Sharing Electronic Medical Records

Shifting the foundations of relationships

Dr Gillian Braunold FRCGP
Clinical Director Summary Care Record & HealthSpace
NHS Connecting for Health

"Current and emerging challenges of eHealth – privacy, law, ethics, governance and beyond"

*e*Health Workshop
Middlesex University, Trent Park Campus,
16-17 June 2011

Contents

- Medical records what are they for?
- How does that change as we digitalise and share information?
- What fears are expressed
- What ethical obligations do we have?
- How can we fulfil these obligations in a practical way?
- What challenges do we face in introducing shared Electronic Medical Records ?
- How does patient access impact on these issues?

Medical records what are they for?

- Historical view
  - Aide memoire
  - To support medico legal requirements
  - Unique to the organisation that created them
  - Letters/ communication form the bridges between the digital organisational islands
  - Duplication of information in each organisation where the patient attends (with potential mismatch of crucial data such as medication list)

Dr Gillian Braunold, MB BS FRCGP

Medical records what are they for?

- Future view
  - Resource
  - Communication as alerting mechanism since the resource is shared between clinicians
  - Shared record could be a subset or the whole record
  - Decision support provided the technology
  - Records therefore drive up clinical governance by providing audit feedback effortlessly

Dr Gillian Braunold, MB BS FRCGP

Perceptions differ of risks/benefits

- Hospital settings have always had shared records within the organisation that crosses multidisciplinary teams and departments
- General Practitioners enjoy a one to one relationship with patients and their records have traditionally been discretely held within the practice
- Public Health Clinicians have outputs of variable quality that is essential if they are to plan commissioning care and manage public health policy effectively

Dr Gillian Braunold, MB BS FRCGP

GP Traditional view

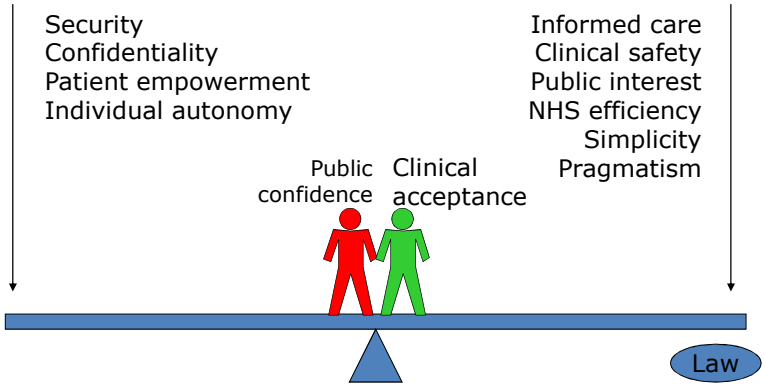
Dr Gillian Braunold, MB BS FRCGP

Ethical Obligations in record sharing

- Gold standard is explicit consent
- Is this
  - Achievable
  - Practical issues
  - How can you consent for all eventualities in the future

Dr Gillian Braunold, MB BS FRCGP

Balancing competing aims



Dr Gillian Braunold, MB BS FRCGP

Ensuring confidentiality and access

- N3 network
- Smartcards/Role Based Access Control (RBAC)
- Legitimate Relationships
- Audit and alerts
- Professional and contractual controls

Dr Gillian Braunold, MB BS FRCGP

Professional and contractual controls

Clooney and girlfriend Sarah Larson were injured in road accident

Clooney hospital punishes staff

Hospital workers in New Jersey have been suspended for allegedly looking at Hollywood star George Clooney's confidential medical records.

The actor was admitted to the Palisades Medical Center last month after breaking a rib in a motorcycle crash.

The 27 staff were suspended for four weeks without **pay**, for improperly accessing his records.

Mr Clooney, 46, said he had only learnt of the situation this week, and hoped the matter could be resolved.

"We believe this is a harsh penalty and an overreaction," said Jeanne Oterson, a spokeswoman for the Health Professionals and Allied Employees union.

