



A Posit on Universal Electronic Medical Records

"The single most effective step that (only) government could take to improve medical care would be to impose and finance a universal electronic medical record which, excepting in emergencies, is password controlled by the patient."

AMONG 126 REPLIES, 30 AGREED, 85 disagreed and 11 had no opinion. A posit is an intentionally strident and simplistic statement about a complex problem, intended only to promote discussion among members. It is not a poll, nor does it reflect the views of the SSVMS Board of Directors or the editors of *Sierra Sacramento Valley Medicine*.

"I STRONGLY AGREE and have advocated for this for years. It would have an immediate positive impact on several aspects of medicine. Beyond the obvious clinical benefits, it would also facilitate medical research using shared datasets. It could also quickly trickle down and impact insurance forms, payment submissions, review and approvals. The next step would be to impose a universal insurance payment submission form using selected fields directly from the universal medical record." - **Edward Panacek, MD**

"The government would have a hard time pulling this off. Nothing the government does is simple. Haven't we figured that out by now?" - **Byron Demorest, MD**

"It would allow doctors to see who else is treating the patient and if lab, x-rays and prescriptions were included, it might reduce medication conflicts and abuse." - **James Farley, MD**

"Likely to make care more cumbersome: no reasonable universal EMR exists." - **Joel Pearlman, MD, PhD**

"The most effective step the government can take is to extend COBRA options until one becomes Medicare eligible." - **Gerald Rogan, MD**

"HIPPA has allowed the insurance industry to invade the private lives of our patients.... This would only work if the Insurance companies have NO ACCESS to those records and could not demand them. They are a risk-taking industry; that is their job to earn their money! We have been duped long enough to believe that the doctor is the one who has to take the risk when a patient walks in the door. These companies can start paying their billion dollar profits back to their customers instead of dictating medical care to them." - **Franklin Long, MD**

"Since relocating to Menlo Park, CA, after retirement from my ophthalmology practice in Sacramento, my medical history has been electronically available to myself online or to any physician at the Palo Alto Medical Foundation.... It is a great convenience to all concerned in the delivery of care - your past surgeries, medication, ready access to information to the many specialists one is referred to, and ability to quickly give medical information when away from home to a new physician. This would definitely reduce the cost of medical care and be helpful in the care of the patient..." - **Gilbert Reese, MD**

"An EMR is not a panacea for the nation's health care problems. While it creates efficiencies in data collection, transmission and prescribing, it also creates inefficiencies in patient narratives and documentation by creating templates that turn individual encounters into cookie cutter documents. *AN EMR does nothing to help fund care for the*

millions without it, nor does it help recover the millions of dollars siphoned out of the system by for-profit health insurers. AN EMR does not insure that care is proper or even done." - **Joanne Berkowitz, MD**

"[I] disagree unless you mean 'personal health record.'" - **Jack Lewin, MD**

"I do agree that a standardized electronic medical record which, excepting in emergencies, is [password-]controlled by the patient or patient's designee could improve medical care. However, government mandates and subsidies have proven to be a costly violation of liberty and free markets. A voluntary consensus standard would be superior to any mandate. A free market has historically produced the best outcomes." - **Lee O. Welter, MD**

"The singlemost intervention Government can do is to disallow health insurance companies to be traded in stock market." - **Rugmini S. Shah, MD**

"I think it is a fantastic idea for both ambulatory as well as the emergency pt. It is great to have the pt have the ability to carry their medical records with them as it becomes easy for continuity of care particularly for those who move around a lot from doctor to doctor, place to place, insurance to insurance or whatever to whatever; but I feel the information should be in summary form only and the details to be accessed only by the professionals or the caregiver with special access codes. The downside: imagine the legal nightmare and the hacking capabilities. Will there be private anything any more after that? Ever since Hilary Clinton publicly started the affair 16 years ago, there has been this gradual metamorphosis to universal health care (UHC) and reimbursements are almost on par with Medicare payments or close to it for the most part. We are working ourselves incrementally towards UHC." - **Elisabeth Mathew, MD**

"A universal EMR would be great. The single most important step, no. I would say Medicare for all ages would be my first step. How to pay for it is another matter, and it won't be by cutting taxes and increasing military spending." - **Thomas Curran, MD**

"Government should help with universal access. CMA should work on the best EMR, using it partially as a member-benefit." - **Richard Gray, MD**

"A bargain; this would only cost millions!" - **Tom Wilkes, MD**

"[I] prefer the Google and Cleveland Clinic approach wherein the EMR is localized to the patient's doctor and his associates and colleagues, his hospital and the medical staff and support facilities utilized by them or the patient. The Cleveland Clinic patient's records can be accessed by any physician or medical facility from any computer with the patient's permission and his clinic card. There is no reason for the government to have access." - **Del Meyer, MD**

"The government should not control health care." - **Terry Zimmerman, MD**

"I think an electronic record is wonderful, but very difficult to keep 'healthy.' Do you really want the people who gave us Medicare, Medicaid and Medi-Cal to be in charge of such a sensitive system?" - **Jeffery Rabinovitz, MD**

"Informatics' is indeed an important part of health care reform. This posit is much too simplistic. The 'fixes' to our currently inadequate system will indeed be plural - many of them. That is, there will surely not be a singular universal medical record." - **Donald Lyman, MD**

"Of course will be a major step toward 'socialized' medicine but that doesn't bother me." - **William Peniston, MD**

"I would approximate that 90 percent of patients would lack the required competency for being in strict charge of their overall health care management." - **Colin P. Spears, MD**

"Prohibitively expensive and impractical." - **Samuel V. Bartholomew, MD**

"Government controlled medical records are bad. [But] yes they should be patient controlled." - **Virgil Williams, MD**

"I disagree vehemently." - **Wayne C. Matthews, MD**

"Agree with first part, disagree with reducing compensation for procedure-intensive care." - **Robert C. Lentzner, MD**

"I strongly disagree with the government controlling any information about health care. There would have to be a central server to store the information and who would control that?" - **Robert S. Treat, MD**

"I disagree completely; however, if it ever comes about, the description of 'emergencies' would be very critical." - **Kamer Tezcan, MD**

"I would vote yes if it were not password controlled by the patient at all times!" - **Reginald D. Rice, MD**

"Government needs to get out of micromanaging medicine. They should make medical malpractice no-fault, and all the extra unnecessary cover-your-behind costs will go away." - **Richard Wakamiya, MD**

"The greatest strides in community health and longevity have been through government intervention with sanitation and immunizations. In comparison, treatment of cholesterol, diabetes, cancer, and heart disease or the implementation of an EMR bring baby step improvements to community health." - **Craighton Chin, MD**

"These posits are universally inane and worthless because they inevitably reduce complex problems to a yes or no answer. Best to discontinue them." - **Gerald Upcraft, MD**

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