Benefits of Electronic Health Records (EHR)

Author name

Affiliations

Electronic health records refer to patient-centered records about individuals and populations that can be shared with health care centers or authorized users. This sharing ability of EHRs assists in providing superior quality and safer care for patients. Moreover, these records overcome the limitations that paper records have such as accessibility, poor organization of information, incompleteness as well as security and legibility issues. EHR system has up-to-date and complete medical and treatment histories of patients, immunization dates, allergies as well as test results. Thus, with EHR there are financial and operational benefits as well as societal outcomes in the form of enhanced ability to conduct research for the purpose of improving patient's health and recurring costs (Cowie et al., 2017). This paper will discuss the benefits of Electronic Health Records (EHR) in comparison with paper records used in healthcare.

The greatest advantage of EHR is its accessibility. These records can be used and accessed by more than one person at a single time. All the users can use these records differently depending upon their needs. This enhanced accessibility improves communication among healthcare teams and patient as within EHR, there are personal health records (PHRs) that allow centralized care. Furthermore, these records are also incorporated with a clinical decision support system (CDSS). This enables users to collect clinical data in a controlled mode to get assistance for clinical decisions. Using this, physicians can prescribe safer and more reliable medications and treatments (King, Patel, Jamoom, & Furukawa, 2014). They can also order laboratory, pharmacy as well as other radiology services using Computerized Physician Order Entry. With CPOE physicians are not required to write these orders on paper forms but they electronically order tests to ensure accuracy. With this, lab information systems (LIS) are also interfaced into the EHR for getting patient data and exchanging testing results. Moreover, there are radiology information systems (RIS) and pharmacy systems. Radiology information systems (RIS) have patient information and radiology orders, timetables, test fallouts, and image tracking. Pharmacy systems allow tracking of drug interactions and drug allergies as pharmacies in this system are automated and use electronically integrated med carts.

In addition to this, EHR enables complete and legible documentation. The documentation is face-to-face come upon between a doctor and patient. Different items are included in this document such as patient history, pharmacy recommendations, physician guidelines, vital signs, and laboratory and radiography reports as well as discharge summaries. Patient’s complete demographics are part of these records such as their names, ages, gender and contact information along with many other things (King et al., 2014). Then a patient gets an exclusive patient ID number that can only be used by a specific healthcare provider. These complete records facilitate hospitals and physicians to trail the information they require. Likewise, all the records are electronic and can be updated and transferred as required. Previously, there were paper-based records in the form of charts that made transference burdensome.

Moreover, this information storage also allows insurance companies and federal regulations to check for their compliance as it is a central database from which physician’s prescriptions can be checked. Thus, this is an important mean of reporting quality data to the federal government (Menachemi & Collum, 2011). Similarly, this allows tracking patient statistics and collecting financial reporting for the purpose of budgeting as well as resource allocation. Stakeholders thus track healthcare costs with this system and enhance efficiencies. With EHR accurate billing and coding that illustrates the health problem of the patient is also achievable. This is required by Medicare and other commercial insurance companies that can construct precise healthcare claims with the feature of diagnosis databases (Cowie et al., 2017). Therefore, EHR assures the enhanced quality of care and reduction in costs by using clinical decision support (CDS) tools, computerized physician order entry (CPOE) systems, and health information exchange (HIE). All these requirements are part of the criteria proposed in the HITECH Act of 2009 (King et al., 2014).

With proper documentation, it is also important for healthcare to ensure patient’s confidentiality under the Health Insurance Portability and Accountability Act (HIPAA). In case of noncompliance, healthcare providers can face rigid federal fines. To avoid this, EHR has profound security systems that protect unlawful admittance to a patient’s medical record. These security systems make use of passwords, biometrics as well as network firewall security. Every time access is recorded that allows the auditors to check for unauthorized employee access to these health records which is not possible with paper-based charts (Menachemi & Collum, 2011). Besides, the system also fosters enhanced patient's participation as it has a self-service component that allows patients to have control over their health.

One cannot rely on a paper chart to track the histories of patients when they are under the care of multiple doctors. However, the use of electronic health records allows tracking the histories of patients under multiple care providers irrespective of their location. With these records, they can get up-to-the-minute information related to a patient’s complete history. This also reduces the errors as with these medical practitioners can rapidly relocate patient data to other departments as well as healthcare providers (King et al., 2014). Now there is centralized chart management for quicker access to patient information from resulting in more accurate diagnoses and improved management of chronic conditions. All these benefits require the extensive implementation of these systems. However, the system is costly as there is a need for necessary equipment and training of staff. This requires the investment for its adoption. Different financial incentives are accessible to organizations that are willing to adopt these systems. The benefits of the system can only be realized when it is widely adopted (Menachemi & Collum, 2011).

References

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