



Remote Electronic Health Record Access: A Minnesota Newborn Hearing Screening Follow-up Story

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EHDI National Conference Presentation March 15, 2022

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

- Describe Minnesota's process to obtain remote EHR access
- Review multi-year comparison data obtained pre/post remote EHR access
- Identify challenges, successes, and future goals for chart abstraction using remote HER access

Obtaining Electronic Health Record remote system access

- Spring 2020
- Consultations with various MDH groups i.e., legal
- Created introductory package explaining our request and goals
- Met with health system representatives

Access was obtained

- Created tracking spreadsheet
 - Key contacts
 - Access status
 - Documented remote access nuances i.e., privacy training, agreement forms
- Tested EHR access i.e., can we find what we need?
- Created internal Standard Operation Procedure (SOP) and tip sheets for chart abstraction at each health system

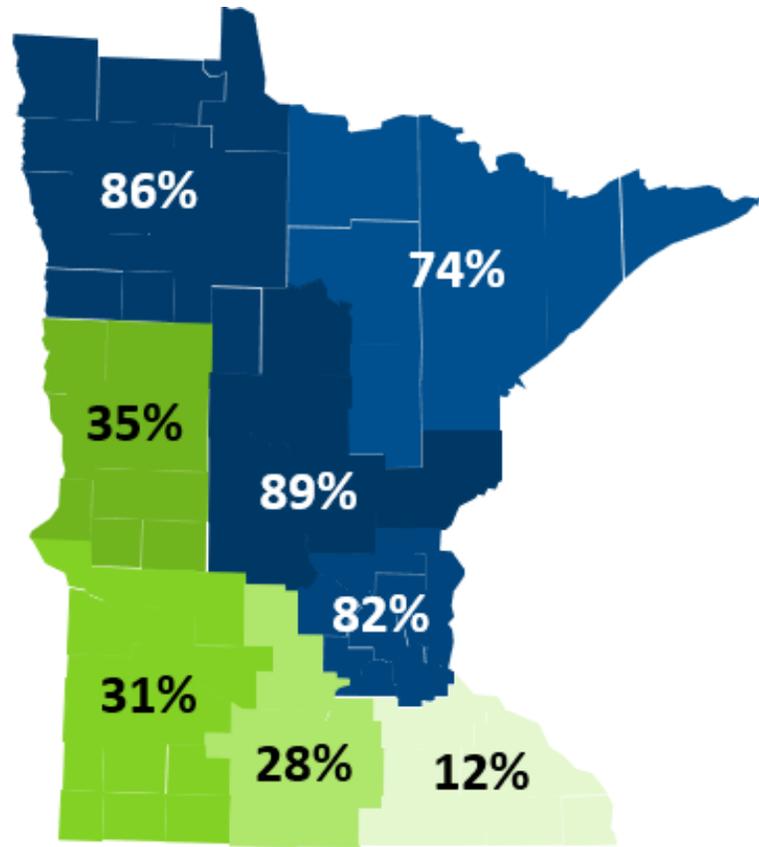
Minnesota Health Systems Access

- 9 health systems are active for remote record abstraction
- 8 currently in progress
- 2 systems were not interested
- Total number of birth facilities with remote access: 54 out of 84 in Minnesota

*Additional remote access to birth facilities in ND

Access to EHRs across Minnesota by Region

Access to EHRs for 71% of births. Access varies across regions and is lowest in the southern part of the state.



