Using HIEs to Connect Behavioral and Physical Health: The Present and the Future

SAMHSA Behavioral Health Information Technologies and Standards (BHITS)

Behavioral Health IT Webinar Series

May 30, 2018
1:00 p.m. – 2:30 p.m.

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Housekeeping

- Webinar is being recorded and will be posted to SAMHSA's YouTube page

- We will provide participants with a PDF of the webinar PowerPoint slides

- All lines are muted—submit comments via chat

- Session will conclude with a Q&A session and a survey

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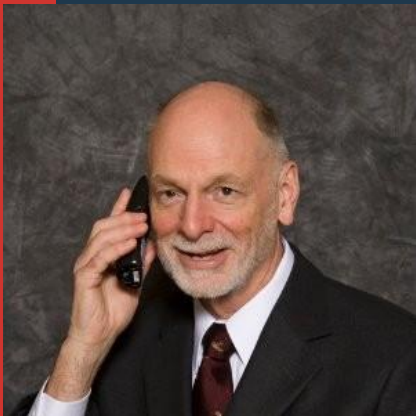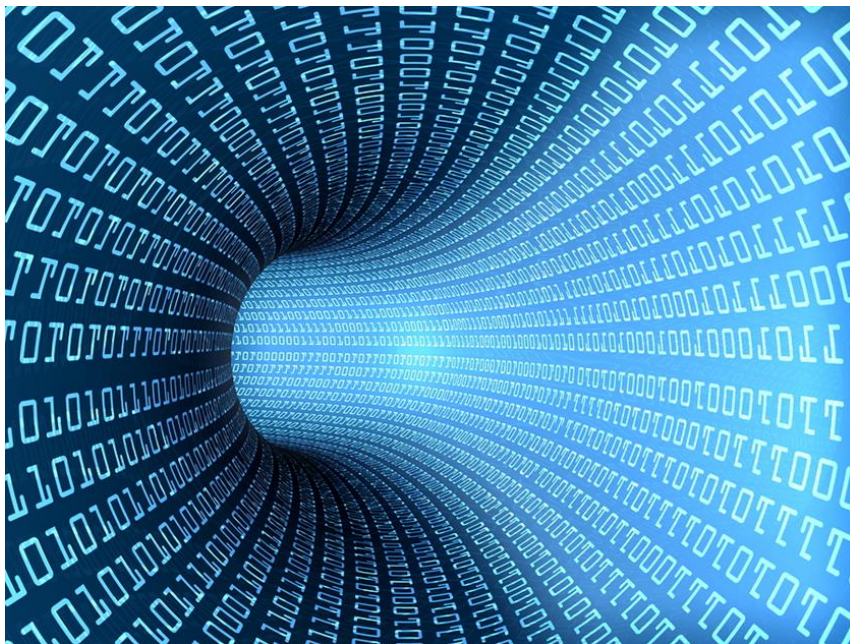
Lyman Dennis, MBA, PhD
Principal, El Dorado Health Consulting
Executive Director, ConnectHealthcare (an HIO)

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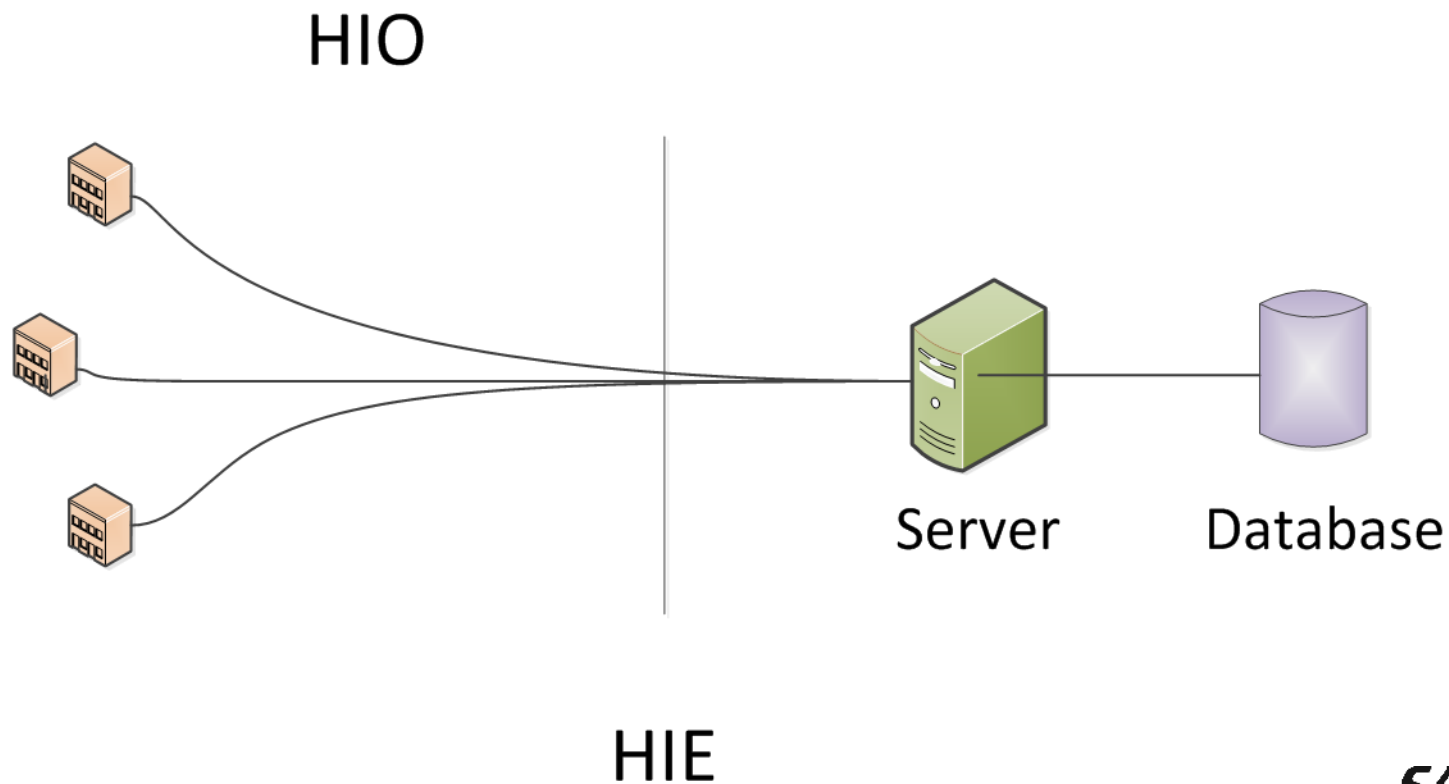Services Administration

Lyman Dennis

- Founder and Executive Director of ConnectHealthcare

- Was project manager for development of the Inland Empire HIE

- As CIO of Partnership HealthPlan of California, led development of an internal HIE using a repository model

