



SAMHSA-HRSA Center for Integrated Health Solutions

Closing the EHR Communication Gaps

(5/30 1:00 – 2:30 PM ET)

Presenters

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Washington, DC

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The Kent Center
Warwick, RI

Overview

- Quick review of terms
- PBHCI grant expectations
 - Current policies and procedures for health information exchange – walk through by David Penney, Kent Center, RI
- Recent breakthroughs in health information exchange
- Recommendations and next steps for grantees

Review of Terms

- HIE = Health Information Exchange – Two types
 - State and/or Regional HIE
 - Point-to-point exchange using secure electronic messaging (Nationwide Health Information Network (NwHIN) “Direct”)
- Continuity of Care Record (CCR or CCD) = Transition of Care Summary
 - Problem list, medications list, medications allergies, lab results
- EHR = Electronic health record system, contains patient health information

New Term - Protected Health Information (PHI)

Privacy Law or Organizational Policy	Definition
Title 38 Section 7332	Title 38 Section 7332 Protected Information: Drug Abuse, Alcoholism, HIV, Sickle Cell
42 CFR Part 2	42 CFR Part 2 Behavioral Health Protected Information
HIV	Policy for handling HIV or AIDS information, which will be afforded heightened confidentiality.
PSY	Policy for handling psychiatry information, which will be afforded heightened confidentiality.
DIA	Policy for handling information related to a diagnosis, health condition or health problem, which will be afforded heightened confidentiality.
SICKLE	Policy for handling information related to sickle cell disease , which will be afforded heightened confidentiality.

Kent Center, RI

Background

The Kent Center is a CMHC in Rhode Island servicing 4,170 consumers last fiscal year.

Typical communication was via FAX or “snail mail”.

Limitations:

- TIMELINESS – including fax wait, jamming etc

- Accountability – who sent and when sent

- Accuracy - is the paper record up to date

Using NwHIN Direct – Getting an Account

[Login](#) | [MaxIMU](#) | [Administer SendAnywhere](#)

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Now you can send patients or medical associates secure emails and instant messages following Direct Project

Policies and Procedures for Implementation

ide 2 03/18/2010 - Present

Client Code 267042
Birth Date 06-06-1975
Age 37
Marital Status Never Married
Admission Status 1

Primary BEATRIJS
Staff NIGHTINGALE
Primary Physician CATHY KENNEDY
Case Manager BEATRIJS
NIGHTINGALE
Allergies

Memo

Jul 12 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Aug 12 1 2 3 4 5 6 7 8 9

1012 lamotrigine once a day by mouth 2 2 tablet
venlafaxine every night by mouth 2 1 capsule
lithium carbonate at bedtime by mouth 2 3 capsule
clonazepam twice a day by mout
clonazepam at bedtime by mouth 2 1 tablet
quetiapine every morning by mouth 2 1 tablet
clonazepam twice a day by mouth 2 1 tabl

1012 Code 296.80 Type: Primary Bipolar Disorder NOS
Code 309.81 Type: Secondary Post Traumatic Stress Dis
Code 304.23 Type: COCAINE DEP, REM
Code 304.03 Type: OPIOID DEP, REM
Code 305.1 Type: NICOTINE DEPENDENCE
Code 780.3 Type: SEIZURE DISORDER, NOS
Code 070.51 Type: Hepatitis C (acute)
Code 493.90 Type: ASTHMA, UNSPECIFIED
Code 305.00 Type: Tertiary ALCOHOL ABUSE
Code 244.9 Type: HYPOTHYROIDISM NOS

Procedures – authorized staff only

- Create CCD, Zip and fileformat, save to designated file.
- Login to secure mail provider (www.mdemail.md), compose email, attach ccd zip. Send
- Send 2nd email with password

Policies cont'd

A password dialogue box will pop up.

The image shows a screenshot of a software interface. In the background, there is a table with medical record information. The visible text in the background includes 'Admission Status 1', 'Jul 10', '012', 'Code 296.80 Type: Primary Bipolar Disorder NOS', and 'Code 309.81 Type: Secondary Post Traumatic Stress'. Overlaid on this is a 'File Download' dialog box. The dialog box has a title bar with 'File Download' and a close button. Inside the dialog, there is a label 'File Download' followed by a 'Password:' label and an empty text input field. Below the input field, a message states: 'Password must be between 8 and 10 characters, contain at least one uppercase letter, one number and one special character.' At the bottom of the dialog are two buttons: 'Download' and 'Cancel'.

