

**REPORT OF THE  
DEPARTMENT OF HEALTH**

**Virginia Department of Health and  
Carilion Health Systems Data  
Sharing Project – Progress Report**

**TO THE GOVERNOR AND  
THE GENERAL ASSEMBLY OF VIRGINIA**



**HOUSE DOCUMENT NO. 82**

**COMMONWEALTH OF VIRGINIA  
RICHMOND  
2005**

Virginia Department of Health and Carilion Health System  
Data Sharing Project  
Progress Report – Item 312 H, 2005 Appropriation Act  
October 27, 2005

## **PROJECT BACKGROUND**

The Commonwealth is interested in exploring ways to encourage the adoption of electronic medical records. The Governor expressed his interest through Executive Directive 6 by creating the Governor's Task Force on Information Technology in Health Care, and the General Assembly appropriated funds (Item 312 H of the 2005 Appropriation Act) to support the pilot project described in this report.

The purpose of the pilot is to identify and address the various legal, administrative, technical, and cultural issues presented by sharing of electronic medical records between a public and private entity. The Carilion Healthcare System (CHS) provides an ideal site for the pilot as it has a mature electronic health record with a robust provider component. As CHS is the dominant healthcare provider in the market, the local health departments were expected to share many of the same patients so the shared records would be helpful, or at times critical, in treatment decisions.

With the development and implementation of a physician portal application, CarePort, patient health information from Carilion healthcare facilities can be made accessible to non-Carilion providers who are participants in a shared patient's healthcare delivery.

## **SCOPE**

The initial pilot is for CHS to provide two VDH clinics, located in Roanoke City and Christiansburg, online access to Carilion's enterprise health records. The records represent health care information for approximately 1.2 million patients.

Carilion Technology Services Group is responsible for establishing access to enterprise records via the CarePort application for VDH. Clinicians and staff identified by VDH administration as involved in the delivery of patient care will use the system, as well as several thousand Carilion employees.

Presently, CarePort includes patient health information from Carilion hospital admissions, emergency room visits, radiology and laboratory testing results for inpatient and outpatient basis, and inpatient and

outpatient surgical procedures. During the elapse period of this project, Carilion expects to add more capabilities to CarePort. These new functions would be available to VDH.

A future phase of this project will include data sharing via CarePort with patient information from VDH clinics related to immunizations initially. There is potential for additional modules during future phases.

## **GOALS & OBJECTIVES**

Exploring, demonstrating and documenting the impact of quality of care improvements when information technology is used for clinical data exchange between private providers and local health agencies.

Identifying technologies and techniques for further improvements to patient care and community health should the Commonwealth elect to use and expand initially deployed technology solutions beyond the pilot phase of the project.

Publishing a final report on the pilot project approach, scope, outcomes and cost. In addition, the final report will document issues, obstacles, potential quality impacts as well as overall clinical outcomes and future system interoperability opportunities. For example, VDH expects that the final report will address topics such as the following:

- I. **Enhanced Continuity of Care:**  
As both entities, CHS and VDH, serve a common patient population, there is a high incidence situations of when health information from one entity would be helpful, if not critical, in patients' treatment plan for the other entity. VDH clinicians' access to the healthcare portal will promote continuity of care by having all available information in order to make the best treatment decisions.
  
- II. **Cost Savings:**  
Quality of Care: If the VDH clinician has access to reports or results of studies that have already been completed, the duplication of testing may be avoided. Test results or reports may be an essential component in treatment decisions in many instances. If that information is not available, the clinician may have no other option than to repeat the tests or studies.

Improved Efficiencies: The VDH clinics participating in the pilot do not serve as the primary source of care for a significant number of patients, nor do they provide extensive testing onsite. VDH clinicians or their staff frequently have to call physician practices, hospital testing departments, laboratories, etc. for information or test results. Consequently, a significant amount of time has to be spent on the phone, waiting on faxed results or ultimately determining that the information requested cannot be made available. If this needed patient information is accessible online to any clinician involved in the patient's care; the clinician as well as their staff can experience a significant time saving.

## **INTERIM FINDINGS**

The system was activated on time and on budget. In early July 2005, two VDH clinics began using the CarePort Portal. Utilization information is detailed below:

### **Utilization Evaluation:**

VDH Locations:

Roanoke City and Christiansburg

Shared patients:

81% of total VDH patient file

Total number of VDH employees registered in CarePort:

64

Number of VDH patients in CarePort database:

approximately 8,000

Total access occurrences:

July: 5

August: 49

September: 24

Examples of records accessed:

58% of access events: Review Lab Results, Radiology Results

42% of access events: View Face Sheet, Demographics

### **VDH Employee Comments:**

Had a patient refuse to give consent.

Works well for some.

Had difficulty getting in.

I've been using CarePort - mostly to look up lab values. That works out very well for me, and prevents me from having to make phone calls over to the ID clinic.

We conduct eligibility for our clients annually, and see five or so each week. Obviously, it will take some time to get everyone to sign the consent, so my CarePort usage will increase as more consents are signed. We haven't had anyone yet refuse to sign the consent.

So far, it's been a good tool to assist us with information that we need. Navigation is good for me, but that may be because I can write HTML code from scratch, etc. I've helped several people in the office navigate through the browser. The biggest sticking point for most people is that the browser defaults to the last 14 days of information, and most of the information folks are looking for is older. Once I point out the pull-down, they seem to "get it."

Let me know if I can provide you with any other information -- together, we can make this a shining example of how we can work together to provide a better continuity of care for our over-lapping patients.

As VDH employees were introduced to CarePort, there was positive feedback about how easy the system was to use. Many made comments about how they would be able to use the system to access information for certain types of patients that were seen in the clinics. One consistent request was to have access to the patient's immunization records for patient's seen in the Carilion Medical Group and Medical Education Clinic facilities. There appeared to be unquestionable agreement that this was the information that they were most often having to call the practice to obtain or simply did not have nor were able to get the immunization history.

## **CONCLUSIONS**

1. There is a high match of patient between VDH and Carilion exceeding 80% of the eligible population for the two VDH clinical sites.
2. The legal and regulatory requirements of HIPAA, etc. have been met or exceeded.
3. The routine processing and maintenance objectives have been met or exceeded.
4. Utilization of the system is surprisingly low, but as more information is added to the portal, the usage should increase.
5. Unexpectedly, patients are refusing to grant excess. VDH now expects 5-10% of users to refuse, but there is only very limited data to support this conclusion.
6. Generally, the value of this project is lower than expected, but the limited time it has been available may provide a representative usage rate.