



Testimony of Dr. Angelo Carrabba  
President, Connecticut State Medical Society  
On Senate Bill 1 An Act Concerning Access to Affordable Quality Healthcare and  
House Bill 6839 An Act Concerning Health Information Technology  
Before the Public Health Committee  
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Senator Handley, Representative Sayers and members of the Public Health Committee, my name is Dr. Angelo Carrabba and I am here representing the physicians of our state as the President of the Connecticut State Medical Society. I thank you for the opportunity to testify before you today on the **Senate Bill 1 An Act Concerning Access to Affordable Quality Healthcare and House Bill 6839 An Act Concerning Health Information Technology**. CSMS fully believes that these two issues are inseparable if we are to accomplish our mutual goals of providing access to affordable healthcare of the highest quality.

There is a straight line between electronic medical records (EMRs) and quality patient medical care. The single most important benefit of EMRs is their potential to put information in the physician's hands at the time that care is provided – which can have significant impact on patient safety. While there are certain challenges and concerns that warrant a methodical approach, CSMS supports efforts to fund and implement EMRs in the interest of patient safety and wellness.

**Benefits of Electronic Medical Records (EMRs)**

EMRs serve to strengthen the physician-patient relationship by providing the physician with a comprehensive record of a patient's care and compliance with treatment and health regimens. By using EMRs, a physician would have access to a patient's record across specialties. For example, a primary care physician would be able to see that his/her patient has received a prescription for medication from a cardiologist. The EMR would show the primary care physician whether that prescription had been filled and refilled in accordance with recommended treatment. At the same time, the cardiologist would have had access to the patient's detailed history in advance, allowing him or her to better assess risk factors and other elements of the patient's background. The primary care physician might have already ordered diagnostic tests that led to the cardiologist's involvement: EMRs would give the cardiologist access to the results without waiting for records to be transferred, faxed or mailed – or potentially lost in transit.

For patients with chronic diseases, such as diabetes or chronic heart failure, EMRs are viewed as a means of managing treatment most efficiently, for monitoring of patient compliance and treatment regimes and for easier access to real-time patient diagnostic information for better patient treatment.

In emergency situations, EMRs may play an even more critical role, providing information when a patient cannot communicate his history, allergies or current ongoing treatment.

As an element of an EMR system, digital prescriptions are another safeguard to help reduce the potential for mistakes, and monitor the patient's compliance and progress. E-prescriptions help ensure quality medical care.

Looking at a medical practice, as opposed to an individual patient, there is already evidence that the efficiencies of billing and filing claims electronically result in faster approval of claims and payments. EMRs will help free up physicians from time-consuming paperwork to do what's most important: treat patients.

#### **Cause for Caution using EMRs**

As with any new technology, EMRs provide substantial cause for concern from a privacy perspective. At present there are no national standards in place to address either the ownership or the confidentiality of EMRs. If Connecticut is to be a leader in this area, it's important that policies be crafted to protect these most personal records. Physicians – not third parties – should maintain custody of patient records that are accessible by doctor and patient alike. It is critical that this information not be used to “profile” patients for insurance purposes.

Although HIPAA was designed to protect patients from intrusion, as a practical matter, many patients are concerned about the availability of private information to others working in a doctor's office. Some pilot projects around the country use different levels of passwords so that an administrative employee could view basic contact and insurance information, but not a patient's personal medical file. CSMS believes that patient confidentiality and security are critical. While promoting the use of EMRs we still must be sensitive to the relationship that is often developed over years between a physician and patient. The availability and distribution of certain information must be determined by physician and patient.

The absence of national standards also raises the question of EMR systems and their ability to “talk to” one another. If a physician in an emergency room encounters an EMR for a patient that is not compatible with the EMR system in that hospital, the potential benefits of EMRs are erased. There are simply no guarantees that without a set policy or standards, systems will be compatible or have connectivity to other physician offices, pharmacies, hospitals or community based health centers.

Finally, a word about the costs of EMR systems. Medical professionals understand that EMR systems are an investment that have the potential to provide a huge return: improved safety, quality of care and efficiency. , what's innovative is also expensive. In this case, it's estimated that EMR systems cost roughly \$10 to \$30 thousand dollars per physician. Bear in mind that more than 88% of Connecticut physicians are either in solo practice, or a group of four or fewer. Connecticut physicians' offices are truly small businesses – something consider as we move forward to develop and implement a statewide EMR system. Those who will benefit most from these systems – insurance companies and patients – won't be footing the bill.

Nonetheless, CSMS recognizes that EMRs are an investment – which offers a huge return with improved safety, quality and efficiency.

On behalf of the more than 7,000 physicians and medical students who are part of our community, we look forward to helping the committee craft legislation that may not be first – but is certainly the best in the nation, and a critical piece of universal access to quality patient care.