

COMPUTERIZED MEDICAL RECORDS

AL HARRISON

**HARRISON & EGBERT
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I. INTRODUCTION

A. The Computerized Medical Record (CMR) Landscape

1. Before CMR, medical histories localized
2. With CMR, medical histories are available for mass distribution
3. Promise of high-quality, cost-effective patient care
4. Threat to patients' privacy rights

B. Assessing Proper CMR Policies and Procedures

1. Current information security and protection policies, procedures, and protocols
2. Identify and understand risks and exposures
 - a.. Is there a confidentiality policy?
 - b. Are employees required to read this policy and sign-off?
 - c. Are there periodic reminders of this policy?
 - d. Do policies and procedures comply with federal and state statutes?
 - e. Do policies and procedures comply with accreditation standards?
 - f.. Are there written policies regarding the transmission of medical information?
 - g. Do CMR system users have private user-ids and passwords?
 - h. Is there a procedure for dealing with a breach of confidentiality?

C. Institute Comprehensive Information Security Policy

1. Patient care
2. Personnel and Business Information
3. Commitment to maintaining confidentiality, security and integrity
4. Education and Awareness Training

II. Nature of Medical Information

- A. Sensitivity of medical information provided to doctors and hospitals
- B. U.S. Constitution contains no explicit guarantee of privacy

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C. Congress has not yet passed a federal law protecting the confidentiality of medical records

D. Computerized records accessibility to “outsiders”

E. Patents’ Rights to record content and access to this information

F. Factoring of medical data into personnel decisions

G. Ease of obtaining records

1. Falsified Signature

2. Passwords

3. Digital Signature

4. Limited access to only prescribed care-givers

5. Audit Trail of Access History

6. General Authentication Protocol: Biometrics

H. Kennedy-Kassenbaum Health Care Reform Law

1. "Portability" of health insurance and enhanced protection for pre-existing conditions.

2. "Administrative Simplification" to render collecting health data and concomitant information more efficient

3. Apparent bias against local privacy safeguards

III. Logistics and Privacy Issues

A. Fundamental privacy rights; advent of genetic testing.

B. Confidential nature of the Physician-Patient Relationship

C. Avoid Liability Risks

D. Government attitude and enforcement: Compliance

E. Accreditation Groups: Joint Commission and National Committee for Quality Assurance

IV. Technology And Medical Records

A. Computerized Patient Records: “Paperless” or More?

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B. Scope: Discarding the paper-based system; and Capturing a patient's entire medical history

C. Objective of CPR System

1. Efficient, accessible, secure, cost effective, and user friendly
2. Patient-centered system: allows instantaneous access to clinical, administrative, and financial information

D. Logistical Overview:

1. Managed care framework demands coordination
2. Consumers are becoming more involved in their own health care
3. Staged development of "cradle to grave" CPR system
4. Traditional paper-based medical record
5. scanning paper medical records into a computer
6. custom creation of computerized medical records

E. Goals

1. To develop an integrated, enterprise-based CPR system around patient activity
2. To benefit from a CPR system encompassing multi-specialty, multi-provider, and multi-enterprise medical information gathered not only throughout a patient's life, but also inclusive of prenatal and postmortem data.
3. For data capture, processing, and storage by traditional care-givers, by non-traditional care-givers, and by patients themselves
4. To link records from various times, providers, and care sites to form a continuous chronology of an individual's lifelong health care status.
5. To standardize coding and storage of information pertaining to prescribed drugs, diagnoses, medical procedures, and outcomes.

F. Overcoming Obstacles

1. Standards. Universal Standards
2. Normalize vocabulary, structure, content, messaging, and security

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3. Assure data integrity, availability, and reliability
4. Formation of the Health Information Planning Board

G. Confidentiality and Privacy. Legality of paperless medical records

1. Patient identification controversy
2. Right to anonymous care
3. Patients' control over their own health care information.
4. Comparison with other industries

H. Technology.

1. Network and infrastructure
2. Graphic user interface
3. Voice recognition
4. Authentication via Biometrics

V. Potential Benefits

- A. Quick retrieval of information;
- B. Immediate access to information — geographically independent
- C. Search capability to allow user to identify specific component of medical record
- D. Data compilation and analysis
 1. Morbidity and mortality data
 2. Outcome analysis / efficacy of treatment
 3. Cost benefit of various treatments
 4. Information on demographics
 5. Epidemiological Information
- E. Research (access to health information; statistical reliability of results)
- F. Standardization of vocabulary and terminology (cross-referencing capabilities)

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- G. Access to multiple users
- H. New ways to deliver medical care (*e.g.*, Telemedicine).
- I. Overall improvement in patient care, client service, cost containment and public health.

VI. Potential Problems

- A. Unauthorized Access
 - 1. Hackers
 - 2. Unauthorized staff
 - 3. Security of Internet transmissions
 - 4. Other violations
- B. Inadvertent disclosure
- C. Electronic transmission to the wrong person or destination
- D. Corruption of stored data
 - 1. Intentional
 - 2. Unintentional
- E. Misuse of Information
 - 1. Discrimination
 - 2. Marketing

VII. Use of Information in CMR System

- A. Managed Care Organization
- B. Insurance companies
- C. Third Party Administrators
- D. Utilization Review Agents
- E. Physicians and other health care providers
- F. Hospitals and other health care institutions

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G. Government Agencies

VIII. AMERICAN MEDICAL ASSOCIATION

A. Guidelines for confidentiality of computer - based medical records.

B. AMA Opinions & Standards: §5.07 Confidentiality: Computers.

1. Entry of confidential medical information
2. Patient and physician awareness
3. Physician and patient notice of report distribution
4. Limited dissemination of confidential medical data
5. Procedures for adding to or changing data
6. Procedures for purging data
7. Limited on-line availability
8. Back-up procedures
9. Security procedures

IX. TEXAS LAW

A. Texas Medical Practice Act and Texas Hospital Licensing Law

1. Issue of confidentiality of medical and health care information
- 2.. Disclosure may be authorized by the patient or legal representative, and under certain circumstances disclosure is permitted or even required without patient consent
3. 1997 Texas legislature significantly expanded the list of circumstances under which health information may be disclosed without patient consent
4. The disclosure rules are the same for paper medical records as they are for CMRs.

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X. TEXAS BOARD OF MEDICAL EXAMINERS - RULES

A. The rapid expansion of Telemedicine has focused the issue of medical information and the transmission of such information.

B. A chapter in the Texas Administrative Code created by the State Board of Medical Examiners - among other things, it discusses patient medical records.