- Served as chair for the 2005 HIMSS ambulatory interoperability showcase

- Drafted the "HIO Development Guide" for California Health eQuality

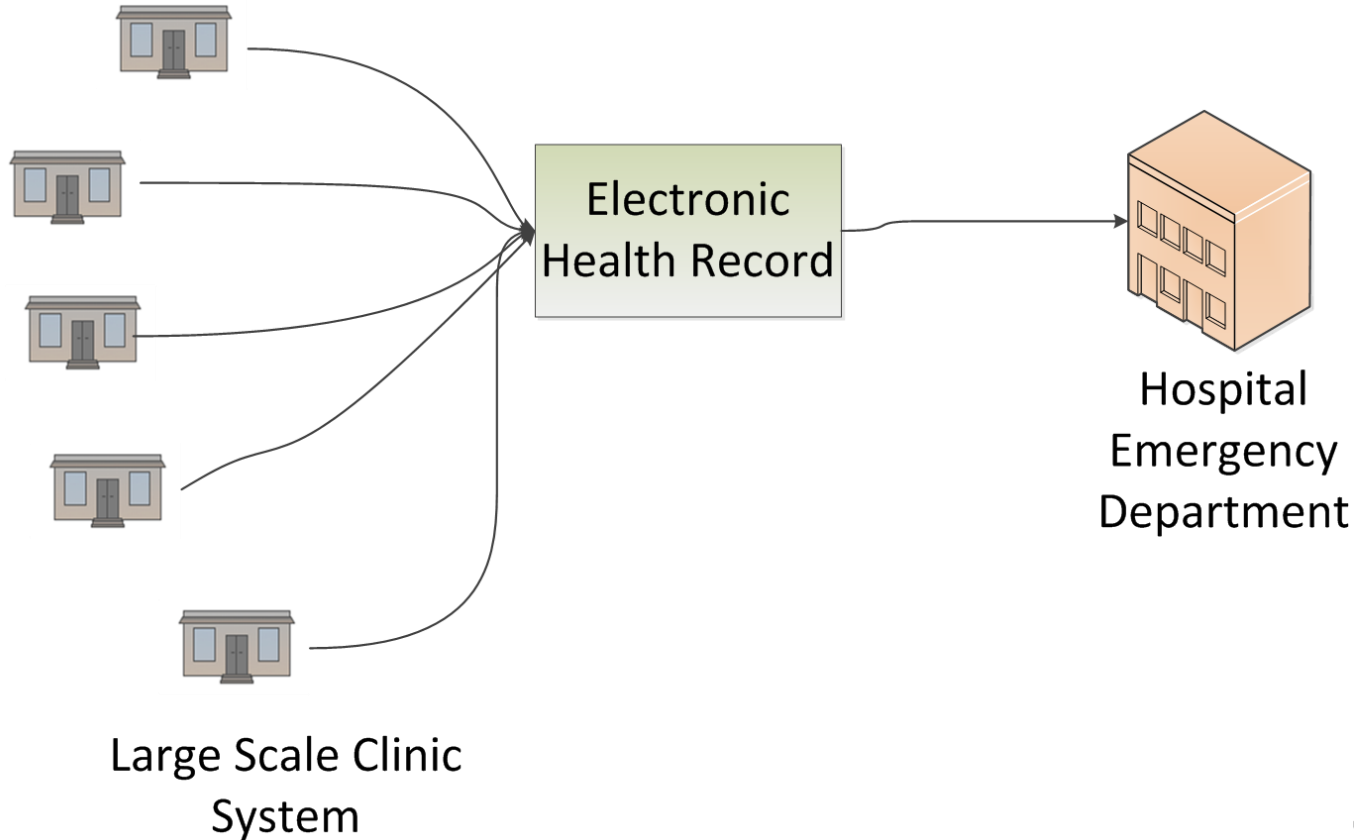- Coauthored the HIMSS "Guide to Participating in Health Information Exchange"

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Section One:

Introduction to HIE, HIOs, and EHRs

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HIO

Server   Database

HIE

Electronic Health Record

Hospital Emergency Department

Large Scale Clinic System

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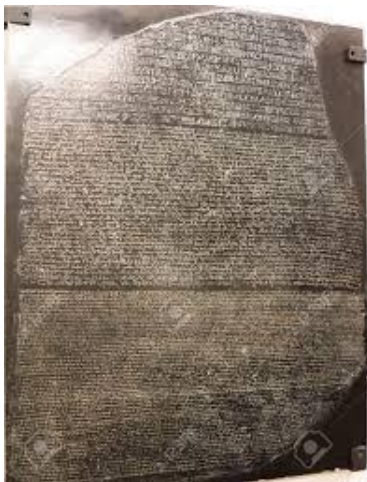Substance Abuse and Mental Health Services Administration

Assessment, Controversy, and Retreat

- Confidentiality switch in EHR is three screens deep: home/advanced/structure. Not always used.

- BH leadership does not trust that BH staff will always turn the switch.

- IT agrees to run a screening program nightly to identify any substance use patient with the confidential switch off.

- Clinic agrees to seek authorization for data release from all patients.

- BH leader says risk is still too great.

- Hospital leadership says data (including substance use data) is needed to provide proper patient care.

- Clinic compliance officer says clinic should not provide files.
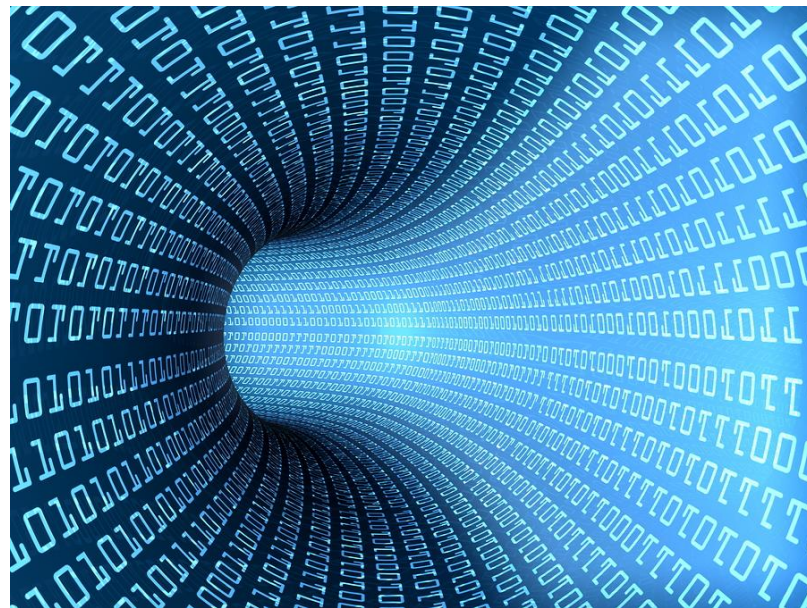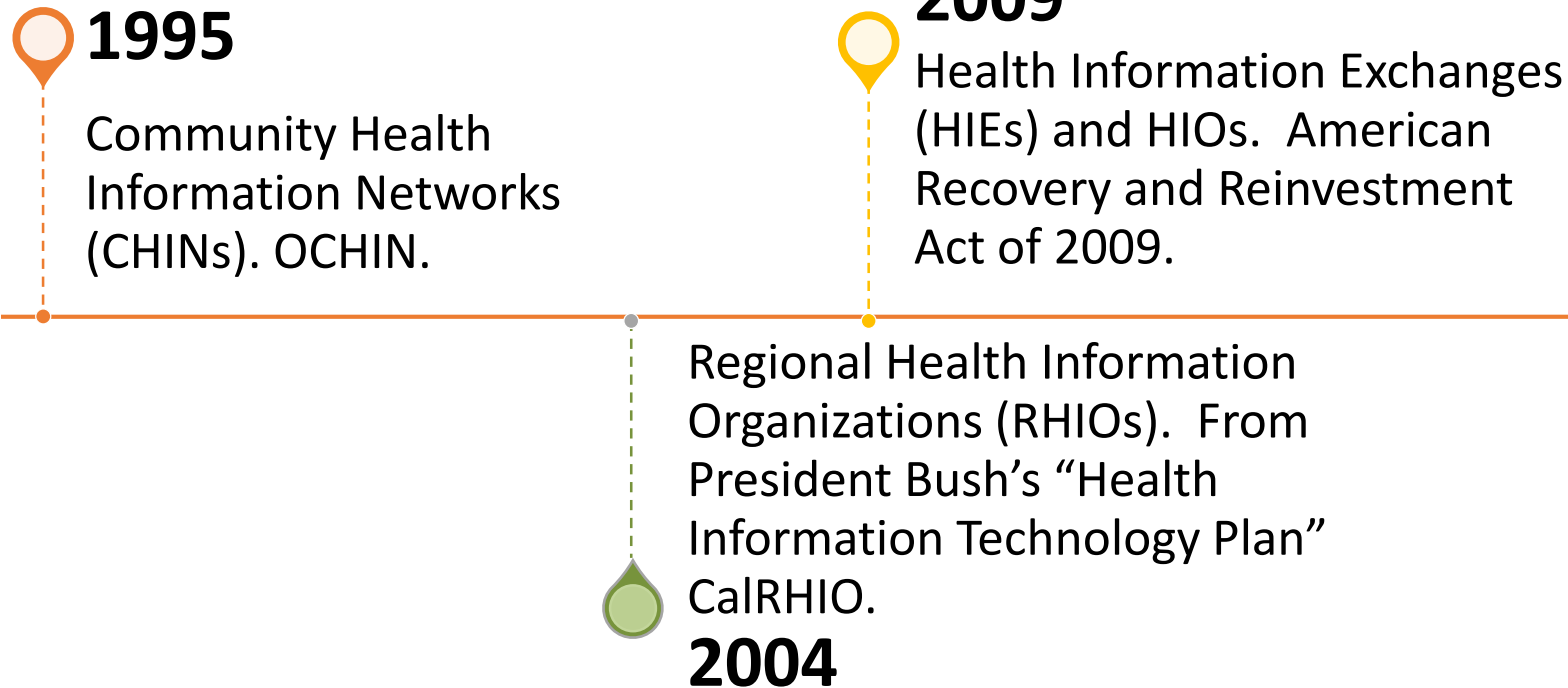
- History and status of HIE
- Business models and sustainability
- Challenges of behavioral health and HIE
- Predicting the future of HIE

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Section Two:

History and Status of HIE

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HIE History

1995

Community Health Information Networks (CHINs). OCHIN.

