

November 20, 2003

**THE INFORMED
PATIENT**

By LAURA LANDRO



Easy-to-Share Medical Records Gain Support, Would Cut Errors

How many times have you been referred to a new doctor and found yourself repeating your medical history all over again?


An ambitious new plan to make patient records more portable could smooth the way to better sharing of patient information among multiple practitioners. Known as a Continuity of Care Record, or CCR, it includes the most relevant facts about a patient's current condition, such as a list of medications, allergies and recent treatments.

Though the CCR is designed to be sent electronically, it can also easily be printed and faxed, or a referring physician can simply hand a copy to the patient to bring along to the next doctor.

Proponents say the CCR could go a long way to help doctors prevent medical mistakes such as giving patients medication that may interact with something else prescribed by another doctor, or hassles such as repeating tests that have already been performed elsewhere.

The plan has backing from influential medical groups including the American Academy of Family Physicians and the Massachusetts Medical Society. ASTM International, the organization that sets standards on everything from cement to apparel sizes, helped develop the technical standards for the CCR, and the Healthcare Information and Management Systems Society, which represents information-technology professionals and companies, is also backing the effort. The sponsors agreed on a final design for the CCR on Monday and a final vote is set for next month.

DOW JONES REPRINTS

 This copy is for your personal, non-commercial use only. To order presentation-ready copies for distribution to your colleagues, clients or customers, use the Order Reprints tool at the bottom of any article or visit: www.djreprints.com. • [See a sample reprint in PDF format](#) • [Order a reprint of this article now](#).

FOR THE RECORD

The Continuity of Care Record, an electronically transferable medical record to facilitate care among a patient's different doctors, would have to include the following core elements.

- Document-identifying information: "from/to" information about the provider or clinician; reasons for referral/transfer, etc.
- Patient-identifying information: name, address, etc.
- Insurance and financial information: eligibility, co-payment, etc.
- Health status of patient: diagnosis, problems, conditions, adverse reactions, current medications, immunizations, lab results, etc.
- Care documentation: such as information about disease management and specific health-care institutions.
- Care-plan recommendation: planned or scheduled tests, or regimens of care.

Source: CCR project

With a report this week by nonprofit group U.S. Pharmacopeia that medication errors continue to rise, the pressure to adopt some form of electronic medical records has never been higher (See [related article](#)¹). Although more hospitals are moving in that direction, only about 5% to 10% of individual physicians have any kind of electronic records. The CCR is far from a full-scale electronic medical record, but supporters say it offers a quick fix for one of the biggest problems in health care today: the difficulty in easily transferring patient information from one doctor to another because the nation's patchwork of medical computer systems simply don't "talk" to each other.

Today the Institute of Medicine is set to release a report saying that the only way to reduce the appalling number of errors in the medical system is widespread adoption of information-technology systems, such as electronic medical records that can collect and share essential health information on patients and their care, and be linked in a national network accessible by all health-care organizations

But the IOM, part of the National Academy of Sciences, will also point the finger at the health-care industry for failing to get together on a single standard for electronically sharing patient data in a national medical-records system. There is a big public-private initiative, called the HL7 Group, working on such standards, but reaching agreement has been slow going.

"We don't have a simple way to transfer patient information from one care setting to the other, and this is an attempt to get something out there that could immediately benefit patients," says Thomas Sullivan, president of the Massachusetts Medical Society and the chief architect of the CCR plan.

Sometime next year, Dr. Sullivan says, his group plans to make the electronic form available online, enabling any doctor to easily download the CCR and create one for each patient.

Dr. Sullivan, a practicing cardiologist, says the CCR can easily be used in compliance with privacy rules governing the electronic transmission of patient information, and can be password protected. But because patients will be able to carry it around themselves on a disk or other portable electronic device, they need to be careful not to lose it.

The Continuity of Care Record is based on a simple XML document -- the common computer language most of us use at work -- that identifies key bits of data with tags that any computer system can recognize. The CCR will thus be compatible with any standards the national HL7 Group eventually agrees on and the CCR itself can be incorporated into a more complete electronic medical record, says

David Kibbe, director of health-information technology for the 93,500-member American Academy of Family Physicians.

Patients should urge their doctors to start using it as soon as it is available, Dr. Kibbe says, and notes that patients can use it themselves to help better manage their own care. "It really is time for a summary of important health information to be available to any patient who wants it in a number of different formats, both paper and digital," he says. Loaded onto a home computer, for example, the CCR could work "sort of like a Quicken for personal health information, synching medication-dosing schedules with your calendar to remind you three times a day when to take your meds," Dr. Kibbe says.

To get more doctors on board, the family physicians group recently struck an agreement with **General Electric Co.**, **Siemens AG** and six other companies to lower the prices charged for computer systems that store patients' medical records electronically. Many doctors have protested that they can't afford the systems, which can run \$50,000 or more.

Skeptics say that without more wired doctors, the CCR plan may not help much. "If there's no computer system on the other end to use the information, we're not any better off than we were before," says Daniel Sands, a physician who oversees electronic patient records at Boston's CareGroup HealthCare system. But while he says the CCR doesn't further the cause of computerizing health-care records, "it does assist with transmission of critical health information following a patient encounter or when transferring care from one facility to another."

The Continuity of Care Record "is a step in the right direction," adds Ed Larson, a health-care industry consultant who works with technology group HIMSS. "Whether it gets traction in the industry is another thing."

• **E-mail** to Informedpatient@wsj.com².

URL for this article:

<http://online.wsj.com/article/0,,SB106927780575525800,00.html>

Hyperlinks in this Article:

(1) <http://online.wsj.com/article/0,,SB106911338635261400,00.html>

(2) <mailto:Informedpatient@wsj.com>

Updated November 20, 2003

Copyright 2003 Dow Jones & Company, Inc. All Rights Reserved

This copy is for your personal, non-commercial use only. Distribution and use of this material are governed by our **Subscriber Agreement** and by copyright law. For non-personal use or to order multiple copies, please contact Dow Jones

Reprints at 1-800-843-0008 or visit www.djreprints.com.