

COMMENTARY

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Electronic Health Records Can Make it Easier to Get Through Disaster

No one wants to experience a disaster, but disasters can be valuable experiences.

Disasters test us and show us our weaknesses. They give us the opportunity to fix those weaknesses, perhaps even turning them into strengths.



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For physicians and other health care providers, disasters like fires, floods, earthquakes and hurricanes not only cause more injuries and illnesses in their patients to be treated but also can

impair the ability to provide such treatment. For example, when a doctor's office is damaged or destroyed by a disaster, that doctor might lose access to the health records of patients.

After Hurricane Katrina slammed into the Gulf Coast in August 2005, medical records for about 1 million people displaced by the storm suddenly became unavailable. That made the work of the physicians faced with treating them vastly more difficult.

At the time, Health and Human Services Secretary Mike Leavitt cited the case of one patient he met who left home with a collection of prescription drugs but not the prescriptions themselves. When the patient was housed with about 25,000 others for five days in extreme heat in the New Orleans Superdome, the pills fused together.

Clinicians were unable to figure out what those pills were, and they had no access to the patient's health records.

For Leavitt, the Katrina disaster underscored the need for electronic health records. Unlike paper records, electronic records can be transferred easily for access and safekeeping at remote locations.

"From nearly anywhere in the world, we can withdraw money from our bank accounts, pay bills, apply for a mortgage, book airline tickets and even order groceries online, but, more often than not, we can't share an X-ray digitally from one hospital to another, even if they are on opposing street corners," Leavitt said in a September 2005 news release announcing a federal commission to advise him on how to increase the use of electronic health records.

"Even worse," he said. "If a loved one is involved in a life-threatening accident, paramedics and emergency room doctors cannot quickly check their medical histories for even the most basic things — like blood type or allergies. We can and must do better than this."

What Leavitt said in 2005 is still true today. Some physicians and other health care providers have switched to electronic health records since then, but most have not taken that step yet. Perhaps they have not seriously considered what they would do if their offices were hit with a disaster. Perhaps also they have not heard about the good experiences providers with elec-

tronic health records had following Hurricane Katrina.

One example that was reported by several news outlets was that of Dr. Neil Baum, a urologist in New Orleans. After Katrina, he relocated temporarily to Austin, Texas, where he continued to treat many of his patients who also were displaced. Because his patients' records were stored electronically, Baum was able to retrieve lab reports, X-rays and pathology reports over the Internet. That helped him maintain a high quality of treatment for his patients while he saw other doctors and their patients become very frustrated.

A bigger example is the experience of the Department of Veterans Affairs. The VA switched to an electronic health system at all of its hospitals and clinics back in the 1990s. After Katrina hit, the records of more than 38,000 veterans from Louisiana, Mississippi and Florida were accessible by any VA physician nationwide. With evacuees scattered across the nation, that access was valuable because more than 200 sites in 48 states made use of those records.

Of course, the weeks following Katrina were the most important time for those records to be available. One study found that within one month after Katrina's landfall, records for about 1,000 patients per day were accessed. Records were needed for about 38 percent of the patients who had received care at VA medical facilities in the New Orleans area prior to Katrina.

When hospitals had to evacuate patients and personnel as Hurricane Ike approached the coast of Texas in September 2008, it was fortunate for the University of Texas Medical Branch at Galveston that it already had switched from paper records to electronic records. Officials reported that it was much easier to transfer patients' health records during the evacuation than it would have been before the switch.

Certainly, some people might be concerned about the security of transmitting health records electronically. They could worry about computer hackers getting access to their records.

Any electronic health records system must have safeguards to prevent unauthorized access. That can be done, and in the case of the VA, it has been done. The VA system uses security codes and other means to ensure that the records do not fall into the hands of anyone who should not have them.

Fortunately, West Virginia is not threatened by hurricanes the way New Orleans and other coastal communities are, but our state has had more than its share of disasters, including fires and floods. I hope more physicians and other health care providers learn the value of electronic health records systems before they need them — not after they lose valuable records.

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