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From the March 22, 2002 print edition

Health care takes steps to improve communication

Linda Goodspeed
Special To The Journal

With patient information lodged in dozens of isolated, incompatible departmental computer systems, many think health care information needs [CPR](#).

No, not cardiopulmonary resuscitation -- computer-based patient records.

"Health care is all about information," says Dr. Jeffrey Gelfand, senior adviser for international medical affairs at Boston-based [Partners HealthCare](#)

System, the state's largest nonprofit hospital chain.

"Most diagnoses and therapeutic plans involve taking various types of information and integrating them. The problem is that none of these systems talk to each other: Laboratory systems don't talk to radiology systems, which don't talk to billing systems, which don't talk to appointment systems, which don't talk to insurance systems. And they are in formats that are not user-friendly."

Computer-based patient records -- or CPRs as they are called -- tie departmental computer systems together. They are the

newest trend in health care information technology.

"A lot of organizations are starting to install CPRs," said Barry Hieb, research director at Gartner Inc. in Stamford, Conn. "And that's a very good sign because, ultimately, what we want to do is make it better for the patient."

CPRs improve patient care by improving access to information for doctors, nurses and other caregivers.

They also help in the decision-making process. For example, if one doctor orders a medicine that conflicts with another medicine prescribed by a different doctor, the CPR

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"As you add various capabilities to the CPR, you start to add patient safety to the mix for the first time," Hieb said.

Reducing medical errors is a major incentive for switching to CPRs. Recent studies have revealed that as many as 98,000 patients die in U.S. hospitals every year because of medical errors. But reducing medical errors is not the only reason hospitals are moving to CPRs. There are also financial reasons.

"At a very fundamental level, the operations of a hospital are tied to these clinical systems," said Brad Holmes, senior analyst at Forrester Research Inc. in Cambridge. "But there is a complementary side to these systems, which is the financial side. Clearly, the financial side needs to be driven by the clinical side, so there is a financial incentive for installing these systems as well."

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