Oregon Health Information Technology and the Intersection with Part 2

March 30, 2016 10:00 am-11:30 am

For audio, please listen through your speakers or call:
(631) 992-3221 Attendee Code: 980-950-451

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Housekeeping

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- All lines are muted
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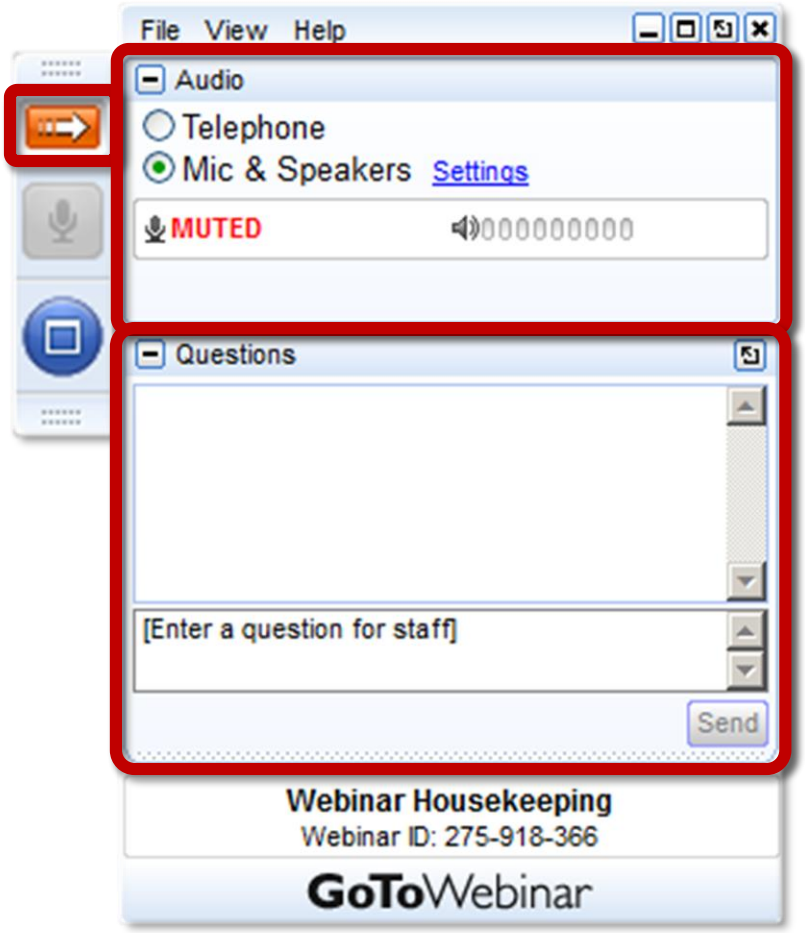
- Send questions using the “Questions” box in the control pane
- Q&A session at the end



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Webinar Agenda

- Overview of the Webinar
- Overview of the 42 C.F.R Part 2 Notice of Proposed Rulemaking
- Oregon's Health Information Technology Environment and Resources
- OCHIN Experiences with 42 C.F.R. Part 2
- Connecting Health Care among Oregon Communities
- Questions and Answers
- Next Steps

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Overview of 42 C.F.R. Part 2 Notice of Proposed Rulemaking

Veronica Guerra, Policy Analyst

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Proposed Changes to Definitions

New Definition: Treating provider relationship exists, regardless if an in-person encounter has taken place, when:

1) A patient agrees to be diagnosed, evaluated and/or treated for any condition by an individual or entity, and
2) The individual or entity agrees to undertake diagnosis, evaluation and/or treatment of the patient, or consultation with the patient, for any condition

Definition Clarification: Part 2 Program

General medical facility or practice is considered a program:

1) If the provider is an identified unit within the general medical facility or practice and holds itself out as providing SUD diagnosis, treatment or referral for treatment
2) If medical personnel or other staff in the general medical facility or practice are identified as specialized staff that have a primary function of providing SUD diagnosis, treatment, or referral for treatment

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Proposed Changes to Consent Requirements

- Amount and kind: proposing to require explicit description of SUD information to be disclosed (e.g., diagnostic, medications and dosages, trauma history)
- To whom: revises consent process to allow a general designation
  - List of disclosures must be provided upon request
- From whom: proposing to require a narrow description of the party disclosing information
- Must obtain confirmation that patient understands terms of consent and right to request list of disclosures

Additional Proposed Changes

- **Qualified Service Organization:** Revises definition of QSO to include population health management and exclude care coordination as a qualified service
- **Re-disclosure**: Clarifies that prohibition on re-disclosure only applies to information that would identify an individual, directly or indirectly, as having received SUD treatment, diagnosis, or referral as indicated through medical codes and/or descriptive language
- **Medical emergency:** Revises medical emergency exception to give providers more discretion to determine when a bona fide emergency exists
- **Research:** Expands ability of Part 2 program, or other lawful holder of Part 2 data, to disclose to a researcher

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Comment Submission

- Listening Session was held on June 11, 2014
  - Approximately 1,800 individuals participated
  - SAMHSA received 112 oral comments and 635 written comments
- NPRM published on February 9, 2016
  - 60-day comment period
  - Comments must be received no later than 5:00 p.m. on April 11, 2016
  - eRulemaking Portal: http://www.regulations.gov

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Oregon's Health Information Technology Environment and Resources

Susan Otter
Director of Health Information Technology

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Goals of HIT-Optimized Health Care

1. Sharing Patient Information Across the Care Team

- Providers have access to meaningful, timely, relevant and actionable patient information to coordinate and deliver "whole person" care.

2. Using Aggregated Data for System Improvement

- Systems (health systems, CCOs, health plans) effectively and efficiently collect and use aggregated clinical data for quality improvement, population management and incentivizing health and prevention.
- In turn, policymakers use aggregated data and metrics to provide transparency into the health and quality of care in the state, and to inform policy development.

3. Patient Access to Their Own Health Information

- Individuals and their families access their clinical information and use it as a tool to improve their health and engage with their providers.

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Interoperability Challenges

"The capacity of different health information technology systems and software applications to communicate and exchange data and to make use of the data that has been exchanged." ~ *Oregon Laws Chapter 243 (2015)*

Challenges:

- Adoption of certified EHRs/HIT
- Vendor "data blocking"
- Technical (standards, semantics)
- Legal/consent, liability concerns
- Organizational reluctance
- Good enough solutions (e.g., portals, fax)

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CCO Barriers to Behavioral Health Information Sharing

Barriers	CCOs Reporting Experiencing Barrier (n=13)
Confusion over compliance with state or federal laws	77%
Concerns over privacy and confidentiality protection for the patient	77%
Technology system does not have the technical interfaces and applications needed to exchange sensitive data (e.g., EHRs do not segment or separate data).	62%
Concerns over liability if information you share is later improperly shared	62%
Lack of proper consent forms from the patient	38%
State or federal laws prohibit the type of sharing I want/need to do	23%

Health Information Exchange Efforts in Oregon

- Regional HIEs
- Emergency Department Information Exchange
- Direct secure messaging within EHRs, between HIEs
  - CareAccord, Oregon's statewide HIE
- Vendor-driven solutions:
  - Epic Care Everywhere, Carequality, CommonWell
- Federal Network (the Sequoia Project)
  - Connection to federal agencies: SSA, CMS, VA, etc.
- Other organizational efforts:
  - Initiated by CCOs, health plans, health systems, independent physician associations, and others
  - Including private HIEs, point-to-point interfaces, HIT tools, hosted EHRs, etc. that support sharing information across users

