EMR vs EHR – What is the Difference?

January 4, 2011, 12:07 pm
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Joshua Seidman PhD / Director Meaningful Use, ONC

What's in a word? Or, even one letter of an acronym?

Some people use the terms "electronic medical record" and "electronic health record" (or "EMR" and "EHR") interchangeably. But here at the Office of the National Coordinator for Health Information Technology (ONC), you'll notice we use electronic health record or EHR almost exclusively. While it may seem a little picky at first, the difference between the two terms is actually quite significant.The EMR term came along first, and indeed, early EMRs were "medical." They were for use by clinicians mostly for diagnosis and treatment.

In contrast, "health" relates to "The condition of being sound in body, mind, or spirit; especially…freedom from physical disease or pain…the general condition of the body." The word "health" covers a lot more territory than the word "medical." And EHRs go a lot further than EMRs.

What's the Difference?

Electronic medical records (EMRs) are a digital version of the paper charts in the clinician's office. An EMR contains the medical and treatment history of the patients in one practice. EMRs have advantages over paper records. For example, EMRs allow clinicians to:

- Track data over time
- Easily identify which patients are due for preventive screenings or checkups
- Check how their patients are doing on certain parameters—such as blood pressure readings or vaccinations
- Monitor and improve overall quality of care within the practice

But the information in EMRs doesn't travel easily *out* of the practice. In fact, the patient's record might even have to be printed out and delivered by mail to specialists and other members of the care team. In that regard, EMRs are not much better than a paper record.

Electronic health records (EHRs) do all those things—and more. EHRs focus on the total health of the patient—going beyond standard clinical data collected in the provider's office and inclusive of a broader view on a patient's care. EHRs are designed to reach out *beyond* the health organization that originally collects and compiles the information. They are built to share information with other health care providers, such as laboratories and specialists, so they contain information from *all the clinicians involved in the patient's care*. The National Alliance for Health Information Technology stated that EHR data "can be created, managed, and consulted by authorized clinicians and staff across more than one healthcare organization."

The information moves with the patient—to the specialist, the hospital, the nursing home, the next state or even across the country. In comparing the differences between record types, HIMSS Analytics stated that, "The EHR represents the ability to easily share medical information among stakeholders and to have a patient's information follow him or her through the various modalities of care engaged by that individual." EHRs are designed to be accessed by all people involved in the patients care—*including the patients themselves*. Indeed, that is an explicit expectation in the Stage 1 definition of "meaningful use" of EHRs.

Highlights

Privacy, Security, and Electronic Health Records

Director of the HHS Office for Civil Rights (OCR), Leon Rodriguez, discusses the privacy and security of patient health information stored in electronic health records, and the role of OCR in enforcing the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.

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And that makes all the difference. Because when information is shared in a secure way, it becomes more powerful. Health care is a team effort, and shared information supports that effort. After all, much of the value derived from the health care delivery system results from the effective communication of information from one party to another and, ultimately, the ability of multiple parties to engage in interactive communication of information.

Benefits of EHRs

With fully functional EHRs, all members of the team have ready access to the latest information allowing for more coordinated, patient-centered care. With EHRs:

- The information gathered by the primary care provider tells the emergency department clinician about the patient's life threatening allergy, so that care can be adjusted appropriately, even if the patient is unconscious.
- A patient can log on to his own record and see the trend of the lab results over the last year, which can help motivate him to take his medications and keep up with the lifestyle changes that have improved the numbers.
- The lab results run last week are already in the record to tell the specialist what she needs to know without running duplicate tests.
- The clinician's notes from the patient's hospital stay can help inform the discharge instructions and follow-up care and enable the patient to move from one care setting to another more smoothly.

So, yes, the difference between "electronic medical records" and "electronic health records" is just one word. But in that word there is a world of difference.

Was this blog post helpful for you? Please comment below and let us know if there are other ways we can help spread the word about the EHR/EMR difference.

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23 Comments

sparker101 says: January 4, 2011 at 2:53 pm

Yesterday I spent 10 minutes filling out information on 5 sheets of paper before I could be seen by a dermatologist for the first time. It's the same information I've filled out on similar forms every time I go to see a doctor. While I welcome EMRs and EHRs, how and when will they make it possible for me to see a new doctor without having to fill out the paperwork? Is there going to be some way I can give them a password to access my information online?

Reply to this comment

Jacob says: January 4, 2011 at 3:58 pm

I used to hear these terms used all the time and figured that they meant the same thing.
With "Medical" history the general public tends to associate the health problems/issues that go along with that. With "Health" history, the medical information is assumed go along with that as well.

I didn't realize that in the medical field EHR's and EMR's entailed such different information. For efficiency, tracking and identification purposes it makes sense that EHR's would be of much higher value to Health Care.

Helping patients know the difference between the two is most beneficial when it comes to communicating with the doctors and nurses. There are medical terms and situations where the patients have no idea what

to say or what the medical staff may be telling them regarding certain situations. EHR's and EMR's are a perfect example of that, especially when one word makes a difference.

