

Rama Khalsa: Borderless medical information will improve our health care

Imagine your favorite feisty 75-year-old as our hypothetical patient, Mrs. Cruz. Born and raised in Santa Cruz, she now lives at a local senior housing complex. One evening, rushing to answer her telephone, she trips and falls, breaking her hip.

In the ambulance, in pain and frightened, she concentrates on the paramedic's soothing voice. "Can you tell me what medications you're on right now?" he asks. "And who your doctor is?" Flustered, she worries that she won't remember the many medications she is taking. And which of her doctors should she mention to the nice young paramedic?

With her permission, the paramedic is able to use an expanded county-wide health information exchange to access her electronic health record. By the time she arrives at the emergency department, the medical team already has a complete, up-to-date list of her current medications, which include the blood thinner Coumadin warfarin for stroke prevention -- crucial information to have when surgery is being considered.

Her medical odyssey then includes a brief surgical inpatient stay, a stint at a skilled nursing facility to recuperate, and follow-up visits to her primary care doctor -- the one whose name she couldn't quite remember. At every transition of care, up-to-date clinical information about her medications, recent hospitalization, and treatment plan arrives and leaves with her, following her from the emergency department to the med/surg floor at the hospital to the skilled nursing facility, a home health agency, and her primary care doctor's office. All of Mrs. Cruz's medical providers have what they need to make the best decisions for her care, at the point of care.

This is our vision for the future, but it's not too far in the future as we work to make this health information exchange a reality. Unfortunately, patients who move across systems and provider organizations don't yet experience what Mrs. Cruz does in this story. While information about our medications, medical history, and tests might be available within one medical organization or shared between medical groups' doctors, it is not always accessible in situations like hers -- after hours, during an emergency.

When complete health information is not accessible to different doctors, patients face risks. For example, without medical information following her as she moves from one stop to the next, Mrs. Cruz risks being readmitted to the hospital because of undetected medication errors, or because crucial treatment information such as allergies or medication interactions was not reported. Instead, with better information flow, Mrs. Cruz's recuperation has a much better chance of taking place at home, uninterrupted by additional hospital trips and medical complications.

The Health Improvement Partnership HIP is a local county-wide collaborative of health, foundation, government and community leaders. Our members, who represent all of the county's major health organizations, recognize that allowing health information to travel with a patient, across the electronic boundaries and physical walls that separate our various health organizations and clinicians, is crucial to improving our local health system -- particularly the patient experience.

Mrs. Cruz's story is just one example of how sharing health information can improve outcomes. At different points in our lives, any one of us could be in Mrs. Cruz's situation. That's part of the reason why HIP's members are so focused on making county-wide sharing of health information to improve care decisions the standard rule, rather than the exception.

Rama Khalsa is director of the Santa Cruz County Health Services Agency and a HIP board member.