

# Is a Single Patient Identifier Key to EHR System?

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WASHINGTON — One key to the widespread use of electronic health records is a single, voluntary identifier for each patient, Newt Gingrich said at a briefing sponsored by the Alliance for Health Reform.

Most patients would embrace a comprehensive system based on single, voluntary individual health identifiers because of its potential to reduce medical

errors and improve health care quality, said Mr. Gingrich, former speaker of the House of Representatives and founder of the Center for Health Transformation.

But Carol Diamond, M.D., managing director of the health program at the Markle Foundation, a charity dedicated to using technology to improve the nation's health care and security, called for a system that can be accessed using multiple patient identifiers.

Any new system for electronic health

records should build on what already exists, she said. "We have a decentralized [health care] system. That's been the premise of our approach," Dr. Diamond explained. "We are never going to get to this giant database in the sky that's got everything that we need."

Last year, Markle and several health information technology organizations released a "road map" outlining a decentralized approach emphasizing patient privacy, interoperability, and community involve-

ment within an established framework.

One solution is unlikely to fit both a two-physician practice and a hospital with hundreds of beds, said Colin Evans, director of policy and standards for the digital health group at Intel. He added that a model that's based on people accessing decentralized data "may work generally" but would require aggregation of data.

He noted that the United Kingdom's National Health Service is developing a computerized medical records system based on a semiaggregated model.

Physicians and hospitals will need both financial and nonfinancial incentives to participate, noted Mickey Tripathi, president of the Massachusetts eHealth Collaborative. "For doctors in small practices, it's risky to invest \$25,000-\$50,000 for an [information technology] system," he pointed out, noting the marketplace currently provides no incentives to do so.

The organization is currently setting up pilot projects in three communities. The pilots will help Blue Cross Blue Shield of Massachusetts decide how to invest \$50 million in a statewide electronic health infrastructure. Mr. Tripathi said the pilot projects allow local communities to determine their own needs and require minimal interoperability within their own area and a statewide grid.

Government can play an important role in "eliminating barriers to entry," said Zoe Baird, Markle Foundation president. "We're all grappling with who will develop [interoperability] standards and what policy attributes they have to achieve."

Mr. Evans said a number of initiatives among both health and technology industry groups are "closing in" on interoperability standards for health care.

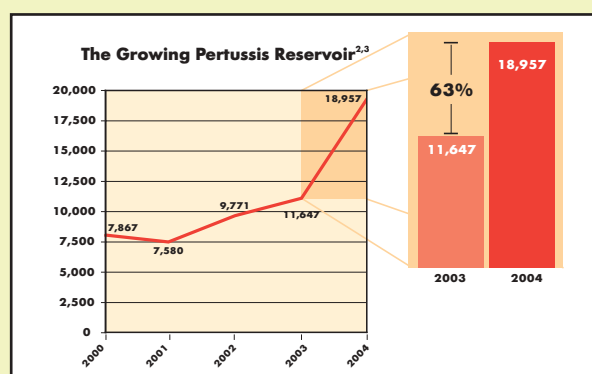
The Bush Administration has pledged to finance projects intended to spur adoption of computerized health records within the next 10 years. Last year, it appointed David J. Brailer, M.D., as the nation's first national health information technology coordinator. However, Congress in November declined to allocate \$50 million Bush had requested for Dr. Brailer's office and pilot projects for fiscal year 2005. The administration has requested \$125 million for fiscal year 2006, but no Congressional action is expected until fall.

Rep. Tim Murphy (R-Pa.) and Rep. Patrick Kennedy (D-R.I.) introduced legislation aimed at speeding adoption of electronic health records by waiving certain provisions of the Stark antikickback laws so that hospitals can provide information technology to physician practices, according to Rep. Murphy's staff. Similar legislation has been introduced in the Senate by Majority Leader Bill Frist (R-Tenn.) and Sen. Hillary Rodham Clinton (D-N.Y.).

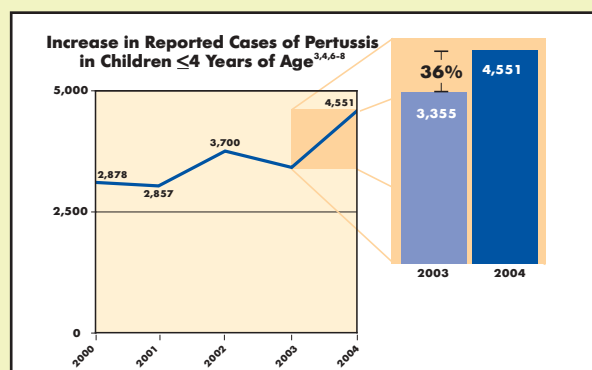
## begins at home

### The growing threat of pertussis — an often silent disease reservoir

Long thought to be nearly eradicated, pertussis case reports are at a 40-year high.<sup>2</sup> Today pertussis is the only communicable disease that is on the rise in all age groups for which a routine immunization is available. In 2004 there were 18,957 cases reported to the CDC, a 63% increase over 2003 and a startling 1000% increase from 20 years ago when incidence reached its nadir.<sup>2,3</sup>



Especially troubling are two facts: first, there has been a 36% increase in reported cases among children ages 4 years or less<sup>3,4</sup>; second, over the last decade, 80% of deaths attributed to pertussis occurred in infants under 6 months of age.<sup>5</sup>



Among the many explanations on the explosion of pertussis in the United States are better reporting, better diagnosis, and waning immunity. What they all have in common is the acknowledgment that there exists a reservoir of disease among adolescents and adults, and more importantly, from this reservoir pertussis transmission occurs. Pertussis is most

contagious during the first few weeks of illness before it is recognizable.<sup>9</sup> In both adolescents and adults the disease is often mild in nature, and not associated with the trademark "whooping cough."<sup>9,10</sup> However, studies have reported significant morbidity including pneumonia, rib fractures, urinary incontinence, weight loss, otitis media, and sinusitis.<sup>11</sup> People with pertussis are also at risk of hospitalization and other complications such as seizures and encephalopathy. Beyond the morbidity are the social, financial, and psychological costs of pertussis disease. One recent study reported that 70% of affected adolescents lost 5 to 10 days of school while 49% of afflicted adults were out of work for 5 to 10 days.<sup>11</sup> In addition, 49% of adults reported that their sleep was disturbed for more than 21 consecutive nights with 9% reporting disturbed sleep for an astounding 60+ nights.<sup>11</sup> It's no wonder the ancient Chinese called pertussis "the cough of 100 days."

### Soon pertussis prevention will begin in the home too

Building on the heritage of the proven pediatric acellular DTaP vaccines, acellular Tdap vaccines for adolescents and adults will soon be available. This intervention will allow health-care providers to protect a broad spectrum of people from the morbidity of primary disease, as well as limit the morbidity and mortality in vulnerable infants by curtailing disease transmission.

You can find out more about pertussis by visiting any one of the following Web sites:

[www.pertussis.com](http://www.pertussis.com), [www.cdc.gov](http://www.cdc.gov),  
[www.nfid.org](http://www.nfid.org), [www.napnap.org](http://www.napnap.org), [www.aap.org](http://www.aap.org)

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