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OACHC Presentation

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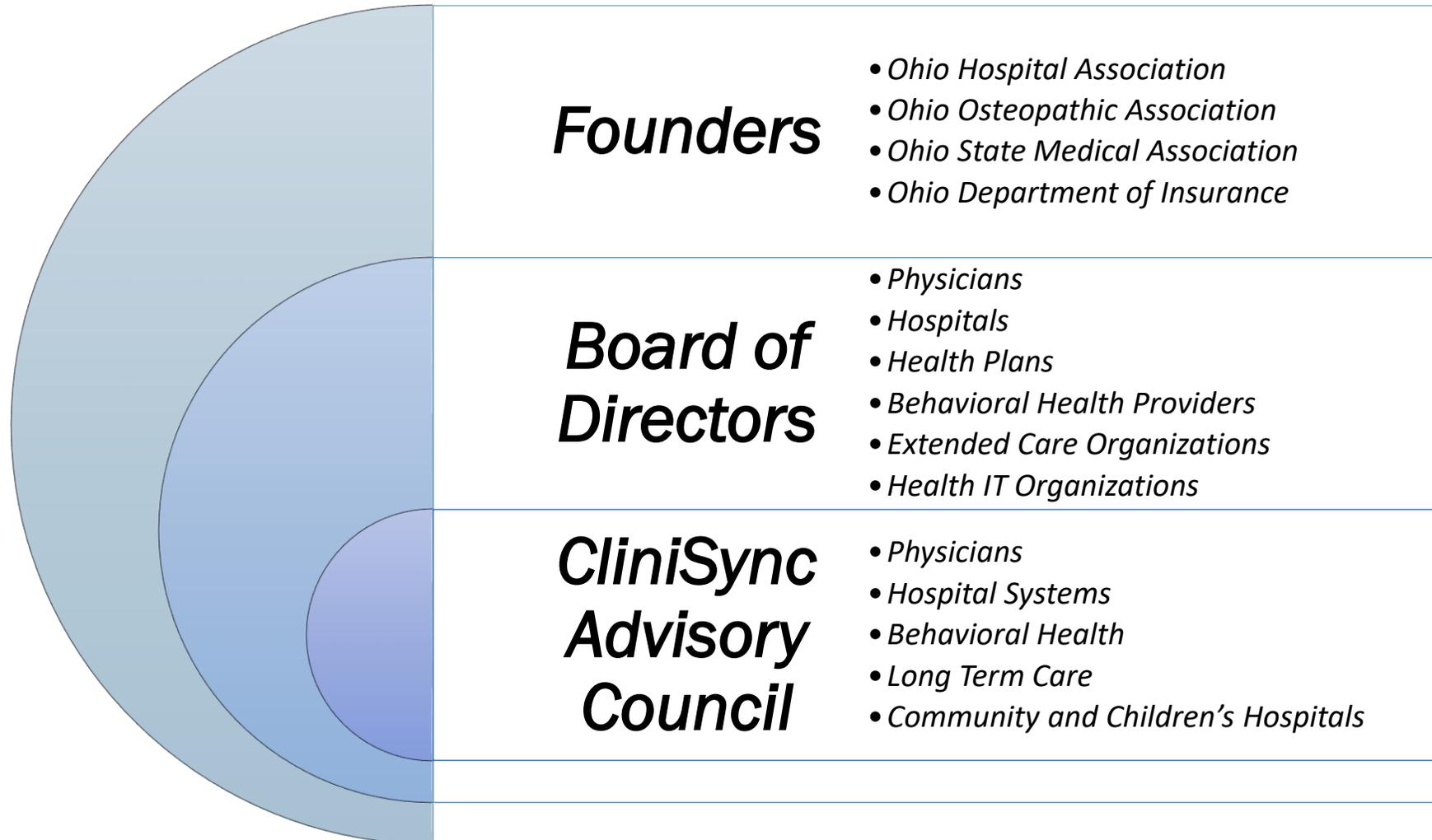
Ohio Going Electronic

*Sharing Records; Sharing Care
42 CFR Part 2*



Ohio Health Information Partnership Governance

Grassroots, Community-Based, Statewide



MAKE

*FEDERAL
PRIORITIES*

42 CFR Part 2

Specific to Substance Use Disorder (SUD) Records



42 CFR Part 2 specifically governs the release of medical records for drug and alcohol treatment:

“42 CFR Part 2...Protects the confidentiality of the records containing the identity, diagnosis, prognosis, or treatment of any patient that are maintained in connection with the performance of any federally assisted program or activity relating to substance abuse.”

