Electronic Health Records and Communication for Better Health Care: Proceedings of EuroRec 01.

The annual EuroRec Working Conference has become one of the most important gatherings of partners involved in the development and use of electronic health records (EHRs) in Europe. Twenty countries were represented at the 2001 conference in Aix, France, and these proceedings describe a range of topics dear to the heart of any dedicated electronic record strategist: interoperability, data content and design, impact on patient care, and role of the medical profession. Given today’s international climate, the reader may be immediately tempted to determine whether Europeans or Americans are leading in the various development fields. In fact, comparisons can be made based on the information presented by the distinguished authors, but at the same time the reader is drawn to identify where common lessons can be learned and which obstacles have been surmounted by a novel approach. The laboratorian without an extensive background in information technology (IT) may become lost in the phrases and terminology found in some of the papers, but anyone with a general appreciation of the importance of IT will benefit from the information conveyed on the universal topics of cultural and ethical considerations, security, privacy and data protection, business models, and political concerns.

Presentations entitled “Interference with the patient-doctor relationship—the cultural gap?”, “Lessons from observation”, and “Trust me, I’m a patient! The effect of an EHR on my consultation” demonstrate that paperless and networked processes still require a human factor to be successful. The focus on the patient can easily be lost when faced with the difficult challenges of user interface, security, data quality issues, cross-boundary integration, local agreements, audits, care pathways, and architecture configuration. Therefore, both the editor and the meeting organizers are to be congratulated on assembling an appropriate array of topics related to electronic records. It is also clear that although much progress is being made through the dedicated work of clinical European organizations such as SCHIN and IS4ALL (Information Society for All), much work remains to convince the European medical community that EHRs will achieve their promise of improving patient health. Although the clinical importance of the topics such as those describing efforts to incorporate universal access principles into health telematics applications is apparent, the laboratorian may be drawn more to the technical issues related to the security services that need to be an integral part of architecture and operation of each component.

Ideas conveyed in the chapter entitled “The Protection of Individuals by Protecting Medical Data in EHRs” underscore the importance of a code of ethics for all health information professionals regarding the design, development, and maintenance of EHRs and that such a code has application in the US as well as Europe. The complexity kicks up a notch with the descriptions of data modeling for a federated health record server and the associated information components. The chapter entitled “Information Architecture for a Federated Health Record Server” describes the 10 years of investigative work that led to common EHR architectures in Europe and is quite fascinating.

The chapters on “Standards Supporting Interoperability and EHCR Communication” and “Unified EHR Standard—Is Convergence Possible?” are excellent descriptions of the major global approaches to healthcare information portability, a vital component of the laboratory business. Distinctions are made between the various standards, including CEN TC251, Health Level 7, and ISO TC215. A unique comparison of the EHR to the essence of music is described in “Standards in Electronic Health Care Records: the EADG/BACH Paradigm”.

The IT-minded members of our clinical laboratory family will find much insight into what is happening in Europe and will gain an appreciation for the climate of EHR and how it differs from the US perspective. Such an understanding may ultimately lead to international compatibility, at least in the electronic patient record.

Amitava Dasgupta

Department of Pathology and Laboratory Medicine
The University of Texas-Houston Medical School
Houston, TX 77030

Electronic Health Records and Communication for Better Health Care: Proceedings of EuroRec 01.

The annual EuroRec Working Conference has become one of the most important gatherings of partners involved in the development and use of electronic health records (EHRs) in Europe. Twenty countries were represented at the 2001 conference in Aix, France, and these proceedings describe a range of topics dear to the heart of any dedicated electronic record strategist: interoperability, data content and design, impact on patient care, and role of the medical profession. Given today’s international climate, the reader may be immediately tempted to determine whether Europeans or Americans are leading in the various development fields. In fact, comparisons can be made based on the information presented by the distinguished authors, but at the same time the reader is drawn to identify where common lessons can be learned and which obstacles have been surmounted by a novel approach. The laboratorian without an extensive background in information technology (IT) may become lost in the phrases and terminology found in some of the papers, but anyone with a general appreciation of the importance of IT will benefit from the information conveyed on the universal topics of cultural and ethical considerations, security, privacy and data protection, business models, and political concerns.

Presentations entitled “Interference with the patient-doctor relationship—the cultural gap?”, “Lessons from observation”, and “Trust me, I’m a patient! The effect of an EHR on my consultation” demonstrate that paperless and networked processes still require a human factor to be successful. The focus on the patient can easily be lost when faced with the difficult challenges of user interface, security, data quality issues, cross-boundary integration, local agreements, audits, care pathways, and architecture configuration. Therefore, both the editor and the meeting organizers are to be congratulated on assembling an appropriate array of topics related to electronic records. It is also clear that although much progress is being made through the dedicated work of clinical European organizations such as SCHIN and IS4ALL (Information Society for All), much work remains to convince the European medical community that EHRs will achieve their promise of improving patient health. Although the clinical importance of the topics such as those describing efforts to incorporate universal access principles into health telematics applications is apparent, the laboratorian may be drawn more to the technical issues related to the security services that need to be an integral part of architecture and operation of each component.

