

Frequently Asked Questions

- 1) ***What are electronic medical records (EMR)?*** Electronic medical records (EMR), also known as electronic health records (EHR), are computerized versions of patients' clinical, demographic and administrative data. They include treatment histories, medical test reports and images stores in an electronic format that can be accessed by health care professionals on a computer network.
- 2) ***What types of information might be stored on EMR?*** Anything that can be stored on paper medical records can be stored on EMR, but electronic records can be more comprehensive and flexible. For example, a patient's electronic records could include all of the drugs prescribed to that person and all tests done on that person. They could then be viewed not only in chronological order but also arranged in any other manner, such as charts and graphs, that would allow the patient's regular physician or any specialist to see trends and changes that could affect that person's treatment.
- 3) ***What are the advantages of EMR?*** Storing medical records electronically allows for quick retrieval of patient information by physicians and staff wherever and whenever necessary. That ensures that information about each patient is accessible and complete whenever a physician must make a treatment decision. Electronic medical records also are easy for searching, tracking and analyzing information. Unlike paper records, they are not bulky, they don't take up costly space and they don't require labor-intensive methods to maintain, retrieve and file. Electronic medical records also provide easier access at times of emergency and can be backed-up easily to avoid lost during times of disaster.
- 4) ***What else can physicians do with EMR?*** They can send reminders about scheduled tests, look at all test results over a five-year period and establish better profiles of each patient's health.
- 5) ***How secure are electronic medical records?*** Just like paper records, electronic medical records must comply with the federal Health Insurance Portability and Accountability Act (HIPAA), so security is built into the system. Unlike paper records, electronic medical records can encoded so that only authorized individuals can view them.
- 6) ***What is a health information exchange (HIE) network?*** A health information exchange (HIE) network, which allows for the exchange of health care information among organizations within a community or larger region, is one type of network for accessing electronic medical records. It allows clinical information to move electronically between disparate health care information systems while maintaining the meaning of the information being exchanged.

- 7) ***What are the advantages of an HIE?*** An HIE is the means for making patient information available electronically for exchanges from one health care provider to another. Because each physician can readily see what every other physician has done for each patient, the need for duplicative medical tests is reduced efficiency is improved. With a few keystrokes, any physician could retrieve a patient's treatment record, lab results, prescription lists and other information even if those records are stored in a distant location. This enhances accuracy, appropriateness and efficiency in patient care. Physicians are less likely to call for new medical tests that duplicate those already performed.
- 8) ***How would EMR/HIE be useful in an emergency?*** When someone needs care in an emergency, that person might be far from home, unable to communicate or unable to remember key information, such as names and doses of prescription drugs. Allowing a physician to retrieve the patient's records quickly and completely speeds the delivery of appropriate care, and avoids unnecessary duplicative testing, medical errors and extra costs.
- 9) ***How would EMR/HIE be useful in a disaster?*** During such disasters as floods, hurricanes and wildfires, paper records can be lost or ruined. However, electronic medical records can be backed up securely and stored in several locations. That permits their retrieval whenever and wherever necessary for medical treatment.
- 10) ***Why would EMR/HIE lead to less duplicative medical testing and a more efficient system?*** When each physician involved in a patient's care has all of that patient's data readily available, medical tests that have already been performed do not have to be repeated unless new developments warrant them. This allows the physician to determine further course of treatment more quickly and accurately.
- 11) ***How secure would an HIE be?*** State-of-the-art systems would be employed to secure records to the greatest degree possible and prevent access to unauthorized persons. Any system used must comply with the security provisions of the federal Health Insurance Portability and Accountability Act (HIPAA).
- 12) ***Aren't most doctors and other health care providers already using EMR?*** You might think so when you get computerized bills. But even though most providers have computerized their financial records, many of them are still keeping medical records on paper.
- 13) ***What is e-Prescribing and how does it relate to EMR/HIE?*** Electronic prescribing, or e-Prescribing, enables a physician to transmit a prescription electronically to the patient's choice of pharmacy. It also enables physicians and pharmacies to obtain information about the patient's eligibility and medication history from drug plans. In many places, e-Prescribing is the first form of EMR/HIE being adopted.

14) *Is this a national effort?* Yes. The federal government has set a goal for most Americans to have electronic medical records by 2014. That goal includes establishing regional and national health information exchange networks that will ensure that complete health information is available for most Americans at the time and place of care, no matter where that is. The system would permit sharing information privately and securely among health care providers when authorized by each patient.

15) *How would EMR/HIE improve patient safety?* When any physician treating a patient at any time and in any place has access to all the patient's records, the physician can make more informed decisions based on complete information. Also, EMR/HIE systems can automatically alert health care professionals when there are conflicts between prescribed drugs. In addition, when medical information is stored electronically, problems with illegible handwriting on paper records and prescriptions are eliminated.