Where you mentioned "A patient can log on to his own record.." I thought that this was something granted only to medical staff (even if it is our own information). Is there a link where we can see our information online? or is this something done only at hospital networks?

If so, that brings up an unfortunate question, would there be a problem with privacy issues if we accessed our information online?
If this is something we can do at the hospital, that would obviously take care of the privacy concerns.

Reply to this comment

KathyinMN says: January 13, 2011 at 10:36 am

Jacob, patients have a right to access their own medical information. HIPAA actually guarantees this right. Many clinics and hospitals have granted patients online access to their information, to make the flow of health care easier, particularly when your health care providers are not located within the same system, or if some still use paper records. For me personally it means I don't need to swing by my regular clinic to get a copy of my lab work before seeing my OB-GYN. I can go online and print off a copy (and then I also have a copy for myself, in case I change clinics).

If you think about it, having patients involved in their own health care just makes sense. And the only way to do it, and to do it well, is to have them have access to their information.

Reply to this comment

EMR and HIPAA says: January 4, 2011 at 7:08 pm

Yes, philosophically there's a difference. I like this short EMR wiki page definition of the difference: http://emrandhipaa.com/wiki/What's_the_difference_between_EMR_and_EHR%3F

Although, on a practical level, most regular doctors see no difference in the terms EMR and EHR. Although, most doctors prefer to use the term EMR.

Reply to this comment

Lodewijk Bos says: January 5, 2011 at 5:05 am

Gentlemen,
It's nice to see this document coming from the ONC office to clarify the definition problem, like I have been doing for quite some years. I is however a pity that you have not taken it a step further by stating that EHRs are designed to be "actively" accessed by all people involved in the patients care—including the patients themselves. Adding the word "actively" would assure patient involvement and make sure that patient information obtained from monitoring (either by devices or ODL) is automatically linked to the proper medical information. For more see here: http://www.icmcc.org/2010/10/18/patient-expectations-in-the-digital-world-tallinn-2010/.

Lodewijk Bos
President ICMCC

Reply to this comment

Ashok Mathur says: January 5, 2011 at 9:49 am

Thank for providing a definitive definition and clarification. Totally agree that we are evolving to EHR world which is far more powerful than the legacy, on premise, closed behind firewall legacy EMRs. New web

based (rather than older client server) EHR architecture will find much easier to provide all the (connectivity and) information sharing benefits of EHRs.

Reply to this comment

Danton Sealy says: January 5, 2011 at 10:17 am

I too thought the words were interchangeable. It makes the concept of the digital electronic medical record vs. the electronic health record very clear!

Reply to this comment

John Moehrke says: January 5, 2011 at 11:51 am

Thank you for this clarity. It does help understand how ONC uses the terms. I like the differentiation between medical and health. This difference does make sense.

I don't agree that EMR couldn't possibly participate externally. This seems to be an approach to classify 'old' software vs 'new' software. I think this is an ok classification, but should not be bundled with the difference between EMR and EHR. It is important to know if a system has interoperability capability or not.

It is also not clear in your definition the type of access a Patient (or consumer, or client, …) has to the system. It seems that you are being inclusive in your definition of EHR to include Health Information Exchanges and Personal Health Record applications. This is a nice increase in scope, but it will take quite a bit of retraining for people to understand that EHR is this big of scope. Meaning, you will likely need to do far more outreach.

Reply to this comment

Mike Nusbaum says: January 6, 2011 at 1:45 pm

I agree with John's comments. It is very useful to distinguish between EHR's and EMR's based on the content contained in the record, but I would caution against contraining each of these definitions according to the way they are used or shared. For example, a clinician's EMR record of a patient's treatment could find its way into an EHR which contains a much broader set of data, cradle-to-grave.

As for the definitions themselves, I am pleased to see that they align with those used in Canada (and in many cases, elsewhere in the world). In a global interoperability context, this is extremely important.

Reply to this comment

KMiller says: January 23, 2011 at 5:13 pm

I agree with your statement on the "old" software vs "new" software as the software is a major component to creating, submiting, maintaining, updating and storing the EMRs and EHRs. I would like to see more standards and details surrounding which software is considered a standard (i.e.Epic, etc.)?

Reply to this comment

BeaHerr says: January 10, 2011 at 12:55 pm

I also notice that there is just as much paperwork to fill out when I visit a doctor, as a new patient or a returning patient (especially as the medical offices keep upgrading their computer systems). I do not think it will change too quickly "sparker101". As a national printing firm, we are still printing the same amount of intake forms now as we had been for medical facilities back-in-the-day.