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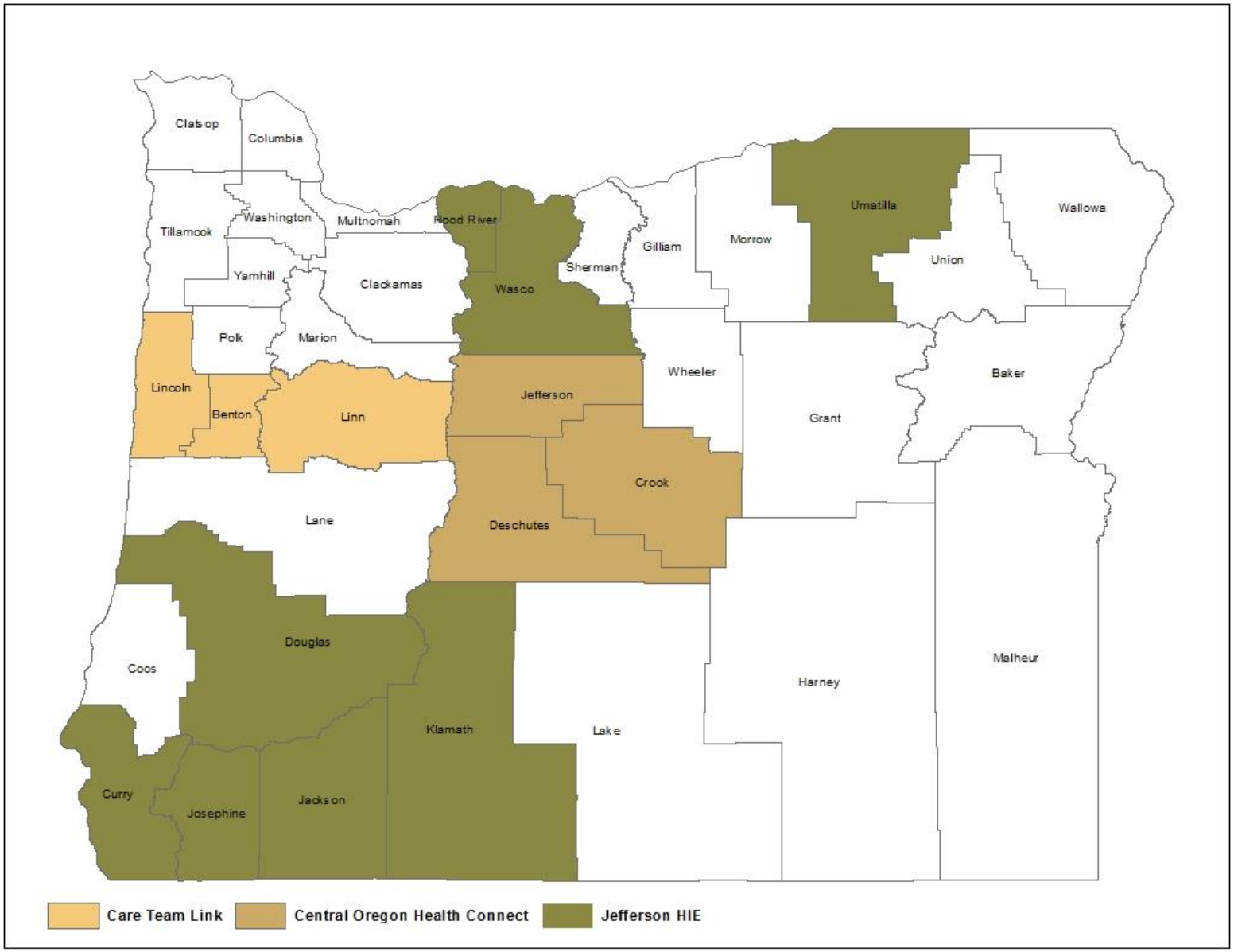
Regional HIEs – by County



HIT/HIE Exists in Oregon, but Gaps Remain

Many providers, plans, and patients do not have the HIT/HIE tools available to support a transformed health care system, including new expectations for care coordination, accountability, quality improvement, and new payment models.

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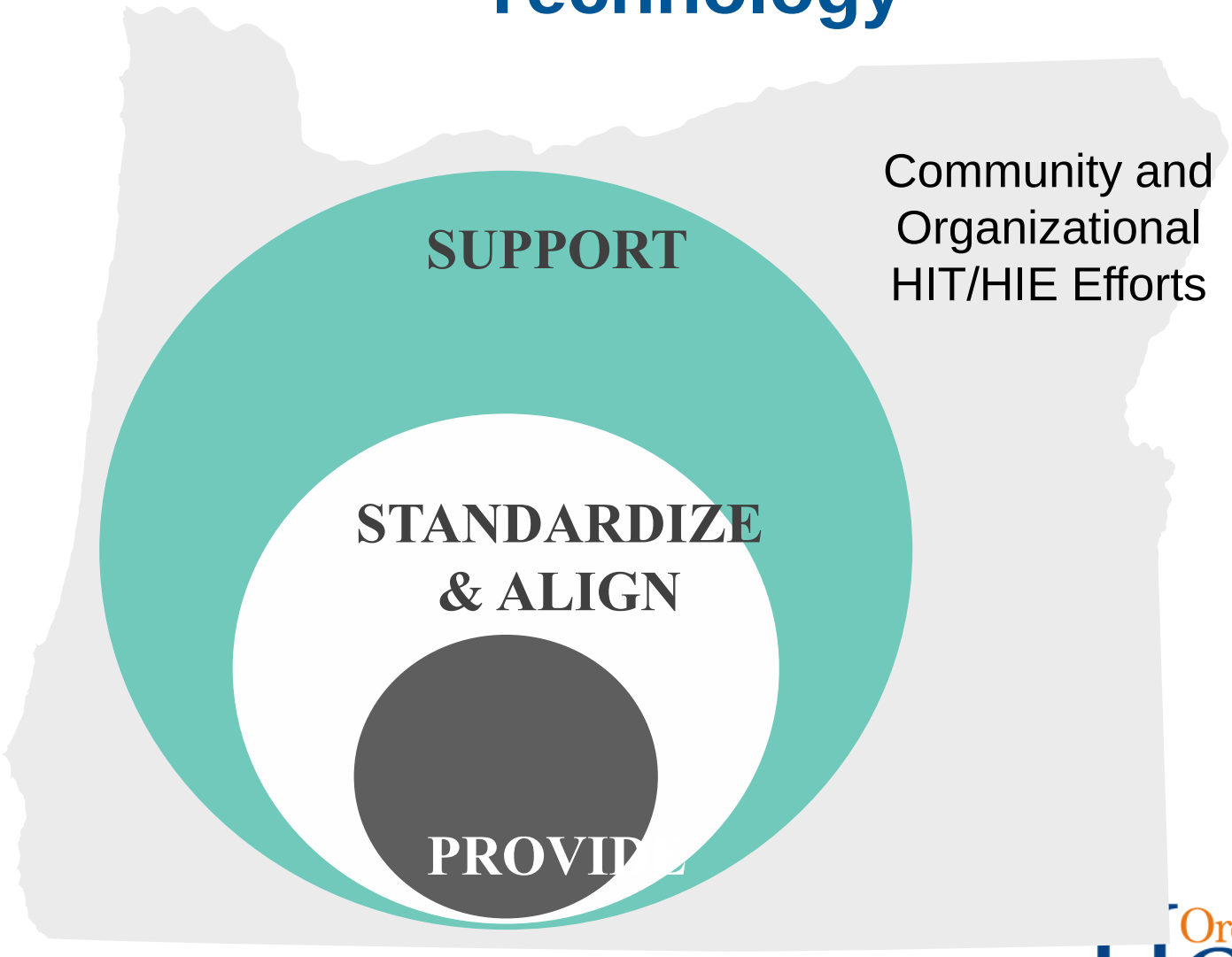
State's Role in Health Information Technology