2009

Health Information Exchanges (HIEs) and HIOs. American Recovery and Reinvestment Act of 2009.

Regional Health Information Organizations (RHIOs). From President Bush's "Health Information Technology Plan" CalRHIO.

2004

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Exemplars

Santa Barbara County Care Data Exchange, 1998

- Dr. David Brailer / $10 million from CHCF
- Closed in December 2006, several months after operations began
- Providers had not realized benefit
- No ongoing financial support

CalRHIO, 2005

- Dr. Molly Coye, $10M budget over 5 years
- Some work in Orange County
- In 5 years, unable to find a way forward
- CalRHIO and CAeHC were competitors to be the ARRA-designated agency but unable to reach agreement

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Cal INDEX, 2014

- David Watson with $80 million in funding from Blue Shield of California and Anthem Blue Cross
- Did not gain traction
- In early 2017, Cal INDEX merged with Inland Empire HIE to form Manifest MedEx, also with significant funding
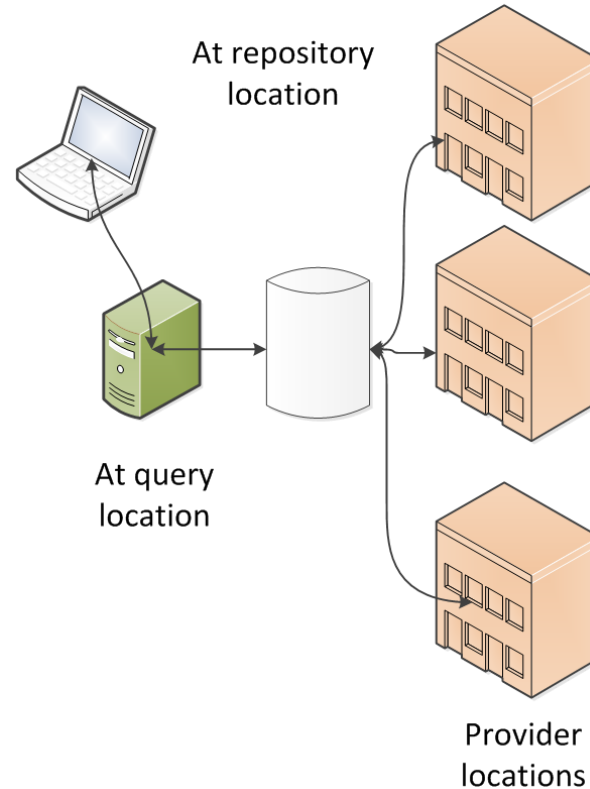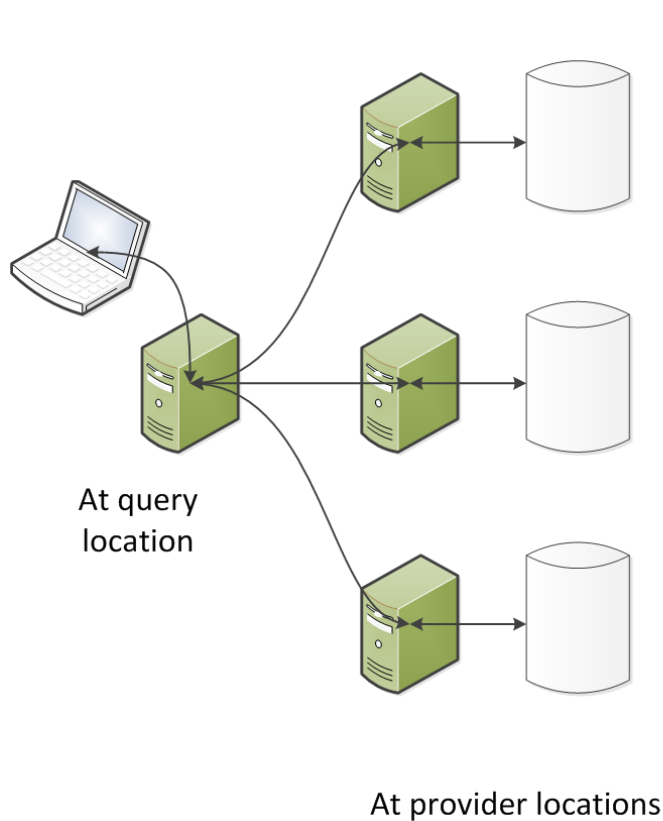
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Community HIE

Enterprise HIE

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Federated Vs. Repository

At repository location

At query location

At provider locations

At query location

Provider locations

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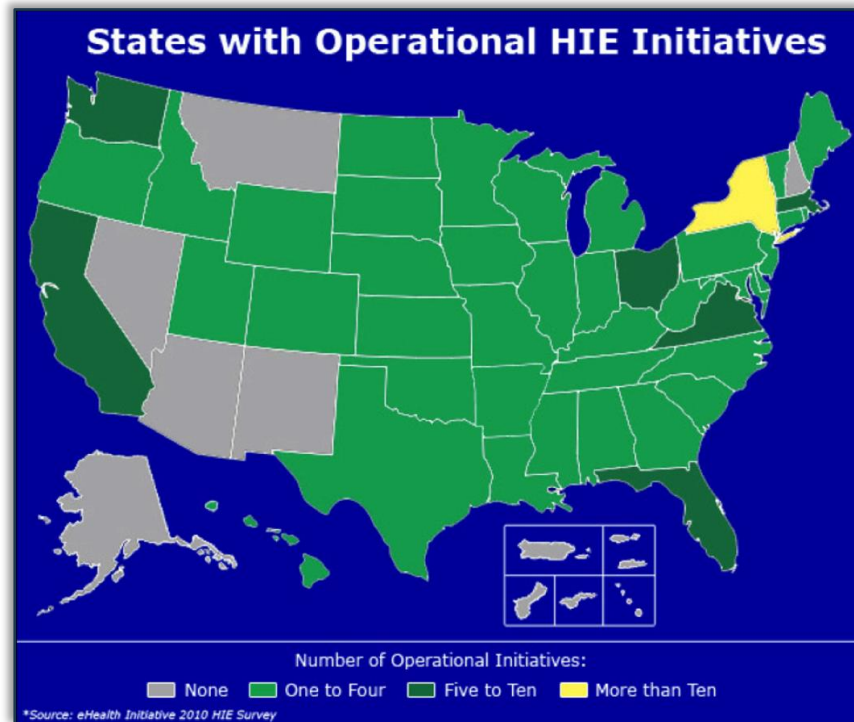Substance Abuse and Mental Health
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Red = 3k+ pop. / sq. mile

Yellow = rural

HIOs and HIEs in California

- Central Coast Health Connect
- Central Valley HIE
- ConnectHealthcare
- Cottage Community HIE
- Lanes (LA)
- Manifest MedEx
- Marin Health Gateway

- NCHIIN (Humboldt)
- OCPRHIO (Orange Co.)
- RAIN Live Oak HIE
- Redwood MedNet
- San Diego Health Connect
- Santa Cruz HIO
- San Joaquin Community HIE
- SacValley MedShare

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National HIEs

- 58 Regional HIEs in SHIEC
- Many Enterprise HIEs

States with Operational HIE Initiatives

Number of Operational Initiatives:
None | One to Four | Five to Ten | More than Ten

*Source: eHealth Initiative 2010 HIE Survey

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Variations in Data Exchange

Mode	Provenance	Strategy	Connections	Status
eHealth Exchange	ONC	Point-to-point	HIEs, agencies, providers	Clumsy, limited use
Carequality	Some EHR vendors	Web of links	EHR-to-EHR	90% acute
Commonwell	Cerner + other EHRs	Web of links	EHR-to-EHR	60% ambulatory
Epic Care Everywhere	Epic EHR (medical centers)	Connect Epic instances	Epic-to-Epic	Epi-to-Epic + Carequality
Regional HIEs	ARRA HITECH funding	Regional	Providers, others	Growing but unserved areas
Patient Centered Data Home	National assn of HIEs (SHIEC)	Link HIEs based on patient home zip	Regional to national	Growing but not yet soup
Emergency Dept. Info Exchange	Vendor's idea	National ED data repository	National repository	State-by-state growth

