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Electronic Health Records – A Cornerstone of the New Model

Glen R. Stream, MD, WAFP Past President, AAFP Delegate, Spokane

The IOM report “Crossing the Chasm” included an extensive discussion of the use of clinical information systems to improve the quality of health care and to improve patient safety. The Future of Family Medicine project drew heavily from this information in drafting the New Model of Family Medicine. The Washington Academy of Family Physician has wholeheartedly embraced the New Model and our New Model Task Force is exploring how to assist members in adopting this new paradigm of care delivery. We can all be proud of the work of our national and state academies in this work.

One of the most critical and powerful of the New Model initiatives is the concept of the **personal medical home** – a designated comprehensive care setting to provide a point of entry into a system of coordinated, collaborative delivery of medical services. Through an ongoing relationship with a family physician, the personal medical home helps assure patients of care that is not only accessible, but also accountable, integrated, safe and scientifically valid.

Electronic Health Records (EHRs, also called electronic medical records or EMRs) are an essential cornerstone of the foundation of the New Model and the personal medical home. Comprehensive patient records that are readily accessible by qualified medical staff (while maintaining patient privacy) make it easier to establish and apply evidence-based standards and provide more cohesive care when consultations are required. EHRs also allow for patients to access their own health information and enable better communication with other healthcare providers.

Studies show that the adoption of EHRs is rapidly progressing in large practices but is slow in smaller practices. Having worked for six years in a small-practice, small-town environment in Cashmere, WA, I understand the challenges faced by small practices. Resources available to implement an EHR are often simply not available.

I am an evangelist for EHRs. I believe they represent a tool that can greatly enhance our ability to practice efficient and high quality medical care while preserving the human element of care that drew us all to family medicine in the first place. I am responsible for the implementation of an EHR for the multi-specialty group where I have practiced for the past 15 years. This interest has led me to study medical informatics with an emphasis on EHRs and other clinical applications in ambulatory medicine. In June I will complete a Masters Degree in Biomedical Informatics. My goal is to use this knowledge to contribute to the success of our specialty and its members in this transformation.

With the assistance of the WAFP I am currently conducting a survey of family physicians in Washington State regarding EHRs. Of interest is the current status of EHR adoption,

perceived barriers to adoption, and what can be done to help practices, especially small practices, overcome these barriers. The data that is gathered will enable the WAFP to advocate for members regarding initiatives to promote EHR implementation. My personal thanks to all of you who gave your time to participate.

I will be presenting the results of this survey to members at our Annual Scientific Assembly in May and in the July issue of Washington Family Physician. I also plan to discuss and promote this important topic at the AAFP and to incorporate discussions about EHRs as I campaign for a position on the AAFP Board of Directors leading up to the election in October. I look forward to talking to you more about this subject and hearing your views and ideas about the process. I also look forward to engaging you in the discussion of other issues of importance to family medicine in the coming months.