

**Subject:** Ignite Talk - Advocate for a policy initiative

**Title:** A learning health network of one: How medical trainees can use the electronic health record for clinical feedback

### **Authors**

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### **Description**

Did you know clinical providers can use the electronic health record (EHR) to receive timely feedback and improve medical management based on the patients they evaluate? In the same way that a learning health network uses system results for continuous feedback, medical trainees can use the EHR to enhance their medical education. However, trainees must be cognizant of existing privacy rules and be aware of the boundary between "snooping" and legitimate medical education. Guidelines enumerated in this talk will provide compliant chart access for clinical feedback while preserving patient privacy.

### **Outline**

1. Examples of undefined areas surrounding chart access
  - a. Is an emergency department physician trainee allowed to follow-up on the results of a biopsy for a patient they evaluated?
  - b. Is a physician trainee allowed to follow the course of a patient seen while covering the hospital at night after their assignment ends?
2. Providers need feedback on clinical decisions and resultant outcomes – this is especially true of medical trainees
  - a. Much of medical training is segmented into shift-based work
  - b. Continuity of care is lost and the result of significant clinical decisions may not feed-back to the ordering provider
3. The EHR is an excellent tool to provide results of clinical decisions, but its use is restricted by HIPAA regulations
  - a. Fines for violations of HIPAA make organizations increasingly cognizant of provider access to PHI
  - b. Providers need clear guidelines in order to ensure compliance with federal law while advancing in their medical knowledge
4. Guidelines for Safe, Private Access of the Electronic Health Record by Medical Trainees
  - a. Have a direct clinical relationship with the patient
  - b. Have a well-defined clinical question that can be answered by the patient's medical course
  - c. Restrict chart review to the time period needed to answer the provider's question
  - d. Use EHR lists to track patients needing review (versus paper lists or lists outside of the EHR) in order to limit unauthorized disclosure