Electronic Health Records Exchange Global Consent; Do Privacy Concerns Outweigh Desired Efficiency?

Electronic Health Records (EHRs) allow medical providers to input and extract information about patients more efficiently than ever before when those records are made available via electronic health information exchange platforms. In Vermont, pursuant to 18 V.S.A.§ 9352, the Vermont Health Information Technology Plan (VHITP), Vermont identified Vermont Information Technology Leaders (VITL) as the sole operator of the Vermont Health Information Exchange (VHIE), Vermont’s EHR exchange. During the pilot of the VHIE, patients were able to select which provider records they wanted involved in the exchange. Upon completion of the pilot VITL recommended to the Green Mountain Care Board, Vermont’s health care regulatory body, that the consent mechanism for the VHIE change from the provider-by-provider option to a global opt in or opt out system.

In order for the full benefits of the VHIE to be realized, there must be robust participation by patients willing to allow their records to be made available via the exchange. The more records available on the exchange, the more reliable it will be for providers to find information on their patients. However, stakeholders, community advocates, and community-based organizations raised concerns in equal measure about the privacy implications of changing the consent mechanism to a global opt in system versus a provider-by-provider model.

The research presented examines the intersection between the concerns of stakeholders, the public interest, and the ultimate goal of the state to maximize the benefits of its health information exchange platform. Three levels of modification; minimal, moderate, and extreme are explored in my research. The merit of these options are examined and weighed against one another and ultimately the “moderate change” option is recommended.