Veterans Affairs to Launch Patient Access to EMRs

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Physicians at the Department of Veterans Affairs have been using an electronic medical record for about 20 years, so officials there are getting ready to take the next step—online patient access to their medical records.

Next May, the VA plans to provide patients with online access to their medical information through an existing patient portal called My HealtheVet—www.myhealth.va.gov.

Currently, the project is in a pilot phase at nine VA medical centers around the country. As part of the pilot, patients are able to log in and see features of their medical record including hospital admissions, allergies, prescriptions, a problem list, progress notes, discharge summaries, vital signs, lab reports, radiology reports, and ECG reports.

"It really represents a fundamental advancement," said Robert Kolodner, M.D., chief health informatics officer at the Veterans Health Administration.

VA officials are now working on the details to allow nationwide patient access to medical records. Though a few institutions and physicians offer patient portal access, it's still not the norm, Dr. Kolodner said.

But this may be about to change, according to Steven E. Waldren, M.D., assistant director of the Center for Health Information Technology at the American Academy of Family Physicians.

More widespread adoption of patient portals and personal health records may be driven by the emergence of health savings accounts, which put more decision making in the hands of patients. In addition, the development of the Continuity of Care Record—a standard that allows personal health summary information in an electronic file to be transferred in multiple formats—is likely to aid the development of these products, Dr. Waldren said.

When the VA project is expanded nationally, there will be some small changes from the pilot. For example, patients won't have access to their progress notes, at least not at first, Dr. Kolodner said. The release of progress notes will happen in a later phase of the rollout, he said. But once they are added, physicians will be able to use the notes as a tool for patient education by adding instructions that patients can later read at home.

Officials are also working out the appropriate time lag between when lab results are available to the physician and when they are released to the patient's online record. The idea is to give the clinician time to notify the patient of a lab result so patients aren't seeing that information for the first time online, he said.

The VA has yet to perform a formal evaluation of the pilot, said My HealtheVet program director Ginger Price. But questionnaires completed by patients participating in the pilot indicate that there is widespread support for expanding the program nationally. And anecdotal reports show that the online record has made it easier for patients to share information with their caregivers, she said.

But online access won't be entirely new for VA patients. For the past two years, patients across the VA system have been able to access the online patient portal My HealtheVet to self-enter both personal and medical information.

The Web site allows veterans to enter personal data such as their contact information, emergency telephone numbers, health care providers, treatment locations, and health insurance.

VA patients can also enter their prescription information and view their prescription and refill history. And they can order refills online through the site.

In addition to prescriptions, they can enter medical information such as over-the-counter drugs and herbal supplements that they take. They can also record their allergies, tests, medical events, and immunizations. For example, the medical event section allows patients to enter the type of events, the start date and stop date, and the response from their physician.

The site also includes a Health eLog feature where patients can enter their blood pressure, blood sugar level, cholesterol level, body temperature, weight, heart rate, and pain level.

For pain information, patients enter data that includes the time and their pain level from 0 to 10. And patients can enter additional comments on their pain.

VA patients can also record their military health history on the site.

The idea is that patients will use the site to help them better manage their health, get patient education information, or print out their self-entered information and bring it in to their physician, Dr. Kolodner said. But the self-entered information is entirely controlled by the patient. VA physicians do not have access to the site, and it's up to patients whether they want to share the information with health care providers or caregivers.

On Veterans Day, the portal will be expanded to include food and activity journals. In addition, patients can begin adding pulse oximetry results to the Health eLog.

When the pilot is completed this spring, patients will be able to access their medical record in the same place as their self-entered data. But the patients will retain control of the self-entered information, Dr. Kolodner said. At that point, patients can choose whether to allow their physician electronic access to the self-entered information.

In the future, patients will also have the option to integrate their self-entered information into their VA medical record. "The decision to share the information is the patient's," Dr. Kolodner said.

