Exchanging Information on Mental Health and Substance Use Treatment

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Agenda

- What is HIE?
- Why is HIE?
- Why not HIE?
- How can HIE help me with mental health and substance use treatment information?
Health Information Exchange

The mobilization of health care information electronically across organizations within a region, community or hospital system

The capability to electronically move clinical information among disparate healthcare information systems, and maintain the meaning of the information being exchanged

Allows health care professionals and patients to appropriately access and securely share a patient’s vital medical information electronically
Challenges

– Providers expect HIE to be easy, ubiquitous
Challenges

Don’t I already have HIE?
Didn’t Meaningful Use and CEHRT give me HIE?
Shift in HIE

Mobilize information...
...among disparate systems

– Increasingly inclusive of providers and consumers (and other stakeholders, such as payers, social services)
Challenges

– Providers expect HIE to be easy, ubiquitous
– Providers and patients are interested in more than the movement of data
Interoperability

The extent to which systems and devices can exchange data, and interpret that shared data; for two systems to be interoperable, they must be able to exchange data and subsequently present that data such that it can be understood by a user.

The ability of systems to exchange and use electronic health information from other systems without special effort on the part of the user.
Shift in HIE

Mobilize information...
...among disparate systems

– Increasingly inclusive of other stakeholders
– Increasingly about the value of the information, not the movement of data
Features

**Results Delivery**
- providing the information a provider needs in their EHR

**Community Record**
- producing a comprehensive picture of a patient’s data

**Alerts**
- ensuring a provider knows about health events

**Population Health**
- helping a provider understand the patient’s environment
Maturity

Information

Coordination

Awareness

Intelligence

**Results Delivery**
providing the information a provider needs in their EHR

**Community Record**
producing a comprehensive picture of a patient’s data

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ensuring a provider knows about health events

**Population Health**
helping a provider understand the patient’s environment
Value

Information

Coordination

Awareness

Intelligence

Results Delivery:
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Population Health:
- helping a provider understand the patient’s environment
Value of HIE

with an EHR

Providers focus on improving individual patient outcomes

with HIE

Providers are able to improve community outcomes
– within the region,
– their community, or
– the hospital system
Value of HIE Organizations

Not just implementing the technology

Not even just moving the data

– Coordinating collaboration among stakeholders to meet the needs of providers, consumers, employers, and payers in the region, community, or hospital system
Role of Government

- Coordination through guidance, funding, and policy levers
- Driving (assisting) industry in a coordinated direction

Support for HIE organizations
Coordinating Features

Coordinating and prioritizing the functionality of EHRs and HIE

- Shared Decision-Making
- Ubiquitous, Secure Network Infrastructure
- Verifiable Identity, Authentication, Authorization
- Industry-wide Testing and Certification
- Consistent Data Semantics and Formats
- Consistent, Secure Transport Techniques
- Accurate Individual Data Matching
- Directories and Resource Location
Coordinating Standards

Identifying the priority standards investments for industry and SDOs to make

– Vocabulary, code sets, terminology standards
– Content, data structure standards
– Services, transport standards
– Security frameworks
Challenges

– Providers expect HIE to be easy, ubiquitous
– Providers and patients are interested in the movement of data
– Providers are confused by regulatory restrictions
Challenges

Can I even exchange mental health and substance use treatment information?
A path to “yes”

State Health Information Guidance (SHIG)
Sharing Behavioral Health Information in California
– Publication coming out of CalOHII in July 2017
– Non-binding but authoritative guidance from the State for non-state entities that clarifies federal and state laws about when, how, and why behavioral health patient information can be exchanged between behavioral health providers and other providers involved in coordinating patient care
– Target audience is Physicians, Nurses, Hospital Administrators, CEOs, CIOs, CMIOs, CSOs, attorneys, social workers, and case managers to name a few
Clarifies patient protection law by stating:
– how the state sees it,
– what you can do with it,
– who can share it,
– who can obtain it, and
– for what purpose

*Support and coordination through guidance*
SHIG Scenarios

Treatment and Coordination of Care
1. Behavioral Health to Physical Health
2. Physical Health to Behavioral Health
3. Behavioral Health to Other Behavioral Health
4. Behavioral Health to Social Services
5. In the Event of Emergency
6. For Improvement of Coordination of Care
7. Mental Health Provider to Caregiver or Care Coordinator
8. Substance Use Disorder to Caregiver or Care Coordinator