Community and Organizational HIT/HIE Efforts

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HITOC Supports HIT Efforts

- HIT Oversight Council (HITOC):
  - Monitor and regularly report on progress of state and local HIT efforts
    - Behavioral health HIT environmental scan
  - Make recommendations on HIT efforts needed to achieve goals of health system transformation
    - Focus: Interoperability; behavioral health information sharing
    - Updating HIT strategic plan for 2017

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Information Sharing with Direct Secure Messaging

- Statewide Direct secure messaging as baseline for health information exchange:
  - HIPAA-compliant way to encrypt and send any attachment of protected patient information electronically;
  - OHA administers CareAccord, offering web-portal based Direct secure messaging
    - For providers, plans, CCOs, and other care team members and state programs who don't have EHRs, or face barriers to exchanging information
    - https://www.careaccord.org

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Statewide Sharing of Electronic Health Information: Direct Secure Messaging

- Physical health providers and hospitals moving to Direct secure messaging in 2014/2015:
  - Providers seeking EHR Incentive payments must adopt 2014-certified EHR technology, which must include Direct secure messaging
- National accreditation is helping to ensure interoperability between Direct secure messaging providers (HISPs)
  - Accreditation means connection statewide to care team
  - CareAccord – first statewide HIE to become accredited

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EDIE and PreManage: Sharing Hospital Event Data

- The Emergency Department Information Exchange (EDIE) Utility
  - Collaborative effort led by the Oregon Health Leadership Council with OHA and other partners
  - Connects to hospital event data from both OR, WA
  - Notifies ED of high utilizers – provides critical information for ED
- PreManage
  - Provides real-time notifications to subscribers when their patient/member has a hospital event
  - Dashboards provide real-time population-level view of ED visits
- Care guidelines
  - Subscribers can add key care coordination information into PreManage, viewable by other users

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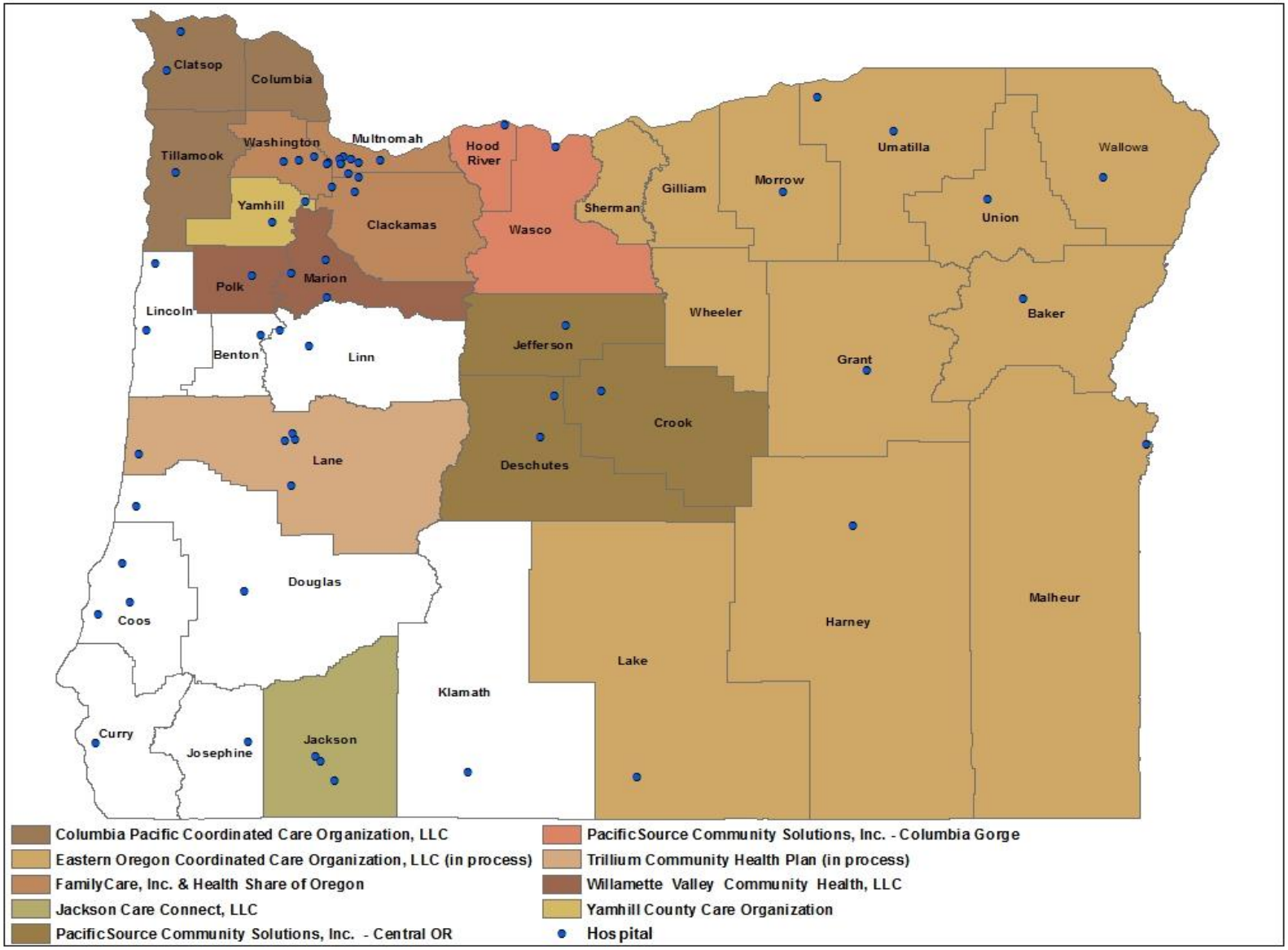
Hospital Event Data (by County)
CCOs (PreManage), Hospitals (EDIE)



User Experience and Impact

- Encouraging outcomes around early use of EDIE and PreManage:
  - Improved communication and coordination of care
  - Real-time interventions on high-risk patients
  - Reduced rehospitalizations
  - Work flows changing through use of PreManage
  - Physical health hospitalization information helpful to behavioral health teams
  - Mechanism for more comprehensive care planning for high-risk patients

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Learn more about Oregon's HIT/HIE developments and Subscribe to our email list!

www.HealthIT.Oregon.gov

Health Information Technology Oversight Council (HITOC)

www.oregon.gov/oha/ohpr/hitoc/

CareAccord

https://www.careaccord.org

Susan Otter

Director of Health Information Technology

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OCHIN Experiences with 42 CFR Part 2

Presented by:

