



## Medical offices gradually switching to electronic records



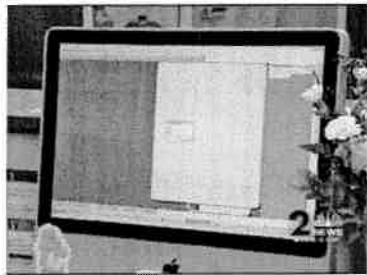
by Ashton Goodell  
Tuesday, March 17, 2009

ANCHORAGE, Alaska -- Visiting the doctor's office you can expect two things: paperwork and a wait time.

But a new record system might do away with one of those two things. Doctors say it's a wonder offices still use paper charts.

Doctors are hoping to transition patient records from this ... (Daniel Hernandez/KTUU-TV)

"If this were the banking industry or any other industry we would be bankrupt," Dr. Tom Nighswander said.



... to this, a computerized database. (Daniel Hernandez/KTUU-TV)

The Alaska eHealth Network is designing a system to exchange medical records. The network would allow you and your doctor to access your medical information anywhere.

"The No. 1 reason is for patient safety," said Rebecca Madison director of the Alaska eHealth Network. "You've probably heard horror stories (about people) who had drug interactions or have tests done by mistake just because there's not a way to transfer records."

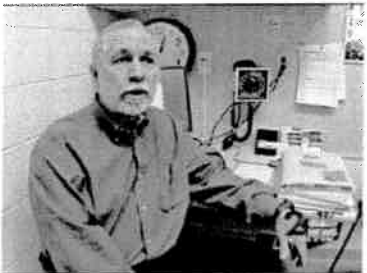


Rebecca Madison director of the Alaska eHealth Network (Daniel Hernandez/KTUU-TV)

The network won't have a central database where patient information is stored. All the data will be in your doctor's office and will stay there, but offices will share the information through a network.

"It's less time consuming as far as the time it takes to make a chart," said Yanira Williams, a doctor's office administrator.

Patients have raised concerns about privacy. They are worried someone could potentially hack the system or get into private records.



Dr. Jerome List (Daniel Hernandez/KTUU-TV)

"A lot of people are nervous about their stuff being scanned into the system, so they are a little bit hesitant about identity theft," Williams said.

Some doctors say paper databases aren't necessarily safer.

"Paper charts have just always been messy and difficult to organize, difficult to gather information from, easy to lose," Dr. Jerome List said.

Electronic records could replace the bulk of paper records, and a patient has full control over who accesses their health records.

Electronic records work kind of like an ATM -- the information you see on the screen isn't transmitted and can't be pulled up by someone else after it's closed.

You might go home or to the office and look at your bank statement online -- the same applies for the e-network. You can look up your information at any time to see who last touched the record.

"You can see who actually looked at your record for how long and for what purpose," Nighswander said.

The e-network is voluntary, so it's up to you whether you want to be on the system, and if so who you'll allow access to your records.

Some doctors have already switched to electronic records, but they said it wasn't easy.

"Early on document scanning was very difficult," List said. "Scanning did not get saved and so on and so forth, so yes, I had some bumps along the road to show for it."

The goal now is to exchange those records between offices, probably two years down the road.

A move toward electronic record keepers will eliminate jobs in doctors' offices. The eHealth Network says the system would cut jobs but would also cut other costs like the mailing of records.

They say that savings would pass along to patients.

The e-network says it needs \$20 million to finish the system. Some of the state's stimulus money could go toward the project.

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March 1, 2009

UNBOXED

## How to Make Electronic Medical Records a Reality

By [STEVE LOHR](#)

IN the world of technology, inventors are hailed as heroes. Yet it is more subtle forms of innovation that typically determine the impact of a technology in the marketplace and on society. Clever engineering, smart business models and favorable economics are the key ingredients of widespread adoption and commercial success.

History abounds with evidence. For years, much of what was known as "Yankee ingenuity" was, in fact, the American ability to pursue commercial applications of British inventions, from the Bessemer steel process to the jet engine. Even in computing, which we regard as made-in-America technology, the first stored-program computer, simple programming language and reusable code were pioneered in Britain.