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Patient-Centered Data Home
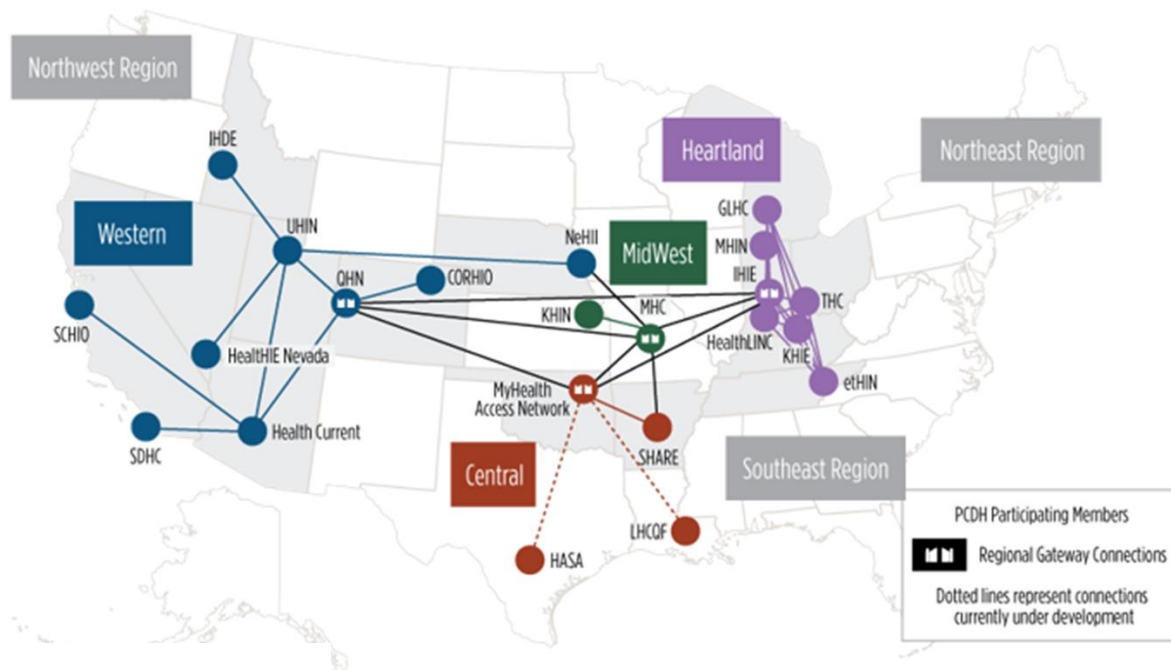
20 HIEs

- Agreement
- Certificates

Examples

- Direct Trust (person-to-person)
- eHealth Exchange, Carequality, Commonwell (DURSA)
- Epic (Epic agreement)
- CTEN (CalDURSA)
- TEFCA (new from ONC)

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Sustainability

Publicly Supported

- ARRA grants for many in 2013
- Some state HIEs
- Grants to supplement

Member Supported

- Subscriptions
- Product fees
- Volume-based fees

Payer Supported

- Payer quality bonus
  - Data contribution
  - Threshold
- Reimbursement tiers based on HIE participation

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Barriers to Participation in HIE

- No question about interoperability

- Unclear how different models will relate and which will thrive

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Section Three:

HIE and Behavioral Health

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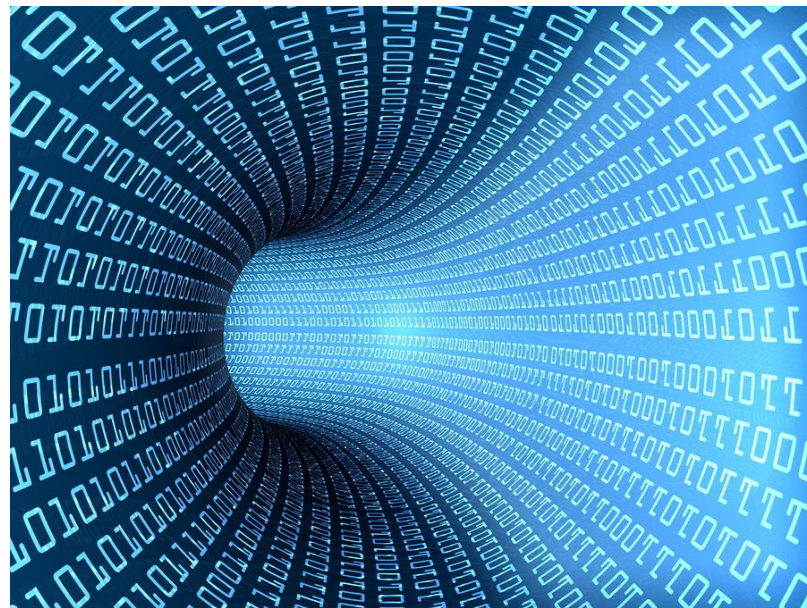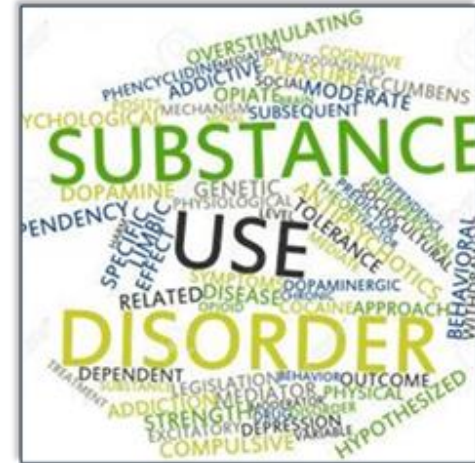
- All discussion is about treatment!
- Not about payment or health care operations.

- No transmission of professional notes

- Mental health information can move as physical health information (under HIPAA)

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State Health Information Guidance

Primary California Laws

- Confidentiality of Medical Information Act (CMIA) CA Civil Code §56 et seq.

- CA Welfare and Institutions Code (WIC). Various including Lanterman-Petris-Short Act at §5328 et seq. (LPS)

- CA Health and Safety Code (HSC) including §11845.5, 123110 and 123125.

- CA Code of Regulations Title 9 – Rehabilitation and Developmental Services including §10568(c).
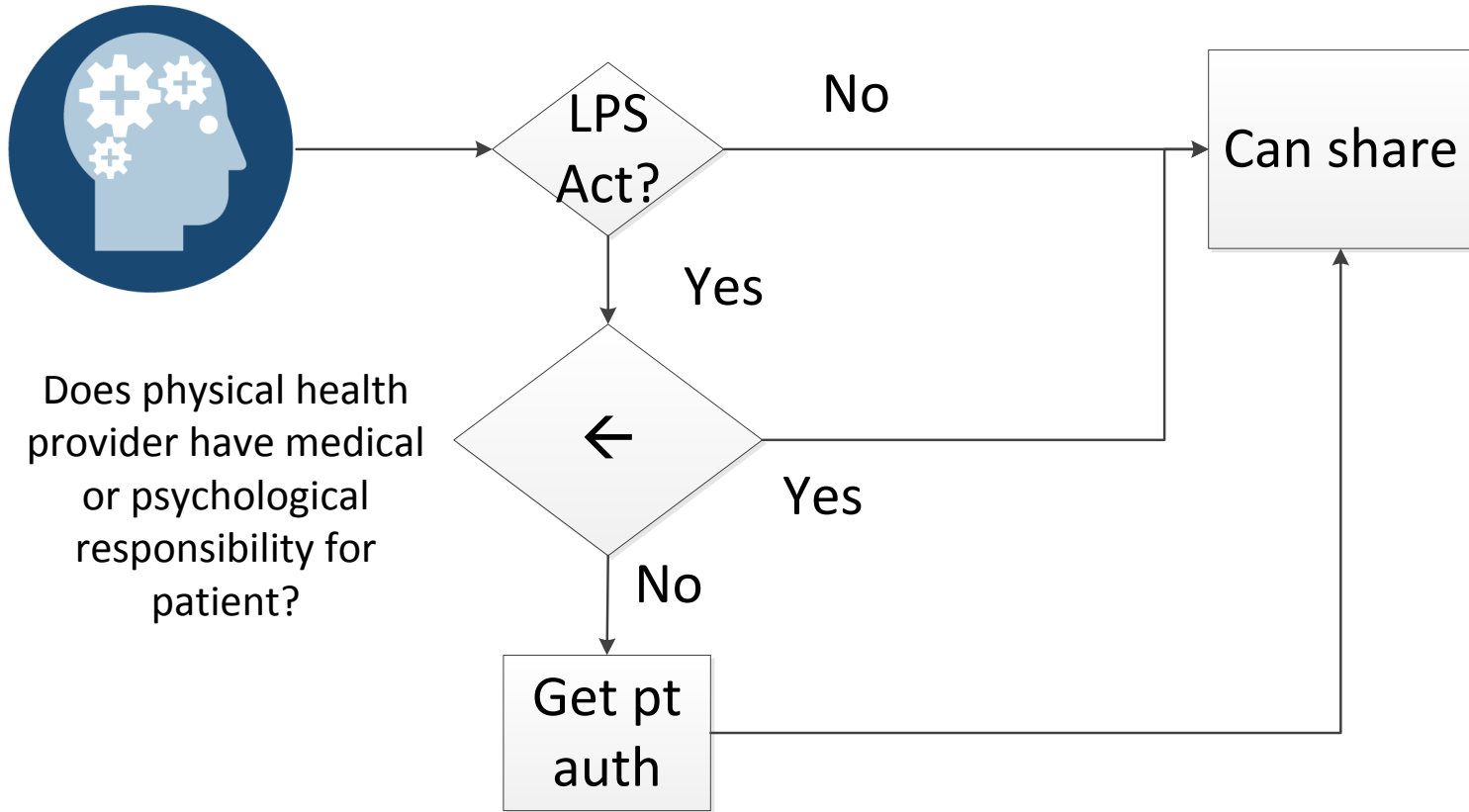
Lanterman Petris Short Act

