New Hampshire Health Information Organization

Privacy and Confidentiality in Integrated Behavioral Health
Agenda

What is NHHIO

Consent Considerations Today to Integrate Behavioral Health

Future Consent 2 Share Models

NetSmart Pilot – Data Segmentation for Privacy

Additional IDN Information Sharing Platforms
CHAPTER 332-I
MEDICAL RECORDS, PATIENT INFORMATION, AND THE HEALTH INFORMATION ORGANIZATION CORPORATION
332-I:7 Corporation Established

The corporation is hereby deemed to be a public instrumentality... and shall be deemed and held to be the performance of essential health information organization functions which shall, among other things, promote the general health of the citizens of the state of New Hampshire. The corporation shall be the state's designated provider of health information exchange services.

Self funded, non-profit 501(c)(3), Charitable Trust Organization
# NHHIO Board of Directors

<table>
<thead>
<tr>
<th>Board Member</th>
<th>Representation</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Mary Beth Eldredge, IT Director DHMC</td>
<td>NHHIO Chair, Board Member at Large</td>
<td>David Briden, CIO Exeter Hospital</td>
<td>NH Hospital Association, Large Hospitals</td>
</tr>
<tr>
<td>Deb Mullen, Concord VNA</td>
<td>NHHIO Secretary, Homecare Association</td>
<td>Patricia Witthaus IT Director Valley Regional Hospital</td>
<td>NH Hospital Association, Critical Access Hospitals</td>
</tr>
<tr>
<td>Carol LaCross, CFO - Retired</td>
<td>NHHIO Treasurer, Volunteer &amp; Consultant</td>
<td>Dr. Richard Lafleur, Anthem BC/BS</td>
<td>Board Member at Large, Health Plans</td>
</tr>
<tr>
<td>Patrick Miller, HIT Consultant</td>
<td>NHHIO Vice Chair, Board Member at Large</td>
<td>Brendan Williams CEO NHHA</td>
<td>Board Member at Large, LTPAC</td>
</tr>
<tr>
<td>David Querusio, Harvard Pilgrim Healthcare</td>
<td>Board Member at Large, Health Plans</td>
<td>Donna O’Leary DHHS CIO</td>
<td>Board Member at Large,</td>
</tr>
<tr>
<td>Dr. Daniel Waszkowski, Derry Medical Center</td>
<td>NH Medical Society</td>
<td>Joan Tulk CHAN</td>
<td>Bi-State Primary Care Association</td>
</tr>
<tr>
<td>Steven Kelleher, NH DHHS IT</td>
<td>Board Member at Large</td>
<td>William Baggeroer DHHS- Retired</td>
<td>Board Member at Large</td>
</tr>
<tr>
<td>Charles Fanaras, Pharmacist</td>
<td>Pharmacy Board</td>
<td>Brian Collins Community Partners</td>
<td>NH Community Behavioral Health Association</td>
</tr>
<tr>
<td>Jim Harris, Retired HIT Consultant</td>
<td>Consumer Advocate</td>
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</table>

*Note: The board of directors includes representatives from various organizations, including hospitals, homecare associations, health plans, and more.*
NHHIO Statutory Constraints

Who can use?

• “Only a health care provider or a business associate of a health care provider or a patient or patient’s legal representative may transmit the patient’s protected health information through the health information organization”

• No person shall require a health care provider to participate in the health information organization as a condition of payment or participation

What can they do?

• “Only a health care provider, for purposes of treatment, care coordination, or quality assurance, or a patient or a patient’s legal representative with respect to the patient’s protected health information, may have access to protected health information transmitted through the health information organization”

• health care providers otherwise required or authorized by law to submit data to the department of health and human services may do so through a health information organization

What can NHHIO do?

• “health information organization may retain patient demographics, including patient name, address, date of birth, gender, medical record numbers, and location of medical records, which shall be used solely to ensure consistent patient identification between health care providers and enable electronic query for patient health information. The health information organization shall otherwise act solely as a conduit for such electronic exchange and shall neither access nor retain, in a database or otherwise, the clinical content of any medical record”
NHHIO Service Lines

A low cost, high value, secure, end-to-end, clinical messaging service and Health Information Service Provider (HISP) with a statewide Healthcare Provider Directory (HPD) to support Transfers of Care

A secure network option for small and less well-resourced providers across the care continuum

A ready resource to help New Hampshire providers figure out health IT

- HIT vendor selection and implementation
- EHR and HIE adoption and workflow redesign
- CQM reporting and incentive payment programs
- Practice transformation initiatives and collaboration
  - New Hampshire Citizen’s Health Initiative
  - Quality Improvement Organization (QIO)
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General & Behavioral Health Care integration: Patient is co-served by physical and behavioral health providers and care is coordinated