Dr Gillian Braunold, MB BS FRCGP

Information Governance Challenges

- The workforce is fallible
- How can technology reassure rather than simply threaten patients privacy
- Tendency to overcomplicate
  - Sealing
  - Access controls
- Data Quality
- Liability of “publishing” erroneous information

Dr Gillian Braunold, MB BS FRCGP

Some protections

- Care Record Guarantee
- Ask permission to view records
  - Relevant at point of care rather than hypothetical in advance
- Patients access to the record

Dr Gillian Braunold, MB BS FRCGP

Ethical problems persist

- Secondary use of data
- Does each team member have to request permission on each occasion
- Can the contents be copied/pasted into local records?

Dr Gillian Braunold, MB BS FRCGP

Work with partners

- GMC
- Defence bodies
- Royal Colleges and BMA
- Multi professional groups
  - Guidance documents - Principles

Dr Gillian Braunold, MB BS FRCGP

Examples of key documents with key partners

- MPS jointly written FAQ http://www.connectingforhealth.nhs.uk/systemsandservices/scr/staff/faqs/mpsfaqs
- Principles on permission to View document http://www.connectingforhealth.nhs.uk/systemsandservices/scr/staff/aboutscr/documents/principles.pdf
- RCGP guidance on content of SCR http://www.connectingforhealth.nhs.uk/systemsandservices/scr/documents/rcgpscrl.pdf

Dr Gillian Braunold, MB BS FRCGP

Post Ministerial Review

- Change in scope
- Challenges
  - Scotland
  - Child Protection
- Make haste slowly – Harry Cayton 2007 review

Dr Gillian Braunold, MB BS FRCGP

National solution brings its own scrutiny

- Financial
- Political
- Death by boards
- Lack of agility
- Expectations raised and publicised
- External campaigns
- Spin/misrepresentation of facts by media and stakeholders
  - Example of mailshot

Dr Gillian Braunold, MB BS FRCGP

Drivers for change

- National
  - Operating framework
  - IM&T DES
- Local Business case at regional level
- Practice decision
- Individual GP views
- Patient views

Dr Gillian Braunold, MB BS FRCGP

Transforming opinion

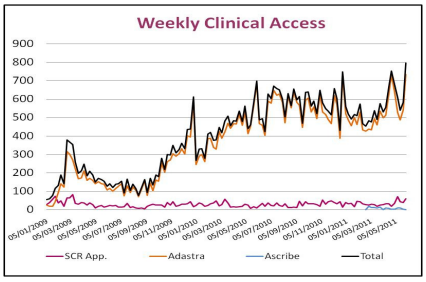
Dr Gillian Braunold, MB BS FRCGP

SCR Deployment Progress

Statistic	Value	Weekly Inc.
Patients Contacted	**32,428,931**	75,622
PCTs which have PIP'd	**121**	0
Opt Outs*	**280,488(1.2%)**	279
Practices Live	**950**	13
Total SCRs Created	**6,540,880**	94,453
PCTs with Records Created	**68**	2
PCTs with HealthSpace	**11**	0
SCR Viewing Sites Business Live	**34**	0
Total no of SCR clinical accesses**	**51,537**	796

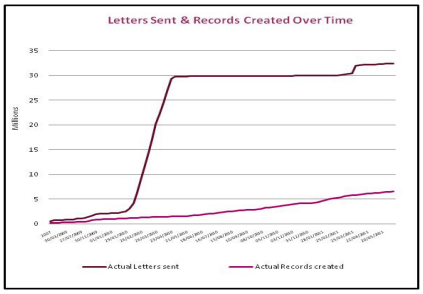
*Opt out figure reported only for those practices that have submitted data on opt out figures

