

HEALTH IT



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Learning From Mom

Promise of Electronic Medical Records Is in the Sharing

By Alan Muney

TWO DECADES OF PEDIATRIC PRACTICE taught me that the most reliable and effective repository for medical information is a mother's purse. Through changes in employment, in hometowns, and in the purses themselves, the immunization records of their kids always made the move along the journey from infancy through college.

Every mother keeping track of those immunization cards understood the importance of having them available for the next doctor or emergency room. The record's availability prevented her child from incurring unnecessary pain and possible vaccine reactions. In my pediatric practice, mothers of new patients helped my practice countless times, showing us the vaccines children had or were missing. Often, mothers carried multiple vaccine records from different physicians because each had given her an individual vaccine record for each individual visit.

Similarly, mothers of the chronically ill children in my practice became the trusted couriers of important office notes and lab tests between the multiple specialists who saw their children. This informal information exchange didn't replace those written physician-to-physician consultations included in my office medical records, but it did facilitate availability of these consultations to help the specialists decide what to do. Mothers never lost records.

Without this courier approach, it was more difficult to ensure the availability of the information when and where another doctor needed it. These mothers had instinctively defined the need for multiple user capability, or "interoperability," the technical term for the primary functionality in Electronic Medical Records. Medical professionals recognized the potential for EMR as far back as the 1970s, but with rapid advances in Internet technol-

ogy, digital records can revolutionize the way we do medicine in the United States.

The current paper-chase method requires a mother to define multiple user input and access functionalities to accomplish what she already knows is important—timely availability of past medical history to avoid duplication of medical interventions and their unnecessary pain, complications, and costs. A real-time interoperable EMR system eliminates those racks of paper records lining doctors' offices across the country, but more importantly it would improve the quality and affordability of care from individual physicians and ensure that what goes on in one doctor's office helps the next doctor's office provide better and more affordable care.

According to a study in the *Annals of Internal Medicine*, physicians with paper records could perform as well as physicians with an EMR, but that study only looked at the use of an electronic record within the "silo" of a single physician's office. It did not look at the efficiency that interoperability could provide by breaking down the barriers to communication between different doctors' offices.

The promise of interoperability is its integration of electronic medical records across the health care system, from hospital to lab to primary care to specialist. This integration allows each health care provider in the chain to have accurate, up-to-date information with which to make decisions for the next step in care—and in a timely fashion without duplication or indecision on account of not knowing what happened in another office.

What's more, a key feature of an interoperable Electronic Medical Record is that it allows patients (or their mothers) to define which caregivers would get electronic access to medical information across the health system. Patients (or again, their mothers) thus have control over who sees their EMRs, which in tandem with current rules under the Health Insurance Portability and Accountability Act of 1996 governing the disclosure of private health information by medical care providers and commercial payers, goes a long way toward addressing

privacy concerns about EMRs. Further steps need to be taken to ensure complete privacy protection, but these concerns should not get in the way of a much-needed EMR rollout.

Still, no digital system of care can ensure that health care providers use the information at hand unless a critical mass of providers embraces their use. Unless EMR systems are tapped for information, no interoperable system can guarantee a quality result. If we spend money on building this interoperability across the system, then how do we guarantee it will be used to its full potential?

A recent study in the *Annals of Family Medicine*, published in the May 2007 issue of the journal discovered just that pitfall. The study, which focused on the use of EMR in diabetes care, concluded that:

The use of an EMR in primary care practices is insufficient for insuring high-quality diabetes care. Efforts to expand EMR use should focus not only on improving technology but also on developing methods for implementing and integrating this technology into practice reality.

That's why the federal government needs to take the lead in making EMRs a reality in doctors' offices across the country.

How do we accomplish this? Past changes to the health care system demonstrate that when the federal government wields its power as the largest health care payer, commercial insurers move to adopt the government standards. Case in point: Medicare adopted the Diagnosis-Related Group classification system to define the primary reason for a patient's hospital admission and determine payment. Or consider the Food and Drug Administration's guidelines for coverage of new medical-device technologies. When the FDA adopted the guidelines 30 years ago, health plans began relying on approval as the first step in determining whether commercial insurers would consider paying for the new device. In each instance, the federal government implemented a process that improved the health

care system, and commercial insurers followed suit. We could expect the same with interoperable EMR.

The sooner the federal government mandates and funds an interoperable EMR platform, the sooner our health care system will start to mend in a cohesive fashion. The incentive for the federal government to do this is the enormous amount of wasted resources the Medicare system funds year after year because practice performance measurements of guideline-driven care given to chronic illness patients are not implemented.

According to a Rand Study published in the New England Journal of Medicine in June 2003, only 55 percent of patients received care according to guidelines. Whether the care is too little too late, or too much too often, resources are wasted and patient outcomes fall short. An interoperable EMR

can identify where guidelines weren't being met for those patients being treated by multiple providers during the course of their illness. Each provider would have the information and could potentially improve the care if a guideline hadn't been followed. The patient could receive all the care needed, and none that he or she didn't need.

It would make your mother proud, and it could put more than just an immunization card back in her purse. sp

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