DRAFT – 08/23/13

AUGUST 20, 2013 MINUTES OF THE
PATIENT CHOICE AND MEANINGFUL DISCLOSURE WORKGROUP:
SPECIALLY PROTECTED INFORMATION SUBGROUP OF THE GOVERNING BOARD OF THE ILLINOIS HEALTH INFORMATION EXCHANGE AUTHORITY

The Illinois Health Information Exchange Authority, pursuant to notice duly given, held a meeting of the Specially Protected Information Subgroup of the Patient Choice and Meaningful Disclosure Workgroup at or around 1:30 PM on August 20, 2013, in room 4-752 of the James R. Thompson Center, 100 W. Randolph St., Chicago, Illinois 60601, with telephone conference call capability.

Participants Present	**Staff Participants Present**
David Carvalho (Chair), Illinois Department of Public Health Mark Heyrman, University of Chicago Law School/Mental Health America of Illinois Charles Cox, MCHC, MetroChicago HIE Ruth Edwards, AIDS Legal Counsel of Chicago Amy Cullnan, Monahan Law Group, LLC	Dia Cirillo Kerri McBride Daniel Procyk
Call-in Participants Present	
Beth Koch, Human Service Center Peoria Mike Jennings, Walgreens Marvin Lindsey, Community Behavioral Healthcare Association of Illinois Dana Crain, Southern Illinois Healthcare Chrissie Anderson, Lutheran Social Services of Illinois Denise Popp, Rosecrans of Illinois Michele Ward, Anderson Hospital Steve Lawrence, Lincoln Land HIE	

Welcome and Introductions

Mr. David Carvalho, Chair of the Specially Protected Information Subgroup of the Patient Choice and Meaningful Disclosure Workgroup of the Illinois Health Information Exchange Authority, called the meeting to order and welcomed the members of the Subgroup. Mr. Carvalho confirmed the presence of the participants noted above and the ability of persons participating by phone to communicate effectively.

Discussion and Approval of Minutes

With the exception of a minor clerical correction, the meeting minutes from the August 7, 2013 Specially Protected Information Subgroup meeting were approved as presented.

Review and Discussion of Table 1

Table 1, created during the August 7th Subgroup meeting, was reviewed. The addition of the "Self-Payor" column was acknowledged. The general rulemaking process in Illinois was discussed. It was noted that although the Subgroup did not have the authority to make rules regarding many of the columns listed within the chart, the columns, listed as "HIPAA," "MHDDCA," "HIV," "Substance Abuse," "Genetic

Testing," "Self Payor," and "Other," would effect and would be effected by Illinois HIE, particularly from a stakeholder input perspective. Consequently, despite the preemptive power of federal law, discussing them was a priority for the subgroup.

Mental Health and Developmental Disabilities Confidentiality Act

For the purposes of functionality, the group decided to henceforth refer to the Mental Health and Developmental Disabilities Confidentiality Act and HB1017 column as the "Mental Health" column.

The group agreed that although there were no challenges to implementing a "general opt-out" under current mental health laws, a "special opt-out" presented numerous problems. It was suggested that creating an ideal "special opt-out" environment would help identify and overcome many of those issues. Obstacles creating a "special opt-out" for mental health were discussed and are listed as follows:

- There is no consensus as to whether mental health segmentation is technologically feasible. The problem is exacerbated if and when historical records are included.
- The line between general health information and mental health information has not been clearly defined and each type of information has a tendency to encroach on the other. Restricting mental health information within the general record by removing it often adversely affects an otherwise freely exchanged general record by creating unwanted gaps. Conversely, privacy policy concerns are created when the information is allowed to remain within the general record.
- Notwithstanding the current micro-segmentation issues within the state, skepticism was expressed about being able to segment data uniformly on a macro level, nationally, and in the near future.
- Likewise, an economy of scale problem was identified by the group, noting that in the smallest environments, mental health segmentation becomes impractical.

Nevertheless, it was pointed out that currently, many of the opt-out RHIO's are currently utilizing special information segmentation models and consequently, at least in smaller and medium sized environments, mental health segmentation is practicably attainable.

General Solutions and Alternatives

It was stated that migrating specially protected information into an ideal HIE opt-out environment will require modification in both technology *and* provider behavior. One suggested method, was to encourage providers to create and transfer more easily segmentable information. Concern was expressed that putting the *onus* on providers might be overly burdensome and consequently, other solutions were sought. Four potential supplemental solutions were listed as follows: 1) Consent To Share, a cloud based system that serves as a filter provider to HIEs and HIOs, 2) a Rhode Island example, 3) the Standards and Interoperability Committee, which is looking at vocabulary standardization, and 4) the SHARPS program.

Other Categories and Follow Up

HIV records, substance abuse, genetic testing, non-specially protected PHI, and self-payor information were all briefly discussed as well. It was noted that more information about non-specially protected information and self-payor information was needed.

Confirmation of Next Meeting Dates

September 4th at 9:30 with extra hour added.

Adjournment

The meeting was adjourned at 4:30

Minutes submitted by: Daniel Procyk, Esq.

Reviewed by: Elizabeth LaRocca