



Electronic Medical Records Advisory Committee

May 17, 2007 10:00 am

Speaker's Conference Room, 6th Floor, General Assembly Building

- **Call to order, roll call, chairman's welcome:**

Delegate Sam Nixon, chairman of the Electronic Medical Records Advisory Committee called the meeting to order. The members of the advisory committee and JCOTS staff introduced themselves and shared their experience in Health Information Technology.

- **Overview of the role of JCOTS advisory committees.**

Staff provided a brief introduction to the committee about the role of JCOTS in establishing science and technology policy in the Commonwealth, and how the various advisory committees work with JCOTS in establishing this policy. A copy of this presentation is available on the JCOTS website.

- **Overview of Electronic Medical Records Issues.**

JCOTS staff provided an overview of the work completed by the 2006 Electronic Medical Records Advisory Committee, legislation adopted by the 2007 Session of the General Assembly that would require health records systems or software purchased by a state agency to adhere to certain standards or be certified by a recognized certification body (HB 2198, Nixon), and recent developments relating to electronic medical records.

- **Chairman's Opening Remarks.**

Delegate Nixon expressed his interest in the development of standards regarding electronic medical records and the importance of building on the accomplishments of the 2006 advisory committee. He indicated that government adoption of standards relating to medical records may result in a critical mass, thereby advancing widespread adoption.

• Overview of the Virginia Health Information Technology Council:

The Honorable Aneesh P. Chopra, Secretary of Technology, provided the advisory committee with a synopsis of the current efforts of the Governor's Health Information Technology Council.

He indicated that the council's current focus is both quality and transparency to help in the adoption of electronic medical records . Currently, the Council is eager to pursue public-private partnerships, and the administration has applied to FCC for a broadband tele-health grant.

• Discussion & formulation of work plan:

Delegate Nixon began the discussion by asking the committee members;

1. What can Virginia do to increase adoption of standardized electronic medical records?
2. What is the availability of case studies of actual electronic medical record utilization?
3. What privacy concerns are raised by adoption of electronic medical records?

Delegate O'Bannon expressed that electronic entry of medical records is directly related to the quality of care provided. However, the adoption of electronic medical records is hampered by many obstacles (e.g. privacy concerns, ownership of electronic data, the right to profit from sale of data). He suggested that a sub-group might be able work on privacy-related obstacles.

Senator Wampler suggested that the committee may not be able to resolve all the issues that it identifies, but the goal should be to develop best practices guidelines to facilitate extensive adoption.

Members stressed the importance of the Commonwealth's development of a long-term goal for adoption and interoperability of electronic medical records. The adoption of a long term goal may lay the foundation for public-private partnerships.

One member suggested an incremental approach by concentrating on the ability to capitalize on a smaller group, such as the elderly. It was stated that currently there are no standards relating to the "hand off" of medical records between long-term healthcare facilities (i.e., nursing homes) and Emergency Medical Services and hospitals. The failure to communicate existing conditions to emergency personnel results in unnecessary and potentially dangerous medical services. The member stated that by addressing a smaller issue and proving the considerable benefits it would strengthen stakeholders' adoption.

Members stated that there is a plethora of electronic medical record systems and that some hospitals use multiple systems. Many hospitals use proprietary systems and require doctors within their locality to use the same system to make patient referrals.

The cost of different medical record systems was discussed. Members stated that the cost of medical record systems and the decision of which system to use are troublesome to small practice physicians.

Members discussed the use of Regional Health Information Organizations (RHIOs) to help insure interoperability. Members discussed whether RHIOs complied with HIPPA standards. Another committee member asked Secretary Chopra if there currently exist any state initiatives encouraging the use of RHIOs. Secretary Chopra shared that the Commonwealth has received two grants for RHIOs which will be used to develop a business model to insure sustainability of RHIOs.

• **Public comment:**

No public comment was received.

• **Actions for next meeting.**

The committee identified several potential agenda items for future meetings, including:

- The need to develop a roadmap to insure adoption and interoperability of electronic medical records within the Commonwealth;
- Obstacles and barriers which inhibit interoperability of proprietary medical record systems (e.g., HIPPA, privacy);
- The concept of data ownership;
- Incentives that may be used by the Commonwealth to increase adoption by both large and small medical providers;
- Documentation of the perspectives of advisory committee members as to why automation adoption has lagged behind in the medical arena; and
- The possibility of holding an advisory committee at a Veterans Affairs hospital or Saint Francis Medical Center in Midlothian, both of which have integrated all medical records electronically within their hospitals.

• **Adjournment.**