Lynne Shoemaker, RHIA, CHP, CHC

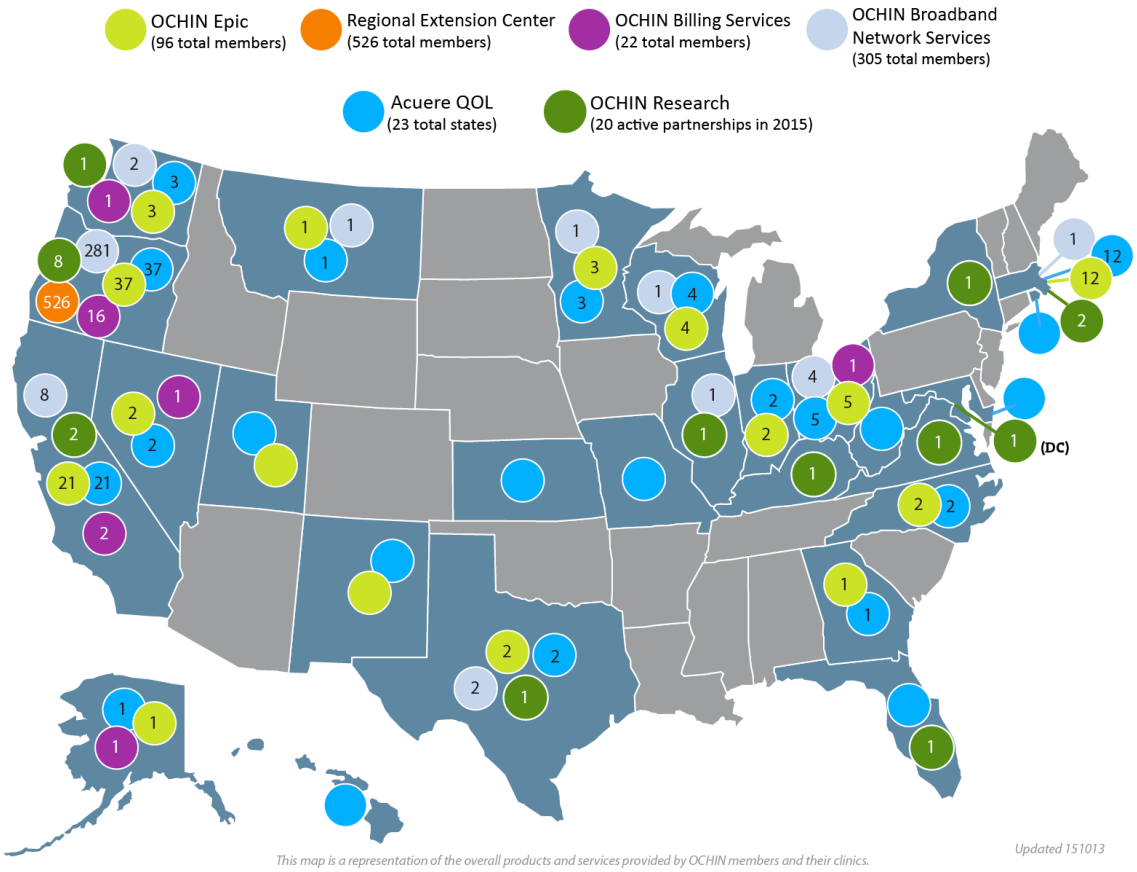
OCHIN Integrity Officer

WE ARE OCHIN

Our Mission

"OCHIN is a nonprofit health care innovation center designed to provide knowledge solutions that promote quality, affordable health care to all."

Where is OCHIN Today?



OCHIN's Offering is Focused on Innovation and Transformation

Best-of-breed technologies targeted to the needs of the safety net, and health care transformation

Research focused on improving the health of underserved populations, enhancing quality of care, and informing health policy

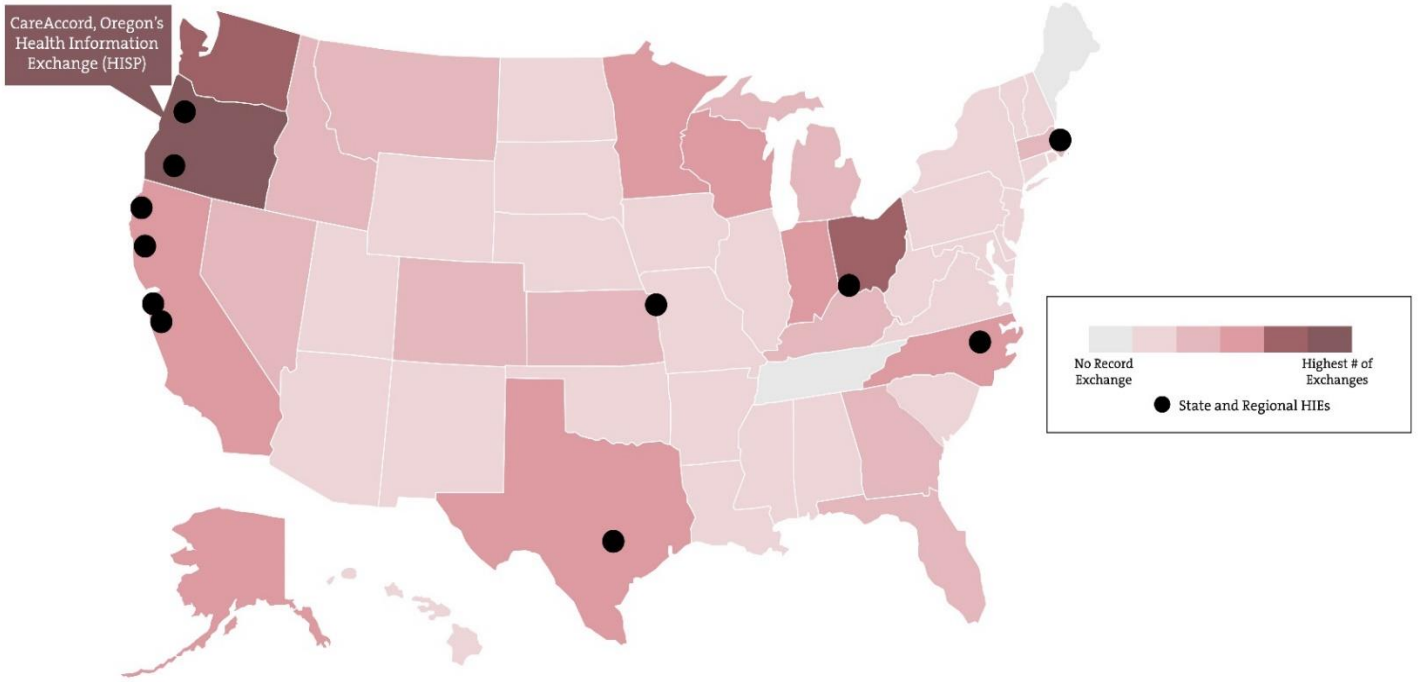
Professional services that range from clinic operational support to strategic planning

National Engagement on Data Exchange

- OCHIN is an eHealth Exchange Anchor Participant
- OCHIN is a member of the Care Connectivity Consortium (CCC) with
  - Geisinger Health System (PA),
  - Group Health Cooperative (WA)
  - Intermountain Healthcare (UT)
  - Kaiser Permanente (CA)
  - Mayo Clinic (MN)
- OCHIN serves on several national Board of Directors
  - Sequoia Project Board of Directors
  - eHealth Exchange Coordinating Committee Member
  - Care Connectivity Consortium, Network Board

