

# Work begins on national e-health record network

September 30 2009, By DAVID TWIDDY , Associated Press Writer

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(AP) -- Doctor's offices and hospitals have slowly started the difficult switch from outmoded paper records to sophisticated electronic systems in a bid to improve care and cut costs.

Making records more accessible is a big part of the effort. Complicating matters, though, is that the industry still has to figure out how to ensure the records don't get locked into just one [health care](#) provider's computer network and can instead follow patients as they move around.

"It's increasingly frustrating for us and other providers that it's difficult to find a workable interface," said Dr. James. E. Sanders, chief of staff for the U.S. Department of Veterans Affairs' Kansas City Medical Center. "Our systems don't talk to each other."

Interoperability, or allowing providers to share records and view them from anywhere, is a requirement for facilities to receive some of the more than \$17 billion in stimulus funding the government is offering to encourage adoption of [electronic medical records](#). Congress likely will penalize providers who aren't using them by 2014, cutting their Medicaid and Medicare payments.

But the debate over interoperability among health care providers, which has been going on for years, could take well beyond the 2014 timeframe to be solved, industry experts say.

"A private sector effort started 11 years ago and is still a going concern,"

said Carla Smith, executive vice president of the Healthcare Information and Management Systems Society. "Every year they solve an X number of problems. They're eating the elephant one bite at a time."

For an integrated system to work, developers have to agree on how their hundreds of programs present information and connect with each other. For example, if one uses its own set of abbreviations, the information would be useless to a doctor who uses a different program.

Some envision a "network of networks" that would resemble the model used in the banking industry for customers to access accounts through ATMs nationwide.

Studies have found that fewer than 10 percent of U.S. health care providers are using electronic medical records.

Sanders, for instance, has access to one of the nation's most expansive computerized record systems, allowing VA staff to securely access patient data from 1,400 locations - but that benefit ends at the medical center's doors.

If a patient is transferred from the University of Kansas Medical Center in Kansas City, Kan., for example, Sanders said his staff has to revert to receiving the records by fax and then scanning them into the VA's system.

Dr. David Blumenthal, the Obama administration's [health information](#) technology director, acknowledged a national system for sharing records is far off. He said federal officials hope to issue regulations controlling how medical information is shared by the middle of next year and plan to provide about \$300 million in stimulus funds to develop regional and local information exchanges.

But he said the government likely will stay out of the thorny issue of exactly how that national system will work.

"We're very committed to innovation and we're very aware that the government is not the repository of all wisdom, especially in a field as dynamic as health information technology," Blumenthal said. "So we fully expect there will be a lot of different solutions to the exchange problem."

Regional groups, which use bridge programs to allow health care providers in a city or state to view patient records in each others' databases, have shown some success hurdling the differences between records software.

A survey this year by Washington, D.C.-based nonprofit firm eHealth Initiative found 57 health information exchange groups were operating in the U.S., up from 32 in 2007.

At the moment, there are hundreds of programs sold by scores of developers approved by the Certification Commission for Health Information Technology, a nonprofit group that evaluates whether medical record software meets federal and industry standards.

With billions of dollars in potential revenue at stake, the vendors have a big incentive to ensure their products don't get shut out of a national system. Industry experts say that's made interoperability a key feature in most new programs.

"If you envision that everyone who has a computerized system can talk to another system in a standardized way, you've in essence started to build the foundation of a national network even if it didn't exist as such," said Rod Piechowski, senior associate director on policy for the American Hospital Association.

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