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Conference & Exhibition | March 5–9, 2018

Las Vegas | Venetian – Palazzo – Sands Expo Center

# Enabling Successful Sharing of Behavioral Health through Health Information Exchange



Session #2, March 5, 2018

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# No Conflict of Interest

- Kate Horle, MPA
- Toria Thompson

Have no real or apparent conflicts of interest to report.

# Agenda

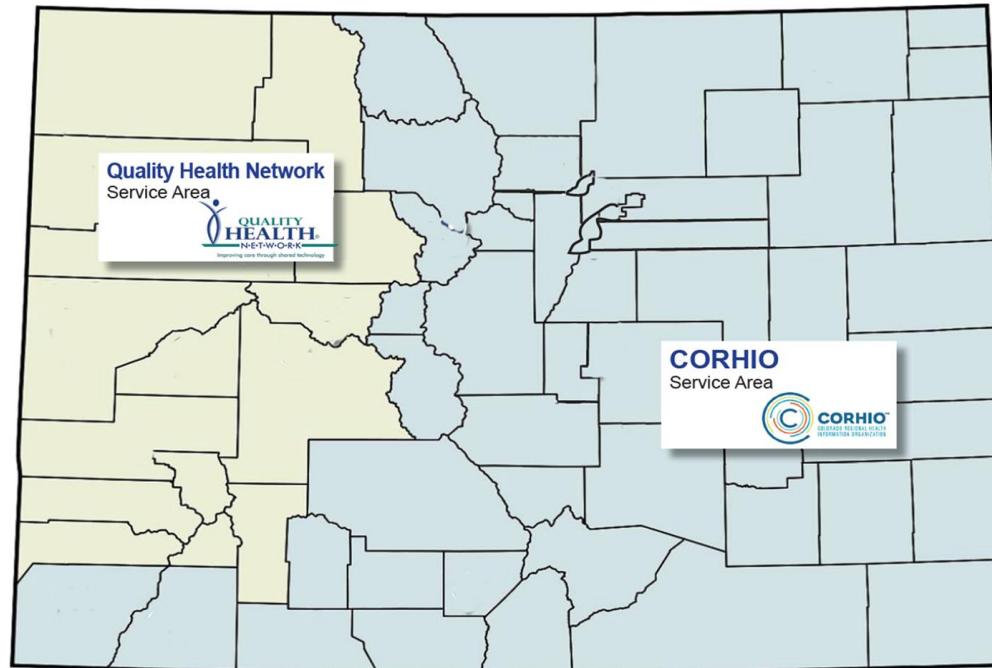
- Overview
- Colorado's Focus on Behavioral Health
- Legal Frameworks Governing Behavioral Health Data Exchange
- Colorado's Behavioral Health Exchange Pilots

# Learning Objectives

1. Describe the various legal frameworks that impact data exchange beyond the physical health system
2. Recognize the differentiating factors between mental health information versus substance use treatment information
3. Outline the critical topics that must be addressed for successful behavioral health information exchange
4. Identify standards and tools currently being used to administer patient consent

# Overview

# CORHIO and Quality Health Network: Colorado's Two HIEs



# About CORHIO and QHN

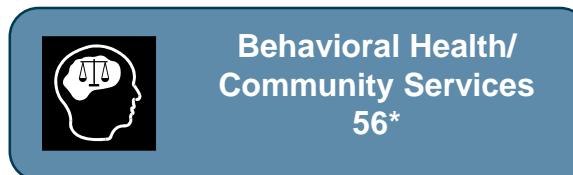
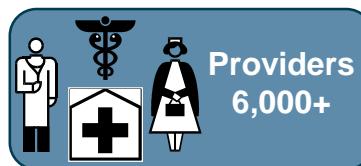
## Quality Health Network (QHN)

- Founded in 2004, QHN is a quality improvement organization that provides secure HIE services in Western Colorado.

## Colorado Regional Health Information Organization (CORHIO)

- Founded in 2008, CORHIO was developed under the American Recovery and Reinvestment Act to provide HIE services on the front range and eastern plains.

