

# From my perspective

**F**rom the perspective of many policymakers, the major objectives of the ongoing health system reform movement are reducing costs, improving quality, and creating transparency. These individuals also maintain that enhanced health information technology (IT) will be instrumental in achieving these aims. For surgeons, their office staffs, and the institutions they are affiliated with, this new direction means it is time to start transitioning from the use of paper-based patient records to electronic medical records (EMRs).

## *Policymakers' efforts*

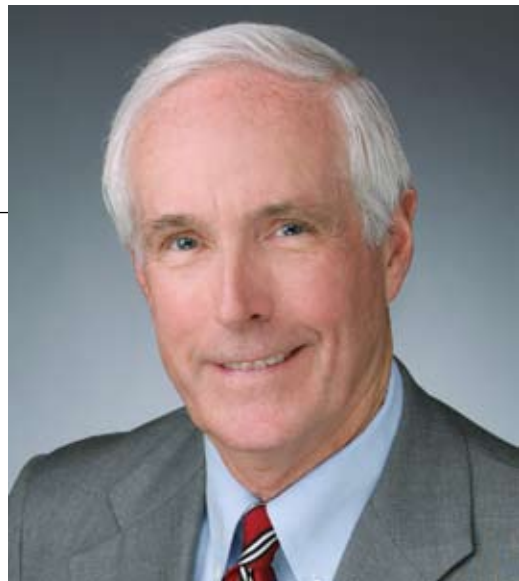
Perhaps the most prominent proponent of expanded health IT is President Bush. In his 2004 State of the Union Address, the President declared that every American should have a personal EMR within 10 years—by 2014. Since then, the Administration has repeatedly called for the switch to EMRs and has begun to institute policies that would encourage the change.

For example, the U.S. Department of Health and Human Services (HHS) and its Agency for Healthcare Research and Quality (AHRQ) have awarded grants exceeding \$1 million to hospitals and regional medical systems throughout the country to implement health IT programs. Furthermore, last summer, President Bush signed an executive order intended to increase the transparency of the nation's health care system. A significant provision in that order called on all federal health care programs—including Medicare, Medicaid, and the U.S. Department of Veterans Affairs—to work toward the adoption of health IT standards.

The push to establish “a medical Internet” will most likely continue regardless of the outcome of next year's presidential election. Indeed, the idea of fostering the development of health IT has bipartisan support from the full spectrum of legislators and policymakers looking to improve our country's health care system.

## *Pros and cons*

Advocates of the movement toward EMRs say that computerized records will facilitate health care professionals' access to patient information at any given location and payors' ability to process accurate and complete claims. EMRs also



**“It is time to start transitioning from the use of paper patient records to electronic medical records.”**

will ease medical professionals' ability to check for drug and allergy interactions, take clinical notes, write and fill prescriptions, manage their caseloads, and communicate with laboratories. In other words, policymakers maintain that EMRs are likely to enhance continuity of care for our patients and thereby reduce medical errors, lower costs, and improve quality.

Undoubtedly, EMRs will be useful in facilitating the development of the regional trauma centers and rural health care institutions that are likely to be created in response to the burgeoning workforce crisis. Furthermore, all patients in the future probably will receive care from teams of health care professionals specifically trained to treat their medical conditions and address their risk factors. EMRs will help to ensure that all members of the team are aware of their patients' status, previous conditions, and so on. So, it is safe to say that the EMR truly will be an important feature of the next generation of health care in this nation.

Nonetheless, some very real concerns about the use of EMRs have yet to be adequately addressed. Most significantly, we in the profession are still working to develop standards for EMR

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interoperability. Without interoperable records, physicians, pharmacies, hospitals, laboratories, and so forth will be unable to share patient information in a timely, patient-focused, and portable way.

In addition, transferring paper records to electronic files can be a problem. Digital scanning of the old charts can be an expensive and time-consuming process. Moreover, because physicians and other health care professionals often handwrite the information in a patient's file, transcription is necessary. Compounding the difficulty of this exercise is the fact that some handwritten content is illegible.

Another major concern is maintaining the confidentiality of electronic records. A recent report from the General Accountability Office, an investigative arm of Congress, indicates that the Bush Administration has no clear strategy to ensure that privacy protections will be built into computer networks linking payors, physicians, hospitals, and other providers.\* Furthermore, technological and legal limitations—as well as a lack of standards for EMR systems as a whole—are slowing progress in this area.

### **What about the surgeons?**

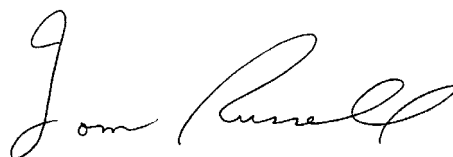
Perhaps because of these obstacles, surgeons and other physicians have been reluctant to make the switch to EMRs. As of last year, just one in four physicians used some form of electronic health records, although there is evidence that an increasing number of us are adopting computerized record systems every year. As David Blumenthal, director of the Institute for Health Policy at Massachusetts General Hospital, said, “This is a kind of tipping-point phenomenon, where if you get to a certain point, it might really take off.”†

So at this time, a very real challenge for the American College of Surgeons is helping surgeons to understand this emerging technology and how to adopt and use it safely and effectively. Cur-

rently, the College's Committee on Informatics is considering steps we might take to help surgeons avoid a possible “future shock” situation. As part of this effort, the committee will offer a general session at the upcoming Clinical Congress in New Orleans, LA, on medical informatics, which will include a discussion of EMRs.

We also need to present any concerns that surgeons and their patients may have about EMRs to policymakers. We are addressing this issue in our ongoing dialogue with AHRQ and other branches of HHS.

To assist us in determining the real needs of practicing surgeons and their patients, however, we need your help. I encourage you to let us know about your experiences with EMRs and your concerns with respect to using them in your practice and at your institutions. To share your perspectives with the Informatics Committee, please use the e-mail address provided at the end of this column. We look forward to hearing from you.



*Thomas R. Russell, MD, FACS*

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\*Pearl R. Warnings over privacy of U.S. Health Network. *The New York Times*. February 18, 2007. Available at: <http://www.nytimes.com/2007/02/18/washington/18health.html?ex=1175832000&en=6952009a78fa59bf&ei=5070>. Accessed April 4, 2007.

†Lee C. Doctors slow to adopt e-records for patients. *Washington Post*. October 12, 2006: A10.

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If you have comments or suggestions about this or other issues, please send them to Dr. Russell at [fmp@facs.org](mailto:fmp@facs.org).