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ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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**Electronic Medical Records AEMH working group discussion of implementation, advantages and challenges with regard to electronic medical records**

**Implementation of medical records / electronic medical records (EMR) across countries represented in AEMH**

The implementation of electronic medical records varies greatly across the EU. Some countries have nearly abolished paper journals, or are well on the way, e.g. Luxembourg, Denmark and Sweden. Other countries move more slowly, with few not at all embracing the development of electronic medical records, e.g. France.

Some of the problems include accessibility, confidentiality, cost, speech recognition, time-consumption, opt-out (for the patient) and search functions. Accessibility is important but not always available from one region to another, sometimes not even between individual hospitals because of lack of harmonisation.

There are regional differences in some countries, and systems in primary and secondary care are not always compatible. There are different approaches to whether patients have access to their electronic records. Concern about abolishment of time-delay for publishing medical records on-line, and becoming available for patients real-time. Another concern is whether they are entitled to write in their journal. This can raise the issue of patient empowerment and direct interaction via electronic media.

**Stakeholder involvement related to EMR:**

Doctors' input is regarded as essential, as doctors are working with medical records on a daily basis. There is no consensus within European countries on how to best involve medical doctors in the process of development and implementation of electronic medical records. Doctors may be involved in working groups related to development and implementation of electronic medical records and/or appointed by their medical associations or chambers to projects initiated by governing bodies within health systems.

Patient involvement is just as essential, because of data protection and security issues amongst other issues. Patient representatives are chosen by health service providers in some countries; patient support groups can also be involved.

Health service providers are stakeholders, who often finance and/or develop health services, including the development of EMR. What is the role of governments and the role of medical chambers and organisations, e.g. with regard to codes of conduct or implementation of laws?

Other stakeholders may be relatives.

### **Purpose, advantages and challenges of electronic medical records:**

The working group under AEMH agreed that the electronic medical record is a tool for medical doctors, to safely record, plan and guide patient treatment. Good EMR will also support research, thus guiding future best treatment. It needs to be a practical tool with useful functions for medical doctors. Other health professionals will also need to use and have access to EMR for treatment purposes.

Health service providers' may also want use EMR for quality measurements and control of achieving defined targets.

Other stakeholders, such as patients and relatives may have different interests and may state different purposes.

Accessibility is potentially feasible for all stakeholders. Electronic medical records can eventually replace paper records with real time updates of electronic medical journals. Data can also be more easily accessed for research and quality assessment purposes. Systems can be integrated in the future allowing easier consultation across regions and countries.

Accessibility has to be balanced with confidentiality and other safety issues. Different stakeholders (e.g. doctors, patients, health service providers) have different interests. There exist to date no absolutely secure systems. There is a danger of data being used for illegitimate purposes e.g. health data hacking. Insurance companies may also demand access. Issues of patient safety, data safety and confidentiality need to be addressed. Can and should all information be available real-time for doctors and patients? To what extent should patients be granted access? To what extent should third parties be granted access, and how can illegal access be prevented?

Technical problems need to be solved, e.g. regarding search function, integration of systems in primary and secondary care etc.

### **Conclusions:**

- There is a political and public demand and drive for the development and accessibility of EMR in most countries.
- There are no simple solutions to the raised concerns.
- Information technology experts can define what the system can do, but doctors need to be asked what it should be able to do!

The working group started a discussion of a joint statement, which will start to address the raised issues. A draft will be sent to the working group prior to our next meeting to allow preparation of a joint statement.