Payment and Determination of Benefits
9. Behavioral Health to Social Services for Payment and Determination of Benefits

Healthcare Business Operations
10. Quality Improvement
11. Audits
12. Business Associates
13. Behavioral Health Organization Policy and Strategy Development

Law Enforcement
14. Law Enforcement Official Requesting Information from a Substance Use Disorder Treatment Facility
15. Law Enforcement Official Requesting Information from Mental Health Facility
16. Patient Being Released from Involuntary Hospitalization

Public Safety and Public Health Policy
17. Public Health and Safety
18. Public Health Policy Development

Health Information Exchange
19. Substance Use Disorder (SUD) Provider to Health Information Organization (HIO)
20. Mental Health Provider to Health Information Organization (HIO)
21. Substance Use Disorder Information from HIO to Recipient
22. Mental Health Information from HIO to Recipient

Taken from a pre-publication draft of the SHIG
Emergency

Qualified medical personnel deem health situation an emergency

May be disclosed to Emergency Personnel:
- Patient Demographics
- Diagnosis
- Prognosis
- Treatment

Am I subject to 42 CFR Part 2 Requirements?

No Disclosure Requirements

No

The following information must be exchanged with the entity providing the SUD information:
- Name of the medical personnel to whom disclosure was made and their affiliation with any health care facility;
- Name of the individual making the disclosure;
- The date and time of the disclosure; and
- The nature of the emergency.

Yes

Was patient able to provide consent?

No

No Disclosure Requirements

Yes
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Taken from a pre-publication draft of the SHIG
Mental Health Provider to HIE

Start

Is the provider/facility subject to LPS?

Yes

Does the HIO share between providers with medical/psychological care responsibilities or are they in the same facility?

No

Mental health identifying information may be shared with restricted access

Mental health data may only be disclosed to the HIO with written authorization

Mental health identifying information may be shared compliant with CMIA and HIPAA

HIE Data Infrastructure

Taken from a pre-publication draft of the SHIG
SUD Information from HIE

Start

Is data recipient employed by QSO for the patient’s SUD Program?

Yes → Recipient may access SUD patient information

No → Can HIO selectively restrict access to data so patient is not ID’d as an SUD patient?

Yes → Recipient may access patient’s non-SUD information as permitted by HIPAA and CMIA

No → Is data needed so recipient can respond to a medical emergency?

Yes → SUD patient information may be shared

No → SUD patient identifying information may be shared with patient authorization

HIE Data Infrastructure

Taken from a pre-publication draft of the SHIG
Mental Health Info from HIE

Start

Does data recipient have medical or psychological responsibility for the patient?

Yes

Recipient may access mental health patient information

No

Is the info necessary for the recipient to apply or make claim for aid, insurance or medical assistance for the patient?

Yes

Recipient may access mental health patient information

No

Is data needed so recipient can respond to a medical emergency?

Yes

Recipient may access mental health patient information

No

Patient MH information may be shared with patient authorization

HIE Data Infrastructure

Taken from a pre-publication draft of the SHIG
SIG Goals

- Promote greater care coordination through secure information sharing between providers
- Address stakeholder challenges in interpreting federal and State privacy laws protecting behavioral health patient information

A path to “yes”
Questions about the SHIG?

Inquiries about the SHIG should be directed to:

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What did we cover?

- Characteristics and features of HIE
- A way to think about HIE maturity and value
- Challenges in HIE and how HIE is transforming
- Opportunities for exchanging mental health and substance use treatment information
HIE in California

**Extent**
- More than 15 community HIEs
- In 39 of 58 counties statewide

**Data**
- Longitudinal, community-wide health record
- Patient info, prescribed & filled meds, allergies, immunizations, labs, radiology, problems, procedures, care plans

**From**
- Hospitals, clinics and solo providers, specialists, LTPACs, SNFs, **mental health, substance use**, home health, social services, public health, EMS
National Initiatives

Information
Coordination
Awareness
Intelligence

Results Delivery
Community Record
Alerts
Population Health

National Behavioral Health Information Management Conference
Questions for me?
Contact Information

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