SAMHSA (i.e., Substance Abuse and Mental Health Services Administration) regulations on ***Confidentiality of Substance Use Disorder Patient Records*** published January 18, 2017

Very few modifications of the regulations since original law passed:

- 42 CFR Part 2 first enacted by Congress in 1975
- Only 2 updates by SAMHSA to the regulations: 1987 and 2017

Substance Use Disorder (SUD) Records

Major push by CMS to make drug and alcohol records more accessible

- **42 CFR Part 2:** Generally drug and alcohol records from an identified SUD treatment provider can currently only be sent to another provider (electronically or otherwise) with the written consent of the patient.
- SAMHSA now allows one patient consent form for sharing records to cover groups of providers or organizations who can receive the data (e.g., “All treating providers” at XYZ Clinic or Cherry Valley ACO).

LII / Legal Information Institute

42 CFR Part 2 -
CONFIDENTIALITY
OF ALCOHOL AND
DRUG ABUSE
PATIENT RECORDS
| US Law | LII /

42 CFR Part 2 Competing Approaches: Balancing patient's right to privacy with need to coordinate care

Now there is a major initiative to change the Part 2 standard to a HIPAA standard, but requires Congress to act:

There are powerful advocates both pro and con revising Part 2:

- American Psychiatric Association, the American Hospital Association, the National Association of State Mental Health Program Directors and numerous behavioral health and physician groups *support* changing Part 2 to a HIPAA standard.
- American Medical Association and other behavioral health national organizations *oppose* changing the Part 2 standard.



Anticipate another bill in Congress to change the standard due to the need to coordinate information for SUD treatment.

42 CFR Part 2 Specific to Substance Use Disorder (SUD) Records

The Alaska Native Tribal Health Consortium explains the impact of 42 CFR Part 2 on care coordination:

“ANTHC and tribal health providers, especially those that coordinate care for individuals and/or address the behavioral and physical health needs of their patients, frequently report difficulty navigating (federal and state) health information privacy laws and regulations. This creates an issue of equal access where individuals with substance use disorder should have the same access to the benefits of increased care coordination as individuals without substance use disorder.”

*Letter to ONC about how to reduce burden on providers
January 28, 2019*

Care Coordination for Behavioral Health

42 CFR Part 2 generally does NOT cover release of behavioral health records



- If a patient is receiving behavioral health (BH) treatment without any SUD treatment, the record is not covered by Part 2 and may be released under HIPAA standards without separate consent.
- Behavioral health records can be transferred as part of the CliniSync HIE's longitudinal Community Health Record (CHR).
- Only exception is if the BH treatment is occurring through an identified SUD Part 2 program and/or provider. In this instance, need specific consent, then records may be shared with another treating provider by sending via DIRECT HIPAA-secure email.

FORM B – CONSENT FOR RELEASE OF PART 2 PROGRAM (SUBSTANCE USE DISORDER PROVIDER) INFORMATION

A Part 2 Program is a federally assisted: (i) individual or entity other than a general medical facility who holds itself out as providing, and provides, substance use disorder (SUD) diagnosis, treatment, or referral for treatment; (ii) an identified unit within a general medical facility that holds itself out as providing, and provides, SUD diagnosis, treatment, or referral for treatment; or, (iii) medical personnel or staff in a general medical facility whose primary function is provision of SUD diagnosis, treatment, or referral for treatment, and who are identified as such providers.

