

## LI hospitals adopt electronic medical records

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Hospital attire is going high tech.

In addition to the traditional low-tech hospital gown, patients at Eastern Long Island Hospital in Riverhead are being issued bracelets with a bar code.

"We have a bar code reader to make sure the medication gets to the right patient at the right dose at the right time," said Paul Connor, chief executive of Eastern Long Island.

An electronic revolution is taking hold at hospitals. Nurses at Eastern Long Island wheel around wireless laptops to order medications and laboratory tests, transmitting data. And hospitals increasingly are storing patient data electronically rather than on paper.

The promises of electronic medical records – electronic versions of patient information such as prescriptions and

tests – are fewer medical errors and cost savings from reduced paperwork.

And EMR is fast becoming a regular part of hospitals and physician practices, thanks to recently approved federal incentives.

At the Great Neck-based North Shore-Long Island Jewish Health System, electronic patient lists, test results and transcribed reports such as discharge summaries are in place at LIJ Medical Center, Schneider Children's Hospital, The Zucker Hillside Hospital, North Shore University Hospital in Manhasset and Syosset Hospital.

"We are moving all of our hospitals to a new medical electronic records system, all of our emergency departments and our ambulatory physicians," said North Shore-LIJ Chief Information Officer John Bosco.

Once information is stored electronically, it's easier to transmit within hospitals and to other practitioners, creating a more seamless health care system.

"Probably the biggest benefit is accessibility to the records from anywhere," said Irfan Iqbal, director of medical informatics at Melville-based electronic medical records and practice management firm Sequel Systems.

East End hospitals haven't yet gone entirely electronic, Connor said. They have yet to deploy software termed computerized physician order entry or CPOE, which gives doctors the ability to input and access patient information.

"That's typically the most difficult," Connor said. "Instead of having physicians write down orders for patients, they would use computers. That's the last piece to be put in place at these hospitals and many others."

Meanwhile, insurers such as UnitedHealthcare also are debuting versions of electronic medical records, including online access to test results.

"It's just depositing that information onto this record. So the next time I go to the doctor, if the doctor asks my numbers last time, it's available," said Mary McElrath-Jones, a UnitedHealthcare spokeswoman. "If you do go to a new physician or the emergency room, you can allow them access to information."

UnitedHealthcare is testing swipe cards with data to provide faster access, although not yet in New York.

While electronic systems save money, in the long run Bosco said the biggest benefit is saving lives.

About 100,000 people die annually from medical errors in hospitals and more than 1.5 million people are injured, costing U.S. taxpayers \$17 billion to \$29 billion annually, according to an Institute of Medicine report.

Janine Logan, a spokeswoman for Hauppauge-based Nassau-Suffolk Hospital Council, said errors result from handwritten records, including prescriptions.

Logan added that studies found using electronic medical records dramatically improve mortality rates, providing accuracy, ease of obtaining information and software that red flags dangerous combinations of medications.

But the leap into the future isn't free. And at a time when many health care providers face financial pressure, expense is an obstacle.

"A barrier to adoption of electronic health information is the cost to purchase, install equipment and then train staff," Logan said. "This has been particularly difficult for private physician practices."

Although Bosco wouldn't discuss the estimated expense in detail, he said North Shore-LIJ's shift will cost "quite a bit of money" including upgrading computers so the system will function smoothly.

Complicating the process: Providers often have a patchwork of technologies.

"There are lots of medical records systems out there," Bosco said. "Everybody's using different ones."

Although it's possible for vendors' software to be certified as meeting standards, Bosco said North Shore-LIJ couldn't find one software to roll out across all of its operations, since different systems work best in ambulatory, emergency and primary care settings due to their differing requirements.

Then there's the issue of culture: Hospitals have to get doctors and other providers to use these systems.

The Center for Health Workforce Studies in Albany, in a statewide survey on health care information technology adoption, found facilities that debuted computer physician order entry systems often had difficulty getting doctors on board.

"Physicians have been using paper for a long time," Iqbal said. "It takes time to transition. It's a learning process."

Bosco believes physicians' offices, which seek to save money, are behind hospitals in adopting electronic medical records. Even though EMRs save money, they require an initial expense which physicians have been loathe to incur. North Shore-LIJ, he said, is developing a program that would help physicians go electronic.

"I think the toughest piece to accomplish is the individual doctors," Bosco said. "The key to success is for everyone to get electronic so we can connect and share the information."

Iqbal said only about 10 percent of doctors use electronic medical records. But in addition to providing funds for hospitals to go electronic, the federal government is providing funds to pick up much of the cost for physicians to do so. The federal government as part of the American Recovery and Reinvestment Act of 2009 provides maximum incentives of between \$44,000 and \$64,000 over five years for physicians in addition to funds for hospitals.

"One of the factors in the physician's decision to start using EMR was cost. With Obama, the cost factor is being minimized," Iqbal said. "They're subsidizing the EMR for physicians. As a result, we're getting more inquiries."