Admission Status	1
Jul 10	
012	
Code 296.80 Type: Primary Bipolar Disorder NOS	
Code 309.81 Type: Secondary Post Traumatic Stress	

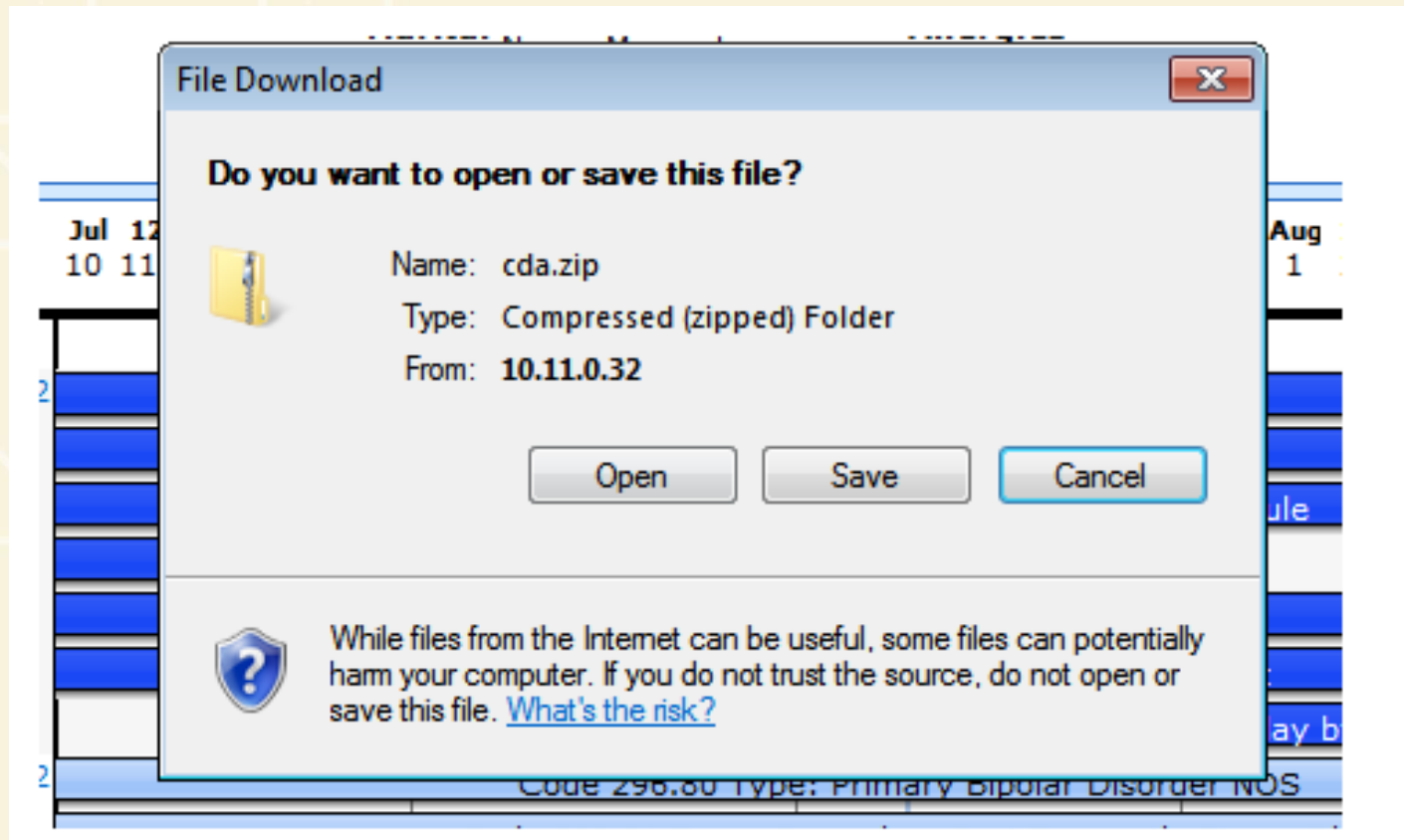
File Download

File Download

Password:

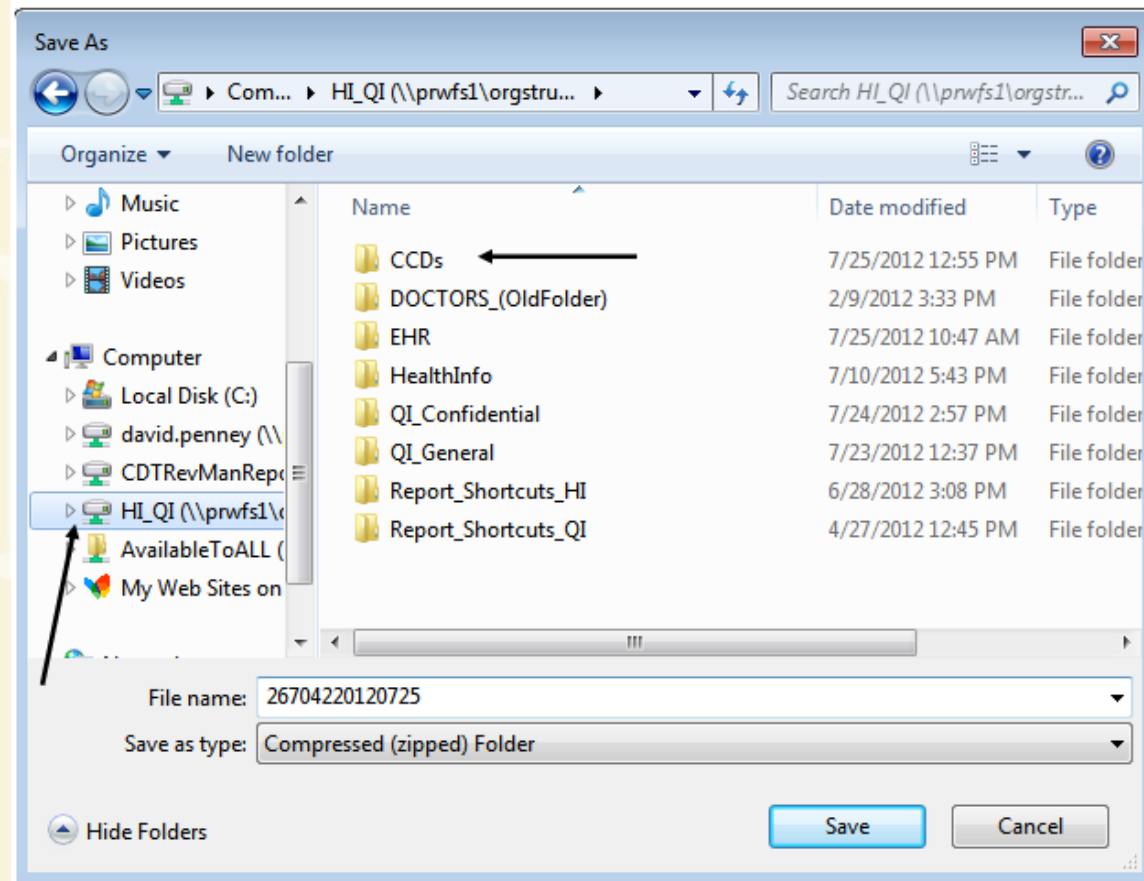
Password must be between 8 and 10 characters, contain at least one uppercase letter, one number and one special character.