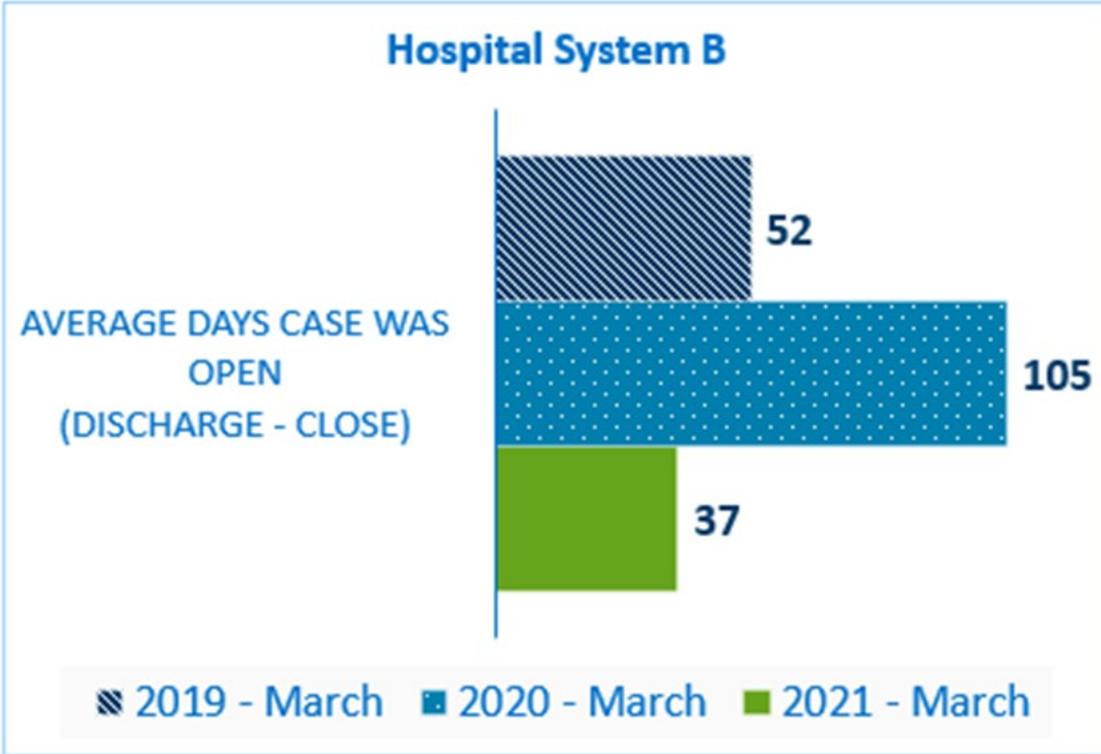
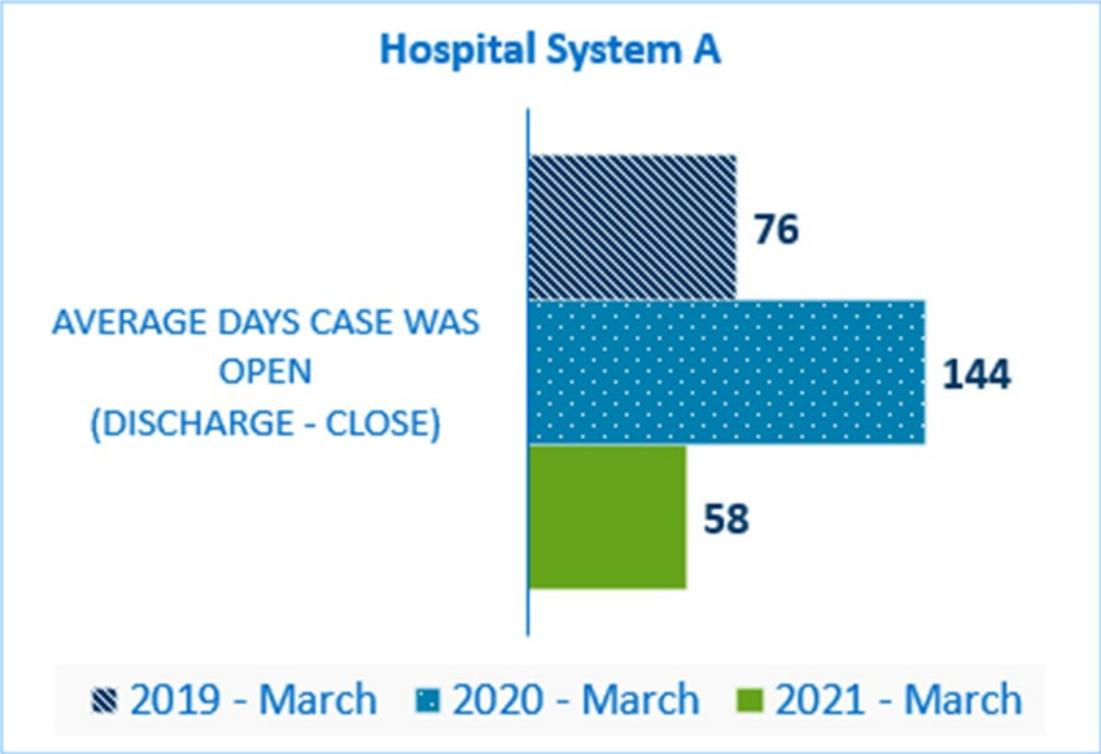
Case Study: EHR Access Impact on Case Follow-Up