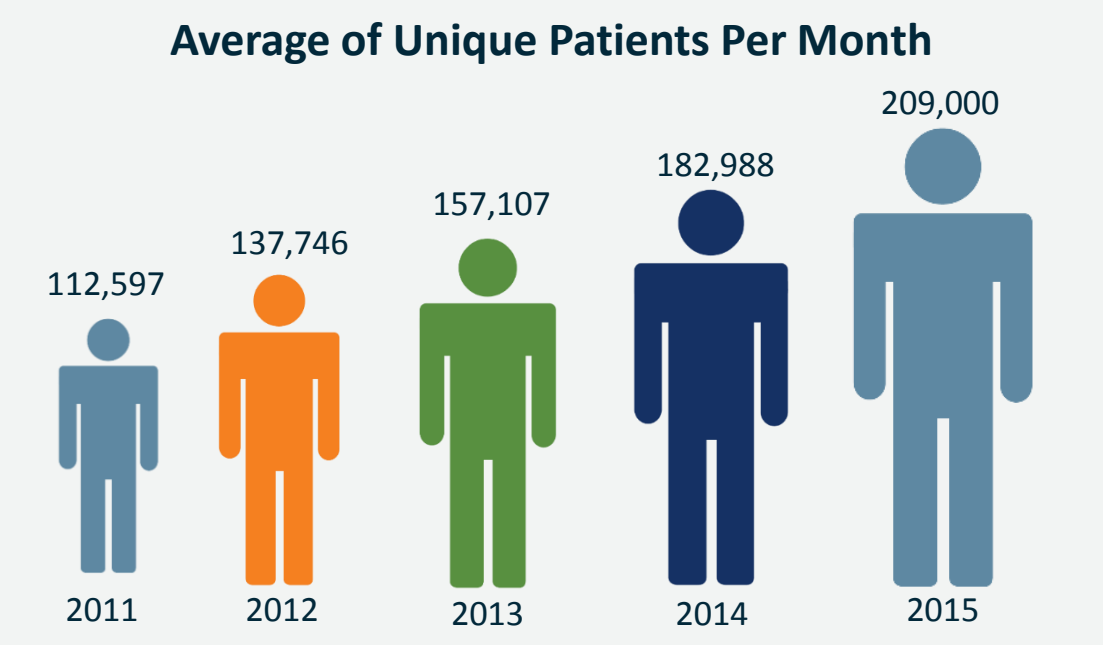
OCHIN exchanged over 8.4 million records with more than 250 organizations in FY2015

- Through Epic Care Everywhere, we exchange with organizations spanning 48 states.
- Through eHealth Exchange, we exchange records with the Social Security Administration and the Veterans Health Information Exchange [VHIE]).
- Through eHealth Exchange or HL7 Interfaces, we connect with Statewide and Regional HIEs.
- Through XDR Direct, we connect with Behavioral Health EHR (Netsmart)



About OCHIN's Epic Business

- 95 Member organizations (92 live)
- Over 480 Epic Member clinics in 18 states and 4 time zones
- 36 Epic members in Oregon with 186 clinics and almost 1,700 primary care providers



OCHIN Strategies to Support Data Sharing

1. Contractual
2. Technology
3. Operational

1a. Contractual – Organized Health Care Arrangement

- OCHIN and its OCHIN Epic© Members are part of an Organized Health Care Arrangement (OHCA)
- Members of the OCHIN OHCA may disclose PHI to another Member of the OHCA for health care operations activities of the OHCA including:
  - Patient care QA/QI
  - Competence and qualification of healthcare professionals review
  - Business planning
  - Business management and general administrative activities

1b. Contractual - Business Associate Agreement

- OCHIN has Business Associate Agreements (BAAs) with each of our Member organizations
- The OCHIN BAA describes the permitted and required uses of protected health information by OCHIN
- However, the BAA does not allow for the sharing of Part 2 protected information, consent is required and we will cover that in a later slide

1c. Contractual - OCHIN Member Contract

- Specifies that the Member is part of the OHCA
- Requires the OHCA information be included in the Member's Notice of Privacy Practices (NPP) for patients
- Specifies the Epic Care Everywhere Rules of the Road for accessing other non-OCHIN Epic© organization's patient records
- Specifies permitted uses and disclosures of PHI
  - SSA
  - Public Health

2a. Technology – Single OCHIN EPIC Medical Record

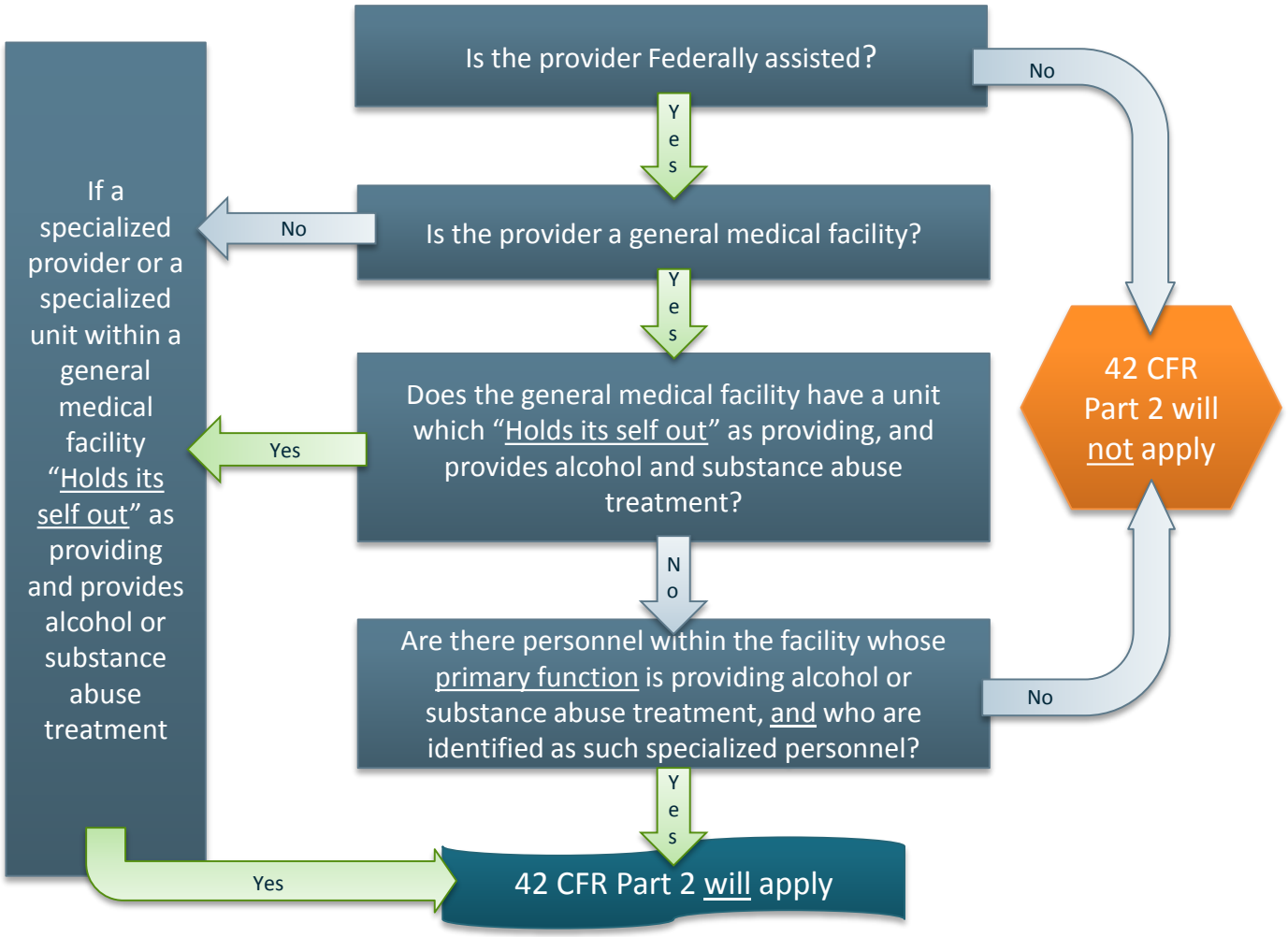
- In OCHIN Epic©, a patient has a single medical record
- “Break the Glass” is required in Epic
  - In Epic requires the user to select a reason for accessing the patient’s record
  - Functionality will vary depending on your EHR

2b. Technology – Acuere Data Aggregation Tool

- Proposed rule identifies population health management as an allowable activity under a QSOA
- OCHIN operates through the OHCA to share information for quality improvement/population health with OCHIN Epic Members.
- Acuere is a shared tool that allows Acuere customers to benchmark patient care practices within their own organizations against the aggregate practice standards of other Acuere participants for quality improvement purposes

3a. Operational - Compliance Tools for OCHIN Members

- OCHIN 42 CFR Part 2 Decision Tree tool
- White paper “Patient Privacy in OCHIN Epic© A Guide”


