

Testimony of Harold H. Allen, MD
Before the U.S. Senate Special Committee on Aging
Hearing on Technology and Prescription Drug Safety
May 3, 2001

MR. CHAIRMAN, MR. RANKING MEMBER, distinguished Members of the Committee and assembled guests:

My name is Dr. Harold H. Allen, and I have practiced orthopedic medicine for over twelve years. Currently, I am practicing in Loudoun County, Virginia and serve as an orthopedic surgeon at Loudoun Hospital Center, located in Loudoun County, Virginia. I am also the President of Picos, Inc., a software firm also based in Loudoun County. I want to thank Chairman Craig, Senator Breaux and Members of the Senate Select Committee on Aging for allowing me to testify on how technology can be used to ensure the safe and efficient distribution of prescription drugs.

As the latest U.S. Census figures show, America is a growing nation. As the latest figures also show, America is becoming an older nation as well. More and more Americans than ever before will need health care in the coming decade. We owe it to them, as physicians and as leaders, working together, to see that these patients get effective health care in as safe and as efficient a manner as possible – regardless of whether these patients live in a big city like Philadelphia or New Orleans, or in smaller communities like Shoup, Idaho; Evansville, Indiana or Cape Girardeau, Missouri.

Simply put, it is essential that efforts are made to modernize the way doctors, hospitals and health care providers keep accurate patient medical histories and medical records. It is now more important than ever that this system be modernized. With the proliferation of new treatments and medicines available – and with Congress perhaps on the verge of approving a prescription drug benefit that will make helpful drugs become even more readily available – the risk of mistakes being made in the dissemination of medicines to

patients will only increase. It's a simple math problem. More people having more access to drugs means yes, more benefits, but also, more risks if those drugs aren't being properly prescribed and distributed.

These risks include, but are not limited to, giving the wrong drug to the wrong person, prescribing one drug that causes adverse and possibly fatal effects when combined with another, or perhaps distributing to a patient the wrong amount of a drug, which would also, of course, cause problems.

Medicines save lives and also improve our quality of life. So naturally, we want as many people as possible to have access to the medicines they need. But the mismanagement of medicines can do more than just hurt people. It can kill. So the question is, how do we prevent these mistakes from happening? Well, no doubt, some mistakes are caused by flat out human error – bad judgement calls, inexperience and oversight. That can be best prevented by ensuring that all medical personnel are properly trained, certified and supervised. But another major concern, as far as I am concerned, is the system of medical record keeping in America's hospitals and private practices.

I can speak to this from personal experience as a physician. I can tell you, I have sometimes read prescription forms and patient medical records that were nearly illegible. I could barely read them, if at all. Furthermore, I have encountered situations where a patient's medical records were incomplete. Vital information was missing. As a physician, let me reaffirm your common sense when I assure you, this is not a good thing.

If a patient has had an allergic reaction to a certain medicine in the past, as a doctor, I need to know that before I prescribe a drug. Information like that absolutely has to be documented, and it has to be easily available to me as a doctor. We cannot always rely on patients to remember this information, especially elderly patients who may be forgetful. I also need to know if a drug has worked for a patient in the past. Not only does this save a patient time, it can also save a patient some money, as well as a whole lot of discomfort and pain, if I can quickly give that patient something we both know works

best for them, from their own experience, as opposed to playing a game of trial and error with their treatment.

Now keep in mind, I have practiced medicine largely in metropolitan areas, for hospitals that tend to be relatively sophisticated. I shudder to think what the situation is in rural hospitals and medical offices, and in hospitals and offices located in low-income areas. Certainly, medical practices located in these areas tend to have poorer medical infrastructure.

And so as an orthopedic surgeon, I asked myself the question, how can I better keep track of my patients' records, and then integrate all of this information into an easy-to-use, easy-to-find and affordable system? And so I founded Picos Inc. to develop what we call the Total Practice Manager, or "TPM" software. Using this TPM software, I can access and update my patients' medical information as necessary, allowing the medicinal treatments I prescribe to be as accurate and as safe as possible. The Picos TPM software has an automated prescription feature that reduces written and transcribed errors with Pharmacies, by providing a typewritten prescription.

Please turn your attention to the screen, which shows two screen shots of the TPM Rx feature. (Here Dr. Allen demos with the handheld and can have the Senator do the same).

Picos' TPM software is HIPAA sensitive and it is secure, as you would expect medical records to be. Obviously, we want to protect a patient's privacy, and ensure that their information is kept confidential. TPM allows doctors the access they need to a patient's information, to keep them safe, but TPM also keeps that information as secure as possible. All of the information that a physician enters into his or her handheld computer remains within the physician's practice computer system.

Best of all, TPM software is affordable, which means hospitals and medical practices in rural and low-income areas, that might not have the financial resources of larger hospitals in urban areas, can have access to it and make use of it.

I would urge Members of this Committee and Congress to seriously consider how technology such as TPM software can be used to improve the accuracy of medical record keeping. America's senior citizens, and indeed, all Americans, rely on doctors and health care professionals to provide them with effective and safe treatment, regardless of whether they live in Detroit or Little Rock, Birmingham or Bangor, or Portland or Laramie. Safe dissemination of prescription drugs is an issue that affects every American in every state who rely on their doctors to follow that simple creed of the Hippocratic oath: "First, do no harm."

I thank the Committee for its time.