Short Term Follow-Up: Life of a Case



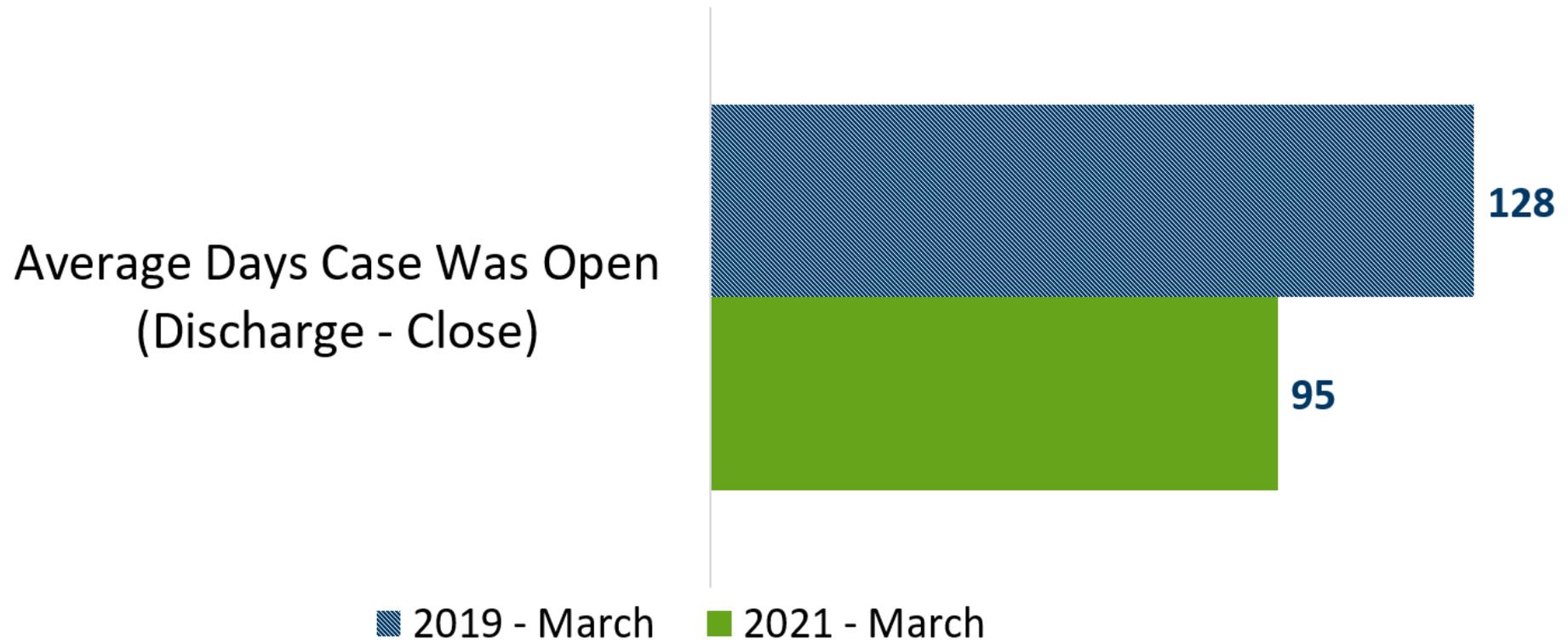
Reduction in Follow-up Times

Follow-up time was reduced in 2021 in both health systems as a result of EHR access. COVID-19 pandemic caused longer follow-up times in 2020.