- Passed in 1967, 29 years before HIPAA envisioned electronic exchange of health information

- The Act applies to patients who are voluntarily or involuntarily treated in an institutional (non-private) setting.

- The Act ended long-term hospital commitment by the judiciary system, except for criminal sentencing such as for sexual offenders and the gravely disabled

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Can a MH Provider Share Info with a Physical Health Provider?

LPS Act?

No → Can share

Yes

Does physical health provider have medical or psychological responsibility for patient?

← Yes

No

Get pt auth

Source: Scenario 1, SHIG, pp. 42-46.

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Source: Scenario 2, SHIG, pp. 47-51.

Source: Scenario 20, SHIG, pp. 132-134.
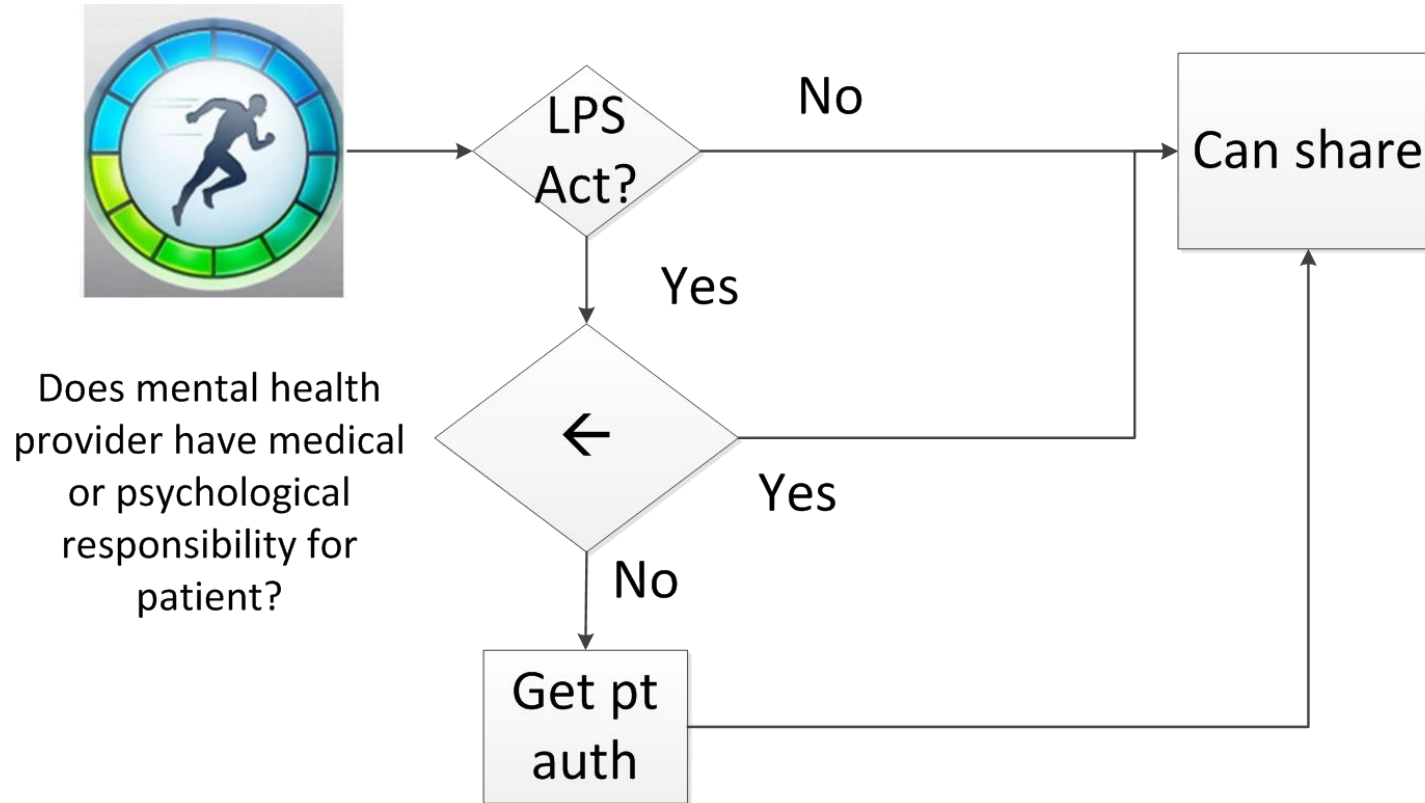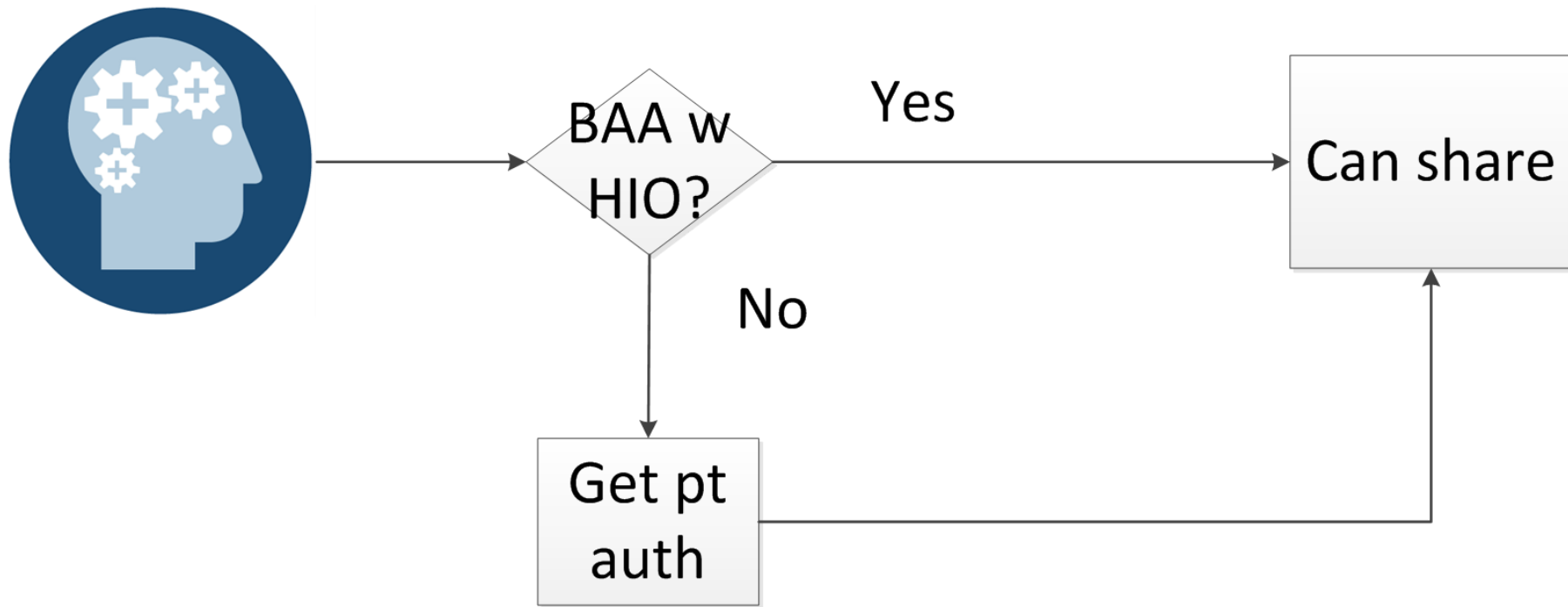
Business Associate Agreement

A Business Associate Agreement is between a covered entity and a contractor (business associate) for the purpose of maintaining the security of protected health information and HIPAA compliance.

