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The Impossible Shared Medical Record?

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Launched by the Law of 13 August 2004, France's shared medical records system only covers 500,000 patients to date and has an average uptake of 10%. It will have cost €500 million. The pharmaceutical records system, launched three years later, has topped the 36 million patients mark and will have cost just €5 million. Without coordination, steering, and political will, these tools – albeit good ones – will ultimately be useless.

1. Pharmaceutical records

The pharmaceutical records system allows a pharmacist to see in real time the drugs that a patient has been taking. This tool has been successful due to its simplicity, but also because it allows pharmacists to play their full role and not be merely a "parcel delivery service".

2. Shared medical records: a catalyst and, ultimately, a necessity

Regardless of the success of the shared medical records system in itself, this project has advanced the digitization and secure management of health data in many sectors. The shared medical records system was developed, however, in an insufficiently mature ecosystem. It has needed some time to establish its credentials as an obvious necessity.

3. The American example of Kaiser International Health Group

As in many systems, 20% of patients account for 80% of health spending. In 2001, Kaiser wanted to develop a shared medical records system. This first attempt was a failure. Then in 2004, the project was relaunched with great success. The system is based on a patient folder and a physician folder. In the physician folder, each practitioner has a sub-folder. It is practitioners signing up to the system that has made it a success. This commitment has been essential.

In the United States, the records belongs to the care establishment, but patients clearly have the right to access their own records. They can request a copy of the data. Some information is kept by practitioners and rarely requested by patients. However, the latter can always request a copy.

4. Shared medical records have to be useful to the professional

For a shared medical records system to be adopted widely, practitioners must appropriate it and regard it as a useful tool. It is not just a matter of having a patient's personal records on file. The challenge is to ensure that the shared medical records are habitually used by health professionals. Their perceived benefit must be greater than the initial drawbacks. Professionals must be convinced that the tool makes it easier for them to practice medicine.

5. Culture is stronger than technical process or strategy

For a shared medical records system to be adopted by patients and practitioners, it is essential to create a culture around this tool. It is that culture that feeds development strategy and technical process.

6. Ultimately, the challenge is not technological

A shared medical system can only work if rolled out system-wide. Practitioners must be told that the tool will be very widely used. They have to be supported technically and see it reflected in their remuneration. The tool must also be user-friendly. It has to be both the patient's records and the health professional's records. Its use and usability must define the technology. Lastly, the various participants involved must incorporate the fact that the development of a shared medical records system is a long-term project and aims at enhancing the tool-use culture.