

# Are Single Patient Identifiers Key to EHR System?

*Some say a decentralized EHR system that can be accessed with multiple identifiers is more realistic.*

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WASHINGTON — One key to the widespread use of electronic health records is a single, voluntary identifier for each patient, Newt Gingrich said at a briefing sponsored by the Alliance for Health Reform.

Most patients would embrace a comprehensive system based on single, voluntary individual health identifiers because of its potential to reduce medical errors and otherwise improve health care quality, said Mr. Gingrich, former speaker of the House of Representatives and founder of the Center for Health Transformation.

But Carol Diamond, M.D., managing director of the health program at the Markle Foundation, a charity dedicated to using technology to improve the nation's health care and security, called for a system that can be accessed using multiple patient identifiers.

Any new system for electronic health records should build on what already exists, she said. "We have a decentralized [health care] system. That's been the

premise of our approach," Dr. Diamond explained. "We are never going to get to this giant database in the sky that's got everything that we need."

Last July, Markle and several health information technology organizations released a "road map" that outlines a decentralized approach emphasizing patient privacy, interoperability, and local community involvement within an established framework.

One technology solution is unlikely to fit both a two-physician practice and a hospital with hundreds of beds, said Colin Evans, director of policy and standards for the digital health group at Intel. He added that a model that's based on people accessing decentralized data "may work generally" but would require aggregation of data.

He noted that the United Kingdom's National Health Service is developing a computerized medical records system based on a semiaggregated model.

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Physicians and hospitals will need both financial and nonfinancial incentives to participate in a new system, noted Mickey Tripathi, president of the Massachusetts eHealth Collaborative. "For doctors in small practices, it's risky to invest \$25,000-\$50,000 for an [information technology] system," he said, noting the marketplace currently provides no incentives to do so.

The organization is currently setting up pilot projects in three Massachusetts communities. The pilots will help Blue Cross Blue Shield of Massachusetts decide how to invest \$50 million in a statewide electronic health infrastructure. Mr. Tripathi said the pilot projects allow local communities to determine their own needs and require minimal interoperability within their own area and a statewide grid.

Government can play an important role in "eliminating barriers to entry," said Zoe Baird, Markle Foundation president. "We're all grappling with who will develop [interoperability] standards and what policy attributes they have to achieve," she added.

The Bush Administration has pledged to

finance projects intended to spur adoption of computerized health records within the next 10 years. Last year, it appointed David J. Brailer, M.D., as the nation's first national health information technology coordinator. However, Congress in November declined to allocate \$50 million Bush had requested for Dr. Brailer's office and pilot projects for fiscal year 2005. The administration has requested \$125 million for fiscal year 2006, but no Congressional action is expected until fall.

Last month, Rep. Tim Murphy (R-Pa.) and Rep. Patrick Kennedy (D-R.I.) introduced legislation aimed at speeding adoption of electronic health records by, among other things, waiving certain provisions of the Stark antikickback laws so that hospitals can provide information technology to physician practices, according to Rep. Murphy's staff. Sen. Bill Frist (R-Tenn.) and Sen. Hillary Rodham Clinton (D-N.Y.) are expected to introduce similar legislation.

A recently passed Kentucky law authorizes creation of a single, statewide electronic health network that will let physicians, hospitals, and insurers exchange patient information electronically. The legislation provides \$350,000 as start-up money for university endowments for experts to help create the system. ■

## Improved Health IT Could Help Eliminate Health Care Disparities

BY JOYCE FRIEDEN  
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WASHINGTON — Improving health information technology could go a long way toward eliminating disparities in health care, Newt Gingrich said at a meeting sponsored by the Alliance of Minority Medical Associations, the National Association for Equal Opportunity in Higher Education, and the Department of Health and Human Services.

"The challenge is not to be futurist but to bring health care up to the world of the last 20 years," said Mr. Gingrich, former speaker of the House of Representatives and founder of the Center for Health Transformation.

He criticized a recently adopted Florida law that requires physicians to print legibly when they write prescriptions. "First, it's a fantasy to think legislation will convince doctors to print legibly. Secondly, it's the wrong direction for change," he said. "Even a clearly printed prescription remains a paper prescription and misses all the opportunities for checking medication errors, checking other medications, and seeing if there are contraindications. In the long run, the future is an electronic prescription with an expert system to make sure you get the right medication."

People will need to think more creatively, he continued. Imagine doing emergency diagnostics by cell phone camera.

At the same time, the health care industry needs to find better ways to standardize itself and to disperse information about best practices in medicine, Mr. Gingrich continued. "It can take 17 years for

a best practice to reach the average doctor," he said. "We want to set a standard and migrate everybody to that standard."

He gave an example of how electronic health records could improve the standard of care. "A friend's father went in for an MRI, and her mother went in with him. They filled out five paper forms before the MRI. The mother happened to go into the doctor's office as they were preparing to do the MRI, and she said, 'You did know he has a pacemaker?' They stopped right there."

But if the patient had had an electronic health record, "that would have been obvious and automatic, and the expert system would check against it," he said, noting that his center is trying to develop "a 21st-century intelligent health system which we believe will end health disparities in America in terms of the delivery of services."

However, such a system would not improve disparities based on culture or ethnicity unless certain problems are addressed, he continued. For example, "diabetes is largely a cultural issue. How you treat diabetes is a medical issue, but how you avoid diabetes is a cultural issue."

Since obesity plays a part in the development of diabetes, he urged audience members to push their home states to institute mandatory, 1-hour daily physical education in public schools and also to ban unhealthy foods from the schools. States that don't do these things "are not serious about obesity in children," he said.

After electronic health records are in place in hospitals and physicians' offices, the next step should be a "Personal Health Knowledge System," Mr. Gingrich continued. The system would be accessible to

patients online and would contain genetic profiles that might tell patients such things as whether they have a particular genetic makeup that puts them in the 10% of people who should not eat too many high-fiber foods because doing so could trigger colon cancer, he said.

"You should actually know your DNA before you go grocery shopping," he said. "Within a decade, we'll have an expert system where you'll be able to punch in your health status and it will print out a grocery list."

In fact, food purchases also can be used as an incentive: "If you want to truly help health disparities among the poor, you may

want to give bonus points if you use food stamps for the right foods," Mr. Gingrich said. "That sounds like micromanagement, but we've got to be practical about how to shift behavior patterns when people are used to eating food that kills them."

An intelligent computer system also could help people maintain their health in other ways, he added. "An intelligent system would tell you your health status, including weight, blood pressure, and blood sugar. And maybe it can be tied to your cell phone so it can remind you six times a day that you need to take a pill or check your blood sugar. We need to get people into a system that's supportive." ■