# HIE Participation Statewide



# Benefits of Health Information Exchange

## Data Collection and Aggregation

- Relationships
- Results and encounters
- Data quality and reuse

## Care Coordination

- Longitudinal record
- Alerts and notifications
- Secure messaging



# Colorado's Focus on Behavioral Health

# Colorado Initiatives Involving Behavioral Health\*

- State Innovation Model (SIM)
- Parity Legislation
- Colorado Crisis Network
- Colorado Department of Health Care Policy and Financing (HCPF) award of ONC's Interoperability Grant
- HCPF's move to Regional Health Entities
- Criminal Justice and Health Information Sharing

# 2011 Regulatory Change for Mental Health Information Sharing in Colorado

## COLORADO REVISED STATUTES

Title 12  
Professions and Occupations

Article 43  
Mental Health

Effective July 1, 2011

- Statute applies to licensed mental health workers in Colorado
- Prior to revision, stated that a release of information was required to share any information
- Revision allowed mental health professionals to follow the information sharing best practices utilized by their colleagues in the medical profession; namely HIPAA for Mental Health and 42 CFR Part 2 for Substance Use

# Legal Frameworks Governing Behavioral Health Data Exchange

# Prevalence of Mental Illness and Substance Use in the United States

## Mental Health Facts IN AMERICA

**Fact:** 43.8 million adults experience mental illness in a given year.



1 in 5 adults in America experience a mental illness.



Nearly 1 in 25 (10 million) adults in America live with a serious mental illness.



One-half of all chronic mental illness begins by the age of 14; three-quarters by the age of 24.

Source: [National Alliance on Mental Health](#)

## MENTAL HEALTH FACTS

### MENTAL HEALTH AND SUBSTANCE USE CONDITIONS ARE COMMON



18%  
OF ADULTS HAVE A  
MENTAL HEALTH  
CONDITION

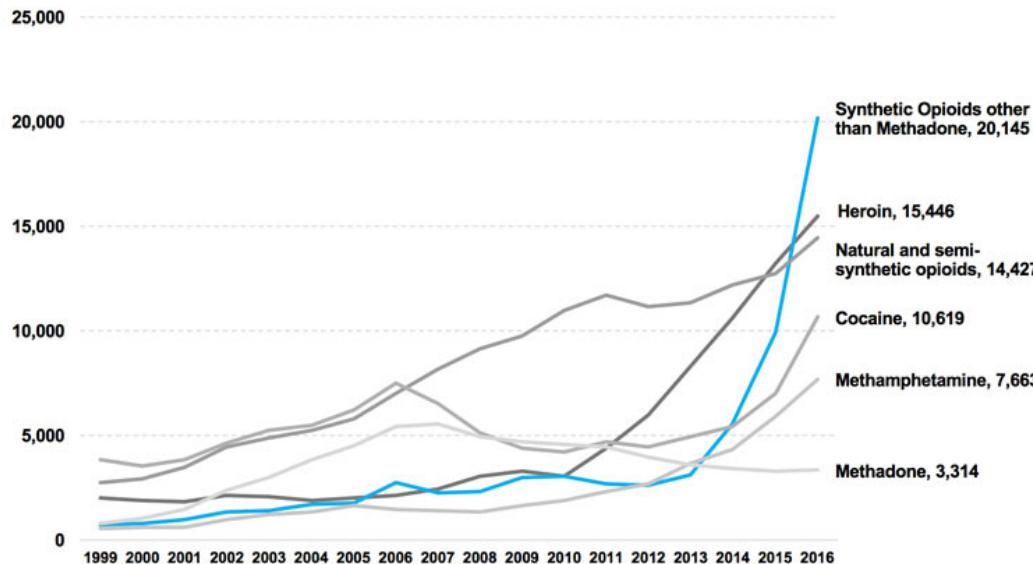


NEARLY HALF  
HAVE A  
CO-OCCURRING  
SUBSTANCE  
ABUSE  
DISORDER

Source: [Mental Health America](#)