Accessing CCR/CCD

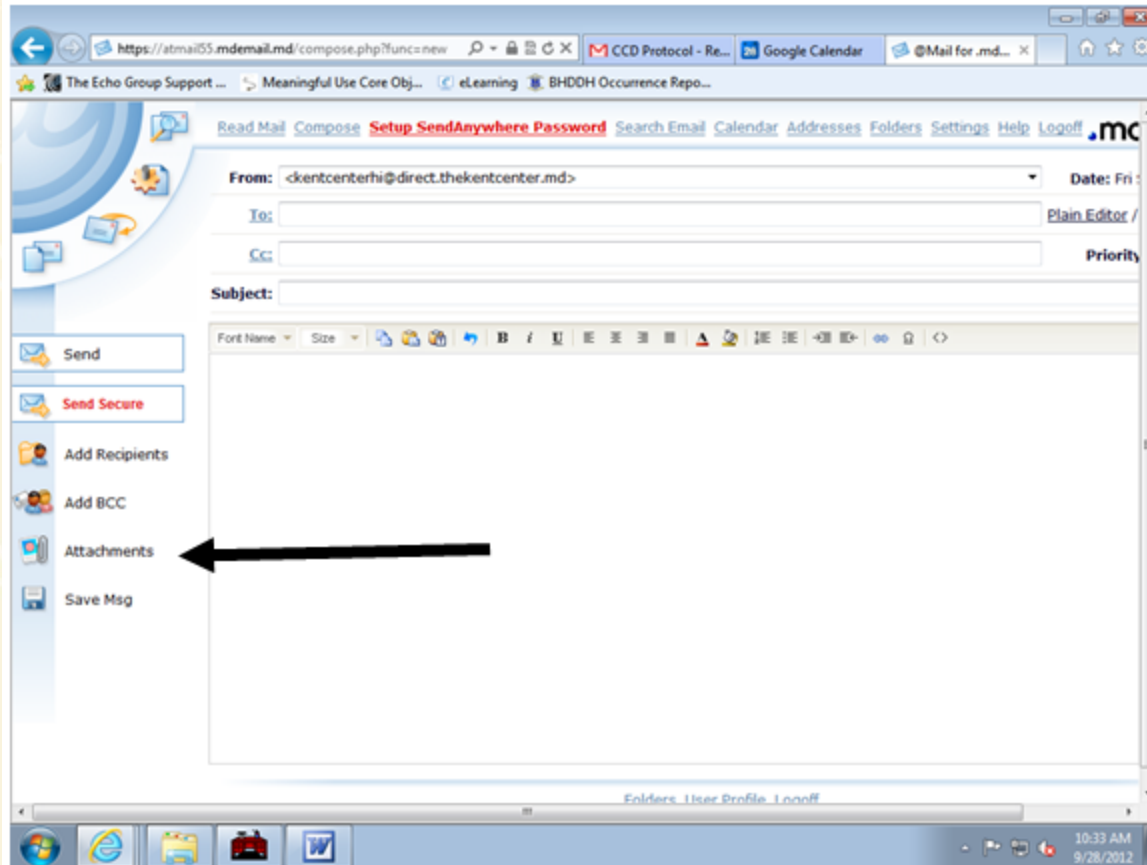


Managing CCR/CCD File Outside of EHR

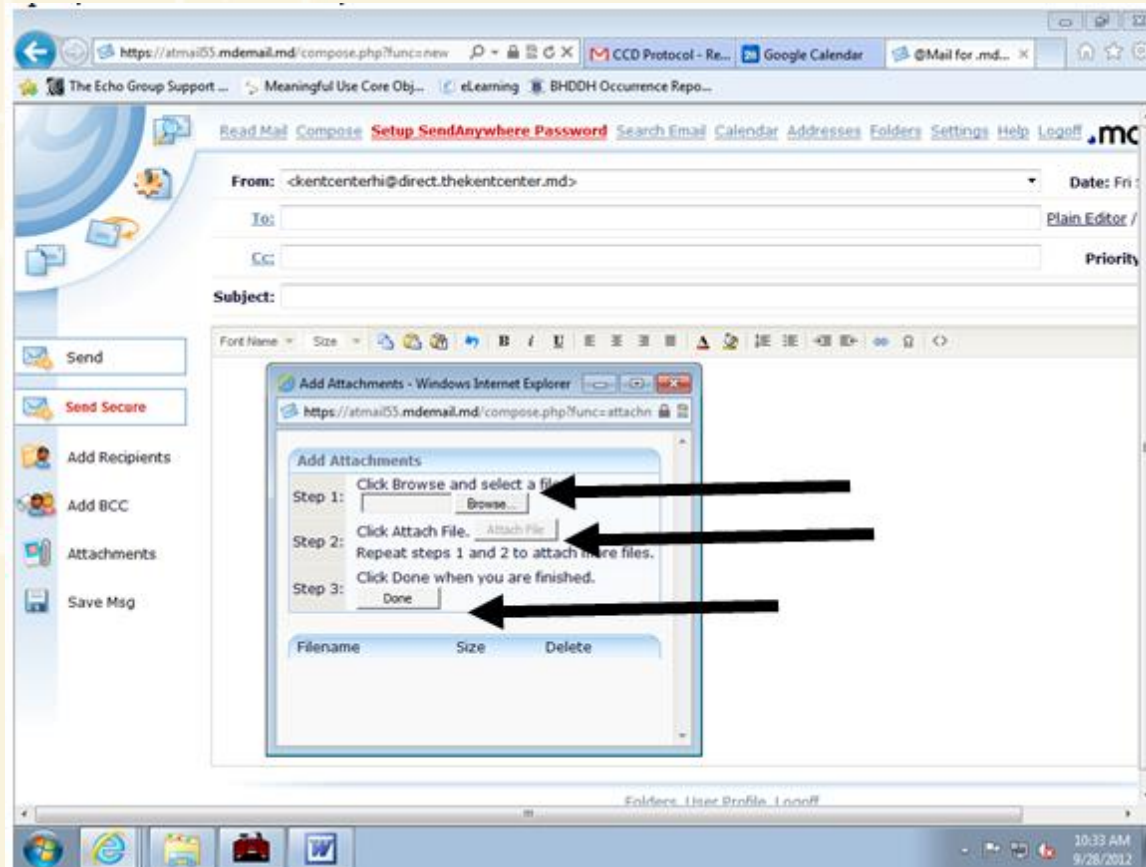
The location the file is being saved to will be HI_QI\CCDs.



