American Public Health Association 2013 Annual Meeting
Monday, November 4, 2013
Health Information Exchange: Facilitating Data Sharing Between Public Health and Clinical Care Systems
Legal Requirements and Policy Development: Barriers and Obstacles to Health Information Exchange
Contact: Kristin Lyman klyman@lphi.org; David Kulick dakulick@gmail.com

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Agenda:

- Introductions
- Presentation
- Facilitated Questions
- Open Questions and Answers

Facilitated Questions:

1. What is the current alignment or lack thereof between your state and federal law requirements for sharing health information?
2. How does the current legal framework as you interpret it affect your clinical practice(s) or partner clinic practice(s)?
3. What technical solutions have you implemented to address the sharing of sensitive health information in your state?
4. What recommendations do you have for improving the current legal framework to improve the sharing of health information within your practice environment?

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Overview:

The Crescent City Beacon Community (CCBC) was one of 17 Beacon Communities building and strengthening local health IT infrastructure and testing innovative approaches to make measurable improvements in health, care, and cost. Meaningful Use of electronic health records (EHRs) was at the foundation of the exciting work in each community. Funded by the Office of the National Coordinator for Health Information Technology, CCBC focused on lowering the burden of chronic disease, primarily diabetes and cardiovascular disease, through:

- Improving the quality of care in patient-centered medical homes, enabled by health IT, to impact population outcomes
- Better coordinating care to decrease preventable emergency department (ED) and inpatient visits and consequently reduce healthcare costs
- Using innovative technologies to engage consumers in the healthcare process

The Greater New Orleans Health Information Exchange (GNOHIE) was developed through CCBC and is a community-shared HIT infrastructure that facilitates care coordination and chronic disease management by enhancing information and process linkages across health systems to improve the quality of care. The GNOHIE is linked to electronic medical records and health information systems of community health clinics and hospitals, respectively, to allow seamless exchange of health information in a HIPAA-compliant, secure manner to benefit patient care, while maintaining privacy and confidentiality of protected health information.

Example of GNOHIE Care Coordination Function: Emergency Department/Inpatient Notification System
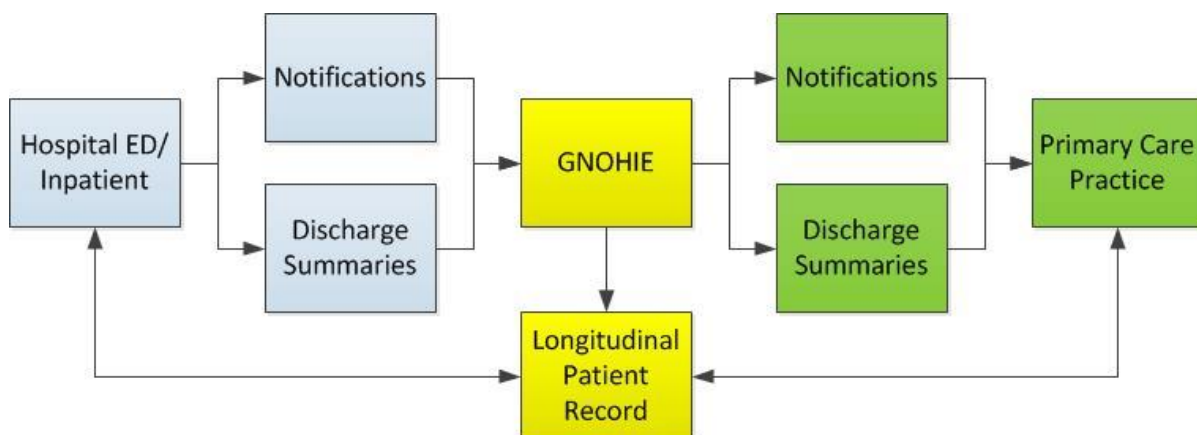
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Barriers to Health Information Exchange:

- Lack of clear interpretation of consent and sensitive data requirements at the state level
- Lack of uniformity of consent and sensitive data requirements among states and between the state and federal level
- Lack of context based technology solutions to optimize the filtering and suppression of sensitive data

Solutions to Identified Barriers:

- Community-guided decision-making to ensure shared ownership of the system and representative stakeholder input (e.g. clinical, HIT, operational) in addressing barriers to sharing health information
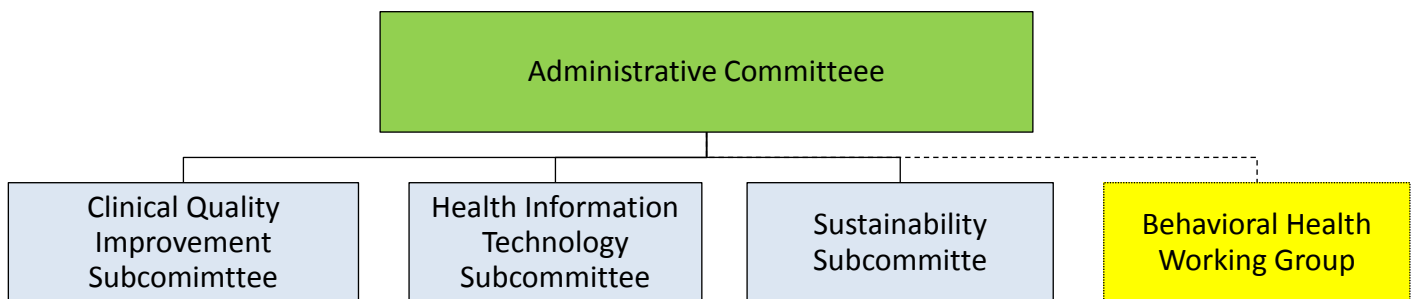
- Iterative sensitive data filters representing the most comprehensive legal interpretation of the state and federal requirements
- Opt-in consent policy in which patients must provide consent before any information can be shared among members of the GNOHIE
- Additional policies regulating sharing and exchange of health information including:
  - Sensitive data policy
  - Breach notification policy
  - User access control policy
  - Grievances policy
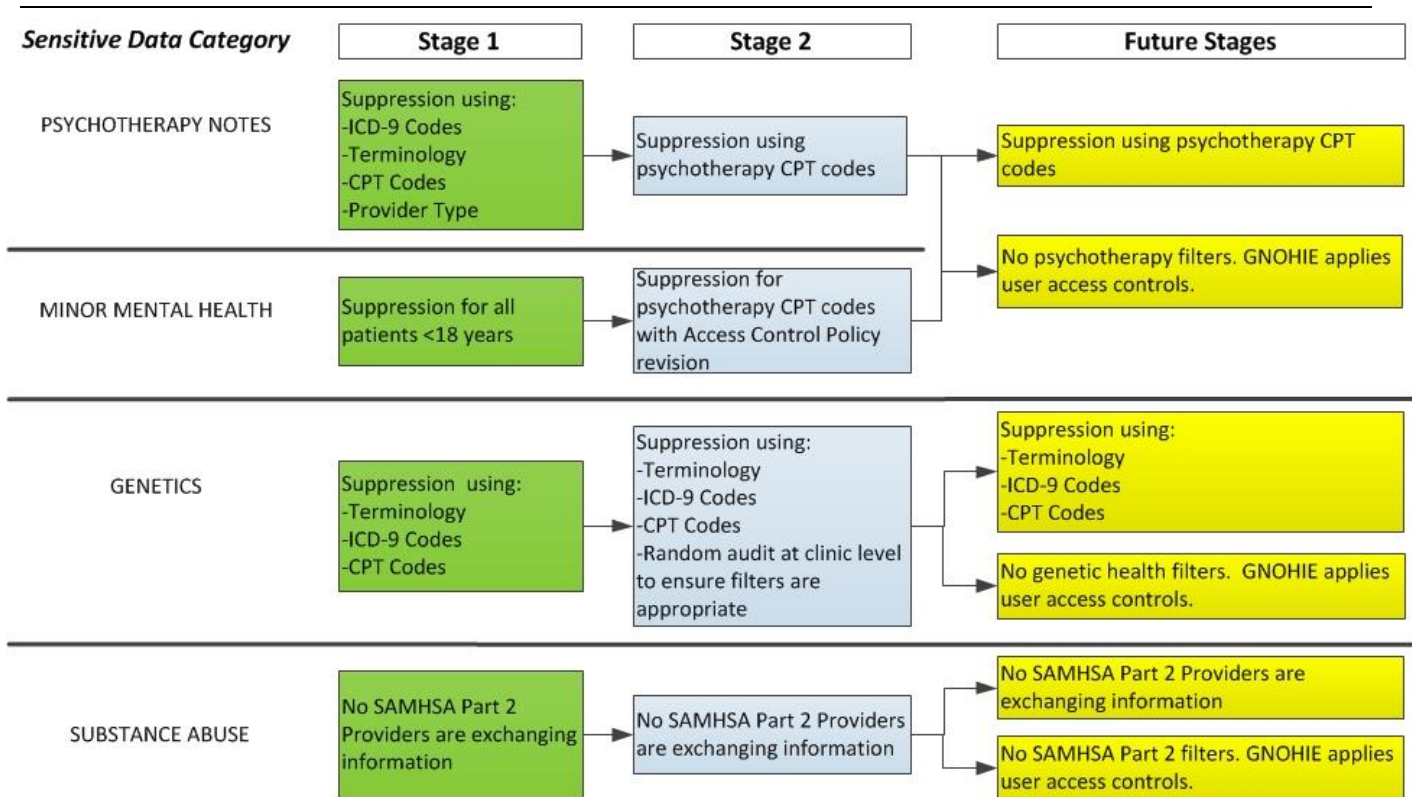 - Data use, retention, and disclosure policy