# The U.S. Opioid Crisis

Drugs Involved in U.S. Overdose Deaths, 2000 to 2016

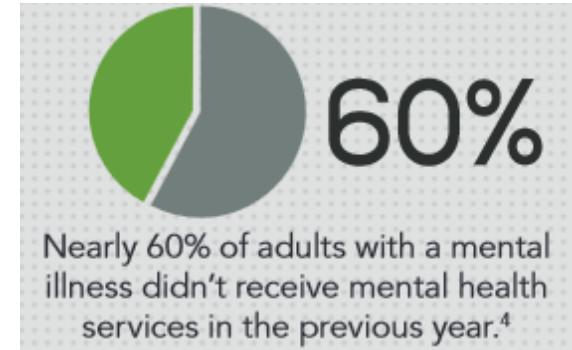


Source: [National Institute on Drug Abuse](#)

- More Americans died of drug overdoses in 2016 than of car accidents, guns and HIV/AIDS in the years that those were at their peak.
- Drug overdose is now the leading cause of death among Americans under 50.

# Why Isn't Behavioral Health Information Shared More Readily?

- Not Treated: 56% of people with a mental illness never receive treatment so no information exists.
- Stigma:
  - **Fear of poor treatment:** Patients are concerned about being treated differently when their provider knows about their mental health or substance use issue so they withhold information.
  - **Fear information will be misused:** Behavioral Health treatment providers have long been champions of patient privacy because they have witnessed the devastation that inappropriate disclosure can cause.
- **Federal and State Privacy Protections:** Substance use information is protected under 42 CFR Part 2 which, in most cases, requires a signed release of information before data can be shared. Some state's place additional restrictions on sharing mental health information.



# 42 CFR Part 2: Protection for those seeking and receiving substance use treatment

- 42 CFR Part 2 (“Part 2”) refers to federal regulations that govern the confidentiality of Substance Use Disorder patient records
- Became law in the 1970s; updated March 2017 and again in January 2018
- Generally more protective of patient privacy than HIPAA

The screenshot shows a page from the Federal Register, the official daily journal of the United States Government. At the top, it says "FEDERAL REGISTER" and "The Daily Journal of the United States Government". A "Rule" link is visible. Below the header, the title "Confidentiality of Substance Use Disorder Patient Records" is displayed, followed by a subtitle "A Rule by the Health and Human Services Department on 01/18/2017". The main content area is titled "PUBLISHED DOCUMENT" and contains sections for "AGENCY", "ACTION", "SUMMARY", "DATES", and "FOR FURTHER INFORMATION CONTACT". The "AGENCY" section lists the Substance Abuse and Mental Health Services Administration, HHS. The "ACTION" section indicates it is a "Final rule". The "SUMMARY" section describes the rule as updating and modernizing the Confidentiality of Alcohol and Drug Abuse Patient Records regulations to facilitate information exchange within new health care models while addressing legitimate privacy concerns of patients seeking treatment for a substance use disorder. The "DATES" section states the rule is effective February 17, 2017. The "FOR FURTHER INFORMATION CONTACT" section provides contact information for Danielle Tarino. On the right side, there is a "DOCUMENT DETAILS" sidebar with various metadata fields such as "Printed version: PDF", "Publication Date: 01/18/2017", "Agencies: Department of Health and Human Services, Office of the Secretary", "Dates: Effective date: This final rule is effective February 17, 2017.", "Document type: Rule", "Document citation: 82 FR 6052", "Page: 6052-6127 (76 pages)", "CFR: 42 CFR 2", "Agency/Docket Number: SAMHSA-AA162-20", "RN: 0950-AA21", and "Document number: 2017-00719".

# Who Must Comply with Part 2?

- **Applies to Program:** any person or organization that, in whole or in part, provides alcohol or drug abuse diagnosis, treatment or referral for treatment or prevention; **AND**
- **Federally Assisted:** person or organization receives federal funds even if funds do not pay for Substance Use Disorder treatment services.
- If staff is employed by an agency that considers itself a Part 2 agency, then the Part 2 designation “follows” the staff even if they are co-located in a primary care practice.

