

Would a Patient-Centric EMR be Better than Today's Provider-Centric EMR?



Current modern EHR systems are not designed to support team-based delivery models. Their strength is primarily administrative, especially in ambulatory care. A recent JAMIA study found the weakest areas in EHR functionalities included “the lack of integrated care manager software and care plans in EHRs, poor practice registry functionality and interoperability, and inadequate ease of tracking patient data in the EHR over time”[1]. The fragmented care environment adds the vexing issue of poor “interoperability”[2].

A comprehensive discussion on the topic of EMRs and related information system technologies in support of care coordination is beyond the scope of this paper, but I am reminded of a story relayed to me by a colleague from Eastern Europe who recalled a time when patient medical records in that country were in effect hand written notebooks **retained by patients but maintained by physicians**. Patients were expected to bring “their notebook” to each encounter, hospital visit, etc. Physicians/nurses would record encounter findings/treatments/plans, and then return notebook to patient. Over time the notebook accurately reflected the patient clinical history and was always available for a new provider to review the “current plan” and historical status of patient (e.g. prior diagnoses, treatments, etc.). Although a primitive system by today’s technological standards, I doubt few, if any US patient or physician has access to such a quality lifetime clinical record and/or record of the patient status/care plans recorded by prior providers, in support of ongoing coordinated care.

Modern EHRs are extremely expensive, increasingly disruptive[3] and, most importantly, **provider-centric**, incapable of supporting effective care coordination. We need a better approach to integrated care coordination supercharged by integrated patient data. Personal health records that are **retained by patients and managed/used by physicians** would seem a step in the right direction. Beyond politics and administrative issues, the broad adoption of highly affordable/available and secure patient-centered smart phone “apps” that emulate this notebook EHR idea using simple modern voice recognition or “rapid texting/template” technology is certainly within reach. With patient/provider permissions, data from labs, home monitors, payers, and pharmacists could be also “imported” to such a **patient-centered** system. For some patients, the opportunity to add their own entries to the log re OTC medications, data from home monitors, changes in health, etc. would be a plus. Secure cloud-based access would make the data available whenever, wherever required to enhance care coordination.

It’s time to make clinical data readily available to patients....unlike clinical data recorded in an isolated EHR that mainly serves the provider, a secure, unified record that “moves with the patient” and is used/updated by providers at every encounter can only serve to enhance care coordination. This of course not a total solution to team-based care coordination, but it would be a start.

[1] <http://jamia.oxfordjournals.org/content/early/2015/01/26/jamia.ocu029?rss=1>

[2] <http://www.healthitoutcomes.com/doc/lack-of-interoperability-care-plans-devalue-ehrs-0001>

[3] <http://www.forbes.com/sites/nicolefisher/2014/03/18/electronic-health-records-expensive-disruptive-and-here-to-stay/#5a3fb526554a>