

Government pushes for electronic medical record standards

Legislation would help fund system purchases and ensure that users could share data.

By Markian Hawryluk, AMNews staff. Feb. 9, 2004.

Washington -- Momentum is building for federal legislation to promote universal adoption of electronic medical records by developing standards for the software and incentives for its use. But many physicians remain concerned that they might get steamrolled in the process. Many experts are advocating electronic records as a way to cut medical errors, provide doctors with up-to-date patient histories, and put best practices and clinical guidelines at their fingertips. Entering data into electronic records could facilitate quality measurement and improvement, cut paperwork, and streamline health transactions.

Proponents envision a system under which a patient's medical records could easily be shared electronically among doctors and other health care professionals caring for the patient. Yet recent surveys have found that only 17% of primary care physicians and fewer than 5% of all physicians have electronic record systems. A study soon to be released by the Commonwealth Fund found that adoption of and receptivity to health information technology among solo practices and small groups lags significantly behind large group practices. Physician groups have supported the concept of moving toward electronic records with data exchange capabilities but want to avoid an unfunded mandate.

"Although physicians see great promise in this technology, the costs are prohibitively high, and they're not confident that, if they spend the money, they won't be buying the Betamax version of electronic technology," said Bob Doherty, senior vice president of government affairs for the American College of Physicians.

Fewer than 5% of physicians have electronic medical record systems.

The college has called for the Bush administration to create a policy framework to reduce the barriers to voluntary acquisition of electronic records systems, including helping practices pay for the software, sharing accrued savings and developing the standards for interoperability.

"A lot of the initiatives right now are dealing with this on a 30,000-foot level," Doherty said.

"What we're doing is trying to take the discussion to the level of what are the reasons a physician would acquire this technology and why would a physician not acquire it?"

The American Academy of Family Physicians, meanwhile, has partnered with a handful of software vendors to offer family physicians implementing such record systems discounted products and services. The group also will work on developing interoperability and security standards for exchanging data between physicians and other health care professionals.

But it may take a greater federal role to help move standards along. The Bush administration last year commissioned the Institute of Medicine to design a standardized model of an electronic medical record and asked the health care standards development organization known as HL7 to

evaluate it. The Dept. of Health and Human Services expects to have a model record ready this year.

"We want to build a standardized platform on which physicians' offices, insurance companies, hospitals and others can all communicate electronically, which will improve patient care while reducing the medical errors and the high costs plaguing our health care system," said HHS Secretary Tommy Thompson.

The American Medical Association is part of a group that has been reviewing a draft of the model. Once the model is completed, it will be tested in demonstration projects and studies. But it is unclear how the standards will be implemented and whether electronic medical record use would be mandated. Significant issues about security and patient privacy also must be resolved. Last November, the IOM said electronic records could significantly reduce medical errors but identified a number of barriers.

"The lack of data standards is a key obstacle to the adoption of both electronic health records and data exchange systems," said Molly Joel Coye, CEO of Health Technology Centers in San Francisco and a member of the IOM committee that penned the report. "Physicians and other providers have hesitated to invest in data systems -- reasonably so -- knowing that their own medical record system might not be able to exchange important patient information with local pharmacies, hospitals or even other physicians."

The IOM said the private sector could be expected to fund a substantial portion of the capital required to build a national system of computerized health information and data sharing, but federal investment would be needed to develop key building blocks of the infrastructure. Now a number of policy-makers have picked up the banner. President Bush called for electronic records in his State of the Union address. This fueled speculation that his 2005 budget proposal would include more steps or incentives to promote their use.

And in January, two key Democratic senators announced legislation that could help speed adoption. Sen. Hillary Clinton (D, N.Y.) outlined a bill that would mandate the development of standards for electronic records and provide funding for physician offices to buy the systems.

"The government should also help ensure that IT is affordable for small or rural providers, and for safety net providers," Clinton said. "I've supported funding this, perhaps, through a revolving loan fund, and we should be encouraging innovation in business models for how to make this affordable."

Sen. Edward Kennedy (D, Mass.) also announced that he would introduce legislation including an electronic records provision.

"Automated patient record-keeping can help bring real coordination to what is often a frighteningly fragmented health care system," Kennedy said. "Today, for one in five patients

with significant health problems, various health professionals order duplicate tests and procedures. One in four arrives for a doctor's appointment and finds that needed test results or records are not available."

Both Kennedy and Clinton serve on the Senate Health, Education, Labor and Pensions Committee, chaired by Sen. Judd Gregg (R, N.H.). The panel could be a venue for debate of the measures. Gregg has indicated support for developing electronic record standards but wants to move slowly due to the issue's complexity.