

## Should it be Easy to Exit the NHIN?

*Kathryn Delaney argues that allowing individuals to opt out of NHIN will undermine the whole process. Lauren-Elizabeth Palmer counters, suggesting that the system can work without forcing consent.*



**YES** While the NHIN will prove to be an invaluable asset, we cannot allow convenience and standardization to eliminate patient privacy and undermine the doctor-patient relationship.

The proposed Nationwide Health Information Network as a housing system for electronic health records system is an exciting prospect for everyone in the health care and public health sectors. It would mean an increase in both volume and accuracy of information available to providers, patients, and researchers. This proposed system also promises better health care, as it will increase physician efficiency and patient safety, and an increase of new public health data. The advent of this kind of

electronic health records system (EHR) has been highly anticipated and—many say—long overdue. Few would argue that a system such as the NHIN, or the wealth of information it would provide, would be a bad thing. But there are still many questions about how such a system would (or should) operate on a national level; and while the NHIN would open up a world of information and access, it also opens up a can of worms concerning patient privacy issues.

The privacy worry takes a number of different forms. Some are worried about unauthorized access to and distribution of their private medical information. Others accept the concept of electronic health records, but worry about who would house such a database. This worry is further compounded by the

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**NO** The proposed Nationwide Health Information Network is meant to standardized Electronic Health Records, increase efficiency and decrease mistakes in patient care, and provide nationwide public health data. If the system is set up so that it is easier to exit the NHIN than remain in the NHIN, these efforts will be undermined and tax-payers dollars will be wasted.

Lets begin by evaluating the need for EHR and the NHIN. Take for example, Steph. Steph is from California, but she attends school in Boston. What happens when Steph breaks her wrist or gets an infection while in Boston? Currently, she is expected to remember all allergies, previous illnesses and pre-existing health conditions. This

is assuming, of course, that she is coherent when brought into the Emergency Room. Steph has no complex medical history and is well-educated as to the working of the healthcare system. Confound this situation by imaging Steph is 65 years old, diabetic and has given birth to three children, defeated breast cancer in her 40s, and had her appendix removed. This is no longer an easy medical record to cite from memory, even for patient. Steph's case could be further complicated if she did not speak English, did not understand complex medical terms or was suffering from memory loss. or for someone with little or no understanding of English or even for someone with only a very basic understanding of their own health? The current alternative, a paper

It is obvious that the current system is far from perfect. Not to

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NHIN, if the federal government is to house this information, what will that mean for patient security and doctor-patient privilege. The truth is that we just don't have enough experience with a system like this to guarantee patients complete privacy in either of these areas. Because of the novelty of and inexperience with the NHIN, patients should need to expressly consent to the NHIN.

If patients are automatically enrolled in the NHIN, there is the worry that they will not know to or how to opt-out of the network or be aware of their options. How can we ensure that patients will be able to form an educated opinion of the NHIN without first explaining the aspects of the system. Who would we expect to explain these aspects? It would be against a physician's interest to do so as the explanation would take time and paper records would take money. How then could we ensure that people were well-versed on the issue?

Many patients are frightened by the prospect of the federal government housing their information, as would be the case in the proposed NHIN. It's not hard to imagine why this would make some people nervous—a medical record could contain some potentially compromising information, including drug use, mental health problems, or legal status.

worry, work is being done. Many hospitals around the country, which already have electronic medical records (a record of a patient's interaction with a specific institution), are engaging in HIEs (Health Information Exchanges). An HIE allows hospitals to share data (electronic health records or records of a specific patient regardless of institution) with one another. An EHR increases efficiency and decreases error. There remains one important question, who will house these EHRs? The current proposition is that the records be maintained by the Nationwide Health Information Network (NHIN).

This would ensure standardization, keep our health data out of the marketplace (something which a private company could not provide) and lead to greater compliancy. The standardization of such a program will also eliminate unnecessary, redundant testing. This increase in efficiency promises to save us millions of dollars in health-care spending a year. One aspect, not to be ignored, of the NHIN is that while it should save us money in the long run, it will cost us a great deal of money now.

With so much time and money invested in this project, can we really allow people to opt out of

There is some consolation in the fact that social security numbers would be left off of EHRs, which would have a unique health identification number instead. But these health IDs would have to be matched with names, birth dates, and social security numbers somewhere along the line, and one can't help but wonder how secure the system would actually be, if the government is both housing the records and assigning the health ID numbers.

This may seem like a misguided worry, rooted in some nebulous conspiracy theory, but health care providers must take it seriously. Those who might ordinarily share their medical history with a doctor might think twice if they suspect that their narcotic use or mental health problem could end up in the hands of the federal government. Illegal aliens might refrain from seeking care, knowing that government servers would house their medical history and health information. Doctor-patient privacy is a central tenet if the U.S. healthcare system and one that would definitely suffer if people could not easily eject themselves from the NHIN. Until we can ensure the privacy of these patients' EHRs with absolute certainty, they must be able to control their level of participation in a system like the NHIN, and preserve their right to personal

the system? The NHIN does not pose the sort of security invasion that some suggest and the value would be undermined by allowing a complete opt out option.

The system would use a specific, health record ID that is not linked with a social security number. Using a social security number would lead to an unnecessary sharing of information and, importantly would not be pragmatic as many people do not have social security numbers. The system could also be kept separate and inaccessible to police forces. If, by misconduct, the police forces were to gain access to these records, any information could be inaccessible in court. We are able to run state hospital without worry of security of information, why should we not be able to use this system under the same mentality?

If people could easily opt out of this system, how would it be valuable? How would doctors treat those patients and how would we garner the public health data, which we so desperately need? Why would we spend taxpayers' dollars on something we will not use?

I am not arguing for a stringent, under no circumstances opt-out system. Patient privacy is of

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OPPOSING  
VIEWPOINTS  
*continued*

# YES

privacy.

All of these worries could indicate a dismal future for the NHIN. Some might argue that it is pointless to develop such a costly system only to let people opt out of it for privacy or safety concerns. But research shows that, when asked by their doctors, 90% of patients choose to opt in to some sort of EHR.5 NHIN, and EHRs generally, will have the patient backing to be worth investing in, both for better medical care and richer public health data.

Public health data is important, absolutely, but would we be obtaining accurate data if

patients were scared of telling their doctors all of their health-care information for fear that it would be transferred to government? If patients feel forced into the NHIN, we will not be obtaining accurate public health data, and more importantly, physicians will not be able to treat their patients to the best of their abilities. By making opting-out of the NHIN too difficult, we would be undermining our own efforts. In healthcare, data and convenience should take a backseat to education and consent.

# NO

utmost concern. It seems that the best system would be opt-out and would weigh the decision in favor of staying in. We should automatically enroll patients in the NHIN and only pull them out after they expressly request we do so. We should also allow them to opt-out in part, perhaps keeping their illegal drug use or immigration status inaccessible, while freeing up the remaining information for use within NHIN. If a patient refuses NHIN, perhaps they could be charged higher insurance premiums as, once the majority of

patients are using this system, a paper record kept within a hospital will become an added burden and expense of treatment. Patient privacy is not to be ignored; however, neither can we ignore the importance of NHIN. If we make it easier to opt-out of the NHIN rather than remain in the NHIN, patients will choose to remain out of the NHIN out of convenience rather than conviction.

*References for Opposing Viewpoints can be found online at [TuftScopeJournal.org](http://TuftScopeJournal.org)*

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