



Who Coordinates Your Medical Care? The Answer Will Surprise You!

If you are healthy and rarely see a doctor, the question “Who coordinates your medical care?” probably doesn’t appear on your radar. But when you get sick, especially with one or more chronic illnesses, it becomes a major concern and source of great frustration because the answer for most of us is “no one!” Not our primary care physician. Not our specialists. Not our care givers, family members, or friends. No one!!

Typically, it’s left to each of us to coordinate our own care. As one friend — a kidney transplant recipient with a couple of other chronic illnesses— puts it, “you have to coordinate your own care as best you can. No one else can or will do it for you.” This means it’s up to each of us to tell each of our care providers what the others say and prescribe, when we have had tests or procedures, and their results.

The same applies if you’ve been treated for years by doctors in the same practice or network. They can’t access all your records from your out-of-network or earlier providers, which may be the very records they need.

In my own case I have two specialists in one large hospital practice and my primary care provider in a different hospital practice. None know when I’ve seen either of the others — not even the two in the same practice. They can’t easily share my records between their practices, and I can never get them to talk directly to one another. They haven’t time. So it’s left to me to coordinate my care!

The obvious question is why? It never used to be this way. The simple answer is that doctors today have neither the time nor the tools to coordinate our care.

They are under more severe, conflicting pressures than ever before. One is to spend more time with their patients. Another, is to see more patients per day. Another, to “feed” their computer system — which takes at least as much time or more each day as seeing patients. Others include: keeping up with rapid changes in their field, adapting to changes in the way care is organized and paid for, and assuming the risks associated with accountable care organizations (ACOs).

Compounding the problem, they don’t know when you see other doctors. If the others are in their same practice or network, they’ll find out when *they* review your records prior to your next appointment with them, which may be weeks or months later. But if they’re in another practice or network, they probably won’t know until you have an appointment and tell them.



The last and biggest straw is that when your doctors do see you they have no way to access all your records from all your providers in one place. Their electronic record systems can't "talk" to one another or bring up *all* your records from *all* your providers, and if any of your doctors keep or kept paper records, forget it. They're typically not accessible when your doctors search for your records.

In these circumstances, the best they can do is ask your other doctors to fax copies of their notes, and with your permission they can access each of your other doctors' portals. But these options aren't very helpful. None of your doctors have time to pore through piles of paper. And even if they will take time to click through your other providers' portals, it's barely worth the effort because most portal notes are summaries, not complete progress notes.

All in all, this is a very sorry tale. It reads like a comedy of errors and would be laughable were it not so serious. Our health, well-being and lives are at risk, and we waste \$hundreds of billions — with a B — annually covering the excess costs triggered by these shortcomings!

Fortunately, these problems can be overcome by meeting three requirements. First, we must be able to promptly notify each of our care providers when we have just seen one of them and give them immediate access to the record of that encounter. That way they can intervene if the other provider prescribed procedures, treatments or meds that conflict with their current treatment.

Second, *our complete record from all our providers must be available to our doctors in one place at the point of care, and they must be electronically searchable.* This enables all providers to save time, access the information they need to coordinate our care, deliver better care by avoiding medical errors and unnecessary visits, tests and procedures, and saves money for us and our insurers.

Third, all of us — patients, providers, EMR vendors, and employers, insurers and government — must embrace the system that meets the first two requirements. When we do, a new era in high quality care delivery and coordination can begin, and each of us will benefit mightily.

We know one system that meets these requirements and is available today. It is called MedKaz® 3.0. It employs both the newest and well-established technology, is easy to use, and is affordable by everyone. You can learn about it and get your own at home.medkaz.com. (Full disclosure: our company, Health Record Corporation, created it.)

For MedKaz® 3.0 or any system to actually improve the quality of care and reduce its cost, each of us must accept responsibility for what we can control and contribute.

- Each patient must take control of his or her records, carry them with them at all times, and give them to their care providers at the point of care.



- Each provider and hospital administrator should encourage their patients to always have their records with them so any provider can access them when they are needed, and they should reinforce this message by asking to see their patient's records at every encounter.
- Each EMR vendor must cooperate with their clients to ensure that the records generated by their system can be easily shared, searched and read by all providers and patients.
- Each employer and insurer should offer — and pay for — a wellness benefit that gives their employees/insureds control of their medical records.
- Each government agency involved in healthcare, such as Medicare, Medicaid, VA, DoD, HHS, or CMS, should pay for the service for their employees and insureds just as private employers and insurers do.

Enough said. It's time to get started!