Sending to Authorized Provider



Sending to Provider, cont.



Comments and Observations

- Only authorized users – trained in usage
- Normal ROI P&P followed
- Guidelines for regularly checking email.
- Pros
 - Quick response
 - Accurate information
- Cons
 - Cumbersome procedure with multiple steps
 - Software and compatibility issues can occur between agencies.

Guidance to PBHCI Grantees for HIE

- “Exchange patient health information” challenges
- State HIEs not prepared for BH
 - Grantees need a way to succeed – NwHIN Direct
 - BH needs way to achieve Meaningful Use
- Started local networks for exchange and engaged with State HIEs
- Raised the profile of BH in State and Regional HIE strategy and operations

Meeting the PBHCI Grant HIT-Related Expectations in the Bulleted List of Requirements

Protected Health Information (PHI)

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<http://www.hrsa.gov/healthit/toolbox/HealthITAdoptiontoolbox/PrivacyandSecurity/underhipaa.html>

“Data Segmentation for Privacy” (DS4P)

<http://wiki.siframework.org/Data+Segmentation+for+Privacy+Homepage>

STANDARD: HL7 Implementation Guide: Data Segmentation for Privacy (DS4P), Release 1 (Includes Content Profile, Profile for Direct, Profile for exchange)

Capability	Standards/Profiles used by the HL7 DS4P R1 Standard	Specific Usage
Metadata Vocabularies (for Transport and/or Document Metadata)	<i>HL7 RefrainPolicy</i>	Conveys specific prohibitions on the use of disclosed health information (e.g. prohibition of redisclosure without consent)
	<i>HL7 PurposeofUse</i>	Conveys the purpose of the disclosure of health information (e.g. treatment, research, emergency)
	<i>HL7 BasicConfidentialityCode Kind</i>	Used to represent confidentiality codes associated with disclosed health information (e.g. restricted) as specified in the HL7 Healthcare Security Classification standard (HCS).
	HL7 ObligationCode	Used to convey specific obligations associated with disclosed health information (e.g. encryption)
	HL7 ActPolicyType	Used to convey a type of policy
	HL7 SensitivityPrivacyPolicy	Used to convey the sensitivity level of a specific policy

“Transition of Care Summary” Data



Consent2Share will check passengers

- PHI data rides along with the rest of the patient data in the Transition of Care Summary
- Consent2Share can recognize which data elements are BH PHI



