



Frank Anselmo, MPA
Chief Executive Officer
3085 Stevenson Drive, Suite 203
Springfield, Illinois 62703
Phone: 217/585-1600
Fax: 217/585-1601
www.cbha.net

CBHA Testimony

Illinois Health Information Exchange Authority Board Data Security and Privacy Committee July 17, 2012

Location: Room 2-025 James R. Thompson Center
Chicago, Illinois

Subject Matter: Patient Choice: Options and Permitted Uses for Patient Data
Granularity of Patient Data

CBHA, representing over 70 community behavioral health providers throughout the state who provide mental health and substance use prevention, recovery and treatment services to children, families and adults, would like to thank you, Mr. Chairman, and the Data Security and Privacy Committee of the ILHIE Authority Board for the opportunity to offer our input and recommendations on the subject of Patient Choice: Options and Permitted Uses for Patient Data and Granularity of Patient Data.

CBHA endorses a broad, statewide health integration agenda to promote better coordinated, less fragmented care. We support a coordinated system of care that can lead to improvements to:

- Improved patient health outcomes;
- accountability;
- make access for patients more efficient and effective;
- promote cost savings for local and state tax payers, consumers and providers; and
- facilitate cost avoidance for local and state tax payers, consumers and providers

Individuals requiring behavioral health services have a unique need for integrated care due to frequent use of the health care system and a greater need to coordinate care among diverse providers. Many CBHA members have developed proven effective models that integrate care to treat individuals with behavioral health and medical co-morbidities. CBHA believe that the HIE can assist these efforts through sharing critical patient information, such as medical history and medication lists, to better coordinate patient care.

CBHA recognizes that access to comprehensive patient health records, which includes behavioral health information, is important to providing quality care and achieving desired health outcomes. We view the electronic exchange of patient data and the HIE as one of the means to accomplish the desired health outcomes but should not outweigh the potential privacy and confidentiality concerns. In light of that, CBHA would like to briefly focus our testimony on Informed Consent Policies and the Sharing of Patient Behavioral Health Data.

Informed Consent Policy

CBHA recommends an informed consent policy that allows patient choice and clearly informs the patient or someone authorized to act on behalf of the patient the exact purpose for the use of their patient information. Due to the complexity of issues involved in selecting and applying a particular consent model, appropriate guidance in the form of higher-level principles is critical to moving forward.

We also urge the development of a consent management function within the HIE that can accommodate varying consent directives. In order for the behavioral health community to fully participate in the HIE using either an opt-out or opt-in model, CBHA understands that certain federal and state laws will need to be amended.

It is our position that the HIE patient consent policies should not be a barrier to information sharing or to the inclusion of the behavioral health community in the HIE but the choice of participation should be in the hands of an informed patient or their representative. Patients must be assured that appropriate technology solutions, business practices, and policy protections will be employed to prevent their information from being used in undesirable ways or to generally impinge upon their rights and civil liberties and that it will be used exactly in the ways agreed upon.

Patient Behavioral Health Data

CBHA views the electronic sharing of behavioral health patient information within a coordinated network of providers as essential to optimal care. We recommended the sharing of patient behavioral health history, medications and treatment within the HIE and the development of policies that allow patients the ability to sequester their behavioral health patient record from specific providers that are not involved in their immediate care. Any health care providers providing emergency treatment services should be allowed access to the patient's entire record in order to best serve the patient. Public health authorities should also be granted access strictly for the purposes of population health planning and evaluation.