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FEATURED

Experts say pandemic reveals big cracks in health care data sharing

Panel on interoperability pushes for national system to improve health record access.

BY JON O'CONNELL STAFF WRITER

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The Wright Center building on South Washington Avenue in Scranton. The Wright Center coordinated a panel discussion on interoperability, or the sharing of data, between patients and their health providers.

TIMES-SHAMROCK FILE

JENKINS TWP. — The opioid crisis forced doctors and pharmacists to climb aboard an interstate system for tracking prescriptions with computers.

COVID-19 is poised to do the same for the rest of health care, a group of area and state health leaders said.

The coronavirus's mystery and ferocity uncovered cracks in how doctors, especially those in different health systems, exchange information about the patients they share.

"The COVID pandemic has definitely exposed the inefficiencies and safety threats in our national health care delivery system with one of the largest being the absence of consistent data sharing and access," said Dr. Linda Thomas-Hemak, chief executive officer of the Wright Center for Community Health and a practicing primary care doctor.

The Wright Center gathered top leaders in health information technology for a physically distanced panel discussion Tuesday in WVIA-TV's studio.

The special, titled "Sharing Data, Saving Lives: The Health Care Interoperability Agenda," is part of the Wright Center's Advocacy Day, a national movement to tell lawmakers about important health issues. It will air on WVIA six times in August and September. Dates have not been scheduled.

Broken links in communication make health care cost more, panelists agreed.

Doctors, clinical staff and pharmacists burn away hours digging for records, calling other doctors or pharmacists and often missing important information.

For example, a patient mistakenly tells his doctor he was treated for appendicitis while on vacation, when really he had diverticulitis. Both affect the belly, but one needs surgery and the other could be quieted with antibiotics and some extra fiber.

"At the end of the day, the patients are paying for it through their health care premiums," said Dr. Jignesh Sheth, the Wright Center's chief medical officer, who sat on the panel.

Before the opioid pandemic, every state had a prescription drug monitoring program, but none of them talked to each other.

It took a national epidemic to push doctors, pharmacists and health regulators over the finish line.

"We were able to build an interface right into the PDMP (Prescription Drug Monitoring Program) database that allowed us to jump into a patient's PDMP record ... with the push of a button," Sheth said. "That was a game changer."

National health leaders want to see patient records move more seamlessly between providers, said Dr. Don Rucker, national coordinator for health information technology at the U.S. Department of Health and Human Services.

"That means patients can get their medical records on their smartphone," he said in a pre-recorded video message that will be part of the program.

In May, HHS published new rules that implement provisions in the 21st Century Cures Act. Among other things, the new rules require easy patient access to their electronic health record.

The pandemic, and the way it forced some providers to reassign staff and facilities to handle surging cases or sent some staff home because non-urgent procedures were paused, strengthens the argument that records need to be more accessible to doctors, Rucker said.

"We want the patients' medical records to be available no matter where they are and no matter by whom they're treated," he said.

The panel spent most of the one-hour talk, plus on off-air discussion afterward, talking about how they're trying to clear away obstacles like security concerns, technology misalignment and competition between providers.

Health information exchanges, companies that help doctors share records safely, have a big incentive to keep patient data locked up tight, said Chris Carmody with University of Pittsburgh-affiliated health system UPMC. He manages UPMC's ClinicalConnect Health Information Exchange.

"Our data resides there as well," he said. "We do the best job we can at protecting it."

On the stage he joined Kim Chaundy, a Geisinger operations director for the Keystone Health Information Exchange. In another setting, the two would be rivals.

Dr. David Lopatofsky, chief medical officer for UPMC-Susquehanna in Williamsport, said national health care is moving in the right direction, but has a long way to go.



"We're probably in the fifth inning of a nine-inning baseball game," he said.

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