Reply to this comment

Millar Ciropractic says: February 9, 2011 at 5:31 pm

Even though there seems to be a world of "health" difference between EMR and EHR, I don't feel that providers or the public at large know the difference. In fact until this Blog post I did not know the difference. What you say makes good sense. I just never thought about the difference. You would think that as Huntsville AL Chiropractors, we would be onboard and among the first to embrace the term "health" vs "Medical" records. However an informal simple survey among local chiropractors in the Huntsville Al area demonstrated that I am not alone in my thinking. That means that you and I both have a big job to do in informing and teaching the public. What was it that Mark Twain said? "The difference between the almost right word & the right word is really a large matter–it's the difference between the lightning bug and the lightning." Dr Greg Millar

Reply to this comment

Susan says: April 11, 2011 at 6:20 am

I still feel that the difference between the EMR and EHR is rather formal that practical, even after reading the post it is still quite vague to me.
As to electronic data, with all the covenience of elecronic records I still feel there is a need for full paper copies of patients' medical histories. As I see it, a simple mistake by an empoyee that processes the medical or health data or a system glitch may erase your total history. And what do I do if that happens?

Reply to this comment

Phillip Middleton says: July 15, 2011 at 4:20 pm

To address your comment on potentials for system failure and the use of paper docs, it is well understood in industry that periodic archiving practices (i.e. 'stone mountain') is one of the most effective ways to deal with the risk of system failure affecting dated records. Additionally, backups of records to a secure server/system helps provide the near real-time redundancy needed to facilitate more rapid data rebuilds in case of such a failure or user-induced error. If you are subscribing to an EMR that makes it *that* simple for a user to cause a catastrophic failure, that is, without safeguarding layers – why would you continue to use such a useless sytem?

On this same note, the one thing in my opinion missing in most clinics, small and large alike, is adequate and proactive risk analysis (i.e. providing measures and summarizing trends) and management (i.e. instituting testing/audits and controls) whose goal it is to prevent IT and other events from occurring. I've listened to counter arguments ranging from 'we can't afford it' to 'this is overkill' to 'why do I need to manage risk?'. The funny thing is – implementing these measures are actually cost *effective* as well as critical, to both to the provider and to the system. Clinics simply must become more risk management savvy.

As to your comment on the practicality of EHR, I think that the definition is more than practical, given that the currency of EHR can be measured in the magnitude of holistic scope and accuracy of the information which is reflective of the health of a person *up to* a given point in time (Although somewhat semantical, notice I did not say *at*, there is both clinical and quantitative meaning behind this.). My reasoning is this – clinical mistakes (however mild or severe) have another dimension in real-life not captured well, if at all, in the public mind. Many errors in the care of a patient are far more subtle or hard to detect, and are perhaps more complex given the facets of the relationship between patient and caregiver.

The dimension to which I attribute this is 'interconnection'. That is, the degree, type, and scope of relationships within a clinical triad. The triad comprises the patient, an immediate provider, and the network connection of providers who are additionally responsible for treating the patient for related or unrelated illness/disease. There are two main parameters (among others) which may suffice to describe 'interconnection' – 1) degree of a common, 2-way communication within the triad, and 2) degree of common literacy about the health of a particular patient (how much does the patient know and understand as well as the caregiver about the patient). The breakdown in 1 or both of these parameters provides a suitable medium for health-relevant errors to propagate, whether mild or catastrophic.

Take for example a typical clinical environment, such as infectious disease, oncology, any surgical discipline, or better yet, psychiatric medicine in which a common treatment scenario is by necessity, more or less 'empiric'. How often do interventions simply fail to produce their desired outcome? Would this have been any different with a more comprehensive understanding (so, literacy) of the patient (by both the patient, the immediate caregiver, and/or active collaboration with other caregivers within the patient's network)? Would this have been any different if the communication within the triad were bidirectional, open, and accurate?

This is where I think EHR as a definition distinguishes itself from the proprietary EMR mess that has all but failed to solve the real-time solution to these problems. I applaud the group for extending itself in this manner.

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Marie V says: July 15, 2011 at 10:01 am

So an EHR is basically a compilation of all of your EMRs?

Reply to this comment

Electronic Health Records says: July 19, 2011 at 11:45 am

I guess most people don't pay attention to the differences between EMR and EHR.

Reply to this comment

Rudolf says: August 5, 2011 at 12:21 pm

as a physical therapy marketing and physical therapist clinic owner, we always ask patients to fill up EMR and EHR.

I'm glad this blog clarifies the difference between the 2.

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Ask a Librarian!—October 2011 | HEALTH TRAVEL says:
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March 2, 2012 at 5:39 pm

[...] and EMRs (electronic medical records) are slightly different in definition but are often used interchangeably. The National Alliance for Health Information [...]

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ChristyJ says: March 13, 2012 at 10:39 am

I have been using emr and ehr interchangeably for a long time, but its good to know

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Ground Rents says: March 19, 2012 at 5:39 am

In my hospital we use EHR's and have been doing so for a no. of years however I can see the appear which EMR's give.

Reply to this comment

The Texas Physical Therapy Guy says: March 26, 2012 at 3:10 pm

I agree with BeaHerr and unfortunately you may be right. I can't wait until we can use QR codes for customer information and email instead of fax but I may be just dreaming.

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