Is the provider Federally assisted?
No
Yes
Is the provider a general medical facility?
No
Yes
If a specialized provider or a specialized unit within a general medical facility "Holds its self out" as providing and provides alcohol or substance abuse treatment
Does the general medical facility have a unit which "Holds its self out" as providing, and provides alcohol and substance abuse treatment?
Yes
No
Are there personnel within the facility whose primary function is providing alcohol or substance abuse treatment, and who are identified as such specialized personnel?
No
Yes
42 CFR Part 2 will not apply
Yes
42 CFR Part 2 will apply

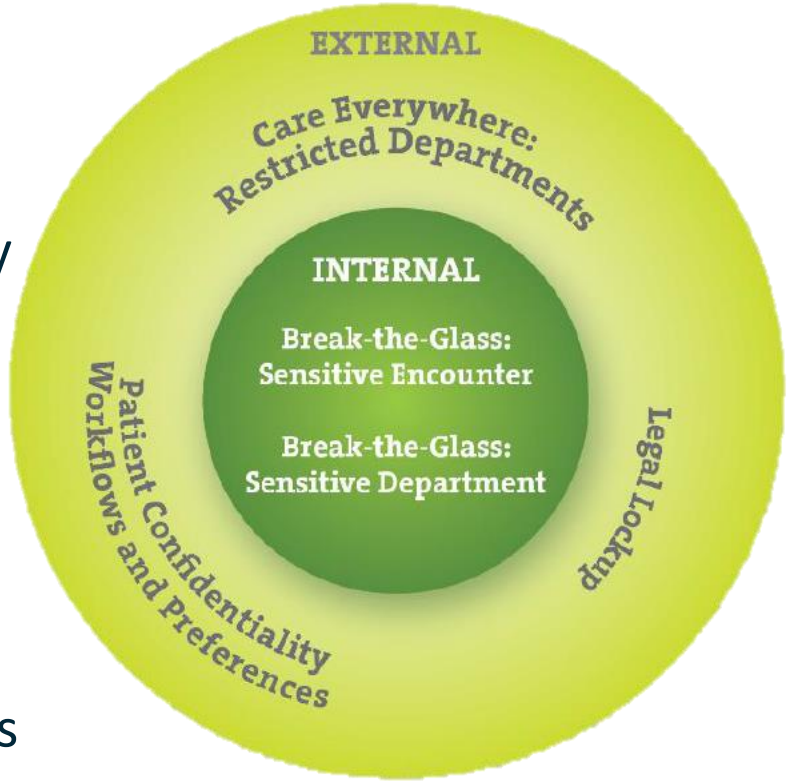
3b. Operational - Part 2 Program Patient Authorization/Consent

- Part 2 Programs that are part of OCHIN Members are required to have patient authorization/consent included within their Consent for Treatment process, if they plan to include those records within the Epic© EHR
  - Patients must sign a separate authorization in order for Part 2 records to be included in OCHIN*
  - Authorizations are scanned into the EHR by the clinics, and are maintained as part of the medical record

    * This aligns with new proposed 42 CFR Part 2 Rule

Patient Privacy in OCHIN Epic© a Guide

- 42 CFR Part 2 - Patient authorization
- Internal Safeguards
  - Sensitive Encounter Functionality
  - Sensitive Department Functionality
- External Safeguards
  - Care Everywhere Restricted Departments
  - Patient Confidentiality Workflows & Preferences
  - Legal Lockup



Patient Privacy in OCHIN Epic© a Guide (cont.)

- User security
- Access Reports
- Break the Glass

Initial reaction to Proposed 42 CFR Part 2

- Aligns with direction OCHIN has implemented to facilitate data sharing for Part 2 records and is an improvement over current rule
- Believe that clinicians need to have complete patient information at point of care, and unclear that will improve
- Focus on Data Segmentation for Privacy (DS4P) initiative raises some practical questions about ability of technology vendors to build that into design of products and still provide integrated systems

Initial reaction to Proposed 42 CFR Part 2 (cont.)

- The lack of ONC certified technology in the BH/SUD world will continue to be a barrier to sharing information
- We think the lack of information sharing makes a SUD patient who seek treatment more vulnerable, not less, than those who don't seek treatment
- Implementation of new final rule will take time

Thank You!

Lynne Shoemaker
Integrity Officer
shoemakerl@ochin.org

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Connecting Health Care among Oregon Communities

OHA Behavioral Health Information Sharing
Advisory Group Webinar #3
March 30, 2016

Gina E. Bianco, MPA
Acting Director

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What we do…

Better, more actionable information at the **time and place of care** that **follows the patient**

The Problem: Interoperability ≠ Actionable Data

- EHRs are provider centric not patient centric
- Human interaction needed to obtain records (Phone, fax, courier)
- Data must be input (scan, data entry) or interfaced with individual source systems (lab/hospital)
- Payers are left out of the loop – rely on claims
- Regulations limit options for sharing substance use and some mental health data.

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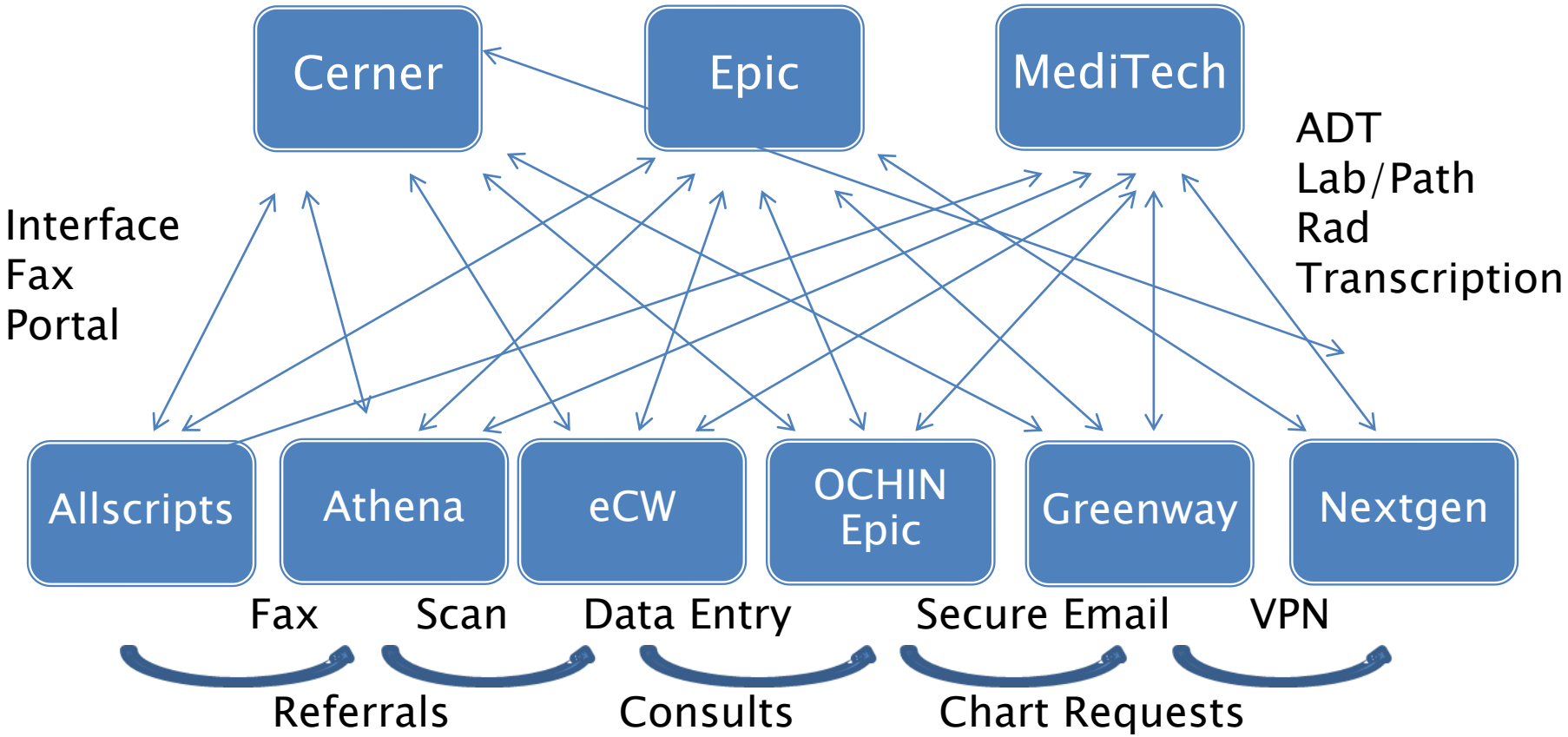
Why JHIE?



