintain glucose control (except when using an insulin pump). Glucose monitoring is recommended for all patients with diabetes.

The safety and effectiveness of Humalog in patients less than 3 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog in pregnant or nursing women.

Starting or changing insulin therapy should be done cautiously and only under medical supervision.

Hypoglycemia

Hypoglycemia is the most common adverse effect associated with insulins, including Humalog. Hypoglycemia can happen suddenly, and symptoms may be different for each person and may change from time to time. Severe hypoglycemia can cause seizures and may be life-threatening.

Other Side Effects

Other potential side effects associated with the use of insulins include: hypokalemia, weight gain, lipodystrophy, and hypersensitivity. Systemic allergy is less common, but may be life-threatening. Because of the difference in action of Humalog, care should be taken in patients in whom hypoglycemia or hypokalemia may be clinically relevant (eg, those who are fasting, have autonomic neuropathy or renal impairment, are using potassium-lowering drugs, or taking drugs sensitive to serum potassium level).

For additional safety profile and other important prescribing considerations, see accompanying Brief Summary of full Prescribing Information.

Please see full user manual that accompanies the pen.

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Humalog

insulin lispro injection (rDNA origin)