

Electronic Medical Records

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All of us have, at one time or the other, visited a General Practitioner. Some of us more than others! Each time we go there, there are diagnostic reports, medical reports, charts, blood and stool reports and assorted other documents that go into making our individual case files – big, fat paper files bloated with paper down the ages. But if you have visited your doctor of late, this file would have been conspicuous by its absence. There’s no surprise there. You’ve just witnessed the miracle of electronic medical records.

For a few years now, electronic medical records have been slowly but steadily making their presence felt in hospitals and nursing homes, not just in America, but across the globe. It was only natural to expect them. After all, we live in the Information Age and medical records are but another form of information. Or data if you like. And when it comes to a sensitive topic like health, information truly is power.

There were (and continue to be) several problems with conventional paper medical records. For one thing, they were bulky and easily destructible. The information present in them, if considerable, made them unwieldy to file and find. Being filed by human operators, who often have other more pressing tasks, made them susceptible to errors and mis-categorization. Sharing these records, for instance between your GP and a specialist, between hospitals, across international boundaries etc., was laborious and time consuming – not to mention at a high risk of loss. And finally, doctors and other medical professionals were unable to compile this wealth of information to extract statistical, medical and other critical information from it.

The electronic medical records were thus a natural progression. It was only a matter of time before the archival, storage and retrieval technologies that have been used successfully in several other fields, were adopted by the medical record profession. And electronic medical records have lived up to their promise of efficiency. For one thing, they have practically eliminated all the problems of the conventional medical records. The information is easily fileable (at source), findable, displayable and sharable. It can be stored in a compact manner and duplicated for distribution at the click of a button. Medical and analytical professionals can use the data from numerous and diverse source to compile information reports that can help in continuing research and innovation. And electronic medical records can also result in the development of critical decision-making tools that could very well save scores of lives.

Of course Electronic Medical records have their shortcomings. But most of these are limited by the human capacity or acceptance of change rather than the technology itself. In some cases, the districts or counties that need to migrate to electronic medical record systems may not have the necessary resources for the conversion to take place effectively. Money for computerizations is usually a problem as is training of personnel who have been used to the older system of paper records. Unless the use is computer savvy, transference of paper records to electronic formats may prove impossible. Finally, time is an issue. The backlog of old paper records is so much that there is a need to employ temporary staff just to handle it. Even as others needs to be brought up to speed to handle the existing and oncoming case loads.

Be that as it may, there is no denying that in today’s world, when everything has been computerized, it is indeed time for electronic medical records as well.