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Clinics

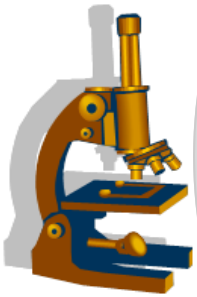
Hospitals

First Responders

Focus on patient centered care where information follows the patient

Secure and trusted information sharing

Diagnostics



Providers

One Interface – Many Endpoints

Lab & Pathology Results
Radiology Reports
Admission Face Sheets
Discharge Summaries
Other Transcribed Reports: Cardiology Studies, H & Ps, Op Notes, Clinical Notes, etc.
Care Summaries (CCDs)

Payers

Registries

Home Care

Pharmacies

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Payer Engagement Services

Care Management

Utilization Management

CQM Reporting

CMS Auditing

HEDIS Reporting

Query for Member Information

Hospital Admits/Discharge Summary, Dx Reports & Lab Results; History/Physicals, Notes, Clinical Summary

JHIE

Employs National Interoperability Standards and is Technology Neutral

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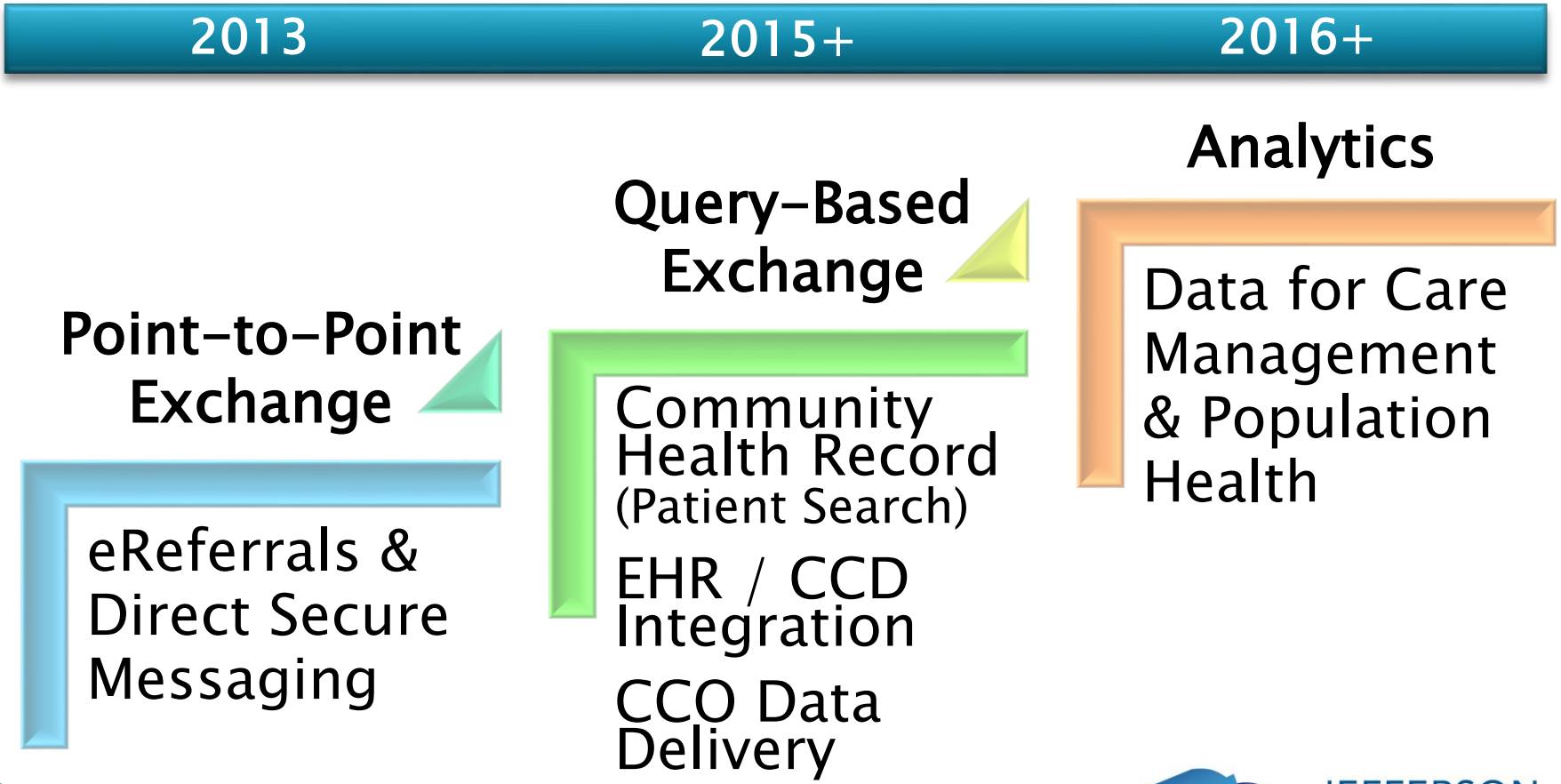
Past, Present and Future



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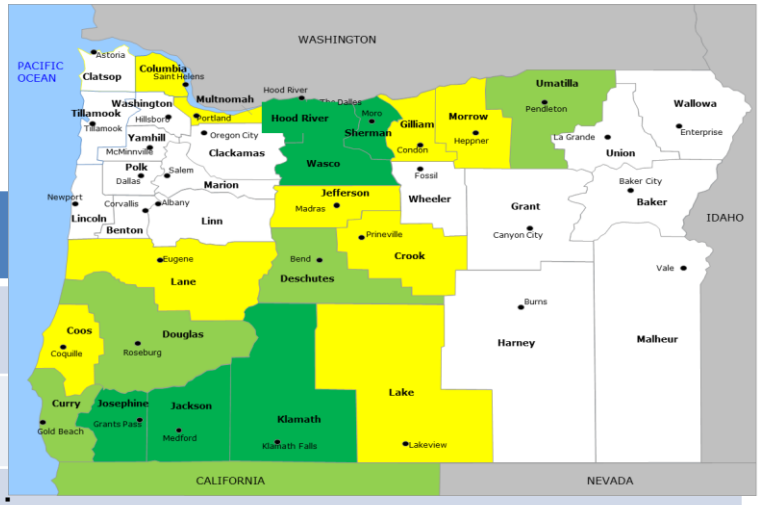
JHIE By the Numbers



4	Hospital Systems; 7 Locations
5	Coordinated Care Organizations
10	Counties in Oregon + Northern California
759 / 1200	Providers / Users (since February ‘13)
211	Clinics (since February ‘13)
~500,000	Patients in the Community Health Record
4,993	Average # of Direct Messages Received Per Month
14,730	Monthly Avg Queries to Community Health Record
37,483,000	Transactions Processed (since August ’14)
2,863,000	Average Transactions Processed per Month

