

# Good Behavior



## Center for Advancing Health

### Our Health Information: Caught in a Wrinkle in Time

Those of us with one or more chronic diseases have this in common: we all have more than one doctor. I have nine specialists in addition to my internist, for example. That's a total of 10 doctors and I have seen each of them at least twice in the past year.

Not one of my doctors has communicated with another. They don't exchange test results, consult on new diagnoses or fire off emails about my care. I am the sole arbiter of who gets what information, in what format and when. This cannot be good.

Fortunately, there are now considerable public and private resources directed to addressing this problem.

One major strategy is to ensure that doctors can communicate with one another easily through use of portable electronic health records that can be read by any authorized physician. This year's federal stimulus package provided \$19.5 billion for health information technology (HIT) -- specifically for the development and implementation of electronic health records in communities across the country. This infusion of funds will accelerate progress in the coming years, systems will also become cheaper to install and easier to use and younger docs are likely to insist on them. But we could get a 100 percent increase in the number of practices that use electronic health records within three years and still not reach even half of the practices in the country: Only 17 percent of physicians reported having any kind of health records system according to a 2008 survey published in the *New England Journal of Medicine*.

The second major strategy addressing this problem is to offer people help with storing their own health information in protected online personal health records. Google, Microsoft, and newcomer Keas, among others,

offer elaborate Web sites that have real potential to help people like me who live with multiple diagnoses keep track of our exciting health care lives. These tools can help me organize and understand all of my test results, X-rays, lab work and medications.

But the personal electronic health records currently available require that I populate each aspect of them -- a huge initial barrier, though not insurmountable. Unfortunately, the fact that not one of my physicians is either *able* or *willing* to look at this record means that I am still responsible for the communication of all my test results and other information among my physicians. Until the audience for my personal health record includes my doctors, using an online PHR is merely an exercise in typing.

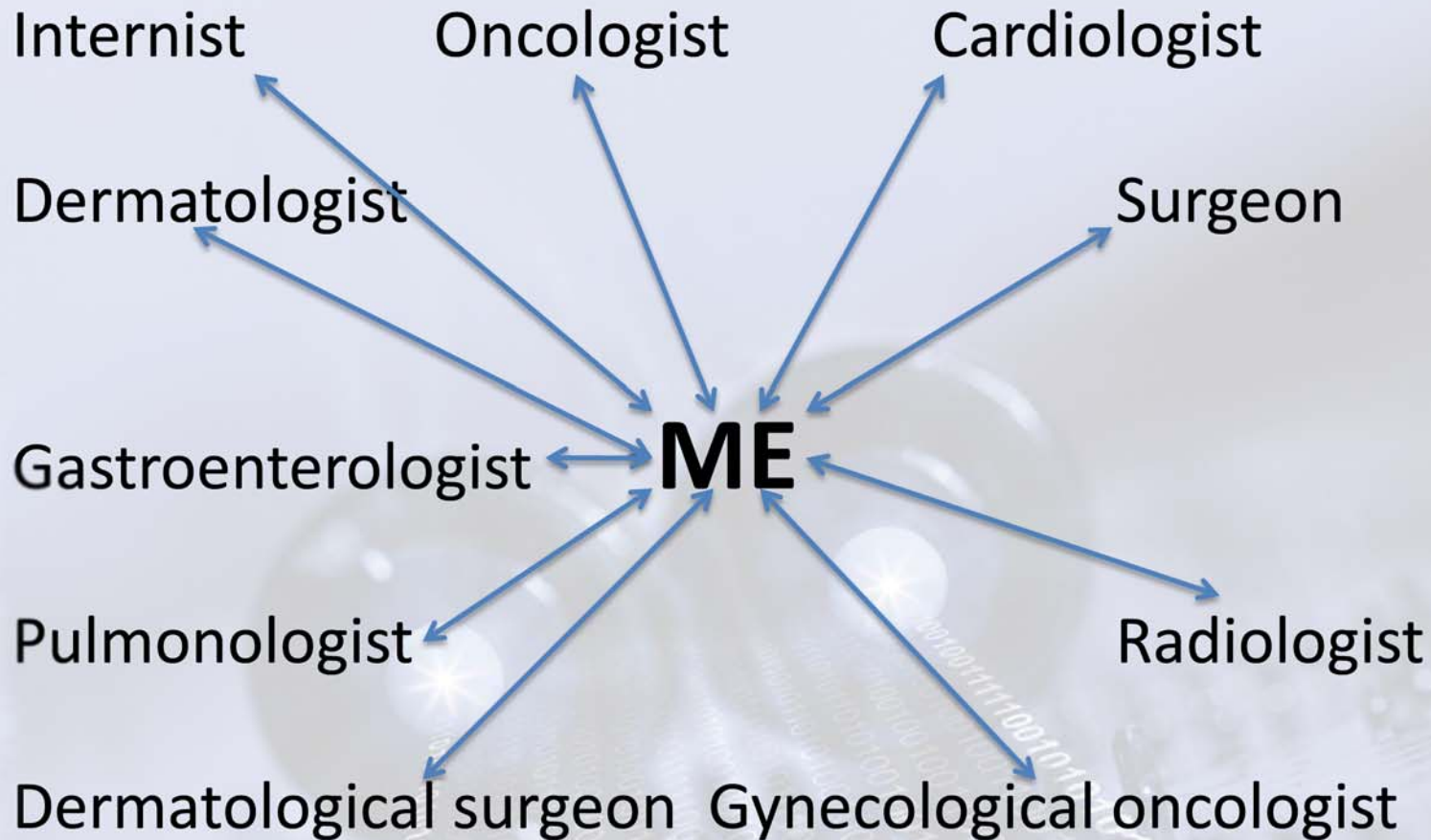
And so we patients are caught in this funny wrinkle in time, trapped between the practices of the past and the promises of the future. I, like others, make it my business to coordinate all my health information because I think my life depends on it -- a frightening thought, given my attention span and lack of medical training. But many of us don't realize that our physicians are not communicating about us. Much is known about the cost and safety impact of poor communication among physicians. But little attention has been paid to the burden and the risks it places on those of us living with multiple chronic diseases -- and what could be done to both alert us that we must attend to this and to help us do so effectively now.



