

Katrina shows need to computerize records

By LAURAN NEERGAARD

AP Medical Writer

Published September 13, 2005

WASHINGTON (AP) - One oncologist evacuated flooded New Orleans clutching a laptop computer with some patients' records, another threw some paper charts in her truck on the way out. But for most of the 80 children with cancer in Dr. Joseph Mirro's evacuee clinic, their parents' memory of last treatments proved key to resuming therapy.

Hurricane Katrina destroyed or left inaccessible the medical records of untold numbers of people, focusing new attention on the need for computerized medicine - health records that follow patients, even if their doctors' offices no longer exist - so a disaster doesn't mean restarting care from scratch.

"There may not have been an experience that demonstrates, for me or the country, more powerfully the need for electronic health records ... than Katrina," Health and Human Services Secretary Mike Leavitt told The Associated Press on Monday.

"I saw physicians treating patients who were obviously ill and who were without sufficient information to make diagnoses."

It's an ongoing problem, as hurricane survivors move from triage care like that provided at the New Orleans airport, to federal shelters, to church shelters or private homes - seeing different volunteer doctors in each place who may provide different, even conflicting, care. What records of the temporary care they're able to carry to the next doctor they see varies widely.

Leavitt's office is developing two programs that he hopes will help soon:

-A database of prescription drug records from retail pharmacies and pharmaceutical benefits managers, for 90 days preceding the storm. Large drugstore chains keep such databases, meaning evacuees who bought their medicines at a single chain could get refills fairly easily. But many people buy medicine from more than one store or by mail, and a national database could provide harried health workers a one-stop check.

-A pilot project to generate electronic medical records of care provided in certain hurricane shelters.

Such a project can work: Leavitt saw one in action at Houston's Astrodome, where within 48 hours of opening Texas hospital workers set up computer-generated records of evacuee care, including the results of laboratory tests beamed offsite for analysis.

The federal government's goal is to give most Americans computerized medical records within 10 years. But it's so expensive and technologically challenging that only a fraction of the nation's doctors offer them now - meaning many patients in the hurricane-ravaged Gulf Coast will have to completely reconstruct their medical histories.

One bright exception: Even though the New Orleans VA Medical Center flooded, electronic medical records for 50,000 patients of that hospital and surrounding veterans' outpatient clinics survived. On Sept. 1, a Department of Veterans Affairs computer specialist was airlifted from New Orleans carrying backup tapes of all the records, which by the next night had been re-entered into computers in Houston.

"Every single thing on that computer was saved," said Charlie Gephart, records chief for the South-Central VA Healthcare Network.

Moreover, evacuees could access some of those records even at the height of the disaster, Gephart said. His office put patient prescriptions and other data tracked at a separate location onto a secure Web site as an interim solution.

But three weeks after Katrina hit, the lack of medical records remains a big obstacle in caring for most evacuees.

"A lot of people walk in and say, 'I take a little blue pill,'" without any idea what it was, said Dr. Bethany Gardiner, a pediatrician from Santa Barbara, Calif., who is treating evacuees in Baton Rouge, La.

Computerized records would have sped treatment decisions for those child cancer patients, said Mirro, chief medical officer of St. Jude Children's Research Hospital in Memphis. Working out of Baton Rouge last week, when he couldn't find the children's also-evacuated doctors, he relied heavily on parents' recall to piece together complicated chemotherapy plans.

"I honestly feel quite comfortable that the worst-case scenario is we delayed treatment" for some children, he said. But there was "a lot of flying by the seat of your pants to get it right."

Just having records on a computer isn't enough, Mirro stressed. His own hospital backs up the records on an out-of-town computer server plus tapes. If both servers are destroyed, it would take about two days to retrieve the tapes. He's now wondering if even that's enough.

"In a hurricane zone, you have to have multiple contingencies, and we will have to have more in the future," said the VA's Gephart.

EDITOR'S NOTE - Luran Neergaard covers health and medical issues for The Associated Press in Washington. AP medical writer Marilyn Marchione in Milwaukee contributed to this report. (PROFILE (COUNTRY:United States; ISOCOUNTRY3:USA; UNTOP:021; APGROUP:NorthAmerica;))