

Debate heats up over safety of electronic health records

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Department of Health and Human Services officials said Tuesday that the safety benefits of electronic health records far outweigh any potential problems, but critics say regulators are pushing health care providers to use them while downplaying the risks to patients.

"This transition to [electronic health records](#) has led to far better [safety](#) than (it has) created new problems," said Andy Gettinger, an physician who heads [health information technology](#) (HIT) safety at HHS, at a government-sponsored conference here.

But Ross Koppel, a University of Pennsylvania professor who has published extensively on the topic in medical journals, called the federal government's stance at the conference "a whitewash."

"They are systematically selecting studies and study methods that minimize the hundreds of thousands of errors related to HIT," he said. "Of course, there was a safety problem with paper, but there are new, different and more wicked problems with HIT."

If the ability to cut and paste information from one chart to another causes it to balloon from three to 3,000 pages, physicians may not even be able to find the "nugget of needed information," Koppel says.

And Gary Dickinson, a [health](#) IT executive who is involved in setting EHR standards, says that as information is exchanged from one health facility to another, it increases the number of times errors can be

introduced.

"Electronic systems are transforming content," he says, adding that this reduces the amount of trust physicians can have in it.

The government is paying about \$30 billion in incentives to help doctors install and use these digitized patient medical histories. The goal is to have health networks' computer systems talking to each other to improve [patient care](#) and reduce costs due to duplication of services.

It has become a battle of the studies.

HHS points to a study published last summer in the journal *Healthcare* by William Encinosa at the Agency for Healthcare Research and Quality and Jaeyong Bae at Northern Illinois University that found [adverse drug events](#) increased by 14% at hospitals where physicians resisted meaningful use requirements, but dropped by 52% in places where physicians met the requirements.

Other research:

—Problems with electronic health records ranked second among the "2015 Top 10 Health Technology Hazards" in a report recently released by the ECRI Institute, a non-profit organization that researches how to improve patient care. ECRI specifically pointed to incorrect or missing data in the records.

—Research published online last month in the journal *BMJ Quality and Safety* analyzed reports of [medication errors](#) where "computerized provider order entry" was considered a contributing cause. It found that out of more than a million medication errors reported in the system researchers examined, 63,040 were related to this form of entry.

—Pennsylvania Patient Safety Authority analysts looked at electronic record-related [patient safety](#) reports and found most involved human error in data entry, such as entering the wrong data or failing to enter information. The 2012 report gave several examples, including one in which a patient received two extra doses of a medication because the doctor didn't place a "stop date" in the correct area on the electronic record, instead writing instructions in a different area that a pharmacist and the nursing staff didn't acknowledge. The problem was discovered by the pharmacist only after the patient had received the medicine.

Rather than focusing on the safety issues caused by these records, perhaps health IT should be used to solve the problems, said Kathy Kenyon, a senior policy analyst at HHS' Office of the National Coordinator for Health IT.

"They make care a lot safer," Kenyon said during a conference panel. "My inclination is to step back and think about if we are studying the right thing."

After all, the health IT-related events are a "pretty small number" when all safety-related data problems are considered, Kenyon said.

"It's true (safety errors) are a small slice of the pie, but it may get more important as health IT gets more widely used," said Russell Mardon, senior study director at research company Westat, which is reviewing hospital IT errors with HHS. "I think there are huge problems."

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