Rewards and Risks of Electronic Health Record Keeping

A neuropsychologist reflects on one model involving assessment data.

As the U.S. government seeks to implement a nationwide, interoperable system of electronic health records (EHR) by 2014, psychologists are gaining first-hand experience with the trend toward EHR. Tyler Story, PhD, a neuropsychologist affiliated with the Duke University Medical Center, shared his experience and perspective in question-and-answer format with Good Practice.

Q. What was involved in creating the medical center record system?

A. The Duke University Medical Center model for electronic health records (EHR) involves a software system designed to integrate a variety of specialties. Many departments were already using EHR, and it proved challenging to integrate pre-existing software unique to the practices of each specialty. The EHR system at Duke is now considered the official medical record for patients.

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Mental health records are separate from the general medical record in two ways. Psychotherapy progress notes are kept in a separate EHR that is independently maintained by mental health specialties, which include psychologists and psychiatrists. While neuropsychology records are included in the general medical record, they involve a tiered-access system (described in more detail below).

Q. What content is included in the neuropsychology record?

A. The neuropsychological record for the EHR system includes a simple summary statement documenting that a neuropsychological assessment was conducted, with contact information for our service. The full report is available as a “sensitive record” for providers who have additional security privileges.

The sensitive record includes the complete neuropsychological report, providing the patient’s presenting complaints, medical history, relevant psychiatric history, descriptive test results, and summary and interpretations.

Q. What issues and risks are unique to psychological assessment records in EHR systems such as the one at Duke?

A. One of the primary risks is the potential diffusion of responsibility for maintaining confidentiality. As a neuropsychologist, I do not manage the credentialing process for accessing sensitive records. The records
The U.S. Department of Health and Human Services (HHS) has issued regulations governing whether and how psychologists and other entities covered by the Health Insurance Portability and Accountability Act (HIPAA) must give notice to patients and HHS if they discover that protected health information has been “breached” — for example, stolen or improperly accessed in a way that poses a significant risk of patient harm. The HHS rule applies to any breaches discovered on or after September 23, 2009.

The September 2009 issue of the PracticeUpdate e-newsletter from the APA Practice Organization (APAPO) offers guidance for psychologists about the HIPAA breach notification rule. Members can find back issues of the e-newsletter online at Practice Central, the new APAPO Web site, by visiting apapracticecentral.org.
Q. Generally speaking, how do large medical center models for EHR compare to private practice models?

A. I see several primary differences. First, large medical centers have the technical and financial means to develop EHR systems that fit the particular practices of the hospital. In contrast, private practitioners typically purchase software developed by a third party, or hire an IT specialist to design a small system. Second, medical center EHR systems are more likely to be maintained, updated and protected by an IT team, while private practitioners generally are responsible for maintaining their own systems. Finally, private practice models may focus on electronic storage, organization and protection of records, but not on integrating into a general record with other specialties.

Q. What do you see as challenges to implementing EHR nationwide in institutions as well as private practices?

A. For institutions, I see the biggest challenges coming from working with existing systems. While Duke has one model that works well for our hospital, other major medical centers have unique EHR systems. How well these systems can communicate with one another, or with a national system, remains to be seen. In my experience, these systems do not have a direct way of linking, and moving in this direction will involve considerable costs and staff training.

Our profession faces several challenges as the U.S. moves toward implementing a nationwide EHR system. One challenge involves finding the financial and technical means to establish useful and secure systems for individual practices. The reluctance of some psychologists to fully integrate into a nationwide system poses another hurdle.

This process may pose a perceived or actual threat to the independence of private practice. While there may be advantages for the profession, such as greater visibility for psychology, some practitioners weigh such potential benefits against concerns that include records security and confidentiality.

Dr. Story is a member of the Board of Professional Affairs’ Health Information Technology Working Group. This content reflects his presentation during a 2009 APA Convention presentation, “Assessment Data in a National Electronic Health Records System.”