# What Does Part 2 Govern?

- In simplified language, the information protected by 42 CFR Part 2 is any information disclosed by a covered program that identifies an individual directly or indirectly as having a current or past drug or alcohol problem
- Prohibits disclosure without patient consent (release of information)
- In general, patient consent is required even to disclose for treatment, payment, or health care operations (TPO)

# Are They Covered by 42 CFR Part 2?

Jane receives treatment for her opiate addiction from the detox unit of a large hospital. <b>Is the hospital covered by 42 CFR Part 2?</b>	<b>No</b> , only the detox unit is covered.
Dr. O'Neill is an addiction specialist working in a community health center that provides all types of health care (e.g., primary care, geriatric care, OB/GYN). Dr. O'Neill provides medication assisted treatment (MAT) to patients who have a substance use disorder. <b>Is Dr. O'Neill covered by 42 CFR Part 2?</b>	<b>Yes</b> and so are his notes that identify the patient as having an SUD.
<b>Is the community health center covered by 42 CFR Part 2?</b>	<b>No</b> , unless they choose to do so.
Marla is a licensed mental health professional employed by Primary Care, LLC. For every new patient she administers a list of universal screening questions for risky substance use. Marla documents her sessions, including the results of the sessions, in the medical record. <b>May Primary Care, LLC share the patients' medical records, which include the results of their substance use screenings, with other physicians without getting the patient's consent?</b>	<b>Yes</b> , screening, brief intervention and Referral (SBIRT) are not considered "Part 2" services.

# Bottom Line

- Substance Use Information is not categorically covered by Part 2. It depends on whether the organization/program/staff are covered.
- A Qualified Services Organization Agreement (Part 2's equivalent to a BAA) can be signed among organizations when one or more are Part 2 covered. Releases will only be needed to re-disclose outside the group.
- When the same EHR is used for Part 2 and non-Part 2 covered programs/services, most organizations default to getting a release of information from the patient before sharing anything.

# Colorado's Behavioral Health Exchange Pilots

Cooperative agreement 90IX0012

Office of the National Coordinator in partnership with  
Colorado Department of Health Care Policy and Financing

# Goals of the Colorado Advanced Interoperability Initiative (CAII)

HCPF was awarded a grant from the Office of the National Coordinator (ONC) to advance the interoperability of health information exchange in Colorado. Focus of grant was to increase bi-directional exchange of ambulatory, Long Term & Post Acute Care (LTPAC) and Behavioral Health data within QHN and CORHIO.

## Goals:

- **Ambulatory:** Engage 1,000 providers while receiving data from 500. By the end of the grant (6/30/2017) providers querying the HIEs exceeded the goal (>several thousand) with 470 providers contributing data.
- **LTPAC:** Add 30 long-term care and home health entities as participants. The final number was 33.
- **Behavioral Health:** Data contribution from two behavioral health systems encompassing 10 facilities. QHN partnered with Mind Springs Health and CORHIO partnered with Mental Health Center of Denver. Goal was met with these two partners.

# CAII Behavioral Health: Two Approaches



## CORHIO

- Patient-directed consent: patient updates technology
- Specific providers, specific dates
- Goal: Increase patient engagement; Provider query at POC



## QHN

- Patient-directed consent: provider updates technology
- Specific providers, specific dates
- Goal: Reduce/eliminate faxing