**Jessie C. Gruman, PhD**  
President



...operating without interoperability



## From the Health Behavior News Service

The Health Behavior News Service regularly distributes stories summarizing new research on health behavior issues. These stories can be found online at <http://www.cfah.org/hbns/current.cfm>

### November News Stories:

- **PREVENTIVE CARE GAPS SEND BLACKS TO HOSPITAL EARLIER THAN WHITES** Receiving prompt treatment for common health problems like diabetes, pneumonia and high blood pressure can save patients trips to the hospital and thousands of dollars in medical care costs. However, African-Americans with preventable conditions often fail to get adequate care, resulting in hospitalizations years earlier than whites with the same conditions, a new study suggests.
- **TALL IN THIRD GRADE, OVERWEIGHT IN 12TH?** Being tall and overweight, or just being tall, might be a marker in children for an increased risk of being overweight or obese in later years.
- **CIGARETTE PACKAGING INFLUENCES TEENS TO BUY AND TRY** Plainer cigarette packages, perceived as boring or unattractive, would make smoking much less appealing to teens, according to a new Australian study.
- **INTERNET PROVES IMPORTANT TO TEENS WITH CHRONIC CONDITIONS** The Internet has become a popular socializing tool for adolescents and a new study shows those with chronic health conditions might rely on it more heavily than their peers do.
- **WOMEN MORE LIKELY THAN MEN TO SUFFER DEPRESSION AFTER STROKE** Depression occurs in as many as one-third of patients after a stroke, and women are at somewhat higher risk, according to a large new review of studies.
- **DEPRESSION PATIENTS MORE APT TO RECEIVE OPIOIDS FOR CHRONIC PAIN** Chronic pain patients with a history of depression are three times more likely to receive long-term prescriptions for opioid medications like Vicodin compared to pain patients who do not suffer from depression, according to new research.

**CFAH** CENTER FOR  
ADVANCING  
HEALTH

*Evidence. Engagement. Equity.*

Since its founding in 1992, The Center for Advancing Health (CFAH) has worked to translate complex scientific evidence into information, policies and programs that will ensure that each person can make good decisions about their health and interact effectively with their health care providers. CFAH is an independent, non-profit organization that is supported by a number of philanthropic organizations (principally the Annenberg Foundation and the W.K. Kellogg Foundation) and individuals. Good Behavior is a monthly series, written by the Center's president, Jessie Gruman, PhD, and intended for health policy makers. The publication offers Dr. Gruman's perspective on emerging health care issues, and provides insight based on evidence about how best to address them. For more information, visit us online at [www.cfah.org](http://www.cfah.org)