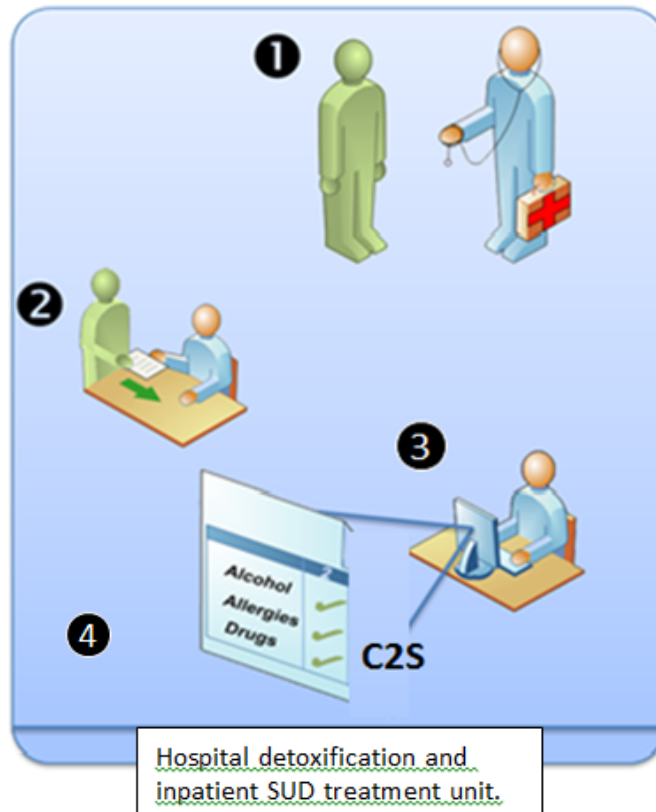
Okay?

Not
okay?

Stays behind. Rest
summary goes

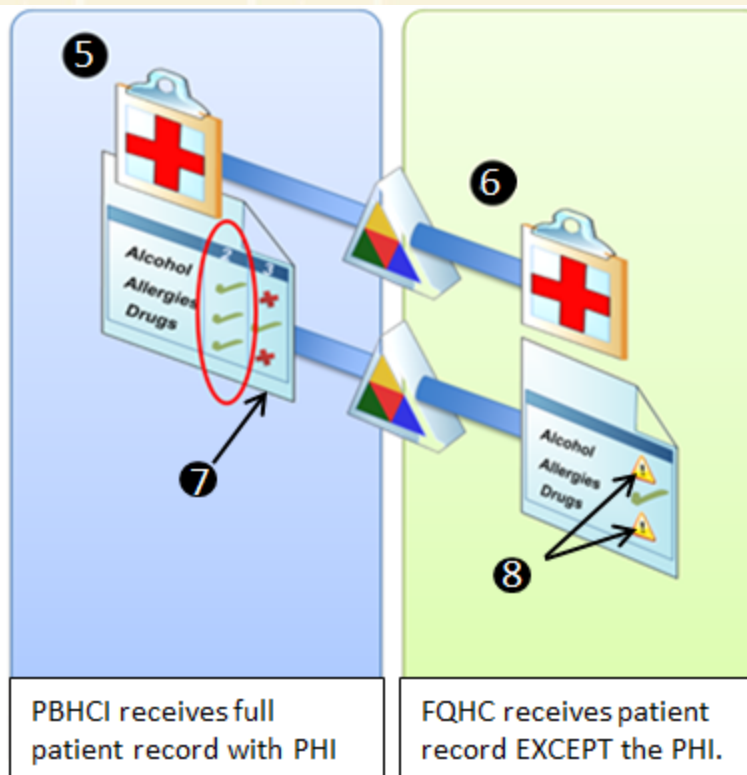
Leaves with "Transition of
Care Summary")

Consent to Share (C2S) Example



1. Hospital Emergency Room.
2. Patient's informed consent.
3. NwHIN Direct Messaging.
4. C2S checks all PHI metadata passports before sending.

Consent to Share (C2S) Example



5. PBHCI EHR receives Direct message, full patient record
6. Refers to PC Partner for appointment using Direct
7. C2S checks all PHI metadata passports. No consent to re-release
8. PHI stays behind. Rest of patient info goes to FQHC

Videotaped Live Demo of C2S and Exchange

- Software and Technology Vendors' Association (SATVA)
- Trade organization for BH EHR vendors
- www.satva.org

Partial Demo on PracticeFusion

- Integration of NwHIN Direct into EHR workflow

Recommendations and Next Steps

- Get an NwHIN Direct account and exchange PBHCI patient data
- Understand summary health information sent and received
<http://www.integration.samhsa.gov/operations-administration/ten-minutes-at-a-time-library>
- Talk to EHR vendor about their timeframes
- Incorporate into vision for integrated care

DISCUSSION