# QHN Behavioral Health Pilot

**Mind Springs  
Health (MSH)**

acquires patient  
consent



**PUSHED**  
to authorized  
providers



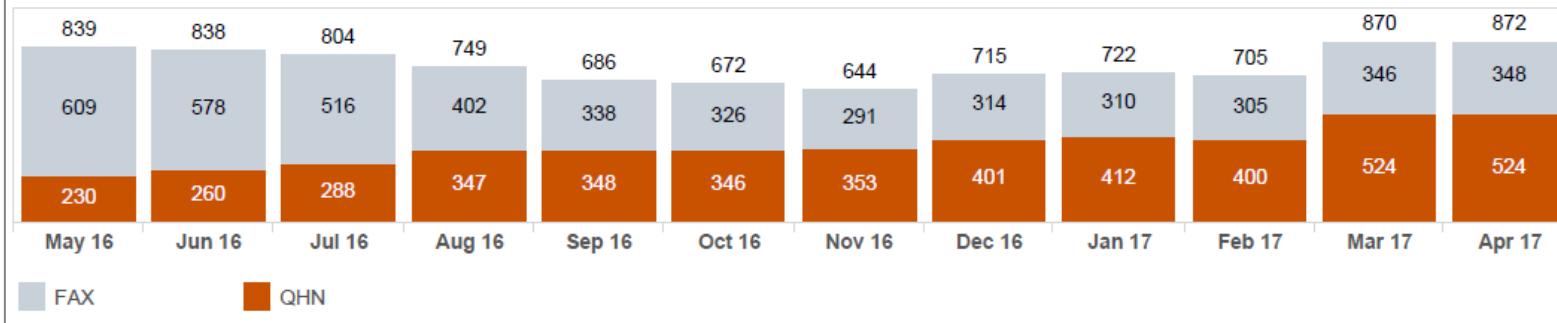
## Process:

- MSH updates patient consent in QHN to share data
- MSH sends report to HIE
- Report is pushed to authorized providers (EHRs)
  - Includes re-disclosure notice

# Using QHN to Deliver MSH Documents

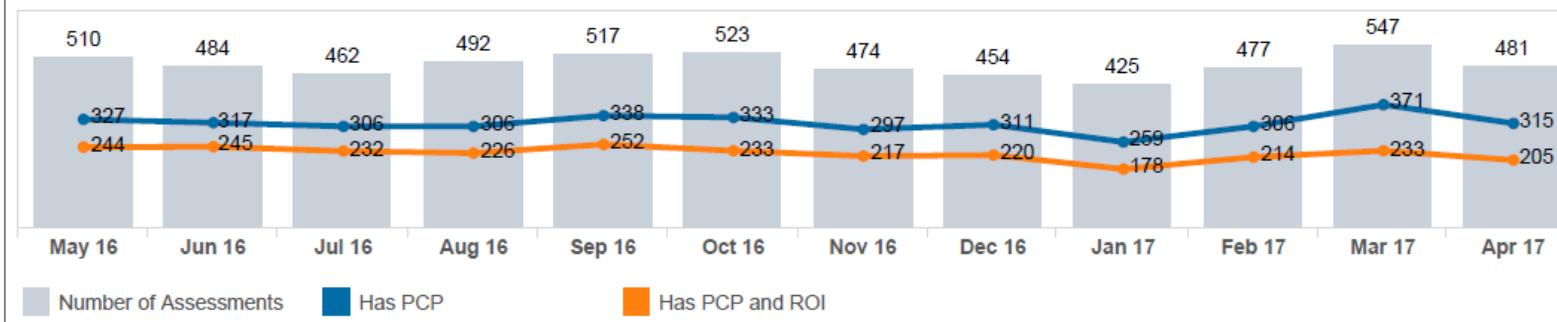
## Number of Behavioral Health reports sent out by method

Data includes the following reports: Inpatient Discharge Summary, Crisis Stabilization Unit Discharge Summary, Psychiatric Clinic Visit Diagnostic Evaluation, and Psychiatric Clinic Visit Medication Management.

