



SAMHSA-HRSA Center for Integrated Health Solutions

Using Data to Improve Care

January 14, 2013

Michael R. Lardiere, LCSW

Vice President Health Information Technology & Strategic
Development

MikeL@thenationalcouncil.org



NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE



www.integration.samhsa.gov

Flavors of Health Information Exchange



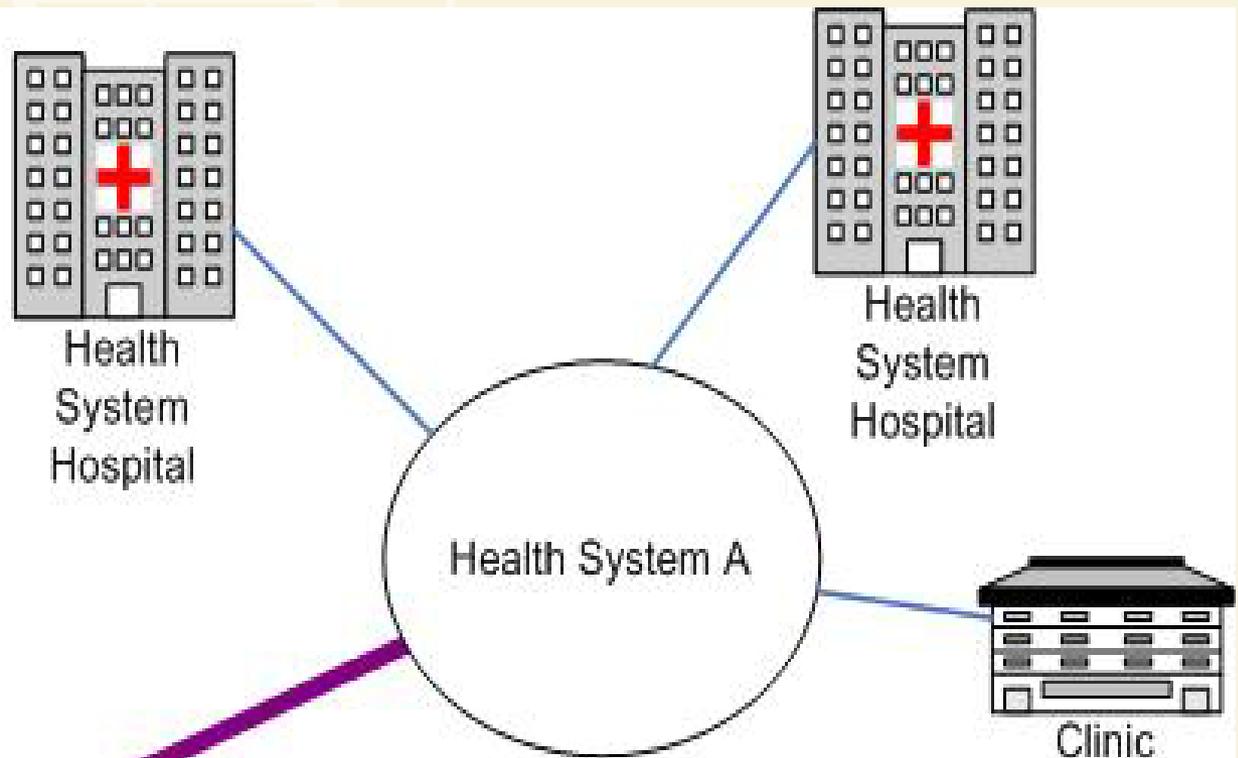
Secure Messaging Exchange Uses DIRECT Protocols Meets Meaningful Use Requirements



