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EDITORIAL/OPINION; Pg. A13: "A Web of patient information"

CHAPEL HILL -- Our cars receive better treatment than our bodies, which is an alarming measure of just how far our health care system has to go. New cars may come equipped with computers that tell you when they need a checkup, what the temperature is inside and out and even a Global Positioning System that tells you where you are and how to get where you're going.

Unfortunately, no such equivalents exist in the way our health care systems process and manage information.

That needs to change, and soon it may. Today, the bipartisan Commission on Systemic Interoperability reports to Congress on how America can create a "wired" network of personal health information that will enable doctors and patients to instantly access records and share data (with the patient's consent, of course).

If America's leaders act on the commission's findings, our health care system could eventually give even the smartest, sleekest cars a run for their money. Imagine a secure network of health care information that you and your doctor could access via the Internet, that would provide you with key information about your body. Automatic reminders would tell you when to schedule a checkup and would let you and your doctor know when your prescriptions needed to be refilled. For people with chronic diseases, such as diabetes or high blood pressure, an ongoing record of their condition -- such as blood sugar and blood pressure levels -- would help patients and doctors keep track of their treatment. And electronic health records would keep up-to-the minute information of your medical history.

We're a long way from such a system today. The technological revolution that has produced "thinking" cars, placed supercomputing power on your desktop and wired much of the rest of the economy to the Web has largely passed by the management of patient information.

Of course, in other ways, from MRIs to new devices that enable the deaf to hear, medical technology is nothing short of miraculous. But next time you have to fill out another "patient information form" by hand and from memory, or have to fax or snail mail your records or X-rays from one specialist to another, think how very antiquated our largely paper-based system is.

Medicine's information deficit comes with real costs, too.

Physicians spend almost 40 percent of their time on paperwork, according to the U.S. Department of Health and Human Services. Nurses spend 50 percent. These are hours they might otherwise devote to actual care for patients.

Some larger clinics and hospitals are indeed automating their records. As chief of staff for UNC Hospitals since 2002, I've joined a small team of clinicians and IT experts in an ongoing program to digitize our medical information.

The benefits in both accuracy and timeliness are dramatic. I have the information I need whenever I need it, wherever I am. If I get a call about a patient while I'm at home, I can securely look up his records and respond in real time. If another specialist sees my patient, I can see her report as soon as it reaches the electronic record. When lab tests are done, they're immediately uploaded and available. In fact, we've developed templates on which doctors in the hospital can now enter their notes directly, and this information will be instantaneously available to the system.

Another important benefit of organized electronic information is that physicians can monitor medical care and preventive services for all the patients they serve. We can thereby do better at making sure patients have access to scientifically supported treatments, tests and vaccines. This is what medicine is all about -- keeping people healthy, controlling diseases to improve quality of life and even saving lives.

But, according to the American Medical Association, only about 10 percent to 30 percent of doctors in the United States use fully automated systems like ours. The rest, meaning most hospitals, clinics or private doctor's offices, are still in the Paper Age. And those that do have electronic records generally can't communicate with each other because their systems were built using one of many different programming standards.

That's why we need an Internet-based system complying with national standards that any and every medical professional can log on to -- with a patient's consent -- any time of the day or night.

I hope Congress will act on the commission's recommendations with all due speed. There's no reason why our systems for preserving life shouldn't be as efficient as what you park in your garage.

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