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Patients Enthusiastic About Electronic Health Information Exchange

Patients express desire for systems that allow them to opt-in rather than opt-out

A survey published in the *Journal of Medical Internet Research (JMIR)* found that patients are enthusiastic about electronic health information exchange. Patients recognize its capacity to improve the quality and safety of care, but the patients also expressed concern about the potential for privacy breaches and misuse of health information.

The American Recovery and Reinvestment Act of 2009 is slated to provide approximately $19 billion toward the adoption of electronic health records (EHRs). The authors state that electronically exchanging health-related information to improve clinical practice is central to maximizing the benefit of ongoing efforts to expand electronic health records to physicians' offices. Because this type of exchange involves electronically exchanging patient-identified health information geographically and between organizations, it raises patient privacy and data security issues, which has caused heated debate. However, little is known about patients' attitudes about health information exchange or their preferences for learning about it or giving consent for it. In preparation for a community-wide electronic health information exchange in Massachusetts, the authors of the current study conducted discussions with patients regarding how well they understood the value of clinical data exchange, to what extent they endorsed electronically transmitting clinical information among healthcare providers, what

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concerns they had, and how they should be informed about and approached for, participation in the process.

The authors conducted a qualitative analysis of five focus group discussions with a total of 61 participants. The three most common themes emerging from the discussions were concerns about privacy and security; the potential benefit to a person's health; and the desire for more information about the consent process. Privacy concerns centered on who would have access to a person's health information, what kinds of sensitive health information would be shared, and the risk of unauthorized use of it via security breaches. Participants expressed the potential for health information exchange to improve health and prevent adverse outcomes as a primary reason for participating. Almost all patients said that they would prefer a system that requires their consent to participate in a health information exchange (i.e., an opt-in system) rather than a system that assumed their participation without explicit consent (i.e., an opt-out system). The majority of patients believed that patients should receive consent information by mail prior to being asked to sign the consent form in the physician's office.

Although the authors say the current study must be considered in the context of its design, it provides insight into the way patients perceive electronic health information exchange and their willingness to provide consent for participation. "Future studies should test different strategies for educating community members about health information exchange and for securing their consent for participation. While there will likely be variability across communities and nations, as well as a need for local programs and policies, each community embarking on the implementation of clinical data exchange should not need to 'reinvent the wheel' in terms of engaging patients in the process," they conclude.

Source: Simon SR, Evans JS, Benjamin A, et al. 2009. Patients' attitudes toward electronic health information exchange: qualitative study. *Journal of Medical Internet Research* 11(3):e30.

Abnormal Transcranial Doppler Findings Suggest Future Cardiovascular Risk

Post-TIA, patients are vulnerable — and imaging may help predict vascular events

After transient ischemic attack (TIA), transcranial Doppler ultrasonography effectively predicts which patients are at risk for developing further cardiovascular events, according to a study published in *BMC Medical Imaging*. Not surprisingly, abnormal findings indicated higher risk.

After TIA, patients are susceptible to a wide variety of adverse outcomes -- and cardiovascular disease is the major cause of death. The risk of post-TIA stroke is much higher in the first year, whereas the risk of post-TIA coronary events remains stable for several years. Thus, the authors of the current study sought to assess the value of extracranial and transcranial Doppler and duplex ultrasonography in predicting the likelihood of later cardiovascular and cerebrovascular events. They tracked 176 TIA patients (defined as those experiencing focal neurological deficit that reversed within 24 hours and was caused by vascular disease) who were admitted to the stroke unit of a Munich hospital within 72 hours of symptom onset between May 2000 and July 2004.

Abnormal extracranial Doppler and transcranial Doppler imaging were correlated with new cerebral ischemic events, while transcranial Doppler was also predictive of cardiovascular ischemic events.

Each participant had in-depth admission examinations including medical history, blood analysis, extracranial and transcranial Doppler, and cerebral magnetic resonance imaging (MRI). Data on age, sex, symptoms, risk factors, hypertension, nicotine use, and diabetes were also collected. After a median follow-up period of 27 months, 22 patients had had an ischemic stroke or TIA, 5 had had a myocardial infarction or acute coronary syndrome, and 5

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underwent arterial revascularization. All patients had cerebral MRI within 5 days of symptom onset; therefore, no events occurred without prior MRI.

Abnormal extracranial Doppler and transcranial Doppler imaging were correlated with new cerebral ischemic events, while transcranial Doppler also predicted cardiovascular ischemic events. Almost 40 percent of the patients who had either steno-occlusive disease on extracranial Doppler or pathological findings on transcranial Doppler had a new ischemic stroke or TIA. The authors conclude that more research with larger and more diverse populations is needed, but that "the results of the present study support the routine use of [transcranial Doppler] in addition to [extracranial Doppler] in TIA patients. Moreover, routine screening tests for CAD and aggressive prevention therapies should be considered in TIA patients with pathological [transcranial] findings."

Source: Holzer K, Sadikovic S, Esposito L, et al. 2009. Transcranial Doppler ultrasonography predicts cardiovascular events after TIA. *BMC Medical Imaging* 9:13.

Vascular Domain Article Updates

The following Patient Literacy Center articles were recently updated and reviewed by the Vascular Domain Medical Advisory Board. The updated articles have been added to the websites of subscribers to the Vascular Domain Patient Literacy Center. For information about becoming a Patient Literacy Center Subscriber, contact your Member Services Advisor at (800) 603-1420.

- DVT
- Duplex Ultrasound
- Compression Stockings

Hot Topic Highlights

Vascular Domain recently posted the following Hot Topics to your website:

Physical Activity May Lessen Post-Stroke Impairment

People who were physically active before having a stroke had better post-stroke outcomes, according to a study published on the *Journal of Neurology, Neurosurgery & Psychiatry* website. The authors found that patients who had engaged in low levels of physical activity in the year before stroke were significantly more likely to experience bad outcomes, such as decreased brain power and walking ability, after stroke. Patients who had high physical activity were almost two times more likely to have better outcomes right after their stroke occurred and more likely — though the effect was not as strong — to have better outcomes 3 months later.

Source:
Stroud N, Mazwi TML, Case LD, et al. 2009. Prestroke physical activity and early functional status after stroke. Published on July 14, 2009 on the *Journal of Neurology, Neurosurgery & Psychiatry* website.

Unplanned Heart Repair May Increase Stroke Risk

Physicians often discover and repair a condition called patent foramen ovale or PFO during surgery for another condition. Many surgeons alter surgeries for another condition and repair the PFO if they notice it. According to a study published in the *Journal of the American Medical Association,* repairing PFO under these circumstances may increase the risk of stroke. The authors found that there was a 2.47 times greater risk for those patients who had PFO repair versus those who did not.

Source:
Krasuski RA, Hart SA, Allen D, et al. 2009. Prevalence and repair of intraoperatively diagnosed patent foramen ovale and association with perioperative outcomes and long-term survival. *Journal of the American Medical Association* 302(3)290-297.