Hospitals move toward 'paperless' age
The Australian
INDIANAPOLIS, Indiana (AP)

With no patient chart in sight, Dr. Sheila Gamache strides into Thom Kolby's hospital room to check on him a day after the 54-year-old arrived ashen-faced and perilously close to death with a clogged artery starving his heart of oxygen.

Rather than flipping through a clipboard thick with pages of notations and test results, Gamache gets up to speed on Kolby's condition simply by logging onto a wireless notepad she carries on her daily rounds at the Indiana Heart Hospital.

Like a handful of others nationwide, the Indianapolis hospital has traded its once scattered medical charts, file folders, X-rays and other documents for a unified electronic records system accessible with a few keystrokes.

Federal officials who are trying to convince more hospital executives to go "paperless" say electronic records can make hospitals more efficient, reduce medical errors and lower health-care costs.

The costs of the transition can be high, and many physicians are also unwilling to trade the ease of jotting down paperbound notations of their patients' statuses for a system that requires them to type the same information into a computer.

But concerns aside, digital records are a leap ahead for records system rooted in cumbersome 19th century filing systems.

The Indiana Heart Hospital's year-old digital records system allows Gamache, a cardiologist, to show Kolby an X-ray movie of his beating heart just after he was admitted the day before with a clogged artery and in excruciating pain.

"Do you see that right there?" she tells Kolby gravely, pointing to the looped movie of the blockage displayed on a flat-screen computer in his room. "I'm not kidding, they have a name for these and they're called widow-makers."

Kolby, of New Palestine, Indiana, watches the digital movie quietly with his sons Tyler, 14, and Caleb, 12, then observes, "That must have been the pain I was feeling." He tells Gamache he's feeling wonderful and is glad to be alive a day after a surgeon reopened the blocked artery by inserting a stent.

After the checkup, Gamache sits down at a computer outside Kolby's room -- one of 650 spread across the 88-bed hospital -- to enter notes and order changes in his blood-thinning medication.

And all of it without the typical paper trail filled with scrawled physician handwriting.

Cost barrier
Despite its digital records system, which cost $15 million to implement, the hospital is not fully paperless. It still generates paper so that it can interface with the majority of the medical community that remains burdened with paper-filled records rooms.
To cut that paper load and meet President Bush's goal of making sure most Americans have computerized medical records available within 10 years, the federal government is trying to move things along.

On July 21, Health and Human Services Secretary Tommy Thompson outlined a plan that sets technology standards and provides financial incentives for doctors and hospitals to invest in health care information technology.

David J. Brailer, the national coordinator for health information technology appointed by President Bush in May, said cost has been one barrier. He said it can cost tens of millions of dollars for a large hospital, or network of hospitals, to make the change. Getting physicians, nurses and medical technicians to abandon years of routine for a new system is another obstacle.

"We don't just automate the old systems -- we change the way the work is done. And sometimes there's resistance to change," Brailer said. Younger physicians are less apt to object.

The software must, of course, be reliable and handled with care. A new system at a Department of Veterans Affairs' hospital in Tampa, Florida, was plagued by troubles that delayed surgeries and sparked congressional probes. The VA said last week that it is scrapping that system.

Nearly all hospitals do have electronic billing, but adoption of electronic health records has been slow. Just 13 percent of hospitals and 28 percent of physicians' practices had some level of electronic health record systems in 2002, according to HHS.

**Lofty goals**

Yet the change appears to carry great benefits.

According to a recent analysis by the Institute of Medicine, the routine use of electronic records could help reduce the tens of thousands of deaths and injuries caused by medical mistakes every year.

Brailer said paperless systems also cut administrative costs by eliminating the need to produce, maintain and store enormous numbers of paper files. Although it takes doctors longer to enter their patient observations on a computer instead of writing them down, he said digital records save time in the long term.

Tapping into this new data stream could advance even loftier goals.

The Mayo Clinic and IBM Corp., for example, are collaborating on a project enlisting IBM's powerful supercomputers to analyze electronic medical records and quickly assess patients' responses to new treatments for cancer or other diseases.

The project began when the partners integrated millions of patient records once stored in several incompatible formats into a standard system. Those records, when combined with data such as the vast body of information emerging from analysis of the human genome, could help doctors identify disease causes and prevention, Dr. Hugh Smith, chairman of the Mayo Clinic Board of Governors, said in a statement.
One drawback that electronic records systems pose for hospitals, however, is that they can reduce hospital revenue, Brailer said. That's because more efficient systems eliminate duplicated treatments, shorten hospital stays and get patients out of intensive care units faster.

"This is an industry that's not necessary paid on the basis of efficiency. It's paid on the basis of volume," Brailer said.

**Faster turnaround times**

Evanston Northwestern Healthcare spent about $30 million to get its three Chicago-area hospitals switched to a full electronic records system that about 6,200 employees began using last year.

Mark R. Neaman, the company's president and chief executive office, said the goal is about $10 million in savings in the first year, largely by reducing the data-collection process.

Eliminating the time-consuming dictation and transcription process of physicians' patient observations has saved $500,000 alone so far, he said.

Neaman said turnaround times for test results have fallen significantly at the three hospitals, which have about 50,000 inpatient admissions and 100,000 emergency room visits annually. Getting mammogram results, for example, now take about a day, not days or weeks.

"If you're a patient waiting for a crucial test result, an hour can seem like a day," he said.

The Leapfrog Group, a nonprofit coalition of business and other groups, is one of several organizations working to encourage hospitals to move to computerized records systems.

Suzanne Delbanco, the Washington-based group's chief executive officer, said the biggest impetus for change may come from baby boomers who are less willing than their parents to wait around for test results demanding more efficient medical care.

"As patients begin to recognize that hospitals are largely in the dark ages, they will begin to demand that they get the best care possible, which is in part dependent on hospitals using electronic records," she said.