Patient Impact Cases

To demonstrate the promise that robust VHIE utilization has for improving care, five cases are presented here from providers who used VHIE data to assist in treating patients (names and locations have not been included to protect patient privacy). Future collaboration with providers and stakeholders will present opportunities to improve the VHIE's ease of use in supporting high quality patient care, as highlighted in the State's Act 73 report.

Preventing a Misdiagnosis

A provider received a colonoscopy report that diagnosed a patient with a specific kind of cancer. After accessing the pathology report via VITLAccess, the provider determined that the patient had another form of cancer which is treated in a very different manner. Timely access to this information proved to be crucial in providing the proper treatment and care for this patient, as well as saving the emotional stress and financial costs of an incorrect treatment.

Reducing Overprescribed Opiates

A patient visited a provider claiming a rib injury from a fall. He had specific requests on what pain medication he wanted, but after reviewing his medical records in VITLAccess, the provider discovered that the patient had visited almost every emergency room in Vermont with a similar story, obtaining narcotics on most visits. The provider did not prescribe narcotics in this case, because it was apparent that there was drug seeking behavior.

A Child Without a Medical History

A seven-year-old foster child visited a provider as a new patient, but there was no medical history available about his asthma and heart conditions. After checking in VITLAccess, the provider discovered that the foster mother had not been told about an essential diuretic medication that the child needed to take. The provider wrote a prescription for the foster mother, thus preventing the child from possibly going into heart failure and ending up in the hospital.

Identifying Abuse and Neglect

The family of a six-year-old child who was developmentally delayed claimed that they were giving the life-saving thyroid medication he needed, but when the treating provider checked the prescription fill history in VITLAccess, it showed that the parents had not filled the medication for over a year.

The Vermont Department of Children and Families removed the child from the home, and the foster family began to give the thyroid medication to the child so that the he would have more normal neurological development. The family doctor was now able to follow the medication fill history with VITLAccess, to assure that the foster family was following through.

Coordination of Long-Term Care

A female patient at The University of Vermont Medical Center was discharged after a complicated hospital stay with heart and kidney complications. The patient was trained to do self-monitoring of her blood pressure, pulse, oxygen level and weight at home, and her telemonitoring information was sent electronically to the VNA and then to the VHIE. [VITL partnered with the VNA of Chittenden and Grand Isle Counties during 2017 to create connections that could import telemonitoring data into the VHIE].

The patient's primary care nurse practioner was able to adjust her medications when needed to prevent heart failure and repeated hospitalization, by viewing the patient's telemonitoring data in VITLAccess.