

Invited Testimony
Illinois Health Information Exchange Authority
Data Security and Privacy Committee
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Good morning, Mr. Chairman and members of the committee. I am Cynthia Bracy, Director of Advocacy for the Illinois Health Information Management Association (ILHIMA). I would like to thank you for the opportunity to testify and for your leadership on promoting secure health information technology in the State of Illinois.

ILHIMA appreciates this opportunity to present testimony regarding [the standardization of] health information exchange patient consent models in and discuss the importance of obtaining complete medical record history for every Illinoisan.

Patient Consent

Is Illinois an “opt-in” or “opt-out” state? I have heard it stated that “it depends.” Illinois state law propagates a deficit in the quality and equality of patient health care. Melissa Goldstein and Alison Rein define the health information exchange basic function as the facilitation of “the sharing and use of health-related information in order to enable safe, timely, efficient, effective, equitable, and patient-centered care (Goldstein & Rein, 2010).” To achieve a comprehensive medical history from cradle to grave we need to remove the barriers and allow the comprehensive collection of patient encounter data.

Currently, sensitive patient information cannot be entered into the HIE without patient consent to “opt-in.” This includes psychiatric records, genetic testing results, and HIV/AIDS data. Patients who opt-in to the HIE ensure their physician has the most up-to-date information, including current medications and health concerns, available in emergency situations but the adverse effects that can be the result of treating patients with an incomplete medical history is appalling.

Patient Education

Engaging patients and determining their preferences for sharing their PHI can be both technically and operationally challenging. Providers are considered key players in identifying and honoring patient preferences. Some providers may see educating patients and identifying patient preferences at the point of care as a disruption in workflow. “They may be overwhelmed with the process of identifying the patient preference, recording that information, and administering the preferences upon release (Warner, 2011).”

While health information exchange (HIE) entities are willing to partner with physicians and hospitals to assist with patient education, the onus is on the individual physician and/or individual hospital to educate and promote the use of the HIE within their organization.

Summary

Illinois state law prohibits the successful implementation of a comprehensive, nationwide health information exchange to ensure complete patient medical history is accessible across organization and state boundaries. A streamlined patient consent model in Illinois will help achieve the full potential of the health information exchange. I ask the committee to take ILHIMA membership concerns to congress to change Illinois state law and support a comprehensive statewide health information exchange and, ultimately, a comprehensive nationwide health information exchange.

Mr. Chairman and members of the committee I thank you for your attention to this important matter.

Goldstein, M., & Rein, A. (2010). Consumer consent options for electronic health information exchange: Policy considerations and analysis. In Washington, DC: Retrieved from

http://library.ahima.org/xpedio/groups/public/documents/government/bok1_047055.pdf

Warner, Diana. "HIE Patient Consent Model Options." *Journal of AHIMA* 82, no.5 (May 2011): 48-49.

http://library.ahima.org/xpedio/groups/secure/documents/ahima/bok1_048929.hcsp?dDocName=bok1_048929