

Health Informatics & Technology Conference

October 20-22, 2014 Double Tree by Hilton Baltimore - BWI Airport, USA

Separate is not equal: The clinical correlates of the method of storage and accessibility of psychiatric record in academic medical centers

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Objectives: Electronic Medical Records (EMR) have the potential to improve the coordination of healthcare in this country, yet the field of psychiatry has lagged behind other medical disciplines in its adoption of EMR.

Methods: There was a 100% response rate from all 18 of the top US hospitals based on the US News and World Report. These institutions completed an electronic survey detailing whether their psychiatric records were they stored electronically and freely accessible to non-psychiatric physicians. Four types of records were evaluated: Inpatient psychiatric admission and discharge summaries, psychiatric Emergency Department evaluations, and psychiatric consultation notes. Electronic hospital records and accessibility statuses were correlated with patient care outcomes obtained from the University Health System Consortium Clinical Database available for 13 of the 18 top US hospitals.

Results: There was no correlation between any of the examined hospital characteristics, such as their size or the ranking of their psychiatry specialty services, and their psychiatric record keeping practices (i.e. electronic storage or accessibility). 44% of hospitals surveyed maintained most or all of their psychiatric records electronically and 28% made all psychiatric records accessible to non-psychiatric physicians; only 22% did both. Storing records electronically facilitated was associated with increased likelihood of accessibility. Those hospitals that stored all of their psychiatric records electronically had a 27% lower rate of psychiatric patient readmission at one week compared with hospitals that did use paper electronic records for some of their encounters. In contrast, there was up to a 40% decreased rate of readmission of psychiatric patients at hospitals that made their psychiatric records accessible to non-psychiatrists, which was statistically significant at 1, 2 and 4 weeks after discharge for those hospitals that both stored their records electronically and made them accessible. This was specific for psychiatric patients, as demonstrated by equal rates of readmission of medical patients regardless of the method of storage or sharing of their psychiatric records.

Conclusions: Having psychiatric EMR that were accessible to non-psychiatric physicians correlated with improved clinical care as measured by lower readmission rates specific for psychiatric patients. Eventually, we can envision a time where psychiatric records will be treated with the same confidentiality as all other health records; this may then help to dispel the stigma surrounding the often misunderstood nature of mental illness for clinicians as well as the general public, as well as improving care for patients afflicted with mental illness.

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