High Level Use Cases

<table>
<thead>
<tr>
<th>From Whom</th>
<th>To Whom</th>
<th>Information Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care (bidirectional)</td>
<td>Behavioral Health (bidirectional)</td>
<td>Summary of Care</td>
</tr>
<tr>
<td>Primary Care (bidirectional)</td>
<td>Behavioral Health (bidirectional)</td>
<td>SBIRT Screening Results (for substance abuse)</td>
</tr>
<tr>
<td>Primary Care (bidirectional)</td>
<td>Behavioral Health (bidirectional)</td>
<td>PHQ-9 Screening Results (for severity of depression)</td>
</tr>
<tr>
<td>Primary Care (bidirectional)</td>
<td>Behavioral Health (bidirectional)</td>
<td>GAD-7 Screening Results (for severity of anxiety)</td>
</tr>
</tbody>
</table>

Consent Management:

- Consent forms can be centrally stored for access and viewing
- EHR tools available to “alert” providers and staff of existing consent concerns
- Information access can be controlled through EHR user security roles
  - “unlocking” of data may require advanced system access
Care coordination at patient transition points: Patient moves from one care provider to another and care teams conduct formal hand off.

High Level Use Cases

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<tr>
<td>Primary Care</td>
<td>Substance Abuse Treatment</td>
<td>Referral, Summary of Care, SBIRT Screening Results</td>
</tr>
<tr>
<td>Primary Care</td>
<td>Behavioral Health</td>
<td>Referral, Summary of Care</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>Substance Abuse Treatment</td>
<td>Referral, Summary of Care, SBIRT Screening Results</td>
</tr>
<tr>
<td>Hospital</td>
<td>Behavioral Health</td>
<td>Discharge Summary</td>
</tr>
</tbody>
</table>

Consent Management:

- Consent forms can be locally stored for access and viewing, but there is currently no statewide repository to tools for sharing.
- EHR tools available to “alert” providers and staff of existing consent concerns, but information filtering must be done manually.
  - Customization of electronic forms may require EHR vendor support.
  - Manual process for redacting of information may need to be utilized.
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Consent Considerations Today to Integrate Behavioral Health

Future Consent2Share Models

NetSmart Pilot – Data Segmentation for Privacy

Additional IDN Information Sharing Platforms
Consent2Share (C2S)  
Patient Consent Management & Access Control Services

C2S Goals:
✓ Demonstrate that privacy consent and data segmentation software tools and standards, developed through HHS initiatives, can be used to allow patient health record sharing in an environment where privacy regulations are currently an impediment.

✓ Show how privacy consent and data segmentation software tools and standards allow patients receiving behavioral health treatment to share their health information while providing improved protection of their privacy.

C2S Objective:
✓ Develop a production-grade privacy and consent management system which is capable of supporting a pilot implementation which demonstrates that patient health record sharing can be successful within the privacy constraints of a 42-CFR, Part 2 environment.
Consent2Share Architecture

EHR Application

Web API: REST, JSON, OAuth2

Consent2Share in the Cloud

Patients, Providers, Policy Experts, Administrators

Author/Update Policies
Consent2Share Architecture

- Two-Factor Authentication
- MPI Service (PIX/PDQ)
- CCDA Locator Service
- Terminology Service
- Inbox (Direct)
- Segmentation Service
- Audit Log
- NPI Lookup Service
- E-Signature Service

Consent Store (MySQL)

XDS.b Registry/Repository CDA R2 or XACML
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NetSmart Pilot – Data Segmentation for Privacy (DS4P)

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Additional IDN Information Sharing Platforms
Patient Event Notification Services (ENS)

- **PreManage Alert**
  - Provides core ADT driven notifications to providers whenever their patients are admitted, discharged, observed, or transferred to/from a clinical care setting to ensure patients receive timely appropriate care from their treating providers, case managers, etc.
  - Single vendor across all organizations significantly enhances effectiveness and efficiency (cost reduction)
  - Advanced patient/provider attribution
Sharing of Protected Health Information (PHI)

- **PreManage ED & Community**
  - Provides cross platform access to clinical data – directly linked to EHR
    - ED bed tracker
    - Outpatient EHR links
  - Additional safety alerts and treatment protocols
  - Aggregated data
  - Link to Prescription Monitoring Program (PMP) database
Secure Texting Products

- Multiple products to support provider needs and HIT integration
- Enhances secure provider communications
- High level of internal use
- Products can support external provider and patient messages
NHHIO Resources

www.nhhio.org

New Hampshire Health Information Organization