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The Informed Patient / By Laura Landro

Family Doctors' Push to Switch To E-Records Looks Salutary

IS YOUR FAMILY DOCTOR ready to give up those hand-scribbled medical records and go paperless?

On Saturday, the American Academy of Family Physicians is expected to approve a plan to pursue development of an "open-source electronic health record." Doctors using the system would be able to create electronic medical records for a nominal cost, maintain them in a secure Internet site, and easily share them with patients and other physicians. David Kibbe, AAFP's director of health information technology, says the aim is to get 10,000 of its 95,000 doctors using the electronic records by the end of next year, for starters. AAFP has approached other medical societies representing 400,000 doctors with other specialties about joining the program.

AAFP has yet to get all the funding, both public and private, it needs for its initiative, and it must also secure cooperation from a wide range of partners, including technology companies that are trying to make a business of electronic health records. But AAFP's proposal is the first concerted attempt by a doctors' group to help solo practitioners make the leap into the information age.

The other medical groups say they are evaluating the plan; if pediatricians, gynecologists, internists and others sign on, the AAFP project could be "the keystone to the medical information revolution," says Paul Ellwood, founder of the Jackson Hole Group, a health-policy brain trust that advocates electronic medical records.

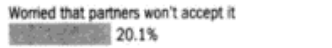
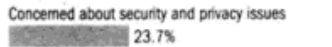
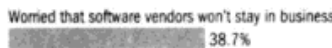
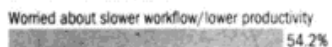
What's Online, Doc?

AAFP survey of 5,000 computer-savvy* family physicians and their feelings about electronic medical records.

Do you have an electronic medical record system in place now?



Why not?



*those who already have e-mail and Web access

Source: AAFP

one to identify the data.

Perhaps just as important, AAFP's plan calls for the development of a "transportable" version that patients can share with whomever they wish. "Once you, as a patient, have obtained a copy of your health information, in paper or electronic format, you can do whatever you want with that data," Dr. Kibbe says.

IN THE PAST couple of years, big hospitals and health-care groups have begun to make the shift to electronic records. But at present only about 5% of doctors' offices have them, despite mounting evidence that computerized records help improve patient care, reduce medical errors and cut health-care costs in the long run. Although part of the reason is technophobia, the biggest hurdles have been cost and concerns about picking a system. Electronic medical systems from top technology companies can cost \$10,000 to \$15,000 a year for the software alone; about 75% of AAFP's members practice in groups of three or fewer doctors and simply can't afford the investment, Dr. Kibbe notes. Physicians also are confused and uncertain about what to trust, as there are many different and incompatible electronic health-record systems on the market. Some doctors invested in systems only to see the companies that provide them go out of business.

The AAFP system will use an "open source" software model, which won't charge license fees and can run on any existing equipment the doctor has. But some critics question whether such a model will work. David Bates of Boston-based Partners Healthcare System, a leading expert on electronic medical records, says the AAFP plan is "problematic for a variety of reasons," such as who will fix software problems when something isn't working, and who will select the online medical-information tools that doctors will be able to use to make treatment decisions for patients. Dr. Bates recently called on the federal government to provide \$20 million in seed money for a nationwide electronic medical-record coordinating group.

While clearly many technological details have yet to be worked out, privacy concerns should not be among them. Dr. Kibbe says patients can rest assured that their electronic records will be secure, encrypted and stored in such a way that it would be impossible for any-

BUT WHO will ultimately control such records—the patient or the doctor? That issue has yet to be resolved. Dr. Ellwood of the Jackson Hole Group and some other proponents argue that patients should ultimately "own" their medical records, and be allowed to add their own notes and opinions. Marie Savard, a physician and longtime advocate of electronic health records, agrees that patients need to be in control, taking an active role in maintaining and updating their electronic medical records. Most patients get care from numerous providers, change health plans, or move to new cities, she notes, and few doctors keep a complete snapshot of their patients' conditions if they are also being treated by other specialists.

"There are no Marcus Welbys out there anymore who know everything about your medical history," she says.

Patients also should insist that their electronic records contain complete original documents, such as mammograms with full radiologists' reports, "so the next physician down the line has the complete picture," Dr. Savard says.

If, like me, you are fed up with the jumble of illegible notes and faded copies that passes as your medical record, an electronic version seems like an idea whose time is way overdue. Not only would it provide quick access to critical information about your medical history in an emergency, but also it could be used to better manage care. Your doctor's office could send you alerts about new treatments, health warnings and reminders about overdue tests. It could mean never having to chase down that X-ray report again; tests and reports would be part of a single electronic file always available to the patient.

We're used to banking, shopping, and checking our retirement account online. Why shouldn't we be able to access our medical history or our child's vaccination records online?

Send comments to Informed.Patient@wsj.com