



HEALTH CARE: There's nothing glamorous about medical records

By Randy Jotte

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Imagine yourself semiconscious on a stretcher in an emergency room. You're delirious with fever and cannot convey a critically important piece of information: your severe allergy to penicillin. With the best of intentions to treat your infection, the emergency room physician gives you . . . penicillin. Of course, your condition deteriorates.

This scene is not as unlikely as it should be. Providers of medical care often work in a vacuum of information. Some patients do not know the medications they're taking, their drug allergies and special medical problems. Others are unable to communicate, perhaps because of a stroke or a car accident that has left them unconscious.

The urgency of the situation can leave no time to determine if other hospitals have medical records of past treatment. Even if such a hospital can be identified, there might be no time to contact clerks there to find and retrieve relevant records, exchange legal release-of-information forms with specific requests and patiently - or, more likely, impatiently - wait for a response. To say that the quality of care is compromised under these conditions is a monumental understatement.

Thanks to the Internet, anyone can find a remarkable amount of general medical information almost instantaneously, such as possible treatments for the bird flu should we see an outbreak here. Unfortunately, information of immediate and real value to doctors and their patients - lists of a person's medications, allergies and unique problem - is not available the same way.

This is a function of our fragmented health care system - hospital networks, insurance plans, nursing homes, retail pharmacies - each piece of which maintains its own unique and relatively inaccessible electronic database. If health care providers had access to all of that information quickly - in ways that protect the security and privacy of the data - not only would the quality of care improve, but we also might reap substantial financial savings.

Improved availability of medical records through electronic technology is central to a more efficient, quality-directed health care system. The costs of repetitive diagnostic tests could be eliminated, for example, if doctors had rapid access to the results of previous tests: If a patient had a CAT scan three days ago in St. Charles for abdominal pain, there is not much to be gained from getting a second CAT scan today in St. Louis.

Although the potential benefits from easily accessible electronic medical information are significant, realizing that potential will be neither simple nor easy. Up-front investment costs in both hardware and software could be substantial. Who's going to pay for it?

In addition, most of the technology associated with electronic medical records isn't uniform; few of the systems currently being used by health care providers can talk to each other.

But the most formidable barrier to progress is concern about privacy. In order to win and retain public trust in these systems, they must be absolutely secure. Patients always should have the choice of participating in the system, opting out or perhaps participating only to a limited degree.

Weighing these costs and benefits, Missouri should start taking steps toward creating a secure network of electronic health records. Before establishing standards or making substantial investments, however, we should investigate the systems of electronic health records already in use in a few communities, particularly Indianapolis, Boston and the state of Tennessee.

Once we understand what they've done right and what they've done wrong, we could start designing a pilot project that includes careful and precise measurements of the costs and benefits to the community. The "Show Me" state should accept nothing less.

Embarking on such an effort requires the active involvement of the governor, the general assembly and all the elements of the health care community. Although pockets of the nation are further down the path toward electronic medical records than Missouri is, much of the country suffers from the same kind of fragmentation. With timely leadership, Missouri need not just follow the rest of the country; it can help show the way.

Dr. Randy Jotte is president-elect of the Missouri College of Emergency Physicians. He is an associate professor of emergency medicine at the Washington University School of Medicine and a physician in the emergency department at Barnes-Jewish Hospital.

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