Landstuhl to use electronic medical records

After decades of doctors treating brain injuries, heart problems and complex war wounds at Landstuhl Army Medical Center in Germany, hospital administrators there have also belatedly leaped the technological divide to create electronic records.

CliniComp International has been awarded a contract to create and track electronic medical records at the Defense Department’s largest hospital outside the continental U.S. The company provides the service for 18 other military hospitals, which together comprise 45 percent of inpatient beds in the military system.

Most troops evacuated from Iraq or Afghanistan spend time at Landstuhl before being transported to Walter Reed Army Medical Center in Washington, D.C.; the National Naval Medical Center, Bethesda, Md.; or Brooke Army Medical Center in San Antonio.

But in the past, those service members often arrived hand-carrying their medical records, and doctors on the ground often did not know the immediate medical histories of the patients they would soon be treating.

Doug Masiel, vice president of sales at CliniComp, said the system — Essentris clinical suite — will keep track of every procedure or test done on service members admitted to the hospital on a minute-by-minute basis. As such, the system will not capture outpatient records.

Four other sites, including Evans U.S. Army Hospital at Fort Carson, Colo.; Eisenhower Army Medical Center at Fort Gordon, Ga.; Winn Army Community Hospital at Fort Stewart, Ga.; and Blanchfield Army Community Hospital at Fort Campbell, Ky., also will get the system.

Masiel said the change came about for Landstuhl because of the Wounded Warrior initiative requiring the military medical system to keep better track of injured service members. Though a version of the electronic medical records system has been available since 1988, Landstuhl did not have that capability.

“We don’t have a good answer for why not,” Masiel said.

The system is already used at Walter Reed and in Bethesda. Landstuhl’s new system will go live by March 17.

J.F. Lancelot, president of technology and operations for CliniComp, said most U.S. hospitals do not yet have a way to transfer inpatient records to other facilities, so Landstuhl is not “atypical” compared to civilian hospitals.

But paper records have been a problem in past transfers from Landstuhl to the U.S. Besides the possibility of being lost by unconscious service members, they can be difficult to read, and they sometimes arrive well after the patient.

With the new system, health care workers will create PDFs (portable document formats) for inpatient records, allowing them to be sent to the next hospital electronically. Within a year, CliniComp officials hope to have all PDF records within its system at Landstuhl easily available to the Veterans Affairs Department as service members move from military to civilian status.

This has been a problem in the past; the Defense Department and VA medical records systems are not compatible. The two bureaucracies have been working on the problem for more than a decade, but always encounter security issues or a difference in standards.

Most recently, they have talked about both VA and the Pentagon moving to the same records system, a process that could cost millions of dollars and take a long time to manage. And both sides agree their health care centers have different
administrative needs, so it may not make sense for the VA to use the military’s system, or vice versa.

However, Joe Cruz, director of federal systems for CliniComp, said a system to transfer inpatient records to VA has been in place at Madigan Army Medical Center in Washington state for the past year. They hope to make that technology available to five or six other military hospitals by the end of the year.

Cruz said no decision has yet been made about whether the Defense Department and VA will ultimately share the same records system, or if they will work on a system that allows them to move records without having to start from scratch.

Even if VA and the Defense Department move to the same system, it won’t help veterans or service members receiving care in civilian hospitals that don’t have the same records system, Cruz said. For example, Brook Army Medical Center has an agreement with the University of California-Los Angeles for treating burn patients, but they don’t have a system to move medical records between the two organizations.

Cruz said CliniComp created PDFs of the charts at Brook and sent them over to UCLA within an hour of a request to do so.

CliniComp does not have the capability to scan and create PDFs for old medical records, so it only applies to records being created now. Old electronic records can be included, but CliniComp does not have a contract for that, though it is proposing one.

The company is also looking at ways to transfer electronic records from the battlefield to Landstuhl, Masiel said.

They may have some competition. Harris Corporation announced Wednesday that retired Army Col. Bart Harmon, former chief medical information officer and director of information management for the Military Health System and the Defense Department, has been named chief medical officer for the company’s newly created Healthcare Solutions business, which creates medical information technology.

Harmon’s previous job was to come up with a solution to standardize health information between VA and the Defense Department.