White House wants user-friendly electronic health records

6 March 2018, by Ricardo Alonso-Zaldivar

The Trump administration Tuesday launched a new effort under the direction of presidential son-in-law Jared Kushner to overcome years of problems with electronic medical records and make them easier for patients to use.

Medicare will play a key role, eventually enabling nearly 60 million beneficiaries to securely access claims data and share that information with their doctors.

Electronic medical records were ushered in with great fanfare but it's generally acknowledged they've fallen short. Different systems don't communicate. Patient portals can be clunky to navigate. Some hospitals still provide records on compact discs that newer computers can't read.

The government has already spent about $30 billion to subsidize the adoption of digital records by hospitals and doctors. It's unclear how much difference the Trump effort will make. No timetables were announced Tuesday.

The government-wide MyHealthEData initiative will be overseen by the White House Office of American Innovation, which is headed by Kushner. His stewardship of a broad portfolio of domestic and foreign policy duties has recently been called into question due to his inability to obtain a permanent security clearance.

Medicare administrator Seema Verma said her agency is working on a program called Blue Button 2.0, with the goal of providing beneficiaries with secure access to their claims data, shareable with their doctors. Software developers are already working on apps, using mock patient data.

The Centers for Medicare and Medicaid Services is also reviewing its requirements for insurers, so that government policy will encourage the companies to provide patients with access to their records.

"It's our data, it's our personal health information, and we should control it," Verma said, making her announcement at a health care tech conference in Las Vegas.

The longstanding bipartisan goal of paying for health care value—not sheer volume of services—will not be achieved until patients are able to use their data to make informed decisions about their treatment, Verma added.

Independent experts said the administration has identified a key problem in the health care system.

"This is a good first step, but several key challenges need to be addressed," said Ben Moscovitch, a health care technology expert with the Pew Charitable Trusts.

For example, the claims data that Medicare wants to put in the hands of patients sometimes lacks key clinical details, said Moscovitch. If the patient had a hip replacement, claims data may not indicate what model of artificial hip the surgeon used.

"Claims data alone are insufficient," said Moscovitch. "They are incomplete, and they lack key data." The administration could address that by adding needed information to the claims data, he explained.

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