Ideas conveyed in the chapter entitled “The Protection of Individuals by Protecting Medical Data in EHRs” underscore the importance of a code of ethics for all health information professionals regarding the design, development, and maintenance of EHRs and that such a code has application in the US as well as Europe. The complexity kicks up a notch with the descriptions of data modeling for a federated health record server and the associated information components. The chapter entitled “Information Architecture for a Federated Health Record Server” describes the 10 years of investigative work that led to common EHR architectures in Europe and is quite fascinating.

The chapters on “Standards Supporting Interoperability and EHCR Communication” and “Unified EHR Standard—Is Convergence Possible?” are excellent descriptions of the major global approaches to healthcare information portability, a vital component of the laboratory business. Distinctions are made between the various standards, including CEN TC251, Health Level 7, and ISO TC215. A unique comparison of the EHR to the essence of music is described in “Standards in Electronic Health Care Records: the EADG/BACH Paradigm”.

The IT-minded members of our clinical laboratory family will find much insight into what is happening in Europe and will gain an appreciation for the climate of EHR and how it differs from the US perspective. Such an understanding may ultimately lead to international compatibility, at least in the electronic patient record.

Amitava Dasgupta

Department of Pathology and Laboratory Medicine
The University of Texas-Houston Medical School
Houston, TX 77030

Electronic Health Records and Communication for Better Health Care: Proceedings of EuroRec 01.

The annual EuroRec Working Conference has become one of the most important gatherings of partners involved in the development and use of electronic health records (EHRs) in Europe. Twenty countries were represented at the 2001 conference in Aix, France, and these proceedings describe a range of topics dear to the heart of any dedicated electronic record strategist: interoperability, data content and design, impact on patient care, and role of the medical profession. Given today’s international climate, the reader may be immediately tempted to determine whether Europeans or Americans are leading in the various development fields. In fact, comparisons can be made based on the information presented by the distinguished authors, but at the same time the reader is drawn to identify where common lessons can be learned and which obstacles have been surmounted by a novel approach. The laboratorian without an extensive background in information technology (IT) may become lost in the phrases and terminology found in some of the papers, but anyone with a general appreciation of the importance of IT will benefit from the information conveyed on the universal topics of cultural and ethical considerations, security, privacy and data protection, business models, and political concerns.

Presentations entitled “Interference with the patient-doctor relationship—the cultural gap?”, “Lessons from observation”, and “Trust me, I’m a patient! The effect of an EHR on my consultation” demonstrate that paperless and networked processes still require a human factor to be successful. The focus on the patient can easily be lost when faced with the difficult challenges of user interface, security, data quality issues, cross-boundary integration, local agreements, audits, care pathways, and architecture configuration. Therefore, both the editor and the meeting organizers are to be congratulated on assembling an appropriate array of topics related to electronic records. It is also clear that although much progress is being made through the dedicated work of clinical European organizations such as SCHIN and IS4ALL (Information Society for All), much work remains to convince the European medical community that EHRs will achieve their promise of improving patient health. Although the clinical importance of the topics such as those describing efforts to incorporate universal access principles into health telematics applications is apparent, the laboratorian may be drawn more to the technical issues related to the security services that need to be an integral part of architecture and operation of each component.

Ideas conveyed in the chapter entitled “The Protection of Individuals by Protecting Medical Data in EHRs” underscore the importance of a code of ethics for all health information professionals regarding the design, development, and maintenance of EHRs and that such a code has application in the US as well as Europe. The complexity kicks up a notch with the descriptions of data modeling for a federated health record server and the associated information components. The chapter entitled “Information Architecture for a Federated Health Record Server” describes the 10 years of investigative work that led to common EHR architectures in Europe and is quite fascinating.

The chapters on “Standards Supporting Interoperability and EHCR Communication” and “Unified EHR Standard—Is Convergence Possible?” are excellent descriptions of the major global approaches to healthcare information portability, a vital component of the laboratory business. Distinctions are made between the various standards, including CEN TC251, Health Level 7, and ISO TC215. A unique comparison of the EHR to the essence of music is described in “Standards in Electronic Health Care Records: the EADG/BACH Paradigm”.

The IT-minded members of our clinical laboratory family will find much insight into what is happening in Europe and will gain an appreciation for the climate of EHR and how it differs from the US perspective. Such an understanding may ultimately lead to international compatibility, at least in the electronic patient record.

Jeffry L. Gehring

Steven H. Hinrichs

Department of Pathology and Microbiology
University of Nebraska Medical Center
Omaha, NE 68198-6495