Section I					
First Name*	M.I.	Last Name*	Date of Birth*	Social Security Number	
Address			City	State	Zip Code
I hereby authorize the disclosure of health information about the above individual as follows.					
Section II					
Disclosing Entity* (Name of Holder of Part 2 Program Information)				Telephone Number	
Address			City	State	Zip Code
The information is to be provided to the following*:					
<input type="checkbox"/> Named Individual:					
<input type="checkbox"/> Named Third Party Payer:					
<input type="checkbox"/> Named Treatment Provider Entity:					
<input type="checkbox"/> Named Non-Treatment Provider (such as an intermediary or research entity)*					
*If non-treatment provider is selected complete a, b and/or c below.					
a. Named Individual Participant(s):					
b. Named Treatment Provider Entity Participant(s):					
c. Description of Group or Class of Treatment Provider Entity Participant(s):					
Contact Information (e.g. telephone number, email address, fax number, street address, etc.)					
Section III					
Reason for Disclosure*			Health information to be disclosed*:		
Specify time period, if desired: Release only information from the period _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)					
Section IV					
This authorization will remain in effect until revoked or shall expire on date or event specified below. I understand that I may revoke or cancel this authorization at any time by submitting written revocation in the manner specified by the disclosing entity, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will expire on the date or completion of the event stated below. If no date or event is specified below, this authorization will expire in one year.					
Expiration Date or Event _____ (mm/dd/yyyy)					
<ul style="list-style-type: none"> Substance use disorder records of Part 2 programs disclosed pursuant to this Consent are protected by federal regulations and cannot be re-disclosed without my written consent unless otherwise provided for in the regulations. Any information disclosed pursuant to this Consent other than substance use disorder records or records protected under another state law may be subject to re-disclosure by the recipient. I might be denied services if I refuse to authorize disclosure of information for purposes of assessment, treatment, or payment relating to substance use disorder if refusal is permitted by state law. My refusal to authorize disclosure of information for other purposes will not affect my ability to obtain treatment or services. If I have authorized disclosure to a generally described group or class of participants in an entity which is not my treatment provider, upon my written request, I must be provided a list of entities to which my information has been disclosed pursuant to that general designation. 					
Signature of Individual*				Date* (mm/dd/yyyy)	
Signature of Personal Representative (if applicable)* (Identify relationship to individual below)				Date* (mm/dd/yyyy)	
Relationship of Personal Representative to Individual (Personal representative shall submit proof of authority to the disclosing entity)					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Healthcare Power of Attorney <input type="checkbox"/> Executor/Administrator <input type="checkbox"/> Other <input type="checkbox"/> N/A					
For administrative use only:					
Method of Delivery (e.g. paper, fax, electronic)				Date Released	

State of Ohio Voluntary Consent Form

Not required to be used in Ohio, but if used, must be accepted by receiving party

The form and instructions can be accessed through the following links:

» **Standard Authorization Form at**
<https://medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM10221fillx.pdf>

» **Standard Authorization Form Instructions at**
<https://medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM10221i.pdf>