Easy



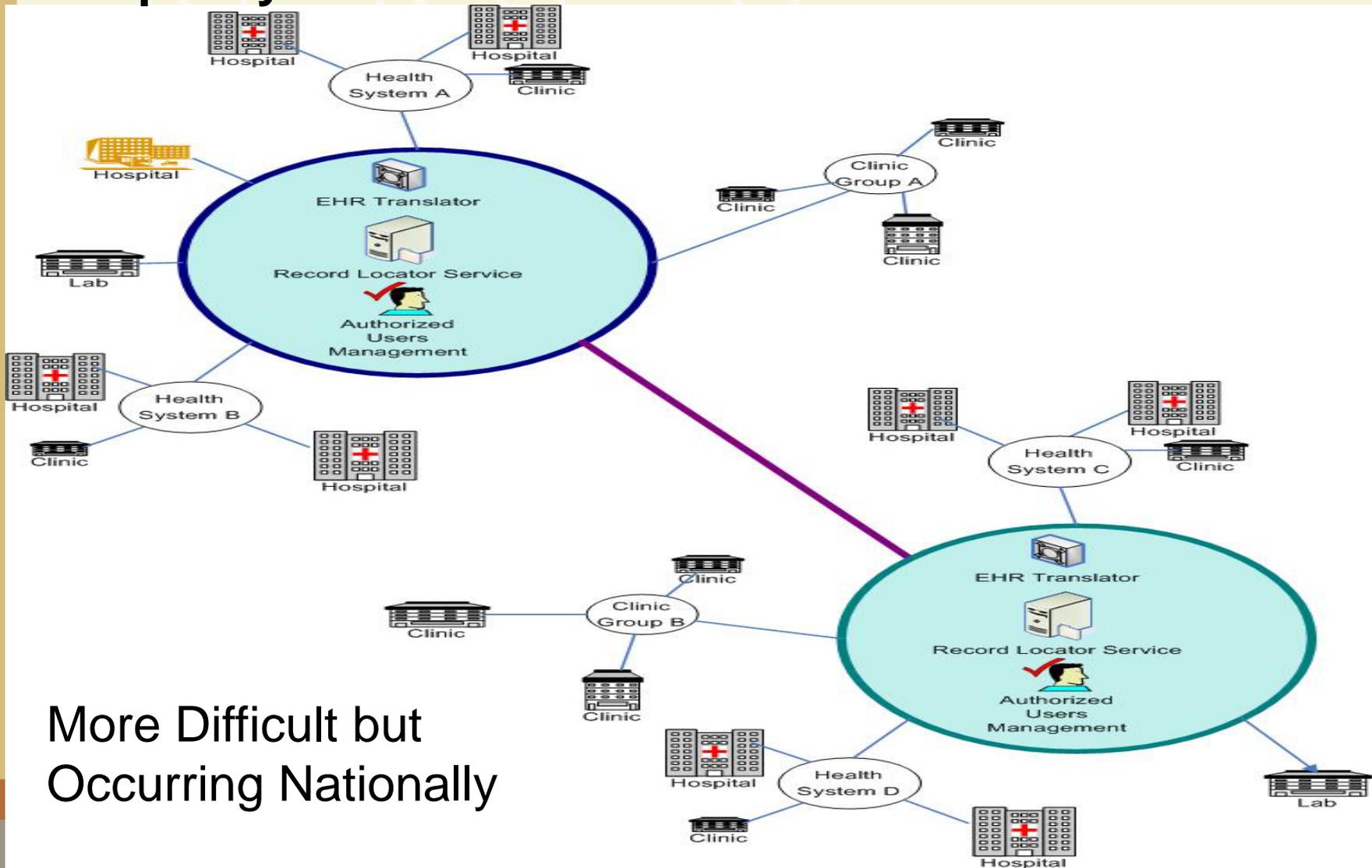
Exchange Among Providers in One system



Somewhat Difficult but Occurring Nationally



Exchange Among Providers in Multiple Systems



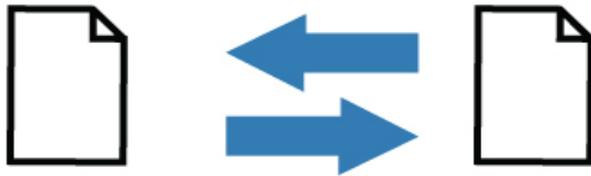
More Difficult but
Occurring Nationally

ONC's Goal - Information Securely Follows Patients Whenever and Wherever They Seek Care



