



ONLINE PATIENT RECORD ACCESS – SAFER BY SHARING

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This technology is about relationships and trust



- The power of the technology is dependent on the relationships between clinician and patient
- Primarily trust by clinician for the patient
- But also **TRUST BY THE CLINICIAN IN THE PATIENT**

WE ARE TRYING TO BUILD:

- The ability to see your record and understand what you see
- Transactional services that
 - Empower a patient
 - Make life and health care more efficient and safer
 - Enable you to use the information
 - Help you look after yourself better
- Offer a dialogue with the NHS
- The record as portal



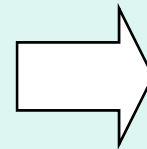
THE EMIS/PAERS PROCESS 1

- Practice needs to decide to switch on the system
- Photo –ID for individual authentication
- Patient signs consent form
- Pins+passwords
- Off you go!



THE EMIS/PAERS PROCESS 2

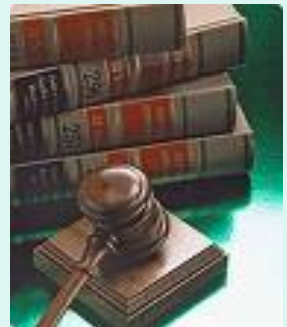
- No Spine – records are not held in any new place
- Record disappears as soon as the patient logs out
- Practices can exclude past non-coded data
- The patient holds the key



DEMO

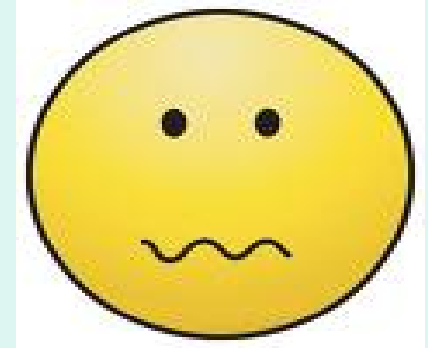
THE LEGAL POSITION

- **DPA**: Access can be denied where the information:
 - may cause serious harm to the physical or mental health, or condition of the patient or any other person
 - may relate to or be provided by a third person who had not consented to the disclosure.
- **ICO**: this is not a subject access request under the Data Protection Act
- **GMC**: contemporaneous record sharing is an extension of normal good practice
- **MPS+MDU**: very supportive
- We need to be writing notes for patient view now.



PATIENTS' CONCERNS

- Patient inertia
- Concerns about privacy and security
- Fears about new electronic systems (both technophobia and limitation of skills)
- It's not our record
- New responsibilities

