

The Benefits and Risks of the Electronic Health Record (EHR)

District 1199C

Member Conference

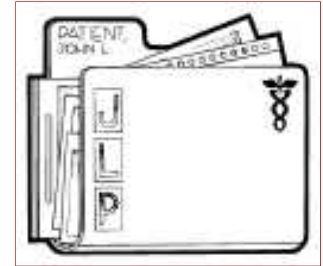
April 17, 2010

The Good Old Days

- Medical records were stored in folders and maintained in filing areas which were secure
- Organization had a 'locked file' where cases involved in legal proceedings were safeguarded from potential loss, tampering or destruction
- Forms were designed to facilitate the collection of the appropriate information
- Error correction was as simple as drawing a single line through an incorrect entry

Patient reports pain for ~~three~~ four days prior to admission

J. Smith, MD

A photograph of a medical form, possibly a patient history or admission form. The form contains various fields and text. A single horizontal line is drawn through one of the entries, illustrating the method of error correction mentioned in the text.

The *'Not So Good'* Old Days

- Lost Records
- Filing Backlogs
- Delays in care due to test results not being where needed
- Repeated tests
- Security breaches



Current Electronic Health Record (EHR) Environment

- Feeds from multiple systems with multiple versions of documents
- Multi-media formats
 - Images, video, voice files
- Patient-provider e-mail communications
- System generated clinical reminders or prompts/decision support
- Patient's personal health record (PHR) documentation



Benefits and Risks of EHR Systems

- Accessibility/Portability vs. Privacy and Security Concerns
- Increased Quality/Efficiency vs. Unintended Consequences
- Increased Patient Access vs. Computer and Medical Literacy Concerns
- Improved Fraud Detection vs. Medical Identify Theft

Accessibility/Portability vs. Privacy and Security Concerns

Katrina Shows Need for Electronic Health Records

Doctors on front lines of Hurricane Katrina disaster relief call for universal medical records. WebMD Health News, Sept. 21, 2005

Use of Electronic Health Records in Disaster Response: The Experience of Department of Veterans Affairs After Hurricane Katrina, American Journal of Public Health, April 2007

The VA electronic health records supported continuity of care for evacuated veterans after Katrina. Our findings suggest that pharmacy and laboratory computerization alone will not be sufficient for future disaster support systems.

Monday, April 12, 2010 — iHealthBeat

BCBS of Tennessee recently announced that 998,422 members could be at risk of identity theft after 57 hard drives were stolen from a former BCBS call center in October 2009. The estimated count of affected members has nearly doubled since last month when BCBS estimated that the breach had affected about 521,761 members.

Increased Quality/Efficiency vs. Unintended Consequences

- Improve patient safety
- Enhance quality of health care
- Facilitate research
- Increase speed/effectiveness of public health activities (biodefense, disease surveillance)
- Alert fatigue
- Downtime procedures
- Study revealed that in Children's Hospital CCU mortality rate increased from 2.8% before CPOE implementation to 6.6% after CPOE implementation.
(Pediatrics, 12/6/05)

Increased Patient Access vs. Computer and Medical Literacy Concerns

Personal health record (PHR) products/access are being offered by hospitals, physician practices, healthcare plans and private businesses such as Google and Microsoft

40% of users with two or more chronic health conditions did something to improve their health as a result of their PHR

Digital divide – problems of general computer literacy/access

Medical literacy concerns

Survey also found that rich more likely to use PHRs but poor more likely to benefit

Improved Fraud Detection vs. Medical Identify Theft

“EHR standards must define requirements to promote fraud management and minimize opportunities for fraud and abuse, consistent with the use of EHRs for patient care.”

Medical Identity Theft - when someone uses a person's identity without the person's knowledge or consent to obtain medical services or goods, or uses the person's information to make false claims for medical services or goods.

Evolving Roles

Privacy and Security

Personnel:

- Monitoring Audit Trails
- Authentication and Access to Record Management – Minimum Necessary Standard
- Patient Advocate – Managing Security Breaches
- Help Desk Support
- EHR System Implementation and Training: project management
- EHR System Maintenance: database design, programming
- Informaticist: data analyst, clinical vocabularies, mapping across systems

Questions?

GOOD LUCK!



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