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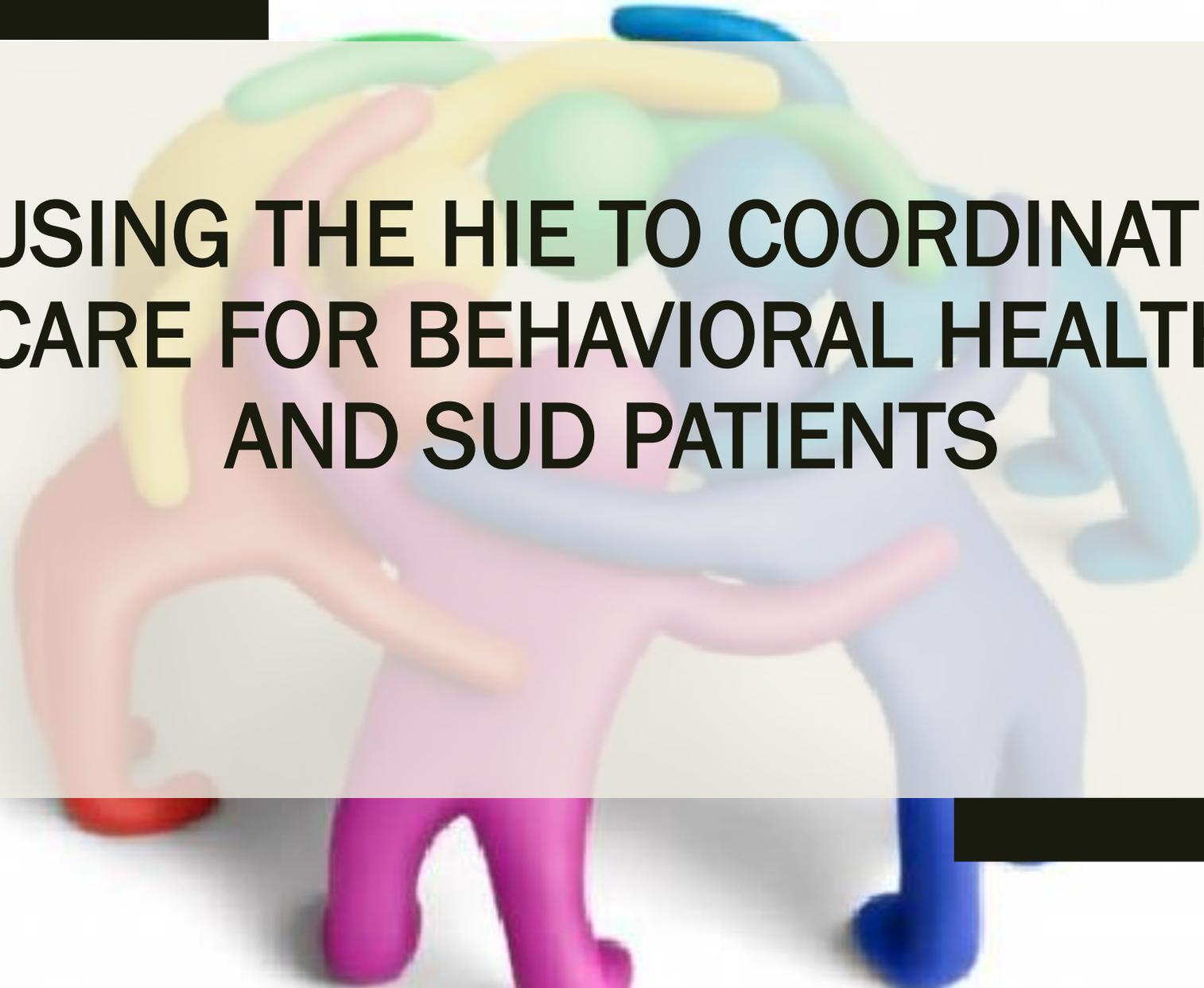
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For administrative use only:				
Method of Delivery (e.g. paper, fax, electronic)			Date Released	

Ohio Medicaid Part 2 Consent Form

- “The General Assembly charged the Director of the Ohio Department of Medicaid (ODM) with the responsibility of developing a standard form for the use and disclosure of protected health information. While this form was developed by ODM, this form can be used in any situation that needs a HIPAA or 42 C.F.R. Part 2 compliant form.”
- The form complies with all current HIPAA privacy rule requirements and all requirements contained in 42 CFR Part 2, which cover certain substance use disorder treatment information.

Ohio Department of Medicaid Standard Authorization Fact Sheet 1/2/2019



**USING THE HIE TO COORDINATE
CARE FOR BEHAVIORAL HEALTH
AND SUD PATIENTS**

Accessing Patient Information through Notify

Use Notify functionality to access information on admits, discharges for behavioral health patients or SUD patients



- Use *Notify* if your practice is responsible for a group of patients, either through a care coordination agreement or an alternative payment model such as Medicaid CPC.
- You may upload a patient panel to CliniSync and receive notifications or alerts of admits and/or discharges from ED or inpatient setting.
- No issue with either HIPAA or Part 2 since you are pulling down data on patients where you already have a treating relationship and have a consent for treatment.