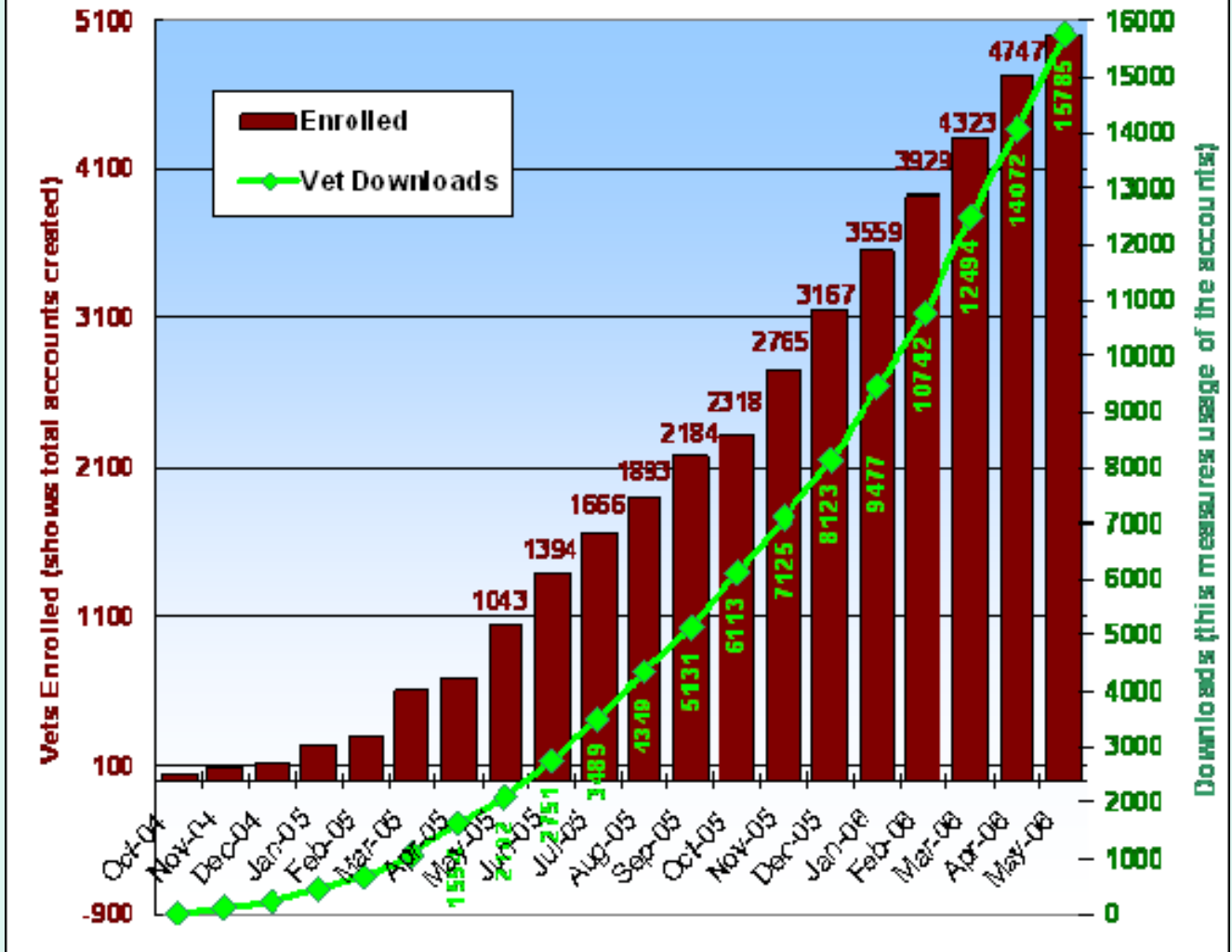


CONCERNS	RESPONSES
Consultation length	RECORD SHARING SAVES TIME
RA will expose clinicians' data quality and encourage litigation	NO EVIDENCE OF INCREASED LITIGATION THE ACCURACY OF THE RECORD IS IMPROVED
Security and confidentiality	HACKING VERY UNLIKELY IF DISTRIBUTED DATABASE
DPA Transgressions	COMPLEX, BUT RISKS CAN BE VIRTUALLY ELIMINATED
Patients get upset	SOMETIMES, BUT THEY UNDERSTAND THE REASON
Fears of losing control over aspects of the clinical encounter and management of the patient.	RECORD SHARING DOES REPRESENT A REAL TRANSFER OF POWER



- MHV Pilot did not
 - Increase patient advocate complaints over content of the medical record
 - Result in even one congressional complaint
 - Result in even one report of a patient misinterpreting or overreacting to medical data
 - Increase requests for chart amendment
 - Support the argument that mental health patient access to medical records should be restricted

Portland VA Medical Center My HealthVet Statistics (as of 30 April 2006)



SUMMARY OF STUDY

- **participation in care**
 - Tracking illness and care over time
 - Partners in care, more in control
 - Looking at and tracking test results
- **quality of care**
 - Preparation for appointments
 - Clarifying clinicians' communications
 - Reinforcing trust
 - Checking nothing has been omitted - accuracy
- **self care strategies**
 - Enhancing self-care

BENEFITS FOR PATIENTS

- Increase self-care, confidence, understanding, relationships with the clinician
- A+E: much safer
- Save patients' time, making best use of GP and hospital clinic consultations
- Correct inaccuracies in the record
- Improves compliance and preventative health behaviour.



PRACTICE BENEFITS

- Improved trust through transparency
- Saving time – letters, background information and results
- Patients with RA use primary care less because better informed and involved patients have better outcomes and use less health care
- Involve the patient in their care – use the record as extra dialogue
- Safer, more integrated care



SYSTEM BENEFITS - INTEGRATION

- **SHARING INFORMATION**
 - Notes, results, allergies lost? Ask the patient
 - Living wills?
 - What tests have already been done and their results
- **MORE INFORMED LAY PEOPLE**
 - Informed patient and carers
 - Safe limits of tests can easily be taught – less anxiety, better control
 - They know what has been done and what is going to be done
 - Referrals
 - Tests
 - Letters sent – or not sent

