

## e-health records raise issue of privacy

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Your personal health data is increasingly being kept as "electronic health records," or EHR, as advocates voice hopes that technology will cut costs, reduce error and improve care.

And the mid-Hudson area is a national leader in this movement, with "200 installs" so far at local offices of doctors and other care providers, according to the chairman of Taconic Health Information Network and Community, or THINC, a regional health information organization based in Fishkill.

IBM Corp. is partnered with THINC in one of four national pilot projects to build systems to enable smooth and secure sharing of your files.

But at a forum sponsored Thursday by THINC and Marist College, which was the host, most of the speakers raised the troubling specter of privacy problems or public fears.

"The biggest obstacle to this, I believe, will be public perception as to whether information is secure, protected, and is it under their control?" said Michael Duffy, chairman of THINC, noting the constant news items about identify theft as data gets compromised.

Federal policy is to have everything electronic by 2014.

Part of the problem is with the laws. And though New York's medical privacy laws are stronger than federal ones, there's room for improvement on both levels, said Lori M. Evans, deputy commissioner at the New York State Department of Health.

In a question-and-answer session at the event, Nicholas Donofrio, executive vice president of IBM Corp., said, "I think the issue is really on the privacy side. You can't have good security without good privacy. You can't have good privacy without good security."

Donofrio said security is really not the issue "on the enterprise side," which in computer industry lingo refers to large systems like IBM's mainframes. But he noted some breaches trace back to other, smaller systems. He gave as an example a laptop left in a taxicab. Even there, one can apply safety procedures like encryption, he said.

But there are problems in the nation's fledgling attempts to spread the use of information technology to improve health care and cut costs.

The eHealth Vulnerability Reporting Program, an industry collaborative, revealed in September some startling results from its test of seven EHR systems already in use.

A board member, Daniel H. Nutkis, was quoted in online magazine CIO News as saying, "There was not one system we could not penetrate and gain control of data."

CIO News said the report blamed vendors, who failed to reveal vulnerabilities allowing illicit entry, and inadequate oversight by health-care providers.

Thursday's session in Poughkeepsie was the first public gathering sponsored by THINC, said Asha Upadhyay, program director, who said about 160 people showed up.

Several had privacy questions.

"How do you expect HIPAA is going to impede this?" asked Natalie Manfredi of Poughkeepsie. She referred to the Health Information Portability and Accountability Act of 1996, a federal law that contains some privacy rules, and she said sometimes it is cited as a reason for not providing disclosures that would be beneficial.

Evans answered that HIPAA "has its challenges" and is sometimes unfairly criticized. "It was never meant for this

electronic world," she said.

Moving to electronic records is important, said Dr. Paul Grundy, IBM's director of health-care technology and strategic initiatives.

He said Denmark delayed its EHR program for a year, handling privacy first and drafting laws providing criminal penalties for improper disclosure.

"Denmark has the lowest medical error rate in the world," Grundy said.

And that is the goal of the EHR movement, to use technology to make care better.

Evans outlined some problems that a fuller implementation of electronic records could solve:

- A quarter of prescriptions taken by people are not known to treating physicians.
- A fifth of lab tests and X-rays are done over because the originals cannot be found.
- It's estimated that as much as 30 percent of health-care costs could be saved through use of electronic health records.

Evans gave three key principles guiding the state's effort:

- Health information technology alone will not result in the desired goals, but the goals won't be realized without it.
- The building blocks of the system must be the same throughout, including technology, clinical operations and organizational aspects.
- Clinical goals must be what drive technology adoption.

While better medical care and outcomes are a prime goal, the use of modern technology in health care can save money as well as lives, advocates say.

"We spend two-and-a-half times more money on health care than our nearest competitor," Donofrio said. Yet, America is 37th in rank in the world for overall performance, he said, referencing a 2000 World Health Organization study.

America must improve, Donofrio said, to compete with low-cost providers elsewhere.

In India, he said, "They're building world-class hospitals at the ends of runways" where they offer surgeries at a quarter the cost of U.S. providers.

"They're doing it right now," he said.

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