



## **Electronic Medical Records Advisory Committee Final Report**

### **Introduction**

It is well documented that adoption of a comprehensive electronic medical records (sometimes referred to as electronic health records) system has direct positive benefits on the care provided to patients. Health information technology can limit medical mistakes, improve the quality of care patients receive, reduce redundant tests and procedures, and lower healthcare costs. Because of all of these benefits, the Commonwealth is seeking to encourage adoption of health information technology by all providers -- from solo practitioner family practice doctors in rural Virginia to large health care systems in major metropolitan areas. However, one hurdle that must be overcome in encouraging adoption of this technology is the need to ensure interoperability so that records can be easily shared from system to system, thus facilitating the recognition of the positive benefits of electronic medical records.

### **Legislative Members:**

Delegate Samuel A. Nixon, Jr., Chair  
Senator William C. Wampler, Jr.  
Senator Janet Howell  
Delegate John M. O'Bannon, III, M.D.

### **Other Members**

Aneesh P. Chopra, Secretary of Technology of the Commonwealth of Virginia

Sharon Arndt, Fairfax County  
Jean-Pierre Auffret, George Mason University  
Yevonne Childers, Lee-Davis Medical Associates  
Robert Cothren, Northrup Grumman  
Brian Deasy, CapTech Ventures  
Chris Doucette, Department of Medical Assistance Services  
Keith Drake, Medical Automation Systems  
T. Dary Erwin, James Madison University  
Danny Felty, Virginia Medical Interventionalists  
Charles Hecht-Leavitt, MRI & CT Diagnostics

Joel Hinzman, Oracle  
Bassam Kawwass, AScript  
Colin Konschak, Courtyard Group  
Mark Madigan, IT Cadre  
Kevin McFarling, EDS  
Keith Messer, Virginia Cardiovascular Specialists  
Rebecca Perkins, HCA Hospitals  
Rob Robertson, CGI  
Louis Zeidman, SYMANTEC Corporation

## **Summary**

The Electronic Medical Records Advisory Committee was a continuation of the Advisory Committee formed during the 2006 Interim, although the 2007 Interim welcomed several new participants. The Advisory Committee met twice during the 2007 Interim.

The legislation recommended by JCOTS in 2006, House Bill 2198 (Nixon) was adopted by the General Assembly, and became law on July 1, 2007. The bill required that any state agency purchasing a software or system pertaining to electronic health data or electronic patient information purchase a system or software that meets accepted standards for data interoperability and exchange. The intent behind the bill is the hopes that state adoption of interoperable electronic medical records systems will help contribute to the "critical mass" adoption, thus helping to advance widespread adoption of interoperable standards.

In 2007, the Advisory Committee continued to discuss the opportunities and challenges that face adoption and utilization of electronic health records by individual practitioners as well as large hospital corporations. While many market-based issues face private practitioners and private medical corporations, the group was urged to focus discussion on what the state could do to continue to encourage the adoption of standard, interoperable formats.

Electronic Medical Record adoption is an issue being explored by a diverse group of organizations, governmental entities, and stakeholders. For example, the State Health Department received money in the 2006-2008 budget to develop a master-patient index, although the Department is still attempting to strategize the best way to approach this issue. The federal government has increasingly focused on this issue, and has taken steps such as requiring the health plan for federal employees to provide an electronic medical record to patients. The Commonwealth has echoed this initiative with Executive Order 42, and will include this issue when it must issue the next procurement for state benefits in 2009. Continuing efforts to study and develop policy related to electronic health records will necessarily include an attempt to identify the various efforts already underway in the public and private sector.

At its second meeting, the Advisory Committee heard a presentation from Vital Data, a company that markets an electronic medical records tool directly to patients. For a fee, the company provides its customers with copies of their medical records on a flashdrive that the customer can carry on his keychain. The customer provides Vital Data with permission to obtain the patient's medical records from his various health care providers, and can update the flashdrive through a web-based interface. The information is maintained in a format that is compliant with interoperability standards. The presentation was given as an example of getting patients involved in their own healthcare.

Throughout the course of discussions of the Advisory Committee, privacy concerns emerged. For instance, Delegate O'Bannon questioned how Regional Health Information Organizations (RHIOs) fall under HIPAA (the Health Insurance Portability and Accountability Act of 1996) requirements and standards. Questions emerged as to who owns the data held by a RHIO, and who could sell that information. Furthermore, concerns were raised that large organizations might begin to implement and use electronic health record systems as a tool to reduce competition with entities outside of the organization. This raised the question as to who owns the records in electronic format -- the patient or the provider. In other words, while it is clear that a patient has a right to access his or her own records, does a patient have a right to require that one healthcare provider allow another provider access to his **electronic** records.

Delegate Nixon suggested that these privacy issues should be at the forefront of future discussions. However, the makeup of the 2007 Advisory Committee did not necessarily include the expertise that would be required to explore these legal, privacy, and ownership issues.

### **Final Recommendations**

The Advisory Committee voted to recommend that JCOTS continue to review electronic medical records issues, focusing on the privacy and ownership questions identified during the course of discussion.