But, of course, computer technology and the industry really flowered in the United States. That happened in no small part because the federal government nurtured the market with heavy investment, mainly by the Defense Department, and by choosing standards, like the Cobol programming language.

Today, Washington is about to embark on another ambitious government-guided effort to jump-start a market — in electronic health records. The program provides a textbook look at the economic and engineering challenges of technology adoption.

In its economic recovery package, the Obama administration plans to spend \$19 billion to accelerate the use of computerized medical records in doctors' offices. Medical experts agree that electronic patient records, when used wisely, can help curb costs and improve care.

The proof is seen in large medical groups, with hundreds or thousands of physicians. They sift, sort and analyze the data from digital records, for example, to better manage the health of patients with costly, chronic conditions like [diabetes](#) and heart disease. These larger groups have the scale to invest in information technology, and they are often insurers as well as providers, so they benefit directly from the cost savings.

Yet these large groups are the exceptions in American health care. Three-fourths of the nation's doctors practice in small offices, with 10 doctors or fewer. For most of them, an investment in digital health records looks like a cost for which they are not reimbursed.

It is scarcely surprising, then, that only about 17 percent of the nation's physicians are using computerized patient records, according to a government-sponsored survey published last year in [The New England Journal of Medicine](#).

“This is really not a technology problem,” observed Erik Brynjolfsson, an economist at the Sloan School of Management at the [Massachusetts Institute of Technology](#). “It’s a matter of incentives and market failure.”

That market failure is a principal target of the Obama administration’s plan. A main feature of the legislation calls for incentive payments of more than \$40,000 spread over a few years for a physician who buys and uses electronic health records. But the technology is just a tool, one that needs to be used properly to improve health care.

So the legislation states that physicians will be paid only for the “meaningful use” of digital records. The government has not yet defined that term precisely. While the long-term goal is better health for patients, that can take years to measure. Consequently, many health experts predict that the meaningful use will be a requirement to collect and report measurements that can be closely correlated with improved health. Examples would be data for blood glucose, [cholesterol](#) and [blood pressure](#) levels for diabetes patients.

The legislation, health experts say, seems thoughtfully put together, but the obstacles to success will be daunting. “What’s underappreciated is the implementation challenge,” said Dr. Blackford Middleton, chairman of the Center for Information Technology Leadership, a research arm of Partners Healthcare in Boston.

A crucial bridge to success, according to experts, will be how local organizations help doctors in small offices adopt and use electronic records. The new legislation calls for creation of “regional health I.T. extension centers.” In a letter to the White House and Congress last month, Dr. Middleton and 50 other experts emphasized the importance of these centers and pointed to the Primary Care Information Project in New York City as a model.

The New York project’s brief history, beginning two years ago with \$27 million in financing, offers a glimpse of the challenges of wiring small physician practices. The New York team, headed by Dr. Farzad Mostashari, an assistant commissioner in the city’s health department, started by bringing in decision-support experts in medicine to study how doctors work, so the technology would be easier to use. Team members considered writing their own software for simple, Web-based electronic health records, but abandoned that idea once they understood that patient records would have to be tightly linked to billing — a physician’s financial lifeblood.

The project’s 50-member staff provides centralized technical support and education for doctors and others. “There’s no way small practices can effectively implement electronic health records on their own,” Dr. Mostashari said. “This is not the [iPhone](#).”

The staff worked closely with its software supplier, eClinicalWorks, to tweak and tailor the system. They began rolling out the records a little more than a year ago. They are now used by more than 1,000 physicians, mainly in poorer neighborhoods, whose workplaces include two hospital outpatient clinics, 10 community health centers, 150 small group physician practices and one women’s jail, serving a total of one million patients. The rollout is progressing, and the government plan promises to accelerate adoption.

“Our experience here is that it’s just hard,” Dr. Mostashari said. “It’s not impossible.”