**Total no of SCR Clinical Accesses is up to and including the 05-Jun-2011



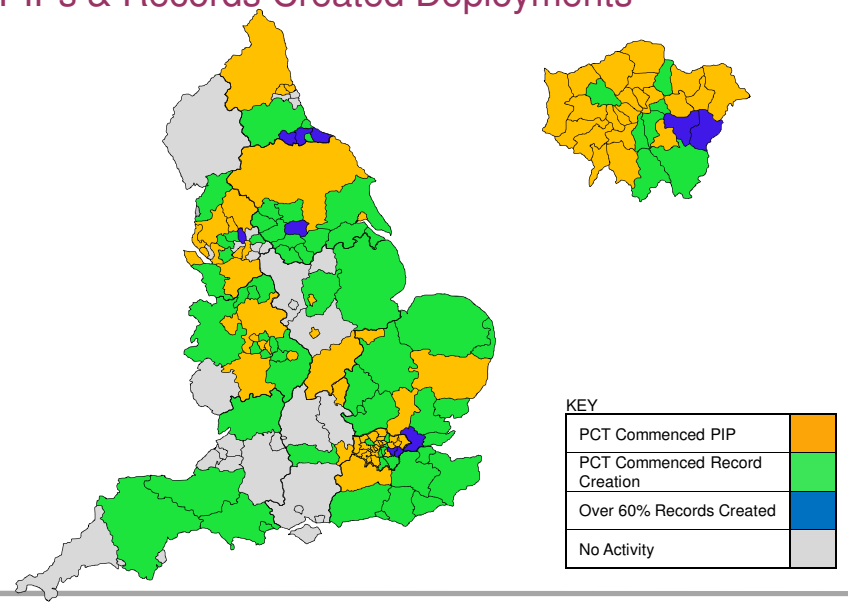
% GP Practices with SCR Compliant Clinical Systems

Supplier	Practices		Supplier Estate Deployed	
	No.	%	Sites	%
EMIS LV	3,278	39.49%	300	9.15%
In Practice Systems (InPS)	1,482	17.86%	258	17.41%
CSC/TPP	1,461	17.60%	349	23.89%
iSOFT Synergy	398	4.80%	43	10.80%



Dr Gillian Braunold, MB BS FRCGP

PIPs & Records Created Deployments



Dr Gillian Braunold, MB BS FRCGP

Evaluation lessons 1

- Consent Model: review the original 'hybrid' consent model for the SCR, which is seen by many as overly complex,
- Benefits Realisation: ensure that 'benefits realisation' work is more balanced, considering the interplay between benefits and dis-benefits.
- Scope: consider developing a tighter definition of the SCR (the information it contains and what it will be used for);
- Programme Management: reflect on the distinction between project management and programme management, consider shifting to a more flexible and adaptive approach to change;

Dr Gillian Braunold, MB BS FRCGP

UCL 2nd evaluation

- Final report covering May 08 to Feb 10 published
- Qualitative studies of encounters, interviews and dataset of anonymised encounters out of hours
- Evaluation at early stage of the programme
- Overall characteristic was scale and complexity
- When benefits occurred they were subtle, hard to articulate, and difficult to isolate from other aspects
- Highlights positive adoption of SCR in Out of Hours settings
- During evaluation usage in A&E low

Dr Gillian Braunold, MB BS FRCGP

How does patient access to records change the situation?

- Fundamentally records move to being a resource
- Fears of clinicians
  - Accuracy and workload if challenged
  - The need to illuminate and explain the records and consequent workload
  - Protecting patients from the uncertainties we shoulder on their behalf

Dr Gillian Braunold, MB BS FRCGP

How does patient access to records change the situation?

- Change in the relationship
- Patient access to information leads to control
- Partnership between patients and clinicians in management of care
- Resultant change in dynamic of service delivery
- Protection or paternalism?

Dr Gillian Braunold, MB BS FRCGP

Legal Issues

- Data Protection act
  - Check for 3rd party information
  - Check that patient doesn't come to harm by seeing records
- How practical is that when records are shared
- Who has editorial control
- How are errors addressed

END

Dr Gillian Braunold, MB BS FRCGP