

Communication Paper

Name

Institution

Communication Paper

Introduction

The significance of effective and efficient communication in healthcare settings cannot be underestimated. Effective patient-provider communication is a critical success factor for the healthcare system (Nir & Collum, 2011). It is undeniable that several points in the healthcare system needed effective and efficient knowledge transfer between consumers and healthcare providers; for instance, healthcare providers cannot make treatment decisions without communicating with the patient. In order to address the need for effective patient-provider communication, several communication modalities have been made available to consumers and healthcare providers (Ruotsalainen & Manning, 2007). This paper focuses on the use of electronic health records as a mode of communication between consumers and healthcare providers.

One of the most important benefits of electronic medical records to the consumer is that its full implementation improves patient safety, and the quality and efficiency of patient care. This because electronic medical records provide healthcare providers with the tools required to ensure that patients get timely, safe and most efficient medical care, which plays an instrumental role in reducing costly medical errors (Simon, Kaushal, & Cleary, 2007). Some of the tools stored in electronic medical records include clinical guidelines, patient history and drug information among others. A study undertaken by Simon, Kaushal, & Cleary (2007) pointed out that electronic medical records increased preventive care and reduced the prevalent of complications as well as drug errors.

Regardless of the substantial benefits associated with the use of electronic health records in healthcare records, its increased use raises a lot of patient privacy and confidentiality

concerns. It is undeniable that electronic information relayed over the internet is susceptible to security issues and vulnerable to malicious acts such as hacking. According to Nir & Collum, (2011), the fundamental problem with the implementation of electronic health records is not technology itself; rather, it relates to the unavailability of comprehensive security policies among healthcare organizations. In the context of electronic health records, it is evident that patient confidentiality and security are of ultimate significance because of the susceptibility to security threats associated with electronic communication (Ruotsalainen & Manning, 2007). In this regard, healthcare organizations using electronic health records should ensure that they implement effective security policies and measures to guarantee the privacy and confidentiality of patient data.

Electronic health records are an effective means of patient-provider communication because it improves patient involvement in their care and contributes to the convenience and quality of healthcare. In this regard, electronic health records do not only benefit patients but also healthcare providers through efficiency and cost cuttings. By improving the efficiency, safety and quality of healthcare delivery, both consumers benefit from the use of EHR as a patient-provider communication tool (Ruotsalainen & Manning, 2007).

Electronic health records is unique and differs from other means of communication because it provides the mechanism needed for the electronic storage of electronic data and other related information. This implies that EHR is not just a communication tool, but also provides a means of helping physicians execute their tasks such as keeping track of patient's prescription, billing information, and information relating to allowable and non-allowable medical prescription (Ruotsalainen & Manning, 2007). In addition, EHR is unique and different from other forms of communication because it is technology enable; for instance, the advent of EHR

facilitated the implementation of Computerized Physician Order Entry systems and other health IT systems.

Nir & Collum (2011) assert that social media has revolutionized communication in other industries and the same level of success can be replicated in the healthcare sector. In this regard, Nir & Collum (2011) point out that social media provides an avenue for healthcare professionals to connect, communicate and collaborate. Information sharing among healthcare professions will play an integral role in improving the quality of healthcare delivery in the United States.

The primary objective underpinning the development of electronic health records implies that EHRs cannot be used to market healthcare products or services. Electronic health records supposed to be used within the healthcare organization, which implies that this form of communication limits its use as a marketing tool (Ruotsalainen & Manning, 2007).

In conclusion, this paper has discussed the use of electronic health records in facilitating patient provider communication. The benefit of electronic health records to consumers is that its full implementation improves patient safety, and the quality and efficiency of patient care. Since electronic medical records stores data electronically, patient confidentiality and privacy are a major concern following the implementation of EHRs; therefore, healthcare organizations using EHRs should ensure that they implement effective security policies and measures to guarantee the privacy and confidentiality of patient data. EHRs also differ from other communication tools because it facilitates the electronic storage of electronic data and other related information and provide a baseline for the implementation of other health IT systems.

References

- Nir, M., & Collum, T. (2011). Benefits and drawbacks of electronic health record systems. *Risk Manag Healthc Policy* , 4, 47-55.
- Ruotsalainen, P., & Manning, B. (2007). A notary archive model for secure preservation and distribution of electrically signed patient documents. *Int J Med Inform* , 76 (5-6), 449–453.
- Simon, S., Kaushal, R., & Cleary, P. (2007). Correlates of electronic health record adoption in office practices: a statewide survey. *J Am Med Inform Assoc* , 110-117.