

MINUTES OF THE AUGUST 7, 2013 MEETING OF THE PATIENT CHOICE AND MEANINGFUL DISCLOSURE WORK GROUP: BREAK THE GLASS SUBGROUP, OF THE ILLINOIS HEALTH INFORMATION EXCHANGE AUTHORITY

The Patient Choice and Meaningful Disclosure Work Group: Break the Glass Subgroup, of the Illinois Health Information Exchange Authority, pursuant to notice duly given, held a meeting at or about 10:21 a.m. on August 7, 2013 in Rm. 9-034 at the James R. Thompson Center, 100 W. Randolph St., Chicago, Illinois 60601, with telephone conference call capability.

<u>Subgroup Members Present:</u>	
Renee Popovits	Popovits & Robinson
Deb Gory,	MCHC
Victor Boike	MCHC
Susan O’Keefe	MCHC
Laura Kriplet (by phone)	Blessing Health System
Carolyn Bailey (by phone)	Blessing Health System
Nancy Newby (by phone)	Washington County Hospital
Mikki Pierce by phone)	Atrium Advisory Services, Inc.
<u>Absent:</u>	
Kerri McBride	ILHIE Authority
Maria Pekar	LUMC

Call to Order and Roll Call

Ms. Renee Popovits, at the request of and on behalf of Kerri McBride, welcomed the members of the Subgroup. Ms. Popovits confirmed the presence of the participants noted above, and the ability of those participating by teleconference to clearly hear and participate. There were no objections expressed to the participation of Subgroup members by electronic means.

Approval of Minutes

The subcommittee approved the minutes of the July 24, 2013 subcommittee meeting.

Resources

Ms. Popovits indicated that she had submitted three resources to the subcommittee, and that the same are posted to the OHIT/Authority Webpage (<http://www2.illinois.gov/gov/HIE/Pages/BreakTheGlassSubgroup.aspx>), including: 1) SAMHSA June 10, 2013 FAQs #24-33 on medical emergencies, 2) SAMHSA December, 2011

FAQs #5-9, and 3) OHIT BHIP Substance Abuse Legal Workgroup, Report issued March 2012, pages 4-5. She solicited additional resources, and recommended that the subcommittee, specifically Maria Pekar and Kerri McBride, identify Illinois law that does or may currently inhibit “breaking the glass.” Ms. Popovits referred the subcommittee the online resources assembled by the ILHIE Authority.

Review of Objectives and Deliverables

The subcommittee Action Plan objectives and deliverables were reviewed and discussed.

Two Subgroup deliverables were referenced and listed as follows:

- 1) Recommendations for Clarifying Illinois Law with respect to Opt-Out Override (“Break the Glass”) in the Case of Medical Emergency within the Context of Health Information Exchange.
- 2) Policy Recommendations for Handling a Self-Pay Patient’s Right to Restrict Disclosure of Specific Health Information to a Health Plan or a Health Plan’s Business Associate within the Context of Health Information Exchange.

Ms. Popovits asked each member of the subcommittee to review the ILHIE Authority resource materials, and to bring three recommendations for each action item for discussion to the next subcommittee meeting.

Practical Mechanization

Ms. Popovits reminded the group of federal law requirements governing substance abuse providers whose patients’ records were accessed by other providers who “broke the glass.” There needs to be a technical mechanism to inform the substance abuse provider that the glass was broken by another provider so that substance abuse providers can meet their compliance obligations to document the breaking of the glass in the patient’s medical record. Currently there is no such mechanism. Also discussed was how the provider who broke the glass would know that there is a substance abuse provider in the continuum of care who would need to be informed that the glass was broken.

Opt-out Issues

Ms. Nancy Newby inquired whether a patient’s opt-out preference overrides a provider’s request to break the glass, or vice versa.

Ms. Susan O’Keefe said that, where a provider requests to break the glass, the provider needs to know whether the patient has opted-out of the ILHIE, rather than being informed that there is “no information.” Contrast to MCHC, which notifies the provider that the patient has “chosen to opt-out.” There must be a patient flag to indicate that either the patient is not in the system, i.e. there is no information available, *or* that the patient is in the system and has elected to opt-out.

The subcommittee referenced the conclusions of the ILHIE Authority Data Security and Privacy Committee (DSPC), which determined that a patient's participation in the HIE should not be indicated, i.e. that a query on a patient who has opted out will return a "no information" result instead of an indication that the patient opted-out. Ms. Newby indicated that the DSPC reached this conclusion due to overriding concerns for patient privacy, and technological issues. But the subcommittee is concerned that if a provider does not know whether a patient's data is in a HIE, he will not want to waste time at the point of care to break the glass if there may be no data to return. Provider frustration was also a concern. Ms. Newby voiced concern that the provider wants to know whether he or she should expend the effort to try and break the glass in an emergency.

Ms. Popovits recommended that subcommittee review the September 2012 recommendations of the DSPC on breaking the glass. A direct link to this resource was requested to be added to the subcommittee's resources webpage.

The subcommittee reviewed the questions Ms. Popovits will offer to a participant poll at an upcoming SAMHSA educational session.

The subcommittee discussed the need to be mindful of different HIE systems, and the fact each HIE will have to individually address how it may facilitate breaking the glass.

Ms. Popovits asked how regional HIEs handle breaking the glass. Ms. Newby indicated that the ILHIE Authority Board of Directors has not yet considered the issue and will consider that issue in the future.

Next Steps and Wrap-Up

The breadth of the Authority zip file resources was discussed. The subcommittee requested that the Authority conduct research on the following. First, to review opt-out states' websites to review policies and procedures on to how the state is handling break the glass scenarios. Second, whether ONC has white papers, recommendations, or other research related to break the glass policies. Third, look to opt-out states with operational HIEs, such as Indiana, Missouri, and Michigan, for practical break the glass implementation lessons and documentation.

Other members of the subcommittee indicated that they would identify good resources from other states to be directly linked to the subcommittee's webpage. In addition each member will attempt to bring 3 questions or ideas related to the subgroup's deliverables.

Deb Gory indicated that nationally there are ways for different HIE systems to query one another, even without Healthway.

APPROVED – 08/20/13

Adjournment

The meeting was adjourned at approximately 11:43 a.m. so members could rejoin the Work Group meeting plenary session.

Minutes submitted by: Elizabeth LaRocca