

Testimonials from Chief Medicolegal Officers about Access to Electronic Medical Records (EMR), Health Information Exchanges (HIE) and Other Information Databases*

*Non-substantive changes have been made to some quotes for clarity, confidentiality, or to avoid redundancy.

NORTHEAST

“We (medicolegal death investigators, coroners, and medical examiners) have access to our regional HIE and I cannot imagine life without it. Not all institutions/providers participate, but it is still invaluable.”

“We've caught so many cases with remote injuries possibly contributing to death or ‘history of [substance] use’ that I cannot begin to enumerate them. We've been able to find contact information from Next-of-Kin and health care or emergency response providers to pass on to police for the purposes of notification, identification, and death certification. We can bring up antemortem x-rays to compare to postmortem for ID purposes, and we can evaluate brain imaging ourselves when the radiology read isn't helpful for discerning stroke from trauma. Digital records are also “green”, printing is unnecessary or at least reduced. There is no faxing, copying, email, snail mail or worries about record retention and confidential medical records.”

SOUTHWEST

“Our investigators, physician assistants, and forensic pathologists have access to the state HIE, and, like others, we find it incredibly valuable for timely records, finding healthcare providers of decedents prior to death, and finding Next-of-Kin (NOK). Imaging reports are available, but not the images themselves. We typically download relevant records to our records management system. We lost access for almost a year a few years ago when the HIE organization was working up legislative changes but regained it -- one thing we still don't have is access to behavioral health records (this requires a separate statute, but intend to gain this access in the future). Not all providers participate in the system, but a lot do. patients can also opt out, but we don't see that too often. Our HIE is to no cost to us. Having access to these systems directly is a huge benefit and much more efficient than the old approach of ‘blindly’ sending numerous subpoenas to hospitals around where the decedent lived in hopes of finding any medical records to inform the death investigation.”

MOUNTAIN STATES

“We have access to several local hospital EMRs and access to a statewide HIE. The pathologists and our coroner liaison have access to the records. The coroner liaison is able to facilitate medical record review for the coroners and ME staff. The Veteran’s Affairs medical centers can be a bit more challenging.”

“We have had access to the state HEI for a few years now, but it required a presentation to their board explaining our specific use case and our legal entitlement to the records. We do not pay a fee for

access. It has been a tremendous help. More recently we have gained access to the electronic medical records (EMR) for the two biggest health care systems in the state and this helps with many of the gaps present in the HIE due to opt outs, less than full participation and other limitations of that data. We also have full access to our states emergency medical services (EMS) records as well as the controlled substance database, with a portal that was designed specifically for our office.”

“When I first arrived, we did not have access and we were still requesting faxes (only 8 years ago) for medical records. Shortly after that we gained access to the centralized health record system for the area. Most hospitals use it. We can look up and pull records in real-time, allowing us to see if a case should be accepted or not. Investigators, by protocol, download these files to our case management system for every case. Labs, imaging, progress notes are all there. We still have to make the occasional inquiry to doctors’ offices or a rare hospital that does not participate and then there are the out-of-town deaths that area HIE does not help. But HIE access is really a game changer for us. Access to the prescription monitoring database occurred only a couple of years ago. Less frequently used, but also very helpful. Met resistance to PDMP access at first, but as long as we have physicians registered, we can access.”

“We have instant access to 90 percent of the records in the area for a nominal (in the big picture) annual fee and it works great. The Veteran’s Administration is an exception as it is a federal system and these records are not kept in the area HIE (centralized health record system).”

“Our county has three separate hospital systems, not including the large children's hospital. We have access to the level one trauma center records. One person in our office has access to a second hospital system. We have to send subpoenas to the Children's hospital and the third hospital system to get any records. “

“I have medical records for the majority of the decedents before the autopsy begins. Having the history to go with the physical, what a concept!”

WEST COAST

“Our investigators and pathologists have access to a regional EMR sharing system. Not all records are consistently uploaded or entered, and patients can opt out of sharing what is in the system, but we use it every day to get main diagnoses/problem lists, histories and physicals, discharge summaries, and continuity of care summaries (sometimes images (xrays, CT scans, MRI scans, ultrasounds) are included with our access, not just the imaging reports). It is especially useful for those found at home without friends or relatives to give us leads about medical history that we otherwise wouldn’t have known – and it is often enough that we can then justify a cause of death with just an external examination of the body. Our system includes Department of Defense/Veteran’s Affairs (DoD/VA), Kaiser, and local healthcare systems. We’ve had no negatives to report with using HIEs in our work.”

MIDWEST

“As our practice is based in a hospital most of our staff (physicians, in-house investigators) have complete access to all our hospital systems electronic records (we also have access to view hospital imaging). Through the hospital we also have access to a larger HIE system (records only) that gives us access to many (not all) of the hospital systems in the state. Our only real problem is that they limit the number of individuals who are granted access and not everyone in the office (including most of our field investigators) have direct access. It has been an extremely valuable tool for our office for a myriad of reasons.”

SOUTH:

“We rely heavily on the Emergency Management System (EMS) records and have access to their electronic records in our county. They are done in a timely fashion, provide pertinent details regarding how the person was found, initial cardiac rhythm, environment surrounding death, and a good timeline for the events around the death.

PACIFIC NORTHWEST:

“We (medicolegal death investigators, coroners, and medical examiners) have access to the electronic medical records (EMRs) of the two largest healthcare systems in our jurisdiction, which in turn has the records from EMS and sometimes from systems in nearby jurisdictions. It’s a game changer and invaluable for us. The MDIs routinely use it to help triage scene responses. HIE improves workflow efficiency and clinical diagnosis accuracy, which, in turn, improves death certification. Both systems have links to the actual radiology images, not just the report, so that improves the timelines of scientific identifications that can be accomplished through X-ray comparison.”

“I would add the importance of getting access to the radiology picture archiving and communication systems at the time of initial set up to prevent future delays and complications in getting new employees on-boarded with access. “

“The Veterans Administration in our state still primarily use paper records and faxes.”