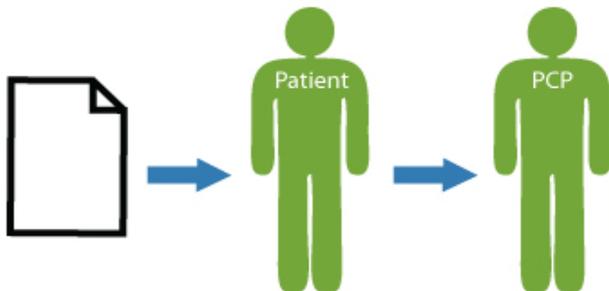
Find patient information to support unplanned care

QUERY-BASED EXCHANGE



Send and receive patient information to support care coordination

DIRECTED



Patients aggregate use and share their own information

CONSUMER-MEDIATED EXCHANGE

MULTIPLE MODELS

ONC's Approach

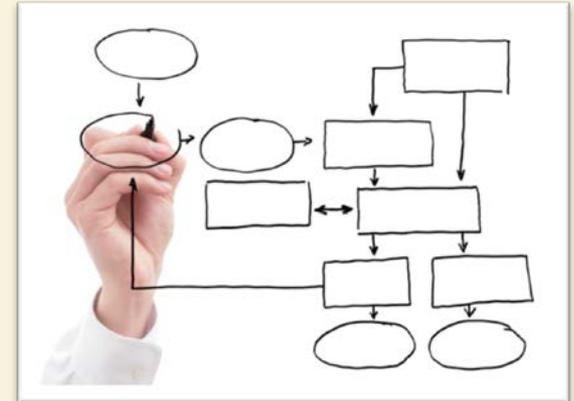
Interoperability is a *journey*,
not a destination

Leverage *government as a platform* for innovation to create conditions
of interoperability