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Sensitive Data Category	Stage 1	Stage 2	Future Stages	
PSYCHOTHERAPY NOTES	Suppression using: -ICD-9 Codes -Terminology -CPT Codes -Provider Type	Suppression using psychotherapy CPT codes	Suppression using psychotherapy CPT codes	
MINOR MENTAL HEALTH	Suppression for all patients <18 years	Suppression for psychotherapy CPT codes with Access Control Policy revision	No psychotherapy filters. GNOHIE applies user access controls.	
GENETICS	Suppression using: -Terminology -ICD-9 Codes -CPT Codes	Suppression using: -Terminology -ICD-9 Codes -CPT Codes -Random audit at clinic level to ensure filters are appropriate	Suppression using: -Terminology -ICD-9 Codes -CPT Codes	No genetic health filters. GNOHIE applies user access controls.
SUBSTANCE ABUSE	No SAMHSA Part 2 Providers are exchanging information	No SAMHSA Part 2 Providers are exchanging information	No SAMHSA Part 2 Providers are exchanging information	No SAMHSA Part 2 filters. GNOHIE applies user access controls.

Continued Consideration:

- Relevant clinical information may be suppressed
- The effect of suppressed data on data validation for community wide analytics
- Lack of alignment between state and federal law regarding consent and sensitive data requirements
- Continued operational issues for integrated primary care and behavioral health providers based on the legal constraints limiting the exchange of psychotherapy notes and SAMHSA Part II substance abuse and alcohol abuse treatment records
- Age inappropriate considerations for adolescent reproductive health for states without state specific reproductive health laws for adolescents under 18 years of age

Recommendations:

- Clear, *clinically* relevant laws pertaining to the sharing of sensitive health information in alignment at both the state and federal level
- Clear legal requirements around consent collection in alignment among states and between the state and federal level