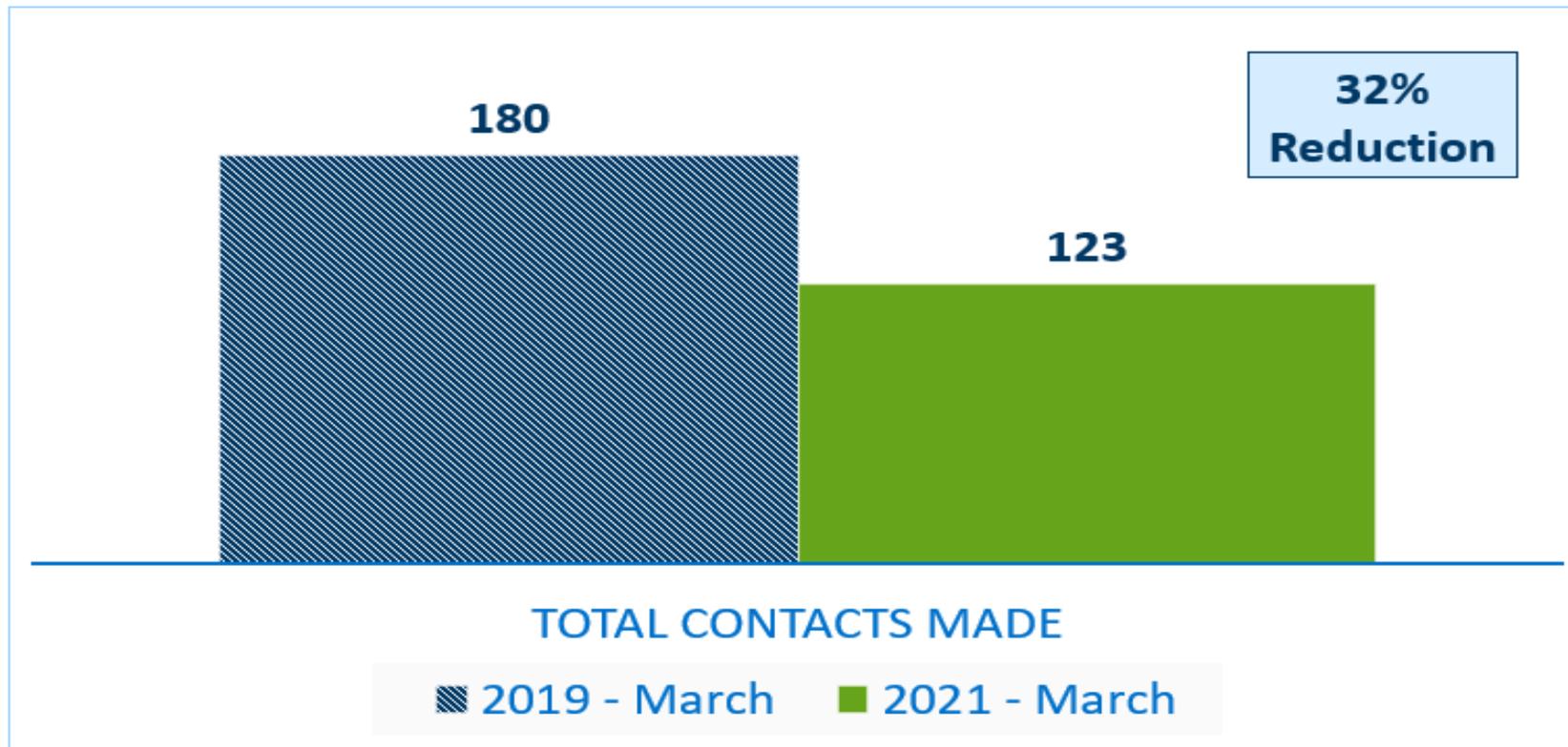
Reduction in Total Time Cases Open

EHR access reduced overall follow-up time by 26%.



Reduction in Follow-up Contacts

EHR access reduced follow-up contacts by 32%



- EHR remote access & chart abstraction is helpful for Public Health follow-up
- Can save staff time waiting for responses but direct provider reporting is still the goal
- Not all EHR systems access is created equal
- When PCP matched the health system it was easier to follow-up, took longer to follow-up on if PCP was outside of the health system
- It is one tool and finding a balance on when to use it is needed

- Health systems hesitant to allow remote access
- Continued delays gaining system access due to COVID-19 pandemic and staffing challenges
- Quality of inpatient results still a concern
 - Missing or conflicting documentation
- Technical issues with remote access set-up and ongoing challenges

- Continue efforts to add systems
- Reduce number of sites with access limitations
- Impact on lost to follow-up
- Impact on 1 – 3 – 6 timeliness goals
- Investigate notifications and consistent documentation opportunities within EHRs

Thank you!

- Thank you to the Point of Care, Newborn Screening and Long-term follow-up team members that have helped with this work
- Special thank you to Melinda Marsolek, Kim Sandrock, and Jessica Cavazos for their help with this presentation

Thank you

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