

# Dr. Brailer: "The Key to Digital Medicine is Portability"

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Op-Ed

IT is obvious to any patient that most of his health information is on paper. Hurricane Katrina evacuees learned this when they arrived in shelters where their medical histories had to be manually -- and often incompletely -- reconstructed. Paper histories might eventually get where they are needed, but too late to be useful.

As the government's first national coordinator for health information technology, I began our nation's effort to convert health care from paper charts to electronic health records. America's leading doctors and hospitals have been using electronic records to reduce deaths from mistakes, injuries from prescribing errors and waste from unnecessary treatments. Steps are now under way to bring these lifesaving tools to every hospital and doctor's office in the United States. And consumers are even exploring personal health records to view their own health information and shape treatments in ways they couldn't before.

But Congress is considering a bill that would make it harder to allow your information to follow you throughout your health care treatment.

The key to digital medicine is portability. Imagine arriving at an emergency room, swiping a security card and having your medical records appear instantly. Health information portability also allows dissatisfied consumers to more easily switch doctors, hospitals or health plans, intensifying the competition to provide good quality care.

Moving from paper to digital medicine is costly -- more than \$100 billion for the nation by some estimates. Only the very largest doctors' practices can afford electronic health records. This is why the federal government recently published rules allowing hospitals and others to donate electronic health records to doctors. There is one critical requirement, however: the information must be standardized and portable. These rules help doctors improve care, and at the same time push health information portability into the mainstream.

None of us would want to be treated any place where health information is proprietary and shared only in order to advance business interests. Think what it would be like to be in an emergency room where a doctor can't make lifesaving decisions because your health information is at a competing hospital. Proprietary health information impairs delivery of good care and deepens barriers to switching doctors, hospitals or health plans. Compared to this, keeping your phone number when you switch cellular carriers is a vanity.

The House and the Senate have passed separate bills that seek to encourage electronic health records. They agree on many things, like codifying into statute the health information technology office that I started. They disagree on the most important issue, however: whether portability should be a condition for electronic health record donations. The Senate version links portability to donations, whereas the House version does not.

Opponents of the House bill argue that it is too early to set standards for portability, that portability will slow adoption of electronic health records or that electronic health record donations should be prohibited altogether. These points are valid and worth consideration, but they miss the fundamental and overarching issue that Congress must confront as it tries to reconcile the competing versions of the bill: opposition to portable health information is, by definition, support for proprietary health information. As the era of digital medicine begins, we have one chance to get it right, and that means making portable health information our priority.

Congress should pass a health information technology bill, but it should include the existing federal rules for portable health information technology donations. In no place else does medicine's principal adage "first do no harm" apply more than to the action that Congress is about to take.

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