

Steve Whitaker
4/10/19
opt in/out, VHIIE

From: Stuart Graves <stumcl@mac.com>
Subject: Re: VITL reframed - or not
Date: Tue, 9 Apr 2019 12:06:21 -0400
To: Stephen Whitaker <whitaker.stephen@gmail.com>

Dear Stephen,

I cannot thank you enough for your efforts. The issues you are pursuing are vital (I'm very sorry for this unfortunate pun, but the word needs reclaiming!) to the well being of people, let alone the citizens of Vermont.

I am startled that I seem somehow to lend "authority" to the points you are correctly raising. I sincerely doubt anybody in the legislature would be much impressed by me. I am very glad that Ann remembers me. If the opportunity presents itself, please say hello and wish her well from me.

I remain confused about what to make of this call to action from the past. At my age the task seems to be shedding identification with those things which have made up my particular life. I think that I understand the points you are making - even though I confess I have not read all the attachments - and I agree with you. Below, I list what I believe they are in succinct form. Please feel free to use whatever of this may be of some use to you, if any.

1) People own their own medical records/information.

a) As socially ridiculous or unreal/unrealistic as that may seem to many people now, it is one of those things that once it flips we will wonder how it could have ever been different, e.g. how could there be a car without seatbelts and air bags, or how could there ever have been (be) slavery.

b) Ownership by a person does not mean that the integrity and existence of the information in the record is at risk. It means that people have the actual physical ability to control access to their record and its parts, just as we do to our homes.

2) The technology did exist, does exist, and will exist to implement the above, e.g. patient controlled encryption via asymmetric encryption or block chain.

3) If EMR's were properly designed in the first place, HIE's would not be necessary. Think google documents.

4) If in the interests of good patient care, and the need to work with what we have, the state has expended its citizen's money to create an HIE, I believe you are correct to raise the issue of who owns the results of those efforts.

It is ludicrous to think a computer cannot keep track of which people a person wishes to grant access to their medical records or to which parts of them.

a) Forcing people to “opt in”, i.e. grant access to their record by every HIE member (I forget the lingo for “member”, sorry) just so they can actually get their information to the few people they really want to have it, is flat out wrong.

b) Doctor’s lives are often interminably hassled by the ridiculous these days. This is not one of those things, even though they may fear it is. Think buying a book from Amazon. The necessary authentications and agreements upon what to exchange happen easily and quickly.

Again, it delights me you are doing this. Thank you.

Stu

(Stuart Graves, MD)