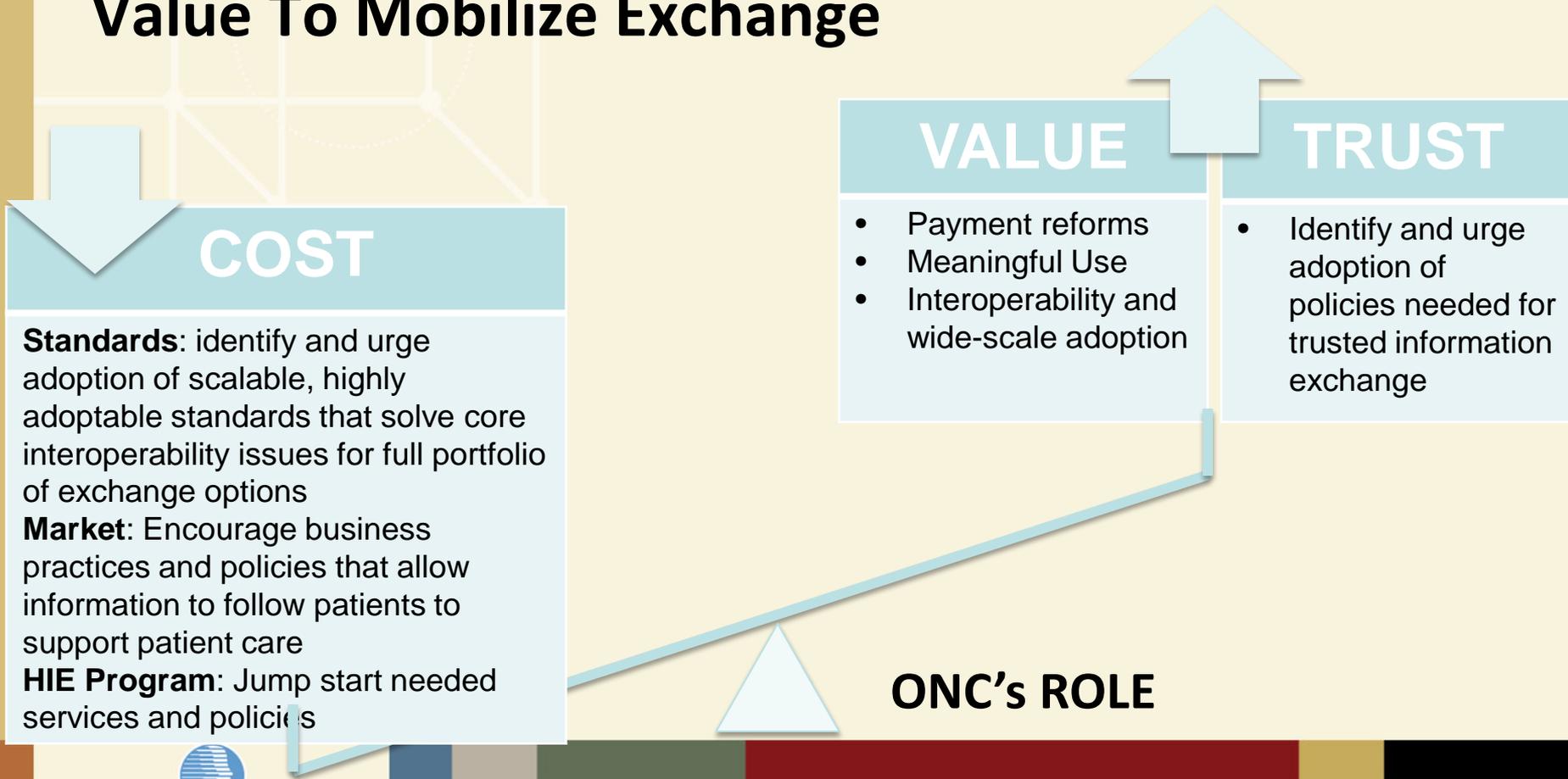
Health information exchange
is *not one-size-fits-all*

Multiple approaches will exist *side-by-side*

Build in *incremental* steps – “don't let the perfect be the enemy of the
good”



ONC's Role - Reduce Cost and Increase Trust and Value To Mobilize Exchange



Exchange Priorities in 2012 - Driving Forward on Multiple Fronts

- More rigorous exchange requirements in Stage 2 to support better care coordination
- Standards building blocks are in place, with clear priorities to address missing pieces in 2012
- NwHIN Governance increases trust and reduces the need for one-to-one negotiations among exchange organizations
- State HIE Program jump starts needed services and policies



More Rigorous Exchange Requirements in Stage Two to Support Better Care Coordination



Proposed Stage Two Meaningful Use Exchange Requirements (summary)

- Provide summary of care document for more than 65% of transitions of care and referrals with **10% sent electronically** (across vendor and provider boundaries)
- Patients can **view, download or transmit** their own health information
- **Successful ongoing submission** of information to public health agencies (immunizations, syndromic surveillance, ELR)



Standards Building Blocks are in Place, with Clear Priorities to Address Missing Pieces in 2012



ONC Made Big Strides to Enable Exchange in Stage 1

The first challenge was to make sure that information produced by every EHR was understandable by another clinician and could be incorporated into his EHR

With the vocabularies, code sets and content structure standards in Stage 1 meaningful use every certified EHR can produce the standardized content needed:

- Produce and consume a standardized care summary
- Maintain standardized medication lists
- Consistently report quality measures and public health results
- Consume structured lab results



Additional Critical Pieces Are Now In Place

Next we needed a common approach to *transport*, allowing information to move from one point to another

- We now have two easily adopted standards for *transporting* information – NwHIN Direct and the transport protocol used in NwHIN Exchange

And it was clear that we needed more highly specified standards to support care transitions and lab results delivery

- For the first time in our country's history there is a single, broadly-supported electronic data standard for patient care transitions