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

    Answer: Yes. May access patient data.

Q: Does the HIO data recipient have a BAA with the original data provider?

    Answer: Yes. May access patient data.

Q: Is the information necessary for the recipient to file a claim?

    Answer: Yes. May access patient data.

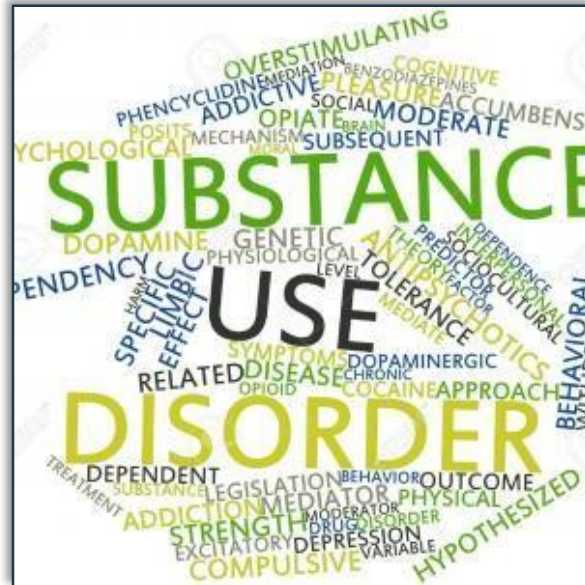Q: Is the data needed to respond to a medical emergency?

    Answer: Yes. May access patient data.

Q: If no to all.

    Answer: Authorization is required.

Source: Scenario 22, SHIG, pp. 141-145.

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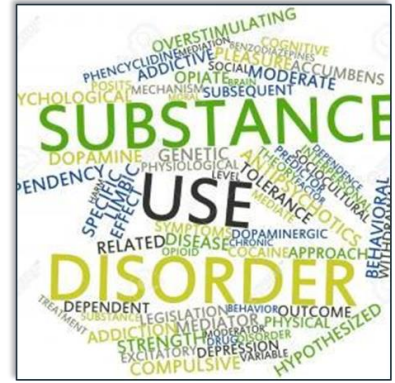
Provider not Subject to 42 CFR Part 2

▪ General health information necessary for diagnosis and treatment may be shared

Subject to 42 CFR Part 2

[(1) provider federally funded & (2) hold self out as SU treatment provider]

Does Provider belong to the Part 2 program or a QSO?

▪ Yes. Information can be shared.

▪ No. Patient authorization is required to share patient information.

Source: Scenario 3, SHIG, pp. 52-55.

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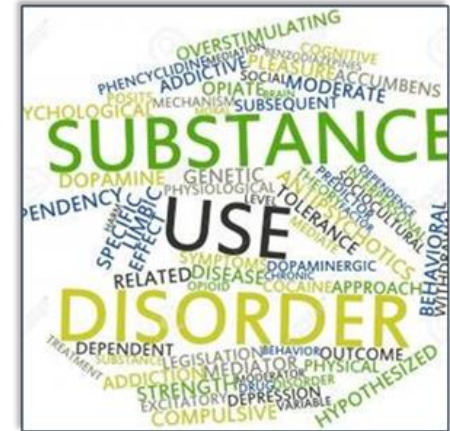Services Administration

Qualified Service Organization Agreement (QSOA)

- Provides administrative, professional, or clinical services to a Part 2 program under a written agreement.
- Indicates that the organization is bound by the regulations applying to the Part 2 program and that it will legally resist any attempt to obtain unauthorized access to the patient records.
- Parallel to a Business Associate Agreement.
- Cannot provide general medical services (e.g., primary care).
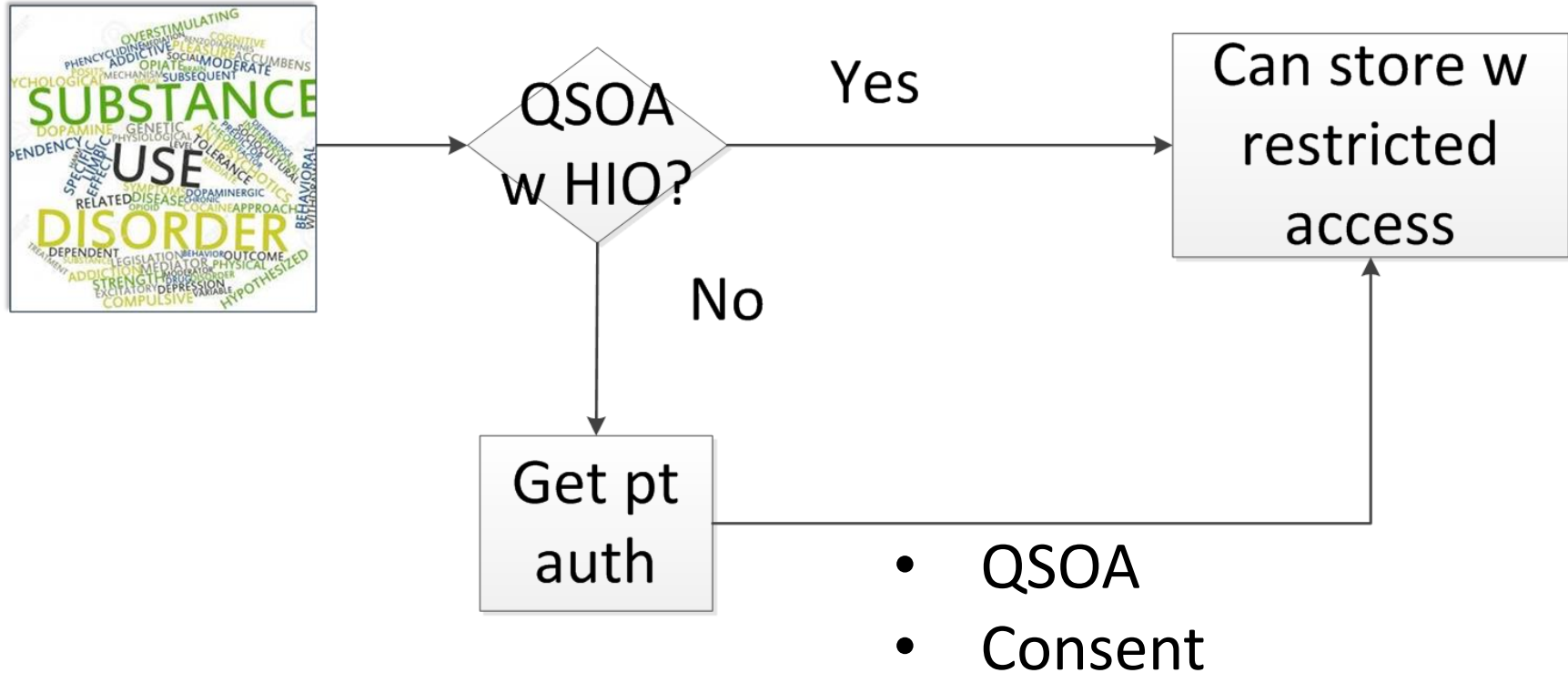
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Can a SU Provider Store Data on an HIO?

Source: Scenario 19, SHIG, pp. 128-131.

Without authorization, a SU program can disclose to an HIO:

- ✓ Patient demographics
- ✓ Diagnosis
- ✓ Prognosis
- ✓ Treatment information

For use by treatment/prevention professionals:

- ✓ In the same facility or program
- ✓ In the same qualified service organization with authorization

Source: Scenario 19, SHIG, pp. 128-131.

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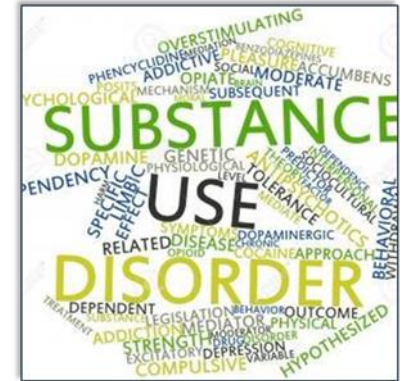
Q: Is the HIO data recipient employed by the QSO for the patient's substance use program?

Answer: Yes. Recipient may access patient SU Info.

