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# Imagining an Electronic Medical Record for Turning Cancer Screening Knowledge into Practice

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## Introduction

Policy and healthcare leaders expect electronic medical records (EMRs) to close the gap between what is known and practiced in medicine—the now well-recognized quality chasm.<sup>1–4</sup> This chasm includes problems with the translation of guidelines into practice (the content of care) and problems with how patients and providers communicate throughout the trajectory of care (the processes of care). The EMR is the software and hardware within a medical practice that is expected to replace the paper medical record and help with the content and process of care. A fully functional EMR has been defined as one that can (1) record health information and data on individuals, (2) assist in the management of test results, (3) provide direct entry of pharmacy orders, and (4) provide information to assist physicians with medical decisions.<sup>5</sup> At present, however, only about 4% of physicians use a fully functional EMR in their practice.<sup>6</sup> The failure to adopt EMRs is partly due to their costs and also their inability to meet practitioners' needs.<sup>7–9</sup> To better express what is needed to make an EMR useful for practice, this article documents the process and results of an effort to identify the EMRs' functional requirements for the Health Resources Services Administration's (HRSA) Cancer Collaborative.<sup>10</sup> The purpose of this article is to provide an example of an iterative process of EMR development and implementation that many have recognized is needed to realize a record that will be adopted and used by practitioners.<sup>11</sup>

The HRSA Cancer Collaborative involved practice improvement teams (e.g., receptionist, medical records clerk, nurses, nurse practitioners, and physicians) who set

measurable clinical goals based on existing guidelines and evidence from the medical literature.<sup>12–15</sup> These teams conduct regular assessments and change their practices to improve measures relevant to the clinical goals.<sup>16–19</sup> The overall method of considering these changes as a collaborating team is called a planned approach, and it has been shown to improve both the content and process of care for diabetes, cardiovascular disease, and cancer.<sup>10,14,20</sup> Because the work depends on measuring and actively managing individual and group data, planned approaches depend on having an automated source of data management like spreadsheets, clinical management software, or an EMR.

Planned approaches to care go beyond improving the content of care and also focus on how to make the process of care more patient centered.<sup>1,21</sup> Patient-centered care includes four fundamental concepts: (1) maintaining dignity and respect, (2) openly sharing information, (3) encouraging participation of the patient, and (4) encouraging collaboration among providers and patients.<sup>22</sup> An appropriately designed EMR offers a tool for sharing information while encouraging participation and collaboration in care.<sup>23</sup>

The cancer screening process is a good prototype for conceiving a patient-centered EMR because it presents the challenge of tracking the care of individuals across the cancer care continuum from prevention through screening, diagnosis, treatment, and end-of-life care (Figure 1).<sup>24</sup> Like many other clinical processes, cancer screening involves multiple discrete steps and transitions in care that must be managed for the care to be successful (Figure 1, Table 1).<sup>24</sup> Furthermore, many individuals in a practice are eligible for cancer screening and they are traversing the steps and transitions at different points in time. The entire population eligible for cancer screening may reach several hundred patients in a practice or thousands of patients in a group of practices.

The care of such a large group of individuals across the steps and transitions shown in Figure 1 offers many opportunities for an EMR to be an effective tool, including helping the practitioner identify patients due for screening, facilitate the discussion of the screening options, mail

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