Episode: *Author Interview: "Whom Should We Regard as Responsible for Health Record Inaccuracies That Hinder Population-Based Fact Finding?"*

Guest: Shelli L. Feder, PhD, APRN
Host: Tim Hoff
Transcript: Cheryl Green

Access the podcast.

[bright theme music]

[00:00:03] TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Shelli Feder, an assistant professor at the Yale School of Nursing in New Haven, Connecticut. Dr Feder is also an associate program director for the Yale National Clinician Scholars Program, an affiliate investigator at the PRIME Center, and an organizational health services researcher. She's here to discuss her article, coauthored with Dr Kathleen Akgün, "*Whom Should We Regard as Responsible for Health Record Inaccuracies That Hinder Population-Based Fact Finding?*," in the January 2025 issue of the Journal, *Epidemiology and Clinical Practice*. Dr Feder, thank you so much for being here.

DR SHELLI FEDER: Thank you very much for having me, Tim. [music fades]

[00:01:00] HOFF: So, what's the main ethics point that you and your coauthor are making in this article?

FEDER: I think we really want to emphasize that it is...who are the stakeholders and who are responsible for ensuring that this very important data that we conduct essential studies on, who is responsible for the accuracy of that data. And the reality is that there are many, many stakeholders. It is the patient and the clinician and the researcher as well as the people that create electronic health records software. And we all have a shared responsibility to ensure that this data is accurate and is reflective of the clinical encounter, but that also, it's used responsibly for research as well.

[00:01:52] HOFF: And so, what's the most important thing for health professions students and trainees to be taking from this article?

FEDER: So I think there, we make a couple points about how individuals and organizations can improve EHR data quality. And I think trainees and other students have a pivotal role in this. The first is that clinicians, as the key inputter of data into these systems, should have a voice in how these systems collect their data, and they should encourage vendors to reassess how this data is collected and how clinicians interface with it. And the goal here is to really make sure that data collection is optimized so that it is collected accurately, but that it also doesn't impede the clinician from providing high quality care.

And second, we argue that clinicians—and I would argue this is important for trainees and students as well—should advocate for meaningful approaches to EHR use and how this data can support clinical care instead of simply just going forward and completing structured fields in the electronic health record. It's imperative that clinicians actually think about how they can make this data capture system better. Because ultimately, we want to ensure that our data capture systems embedded in these electronic health records are capturing accurate data consistently. And in doing so, that is really the only way in which we can ensure that the data we collect and analyze for population level health is correct.

[00:03:46] HOFF: And finally, if you could add a point to this article that you didn't have the time or the space to fully explore, what would that be?

FEDER: I think there is, I think one of the issues, and this is really reflected well in the case that we start this article on, is this need for data that is accessible across various systems. So, we unfortunately live in EHR-based silos, in that often, the electronic health records of a patient for a particular system is not accessible to individuals in and across other systems. And when we think about what that means for population-level health and research, if as a researcher, I only have access to one health care system's data, then I'm limited in making population-level inferences because I may miss, or, as we point out in the case, erroneously associate certain features of that patient that really didn't exist simply because they didn't have access to their data.

To this point, I think there are movements to make this data more accessible and more sort of transferable across health care systems and across states. We provide some examples in the article, but I think one of the more exciting opportunities in this field is the use of health information exchanges, where data is exchanged and available across multiple health care systems and data repositories. And I really think figuring out ways to make this data accessible is important when we think about doing epidemiological research as well. [theme music returns]

[00:05:49] HOFF: Dr Feder, thank you so much for your time on the podcast today, and thanks to you and your coauthor for your contribution to the Journal this month.

FEDER: Oh, absolutely. Thank you so much for having me.

HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site, journalofethics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.