VA officials are also considering secure online messaging as a possible future improvement to the patient portal. The feedback from physicians has been that they would like to have messaging so that they can communicate online with patients, Ms. Price said. ■

POLICY & PRACTICE

Cream Skimming Continues

Specialty hospitals are under scrutiny once again. A study found that Arizona heart physicians who partly owned cardiac specialty hospitals were more likely than were physicians with no ownership stake to treat low-acuity, high-profit cases in their own facilities and refer the more complex, lower-profit cases to community hospitals. Jean Mitchell, Ph.D., a professor of public policy at Georgetown University, Washington, analyzed 6 years of inpatient discharge data to compare the practice patterns of physicians who were owners of cardiac specialty hospitals in Phoenix and Tucson with those of physicians who only treated patients in full-service community hospitals with an accredited cardiac care program. She found that physician-owners treated higher percentages of patients with Medicare fee-for-service or commercial PPOs, and lower percentages of patients enrolled in Medicaid and HMOs. The American Medical Association endorses the existence of such hospitals, although the Center for Medicare and Medicaid Services has reinstituted a freeze on the approval of new specialty hospitals until it completes a review next year. The study appeared as a Health Affairs Web-exclusive article.

HHS Mulls Investigation

The Department of Health and Human Services' Office of Inspector General is looking into the circumstances surrounding the resignation of former Food and Drug Administration Commissioner Lester M. Crawford, D.V.M., Ph.D., to determine if an investigation should be opened, an OIG spokeswoman said. In a response to a query from Rep. Maurice Hinchey (D-N.Y.), HHS Inspector General Daniel R. Levinson said that the OIG is doing an initial review of the facts, not an investigation in any regulatory sense, according to the spokeswoman. "After reviewing the facts, the OIG will determine if an investigation is formally launched," she said. "Dr. Crawford's departure, a mere 2 months after confirmation to his position, raises significant questions," Rep. Hinchey and several fellow members of Congress wrote in their request. Dr. Crawford had resigned his position after a 30-year career with the agency, serving as its deputy commissioner and director of the Center for Veterinary Medicine, among other posts.

Alternative Medicine Centers

The National Center for Complementary and Alternative Medicine (NCCAM) is funding five new research centers to study complementary and alternative approaches to HIV/AIDS, arthritis, asthma, and pain. Three of the new centers will focus on therapies used in traditional Chinese medicine, such as acupuncture and Chinese herbal mixtures. The other centers will study millimeter wave therapy—a type of energy medicine—and botanical therapies used by traditional healers in Africa. For example, NCCAM has awarded $1.2 million in first-year funding to the Center for Arthritis and Traditional Chinese Medicine at the University of Maryland at Baltimore. Researchers there will conduct a clinical trial of an 11-herb Chinese formula known as HLXL for osteoarthritis of the knee; assess acupuncture's effect on inflammatory pain in an animal model; and study the efficacy of HLXL in an animal model of autoimmune arthritis. NCCAM is a component of the National Institutes of Health.

Perceptions on Seeking Care

It's the lack of insurance, not a lack of concern, that keeps uninsured people from getting care, the Center for Studying Health System Change concluded in a study. When confronted with a serious new medical symptom, insured and uninsured people shared similar perceptions about the need to see a medical provider. In fact, the study found that uninsured people aged 18 years and older were more likely than insured people (23% vs. 19%) to report the recent onset of at least 1 of 15 serious symptoms, such as shortness of breath, chest pain, persistent headache, or loss of consciousness. About 58% of insured and uninsured people with a new symptom believed they needed to see or talk to a medical provider. But even with similar conditions and similar severity levels, uninsured people were much less likely than were the insured to obtain medical care in response to the new symptom. The analysis, drawn from the center's Community Tracking Study Household Survey, was limited to 1,937 adults without Medicare coverage—1,024 uninsured and 913 insured patients.

Groups Call for Alcohol Labeling

Two consumer groups, the National Consumers League and Shape Up America!, are calling on the federal government to require standardized labeling on alcoholic beverages similar to that appearing on packaged food and over-the-counter medications. "Even the most basic information about alcohol beverages is not required to be provided on the labels of most alcohol beverage products," said NCL President Linda Golodner. "Just as conventional foods, dietary supplements, and nonprescription drugs are required to provide a basic minimum of information needed by consumers to make informed purchasing decisions, alcohol beverage labels should also be required to provide this information." Information the groups would like to see on the label includes serving size, alcohol content, calories, the definition of a "standard drink," and advice from federal dietary guidelines about moderate alcohol consumption. The two groups were responding to a request for comment from the U.S. Treasury's Alcohol and Tobacco Tax and Trade Bureau on a proposal to revise the current labeling rules.