This Year We Will Address the Missing Components to Support Scalable Exchange

- **Directories** – standards and policies to make them consistent, reliable, findable and open to be queried
- **Certificate management and discovery** - common guidelines for establishing and managing digital certificates and making the public keys “findable”
- **Governance** - baseline set of standards and policies that will accelerate exchange by assuring trust and reducing the cost and burden of negotiations among exchange participants



Using Data to Improve Care

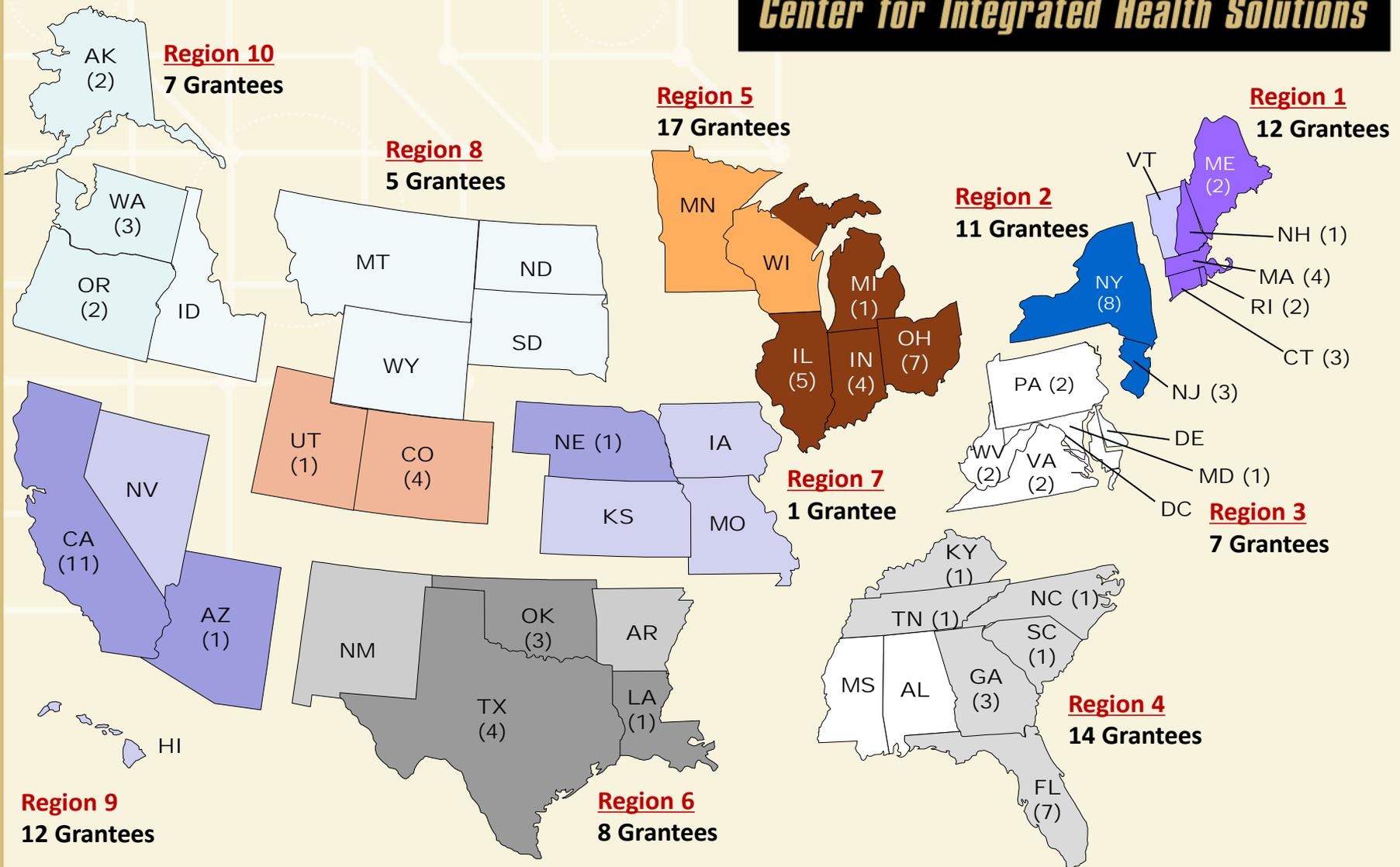
Center for Integrated Health Solutions (CIHS)