Other rare situations…

If No to all above, authorization is required.
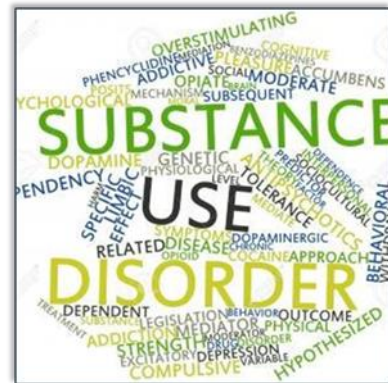
Consent Options

To Whom:
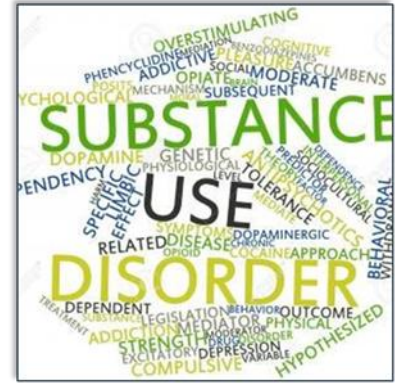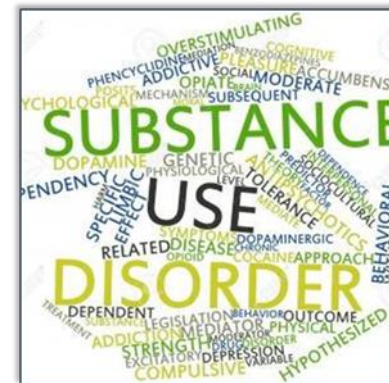1. Name of an individual
2. Name of an entity w treating provider relationship with patient
3. Name of an entity not a treating provider such as an HIE plus:
   1. Name of a participants
   2. Name of an entity
   3. General designation, e.g., "all my treating providers"

HIE must track the list of disclosures to whom made.

- "All of my substance use disorder records"

- Not "all of my records"

Consent Duration and Purpose

Q: Can a consent state that disclosure is good until consent is revoked by the patient?
    Answer: No. Can be "upon my death."

Q: Is "treatment" a sufficient description of the intended purpose of a disclosure?
    Answer: Yes. But the data would then not
    be usable for disease management, QI,
    payment, etc.

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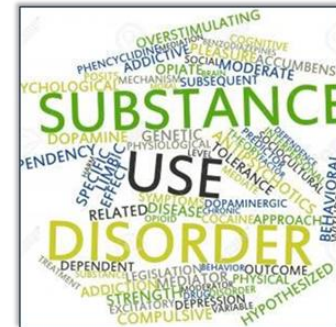Services Administration

Redisclosure

Q: Must a Part 2 program notify the HIO that it may not redisclose data without patient consent?
Answer: Each disclosure with written patient consent must include a notice that the data may not be further disclosed without written consent. A specified paragraph must be used.

Q: Can a single consent form be used for the disclosure to the HIO and for redisclosure to other identified parties such as HIO members?
Answer: Yes, if the purposes of the disclosures are the same. The redisclosure paragraph is required for each subsequent redisclosure.

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Section Four:

HIOs in California and Beyond

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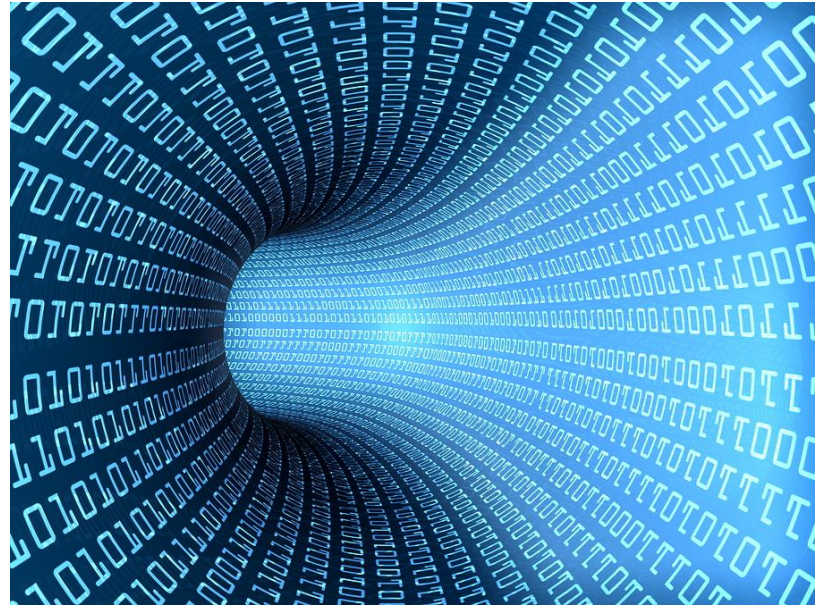
BH HIOs in California and Beyond

HIO participants decide

- How to submit data as physical health or behavioral health and

- What to submit

Data retained in separate databases

→

Behavioral health participants have access to both systems

Santa Cruz County Behavioral Health Division

- Bringing up Netsmart connection to HIE

- In both systems

San Joaquin Community HIO

Participants

- County hospital
- County BH program
- Other provider organizations & local payer

Data from County BH program

- BH data provided to HIO accessible based on user role
- First County BH department in CA to contribute data to a community HIO

San Joaquin Behavioral Health Approach

Limited Mental Health data set shared

- Demographics, diagnoses, medications, allergies, and lab results
- No substance use information (42.CFR.2) or psychotherapy notes
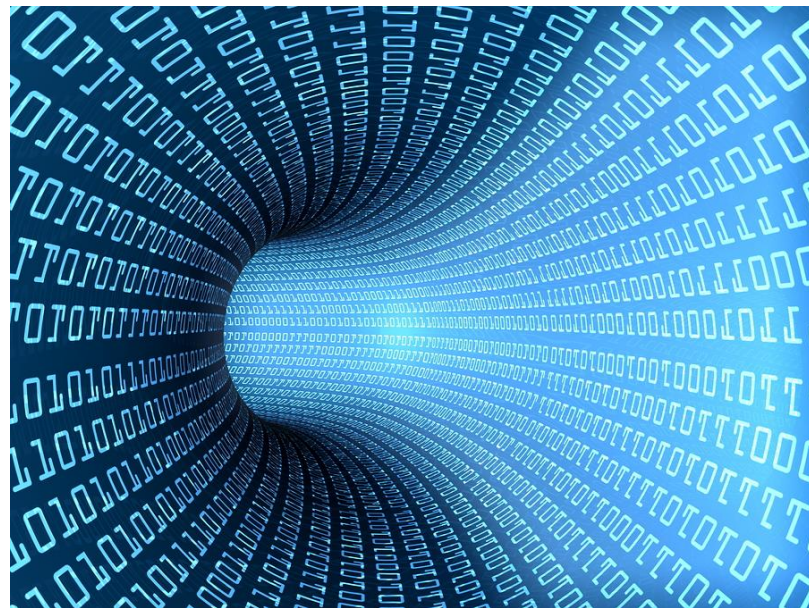- Data filtered on way out of EHR & further segmented in HIE

Opt-in, whereas rest of HIE is opt-out

- 97 percent opt-in rate to date
- Consent status captured via electronic signature, transmitted from EHR to HIE through ADT interface

Section Five:

