State Story

Virginia Studies Barriers to Public Health's Access to Electronic Medical Records

The Virginia Department of Health conducted surveys and interviews of key stakeholders to identify benefits and barriers to health department remote access to electronic medical records, and developed strategies to address these barriers.

Being able to efficiently exchange electronic medical record (EMR) data strengthens state health agencies' ability to prevent and respond to healthcare-associated infections (HAIs). However, health departments face barriers to using hospital EMR data because remote access and adoption are nascent and uneven across the country.

In 2013, the Virginia Department of Health (VDH) received funding from ASTHO, with support from CDC, to (1) assess benefits and policy/technological barriers for remote access to hospital EMRs; and (2) develop action steps to address these barriers. Findings from the assessment demonstrated that when hospitals enable remote EMR access with public health departments, both organizations benefit. Stakeholders cited improvements in data quality, timeliness of disease and outbreak investigations, and savings in time and effort associated with data exchange.

Steps Taken:

- In 2013, VDH received funds from ASTHO, with support from CDC, to conduct a capacity building project focused on assessing and improving public health access to hospital EMRs for HAI data validation and disease investigation.
- The VDH project team kicked off its activities by conducting a review of existing literature on public health access to hospital EMRs.
- VDH surveyed and interviewed public health and healthcare stakeholders in Virginia and other states to collect perspectives on the benefits and policy/technological barriers for remote access to hospital EMRs. Data were collected from:
    1. Virginia local health departments (e.g., district epidemiologists) and central office division directors.
    2. Virginia hospital infection preventionists.
    3. Virginia hospital privacy officers and other key stakeholders.
    4. Staff from other state health departments (e.g., HAI coordinators and/or communicable disease staff from Georgia, Maine, Michigan, New Hampshire, New Mexico, New York, Pennsylvania, Tennessee, Vermont, and Washington).
- VDH conducted analyses of the interview and survey data to identify common themes.
- VDH, ASTHO, and CDC held a meeting at the close of the project to share information and engage in strategic planning.

Results:

Virginia Public Health and Healthcare Stakeholders

- Local health departments, hospital infection preventionists, and hospital privacy officers cited confidentiality and security concerns as two frequent policy barriers to gaining or granting public

health remote access to EMRs. Local health departments and hospital infection preventionists also reported that the requirement for a written data use agreement was an additional barrier.

- Hospital infection preventionists and privacy officers reported lack of administrative buy-in at the corporate and/or hospital level as a policy barrier. Health departments without remote access to EMRs also cited lack of administrative buy-in as a barrier, whereas this barrier was not a frequently cited barrier for health departments that currently have remote EMR access.
- The most commonly reported technological barrier for local health departments, hospital infection preventionists, and hospital privacy officers was insufficient information technology infrastructure on the health department and/or hospital side. Hospital stakeholders were concerned about the time required for health department users to learn their EMR system.
- Hospital infection preventionists from hospitals that currently grant local health department remote access to EMR data cited several benefits to sharing data, including time savings, expedited case investigations, and improved investigations of recalled products.
- Hospital privacy officers cited several perceived benefits to granting health departments remote access, including time savings, error reductions, improved data quality, and improved timeliness of investigations/follow-up.

Stakeholders from Other State Health Departments

- Staff from other state health departments cited similar policy and technological barriers to receiving remote access to EMRs.
- States noted that benefits to remote EMR access included: savings in travel expenses, time savings, and continuity of business operations. For example, health department staff would have the flexibility to continue program activities in between accessing EMRs remotely, and hospital staff would not be called away from activities to pull medical records for public health.
- Not all states prefer remote access to EMRs. One state health department stakeholder noted that their state had not pursued remote access for HAI data validation because on-site review allowed public health staff to ask questions in real-time, foster relationship building, and avoid imposing new business practices or IT requirements on facilities.

Strategies to Address Barriers

- VDH identified goals to bridge gaps identified in the assessment, including: (1) enhancing/expanding health department remote EMR access; and (2) exploring the public health potential of health information exchanges (HIEs), especially in relation to Virginia's HIE, ConnectVirginia.
- Strategies to accomplish these goals included:
    - Prioritizing health department needs for EMR access.
    - Engaging health system leadership.
    - Partnering with other states to engage multi-state health systems.
    - Connecting with VDH staff and other state health departments to learn more about current HIE work.
    - Exploring ways to ensure surveillance needs are met by ConnectVirginia.

Lessons Learned:

- Maintaining patient confidentiality and information security are paramount. It is imperative that if EMR access is granted, there is a mechanism with sufficient resources to audit appropriate usage of the system.
- Hospital administrator buy-in, especially at the corporate level, is essential in granting remote EMR access to health departments.
- It is helpful to identify a champion in the hospital to facilitate the process. Additionally, the process of gaining access may require approaching multiple people, or making the request more than once.
- Individual relationships and trust between the facility and health department are important.
- When EMR access is granted, training health department staff on how to navigate the EMR systems is key. Such training ensures that public health staff utilize the EMR systems properly, and minimizes the number of requests for assistance directed at the hospital.
- Hospitals have competing IT priorities (e.g., participating in Meaningful Use, working with health information exchanges, etc.), and the sophistication of EMRs may vary widely from one facility to another.
- Health departments and hospital staff should be aware of limitations or restrictions to public health access to EMRs. This understanding will allow the health department to identify possible gaps in information when viewing the patient record, and help manage expectations for follow-up of reportable diseases and outbreaks.

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For more information or to request a copy of a report containing project highlights, please contact:

Andrea Alvarez, MPH
Healthcare-Associated Infections/Influenza Program Coordinator
Virginia Department of Health
Email: Andrea.Alvarez@vdh.virginia.gov

ASTHO Infectious Disease
Email: infectiousdisease@astho.org