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How it Works Today: Overall Privacy and Security Considerations

- Participation Agreements
  - Business Associate Agreement
  - End User License Agreement
  - Data Exchange Agreements
- Patient Non-Participation (opt-out)
- User Roles and Access Controls
  - Based on patient-provider relationship
  - Based on User's "need to know"
- User training to reinforce appropriate use
  - Privacy & security policies (HIPAA, 42CFR Part 2)
- Monitor usage
- Sanctions for misuse

Project Roadmap

- eHealth Exchange Certification
  - Connectivity with VA and SSA
- PDMP Connectivity
  - *Dependent upon legislative change (House Bill 4124)*
- Clinical Event Notifications
- Enhanced CCO/Payer Services
- **Behavioral Health Information Exchange**

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What Works Today for BH Data Exchange

- eReferrals and Direct Secure Messaging
  - Point to point exchange for BH providers to communicate with one another and other healthcare and social service providers
- Query Patient/Client Health History
  - Many behavioral health clients have several health care co-morbidities.
  - Allows users to understand the physical health needs of their patients/clients
- Receive clinical results directly into your EHR and send summaries of care to the community (mental health)
  - Reduces paper, is more efficient and improves productivity and workflow

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BH Information Exchange Project

- Lawfully Integrate Physical and Behavioral Health Information Exchange
- Develop universal interpretation of law for the exchange, disclosure, and re-disclosure of drug, alcohol and mental health data
- Develop common consent management model (CMM)
  - Common Release of Information form
  - Requirements for electronic data exchange
- Implement CMM within JHIE technology to enable robust exchange
- Connect with behavioral health EHRs

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Findings: Managing Consent to Share

- Qualified Service Organization Agreement
  - Required between JHIE and data contributors

Proposed rule requires changes to QSO agreements that may affect HIE by limiting the scope of such agreements

- Consent must be captured for disclosure of:
  - Addictions information (Part 2)
  - Psychotherapy notes

Proposed rule allows consent to share information in HIE, and to share all data with all treating providers in HIE.

- Re-disclosure is not allowed without explicit patient consent

Proposed rule could make this more manageable if full consent is provided under HIE model

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Findings: When Consent is Not Required

- Emergency Setting
  - Must document reason for querying

Proposed rule specifies that HIE must disclose emergency access to the source(s) of information & the requirements for what must be reported

- CCOs
  - For TPO, including care coordination and audit/evaluation

New Rule may impose additional requirements about purposes and uses of information for payers

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Elements of Authorization/Consent

- Name of the subject of the information
- Specific description of the nature and extent of the information
- Name(s) or entity(ies) authorized to disclose information
- Name(s) of persons or organization(s) authorized to receive information
- Authorized purpose(s) of the disclosure
- Expiration date (usually 1 year)
- Signature of the person authorizing the disclosure and the date of authorization
- Identity of person signing an authorization on behalf of another
- Authority of person to sign an authorization on behalf of another

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Statements of Authorization/Consent

- Authorization to disclosure the specified information for specified purposes to the identified recipient
- Person's right to revoke the authorization prospectively, and any instructions or source of instructions for doing so
- Disclosing party's inability to condition treatment, payment, enrollment or eligibility on an authorization
- Consequences of not providing authorization when the disclosing party may condition treatment, payment, enrollment, or eligibility on an authorization
- Potential for redisclosure of the information
- Recipient's duty under law, if any, not to redisclose the information

Proposed rule requires statement of their federal protections and right to receive an accounting of disclosures as well as the process for reporting violations.

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Our Next Steps

- ✓ Behavioral Health Survey
  - EHR adoption and capabilities
- ✓ Develop Common Consent Form
  - For use on paper and electronically
- ✓ Document Technical Requirements
- Behavioral Health Exchange Summit
  - Early Fall 2016
- Implement Common Consent Model and Build EHR Interfaces

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Contact:

Thank you for your Time!

We Look Forward to Your Input…

Join us for the Behavioral Health Information Exchange Summit

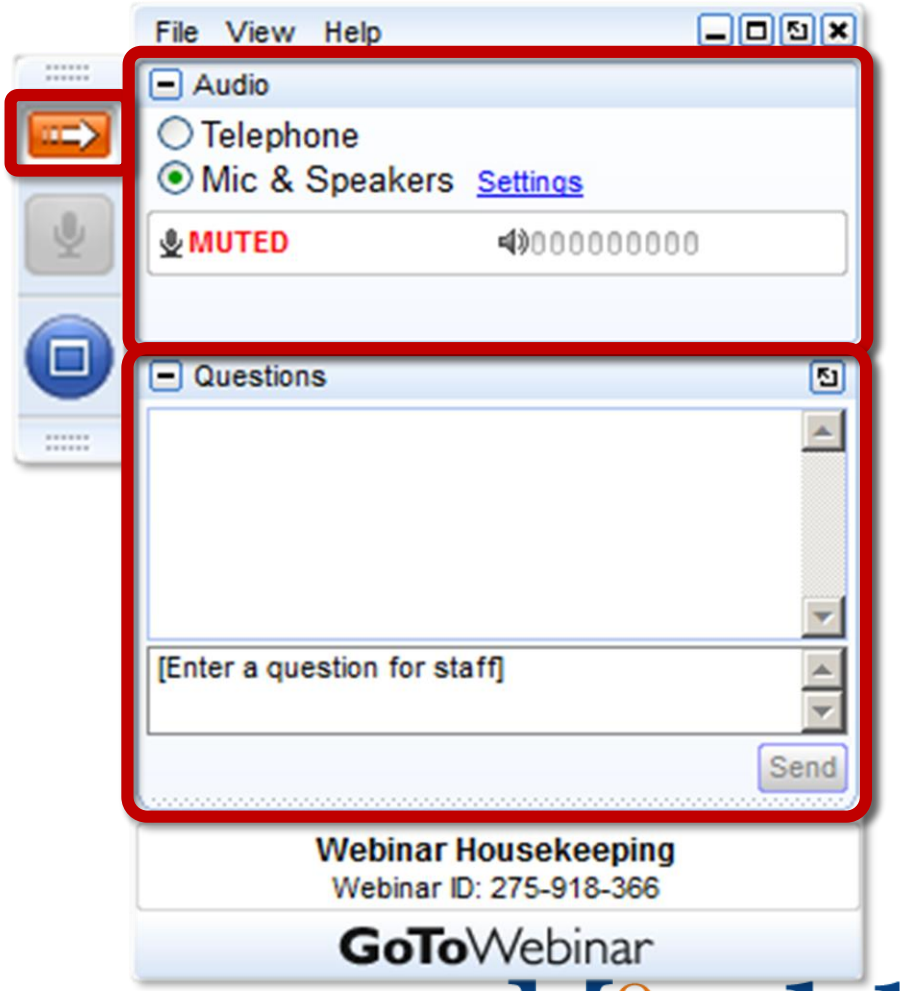
Announcement and Logistics Coming Soon

Gina Bianco
Gina.Bianco@jhie.org

Visit: www.JHIE.org

Questions and Answers

Please type your questions into the question box



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Next Steps and Resources

- Legal Action Center Actionline services
- Develop a provider toolkit covering privacy laws, case studies of allowable sharing, model forms (e.g., Qualified Service Organization Agreement), and FAQs
- Collaborate on OHA and Jefferson HIE ONC grant
- Engage federal partners in discussions about modifications to Part 2

For additional resources and webinar recordings, visit:

http://www.oregon.gov/oha/bhp/Pages/Behavioral-Health-Info.aspx

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