

**Electronic access by public health authorities to hospital patient records:  
Essential for day to day work and related to “meaningful use” of Health  
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**Public Health function enhanced:**

**Direct patient care:**

- a) Local Health Departments (LHDs) may operate clinic or health systems, yet the providers may not have hospital privileges. Providers would be able to provide better care if they had electronic access to records of the individual patients.
- b) LHDs oversee care of patients with tuberculosis, meningitis, rabies, HIV, STDs and other reportable diseases.
  - 1) Electronic access would enable LHDs to more easily determine if the patient is receiving adequate care.
  - 2) Timely contact tracing for purposes of treatment or prophylaxis would be facilitated and reduce the possibility of others becoming ill or dying.
  - 3) Mandated Reporting could be enhanced, particularly for conditions requiring additional reporting beyond the standard Confidential Morbidity Report.
  - 4) PH would be spared the frustration of making contact with hospital personnel who will fax or verbally report information about specific patients to PH.

**Epidemiology/surveillance**

- a) LHD would be able to monitor certain conditions in a more timely fashion.
  - 1) Pick up reportable conditions not reported.
  - 2) Monitor in real time conditions of public health significance and respond more quickly, e.g. influenza, food borne illnesses, smoke-related illnesses, demand for services during disaster situations.
  - 3) More easily monitor chronic diseases, including GIS/geocoding, using statistical techniques to protect confidentiality, to facilitate PH response, support for communities and clinicians and policy development.
    - a. LHD would be able to respond in a more timely fashion, including communication with the medical community and general community about treatment and prevention measures.
    - b. LHD policy development would more accurately reflect clinical trends in the community.
    - c. LHD could monitor service levels and appropriately act to support clinical services to assure community access to care

**Offering services**

- a) LHD would be better able to offer timely support services to individuals and families at risk, e.g. high risk families identified at birth.
- b) LHD could be more timely in offering services to individuals and families to help them pay for and receive appropriate care.
  - 1) California Children Services could monitor children receiving head CT scans in ER and prospectively offer parents insurance-like coverage and services, not

waiting until parents are frantic with mounting bills or may have decided not to pursue care for their child for financial reasons.

- 2) LHDs could reach out to uninsured to enlist them in programs like Healthy Kids in a timely fashion.

### **Benefits to hospitals:**

#### **Direct patient care:**

- a) Patients would be more likely to receive appropriate out patient care and less likely to return to the ER or hospital for readmission.
- b) Hospital providers would be assisted by PH staff in a more timely fashion in their mandated reporting and tracking down of patients and their contacts for treatment or prophylaxis.
  - 1) Hospital burden of caring for people (ER, inpatient) who do not get timely treatment or prophylaxis reduced.
  - 2) Hospital personnel and visitors less likely to be exposed to communicable disease if PH involved in real-time facilitating treatment and prophylaxis.
  - 3) Hospitals are more likely to get timely health officer approval for tuberculosis patient discharge. This approval is mandated. Delays could result in prolonged hospital stays, resulting in prolonged exposure to hospital staff and visitors and increased cost of care/bed days.
  - 4) Hospital staff (nursing personnel, clerical staff) would not be interrupted in their work to search for records and phone/fax PH with patient information required in a timely fashion to carry out PH functions.

#### **Epidemiology/surveillance**

- a) PH would be aware in a more timely fashion of outbreaks/epidemics and other conditions impacting service levels at hospitals
  - 1) PH could appropriately inform staff of recommended treatment and prophylaxis, improving safety for hospital staff and their ability to provide appropriate care.
  - 2) PH could assist hospitals in a more timely fashion when demand for services exceeds ability to provide services.
- b) Hospitals, particularly non-profits that are required to monitor community health status, would get more timely and accurate information from PH about medical conditions occurring in the community.
  - 1) Hospitals can appropriately plan services.
  - 2) Hospitals can participate in prevention and care management more appropriately.
  - 3) PH can offer patients support and sources to reimburse for care
    - a. Hospitals would be more likely to receive reimbursement in a timely fashion for patients eligible for PH-facilitated programs, like California Children's Services or Healthy Kids.
    - b. Hospital providers would find their jobs more satisfying if their patients have a source to reimburse recommended care.