Accessing Patient Information through Electronic Exchange

Use Community Health Record functionality to access information on prior treatment of patients or on encounters or results

Use *Community Health Record (CHR)* to:

- Follow up on a *Notify* encounter
- Verify demographic information on a new patient
- Check for results on labs or imaging
- Check for any ED visits or prescriptions for controlled substances (through use of the OARRS query in the CHR – if applicable)

The screenshot shows the CliniSync Community interface for patient JJTEST, JANET. The patient's demographic information is displayed at the top: Female, Age 44y, DOB 01/03/1975, MRN 1666701224. The interface includes tabs for Demographics and Face Sheets, with the Face Sheets tab currently selected. A yellow banner indicates that additional records may be available. Below this, a table lists patient encounters with columns for Facility/Location, Acct #, Pt. Class, Admit Service, Admit Diagnosis, Admit/Discharge, and Admitting. The table contains three rows of encounter data.

Facility/Location	Acct #	Pt. Class	Admit Service	Admit Diagnosis	Admit/Discharge	Admitting
The MetroHealth System 2BN Room B241-12 / Bed 12	1156697411	Inpatient Encounter	NEONATOLOGY		11/6/2030 11:28 AM	SWARUP, NAMITA
Mercy Medical Center Canton H.7M Room 7M787 / Bed 02	H00000028217	Inpatient Encounter	FAMILY PRACTICE	TESTING QUERY	3/19/2019 9:29 AM	ZZZLapikas Do NOT Use
Southwest General Health Center 1DOU Room D147 / Bed 02	51301721401	Ambulatory	Observation		1/23/2019 6:03 PM	SIDOR MD, TIM A

Contribution to the Community Health Record

“Publish” patient information to the HIE for access by care team members

- For a **“mixed use” facility** under SAMHSA definitions, you may share any behavioral health data that does not identify the patient as being part of a SUD treatment plan. Restrictions include if the treating provider only treats cases of SUD where the name of the treating provider would identify the SUD component.
- If you wish to **segment data** and push only part of the patient’s record in the EHR, then that will depend on the capability of your system; once received by the HIE, data becomes part of the patient’s overall longitudinal record.
- CMS has proposed in the **new information blocking regulations** that providers need to share whatever data is available and not withhold the whole record if part of it is restricted.

Demo of CHR for Behavioral Health and SUD Patients

OUR VISION IS TO IMPROVE ELECTRONIC COMMUNICATION AMONG THOSE WHO TOUCH A PATIENT'S CARE SO WE CAN IMPROVE HEALTH CARE FOR ALL OHIOANS

CliniSync is a health information exchange application, developed and sponsored by the Ohio Health Information Partnership. CliniSync provides secure, encrypted access to confidential patient information. Only authorized users are permitted to access this application. Under federal HIPAA regulations, it is a criminal offense to disclose or misuse patient healthcare data.



Ohio Health Information Partnership
Health Information in a Heartbeat

Username

Password

LOG IN

[Reset Password](#)

Powered by

MEDICITY™

Sign Up and Stay Informed

Please visit the home page of our website at www.clinisync.org to Sign Up for Services and to Stay Informed through our monthly e-newsletter.

A screenshot of a sign-up form titled 'STAY INFORMED' on a red background. The form includes a paragraph of text: 'Sign up for our monthly CliniSync Connects newsletter. Provide us with comments on topics you wish to read about or contribute your success stories.' Below the text are five input fields: 'FIRST NAME', 'LAST NAME', 'EMAIL ADDRESS', 'ORGANIZATION', and 'COMMENTS'. A 'SUBMIT' button is located at the bottom of the form. A red arrow points from the text 'to Stay Informed through our monthly e-newsletter' in the main text to the 'STAY INFORMED' form.



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Don't forget to sign up for our monthly e-newsletter,

CliniSync CONNECTS

It's a great source of information!

www.clinisync.org