

Health Record Banking: A Practical Approach to the National Health Information Infrastructure

June 21, 2006, Dr. William Yasnoff

What is Health Record Banking?

Like all good ideas, health record banking is fundamentally simple. Each person keeps an up-to-date copy of their lifetime health record in an “account” with a “health record bank.” All access to the information in the account is controlled by the account-holder (the consumer), who makes the information available to health care providers whenever necessary. Each consumer may also access their own record as needed.

Health Record Banks themselves would be non-profit organizations required to follow stringent privacy and confidentiality practices to protect the information (either via open and transparent community oversight or legally-mandated government regulation).

How would Health Record Banks work?

In order for this concept to work effectively, every Health Record Bank needs to have three virtual “transaction windows:”

- Deposit window: where new medical records for account-holders are submitted
- Withdrawal window: where health care providers (and others) authorized by the account-holder can access the medical records
- Search window: where authorized public health authorities and medical researchers can submit inquiries to be run against the medical records of all the account-holders that have authorized such an inquiry

With these three functions, all the medical record needs of account-holders can be accommodated. When seeking care, the account-holder would identify their Health Record Bank and give permission for the caregiver to access his/her records (either all or part) through a secure Internet portal. When the care episode is completed, the caregiver would then transmit any new information generated to the same account in the Health Record Bank to be added to the account-holder’s lifetime health record (through the Bank’s “deposit window”).

When public health authorities or medical researchers need to search electronic health care information, they can submit queries to the relevant Health Record Bank(s). Each Bank would process the query using information from all account-holders that have agreed to allow that particular use of their data. If fees are charged, the revenue could be shared with account-holders as an incentive to allow such use. Confidentiality can be assured by limiting the response to the query to the number of records that meet whatever criteria were submitted. If needed, a message to be sent to each account-holder matching the query conditions could be

included. This would, for example, allow notification of account-holders of their eligibility for a clinical trial.

Thus, **health record banking provides all the functionality needed for the national health information infrastructure (NHII)**. It is essential to have each person's lifetime health record stored in one place (and carefully protected) — such as a Health Record Bank. When this is done, there is no need for the Health Record Banks to communicate with each other — except when there is an occasional need to transfer an account from one Bank to another.

How can Health Record Banks be financed?

However, the question of how to finance the creation and sustainability of Health Record Banks must still be addressed. One approach to this is the [eHealthTrust model](#) where consumers pay \$5/month for an account, and the revenue is used to both operate the Bank and pay physicians about \$3/encounter to amortize the acquisition and use of electronic health record (EHR) systems in their offices. However, other business models may also be used as long as there is sufficient revenue to create and operate the health record bank, and a mechanism is developed to ensure that physicians have EHRs in their offices.

What is the origin of the Health Record Banking idea?

It is also important to acknowledge that health record banking is not a new idea. I believe the first description of the concept was in an article in the July/August 2000 issue of MD Computing by Peter Ramsaroop and Marion J. Ball (A Model for More Useful Patient Health Records. MD Computing, 17(4):45-48) {If anyone knows of an earlier mention of the idea, please submit a comment}. In any case, in 2000 it was clearly an idea that was ahead of its time.

Health Record Banking is gaining momentum

Health record banking has been getting more attention in the past few weeks. Senator Brownback (R-Kansas) introduced [S. 3454](#), the "Independent Health Record Banking Act" on June 8th. An identical bill (HR 5559) was introduced in the House by Representatives Dennis Moore (D-Kansas) and Paul Ryan (R-Wisconsin). It would provide a legal basis for health record banks, requiring them to be non-profit entities subject to both Federal and State regulation. Cerner Corporation has posted additional [information](#) about this proposal.

Besides this legislation, Kansas City has previously [indicated](#) that it will be creating a Health Record Bank for its HII, and the Governor of Rhode Island recently [announced](#) legislative approval of a \$20 million bond issue to fund development of a statewide "central EHR repository." Of course, [Louisville](#) has previously announced its intention to build a health record bank using the eHealthTrust business model. So the list of communities that are pursuing health record banking is growing.

Health Record Banking represents a practical and achievable approach to achieving the benefits we all seek from health information infrastructure.