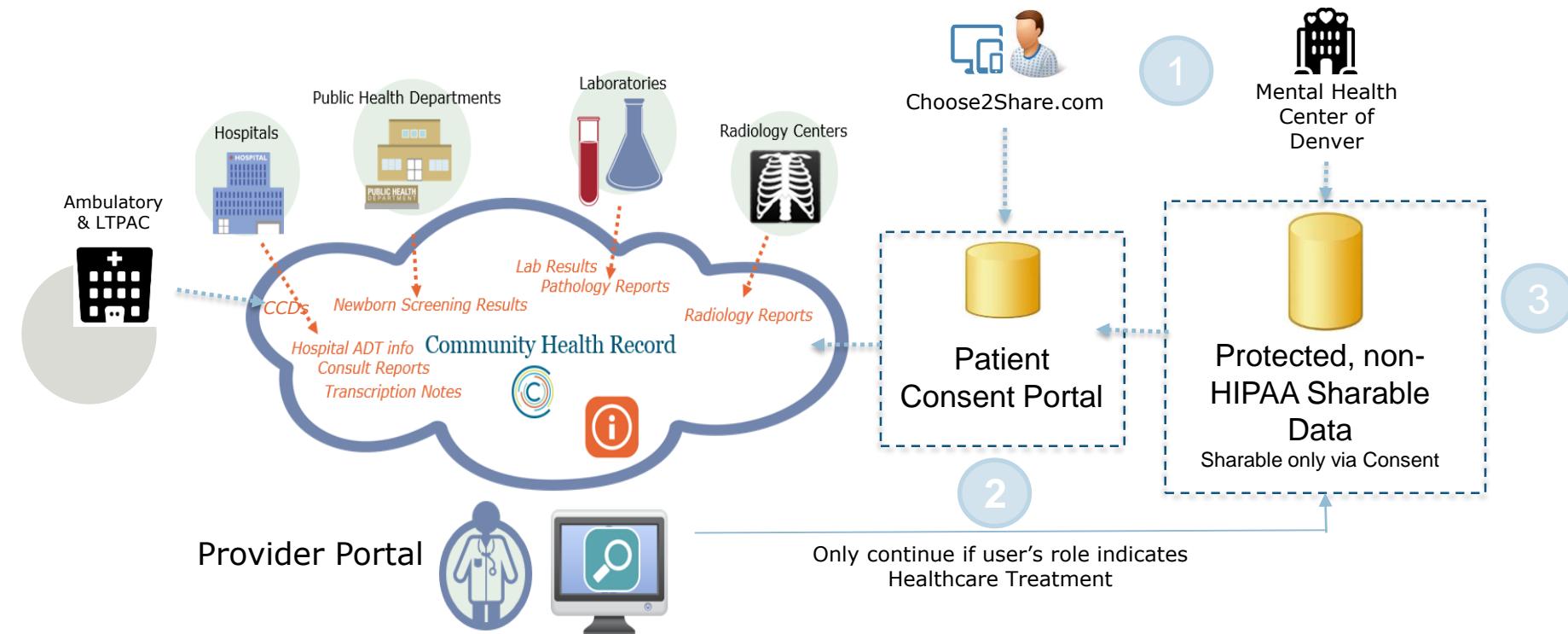


## Outpatient Therapy Assessment PCP

Data includes both Adult and Child/Adolescent assessments



# CORHIO Behavioral Health Exchange Pilot



# Pilot Results: QHN

## 1. Success Factors:

- Shared collective vision of improving the community standard of care through the exchange of behavioral and physical health information
- A dedicated multi-disciplinary project team
- A cultivated trust relationship among all partners

## 2. Patient Perspective:

Comments from Mind Springs Health: "We asked our consumer focus groups for their input. Their initial response was one of caution as they were worried about the stigma. Once they understood that they have control to opt out and that it's in their hands to decide whether to share information with their primary care providers, they have unanimously said yes. They think it's good that we are collaborating."

## 3. Provider Perspective:

"The big advantage of a centralize health information repository is that we do have a much better understanding of the full scope of care our patients are receiving and which other providers are involved in their care. Patients are not good historians, especially if they have an inlaying mental illness."

– Dr. Tom Moore, Family Medicine Physician with Western Medical Associates



# Pilot Results: CORHIO

## 1. Success Factors:

- Trusted partnerships (between patients and providers as well as between technology partners) are key; these take time to build.
- Since new workflows for MHCD and patients were needed, additional funding for their efforts enhanced success.

## 2. Patient Perspective:

- Patients understood the concept of granular consent; most said they already try to remember the information available in a care summary to relay to their different doctors, and that weight off their shoulders would be a relief if the doctors could access information electronically.
- When people realized that C2S would not include all the other medical providers they see, they were more hesitant to sign up. C2S marketing emphasizes the benefit of providers getting a "whole picture" of a person, but the data that can truly tell a whole person's story is often dispersed across different practices and state lines.

# Lessons Learned

1. Start by automating existing workflows
2. Make it easy for CMHCs to share their 42 CFR Part 2 data no matter how they interpret the rule
3. Clients want to share with “all their treating providers”

# Questions

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