Consent2Share Solution

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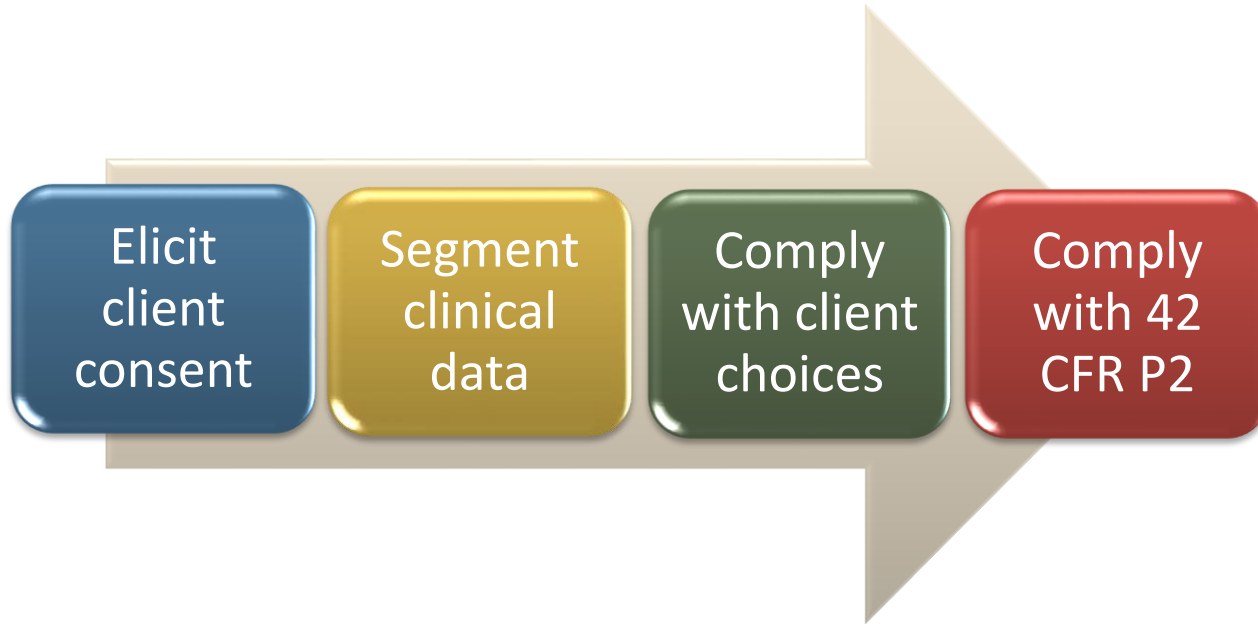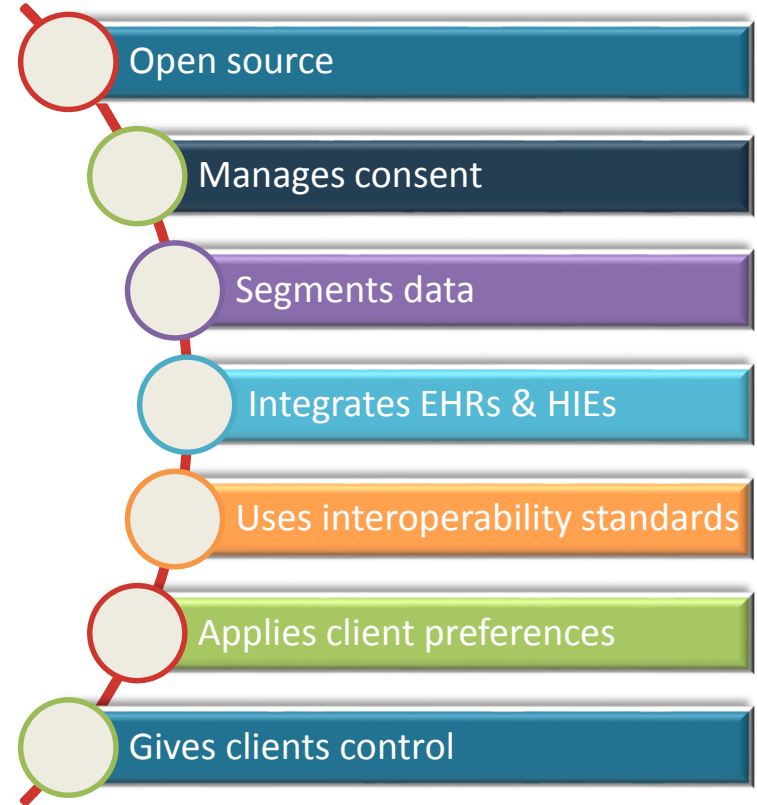
- An open-source software application

- Allows patients to specify online what BH health information they would like to share with primary care and specialty physicians

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Elicit client consent → Segment clinical data → Comply with client choices → Comply with 42 CFR P2

consent2share

- Open source
- Manages consent
- Segments data
- Integrates EHRs & HIEs
- Uses interoperability standards
- Applies client preferences
- Gives clients control

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Consent2Share Organizational Considerations

- Need for highly skilled staff
- New policies, procedures, workflows
- New processes
- Patient and staff education
- Patient access to computers, tablets, electronics to enter preferences
- Implementation plan for an HIE: 1 year, about $600k

Consent2Share Implementation Tools

For Staff, Counselors, and Physicians

- Waiting room video

- Flyers for Offices and Group Rooms

- Client Brochures

- FAQs

- Client instructions for completing Consent2Share Policy

- Consent2Share Website

For Clients

- Patient Journey Map

- Staff workflows for Counselors and Front Desk

- Staff roles and responsibilities

- Staff instructions for creating client accounts

- Scripts and talking points for staff and providers

- Training and Consent2Share demo

- Consent2Share Website overview

Before Consent2Share

- ✓ Poor communication between Behavioral Health and Primary Care
- ✓ Fragmented care coordination
- ✓ Less than optimal health outcomes

After Consent2Share

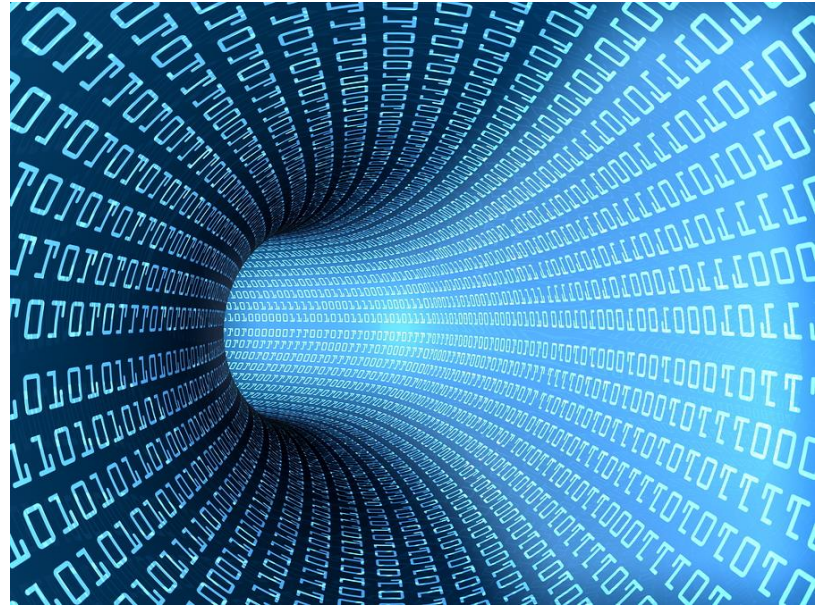- ✓ Patient wishes in Consent2Share mediate the data exchanged

Opinion of Leader

- Consent2Share needs to be a utility

- Talking to CRISP (Maryland HIE)

- PCPs need to participate but shy away from charges

- Examples
  - ✓ Patient with diabetes to ED – did not get his methadone
  - ✓ Drug addict to ED – ED did not know he was a diabetic
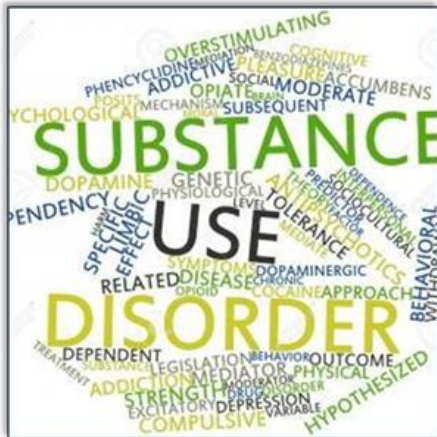 - ✓ Patient to ED and meds not known

Section Six:

Future of Behavioral and Physical Health and HIE

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- ✓ Hydrocodone
- ✓ Hydromorphone
- ✓ Oxycodone
- ✓ Oxymorphone

- Problem List
- Medications
- Lab Results
- Allergies

- Lucia Savage, former Chief Privacy Officer, ONC
  - ✓ "Important to keep rules simple and in harmony with HIPAA."
- Occasional bills to simplify SAMHSA approach
- Trade off between number of people who die because information not present and protecting reputations of substance users
- Would it be better to outlaw discrimination rather than data sharing?

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- If data exchange is allowed under HIPAA and other laws, and the quality of the patient's care depends on access to that data, there is a moral imperative to share it.

- Patient well-being should trump perceived risk of disclosure or misinterpretation of privacy laws.

  -- Robert Moore, MD, MPH, MBA

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- "Within 5 years, all patient data will be completely integrated and available for the treating provider."

  -- Bill Beighe, Santa Cruz HIO

  -- Lyman Dennis, ConnectHealthcare

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For More Information

Lyman Dennis

Principal

Ldennis@eldoradohc.com

(530) 621-9910

If you have questions for SAMHSA, please email us at samhsa.hit@samhsa.hhs.gov

Upcoming Behavioral Health IT Webinars

- June
- July
- August

- Listserv Announcements

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Thanks!