

## Your Direct Link to Better Risk Management Practices

### Ask the Expert

In each publication of Risk Review, an outside guest or a member of our team of expert risk management and loss prevention consultants will answer a question from a reader. If you are concerned about a risk management or safety issue at your practice or facility, let us know and we may answer it in a future issue

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### Question: I read a lot about EHR and EMR; what is the difference?



**Answer:** Though the two terms are often used interchangeably, there is a difference between them. EHRs are Electronic Health Records. They refer to the entire electronic system of recordkeeping that spans physician offices, acute facilities, laboratories, long-term care, all payors, and any other part of the massively complex healthcare system. EMRs, or Electronic Medical Records, are the individual medical records of each patient. In other words, they are the electronic version of the patient's chart.

President Bush set a goal to create a nationwide health information network by 2014, and four prototypes of this system have already been developed.<sup>1</sup> The national medical record program had four goals: to adopt EHRs in public and private sectors, to develop a secure national database of healthcare information which would permit the exchange of this data between providers, to permit patient use of their own personal health records, and to improve public health through quality measures, research, and education.<sup>2</sup> Ultimately, the first objective was to standardize record formats, specifically the forms used by payors, and the second objective was to allow access to patient medical records by caregivers who otherwise had difficulties with delayed, limited, or no access to information on the patients they were treating. Once instituted, this could potentially improve quality of care in all settings and would be especially helpful in situations like labor and delivery, emergency departments, and walk-in clinics.



Standardized payor forms could streamline receivables for large and small facilities. Your office staff would no longer have to work with greatly differing forms from insurance companies and HMOs. The same would hold true for your patients. Uniformity of this paperwork should reduce the number of re-filings you have to do because of real or perceived mistakes on the form.

Many software programs for office practice use are consistent with the four prototypes currently developed for the nationwide health information system are already available, and there will be more available in the future. Certification has been granted to some programs by the Certification Commission for Healthcare Information Technology (CCHIT).<sup>3</sup>

When programs such as these work together and communicate without language barriers, then you can access or send appropriate information for safer care-giving: information can be efficiently exchanged for more effective consultations, offices with multiple sites no longer have to worry about getting the paper record from one site to the other, and patients who go to emergency departments after office hours can receive care which takes into account your exact treatment plan, not your patient's recollection of it. As your system becomes more technologically advanced, and you become more comfortable with the technology, you may also wish to access your patients' information when you are on call.

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There are a number of benefits and risks involved in the use of both EHRs and EMRs. Read more about them in the following articles appearing in this issue of *Risk Review*:

- Electronic Health Records: A Primer
- Electronic Health Records: Can you Practice without Them?

## References

<sup>i</sup> PIAA Briefs, Adapted from the Star-Ledger, 7/06.

<sup>ii</sup> Korin, Joel B. and Madelyn S. Quattrone, "Electronic health Records Raise new Risks of Malpractice Liability", *New Jersey Law Journal*, June 19, 2007

<sup>iii</sup> Volpe, Salvatore, "Electronic Health Records: A Primer", *Risk Review* ❖

**Questions and/or  
suggestions are welcome.  
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