

Electronic Health Information and You

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In his 2004 State of the Union Address President Bush stated, “By computerizing health records, we can avoid dangerous medical mistakes, reduce costs and improve care.” To bring focus and activity to this issue, he issued an executive order in April 2004 to create the Office of the National Coordinator for Health Information Technology and set a 10-year target for the widespread adoption of health information technology (HIT) in the U.S. health care system.

There are a number of ways that the widespread adoption of HIT can directly benefit patient health care and well-being. These benefits, which can occur in real time, include:

- Availability of faster and better public health information on a variety of topics, such as the most common diseases in people seeing the doctor in a given state, town, or zip code; the treatments and practices, or even doctors, that are most effective at treating patients with certain conditions such as diabetes, heart disease or asthma
- Storage and more efficient retrieval of information on health care delivery and patient health status. This allows patient health information to be used more easily to improve well-being, such as the development and sharing of patient-specific care plans and patient health records to involve patients more effectively in managing their own health care.
- Streamlining the processes and safety of prescribing and dispensing prescription medications and the ordering and reporting of laboratory tests and other diagnostic services

Providing secure and accessible electronic health records (EHRs) when patients are seen in different settings is a major benefit of widespread adoption of HIT. This requires that the systems being used are able to:

- Provide information within EHRs that is consistently understood across systems. If your EHR originates in your doctor’s office and is added to when you have tests at your local hospital, or when you are referred to a specialist in Albuquerque, or Dallas or Phoenix, the information needs to be interpreted, or translated electronically, the same way, regardless of the system used at each of these locations. This ability to interpret electronic health information consistently is referred to as the interoperability of health records. A voluntary Certification Commission for Healthcare Information Technology has been established to promote the development of interoperable health record systems.
- Locate and exchange health information across multiple locations where people receive health care. A proposed national health information exchange system involves a network of regional health information organizations (RHIOs). While there has been substantial federal funding provided to develop RHIOs throughout the country over the past few years, these efforts have not yet made great progress on a national scale.

It has been three years since the President’s executive order: almost one third of the way to that 10-year target for the transformation of health information to EHR systems nationwide. While progress has been made, there are concerns that it is being made too slowly. A question you may ask is “What can I do to gain some of the benefits of the increased use of health information technology today?”

One way health care consumers can become active participants and gain benefit from the efforts underway is to create personal health records (PHRs) for themselves and for their family members. PHRs can help consumers to become more active in managing and promoting their own health. If done well, using and

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maintaining an electronic PHR can become as important for your health as taking your blood pressure medication, getting an annual flu shot, or exercising every day – in fact, using a good PHR should increase the likelihood that you do these and other health-promoting activities and get the most out of your health system. They can also be invaluable to family members, who may have to act as caregivers for you sometime in the future.

What is a PHR? “The personal health record is an [Internet-based] set of tools that allows people to access and coordinate their life-long health information and make appropriate parts of it available to those who need it.” This definition comes from the Personal Health Records Working Group of the Markle Foundation. Its Web site offers more information on this topic: www.connectingforhealth.org, and general information is also available at www.myphr.com.

A PHR can be a set of paper records, documents and calendars kept in a folder, or it can be a series of very elaborate programs maintained on a secure Internet Web site. By being on the Internet, your PHR can be accessed from any place at any time. You control your PHR, including what information you allow others to see and how long they can see it. If you are trying to control your blood pressure, your weight, your exercise, your blood sugar levels, or any other health-related behaviors, your PHR should provide you with tools or links to tools to help you change and monitor your status. It should be a tool you can use with your health care providers and care givers where you can track, store and communicate critical information about your health.

The “ideal” PHR system may be somewhat different for each of us, considering our different health needs and our access and abilities with computers and the Internet. The American Medical Association formed www.iHealthRecord.org, a Web site that allows consumers to develop a no-cost PHR. There are also Web sites that sell PHRs with various features, usually at fairly reasonable prices. One of the best places to start researching how to start a PHR is the American Health Information Management Association (AHIMA) Web site: www.myphr.com. Dossia (www.dossia.org) is developing a PHR option available through certain employers in the country, using an independent electronic system for the collection and secure storage of lifelong personal health information for consumers who choose to participate.

The New Mexico Medical Review Association (NMMRA), under contract with the Centers for Medicare & Medicaid Services (CMS), assists health care providers in adopting EHRs and associated HIT. NMMRA is the Medicare Quality Improvement Organization (QIO) for New Mexico and is dedicated to improving the quality of health care in all settings. Consumers receive care in hospitals, physician offices, nursing facilities and through home care. At times, it is necessary for professionals across these settings to communicate about patient care. However, this does not always happen. It is believed that adoption of HIT can help these groups communicate and thereby improve care, reduce medical errors and ultimately reduce costs.

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