- **The SAMHSA-HRSA CIHS is funded under a training and technical assistance cooperative agreement with SAMHSA**
- **Update on CIHS HIT Supplement**
 - **Individual Grantees**
 - **5 state HIE Initiative**



PBHCI Grantees by HHS Regions

SAMHSA-HRSA
Center for Integrated Health Solutions



PBHCI Program

Program purpose:

- To improve the physical health status of people with SMI by supporting communities to coordinate and integrate primary care services into publicly funded community-based behavioral health settings

Expected outcome:

- Grantees will enter into partnerships to develop or expand their offering of primary healthcare services for people with SMI, resulting in improved health status

Population of focus:

- Those with SMI served in the public behavioral health system

Eligible applicants:

- Community behavioral health agencies, in partnership with primary care providers



Data Collection and Performance Outcomes

Baseline Descriptive Information

- Personal/family history of: diabetes, hypertension, cardiovascular disease; substance use; tobacco use
- Medication history/current medication list, with dosages
- Social supports

Health Outcome Indicators (by individual)

- Weight/Height/Body Mass Index
- Blood pressure
- Blood glucose or HbA1c
- Lipid profile

Services Outcome Indicators

- The number of mental health consumers receiving primary care services
- The number of mental health consumers screened for: hypertension; obesity; diabetes; co-occurring substance use disorders; and tobacco product use



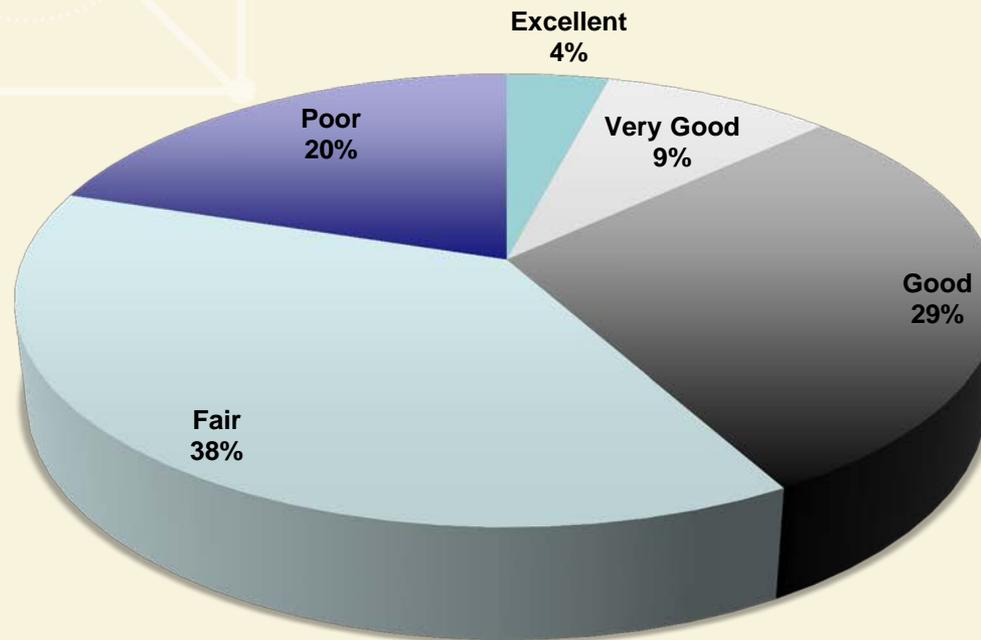


***SAMHSA-HRSA
Center for Integrated
Health Solutions***

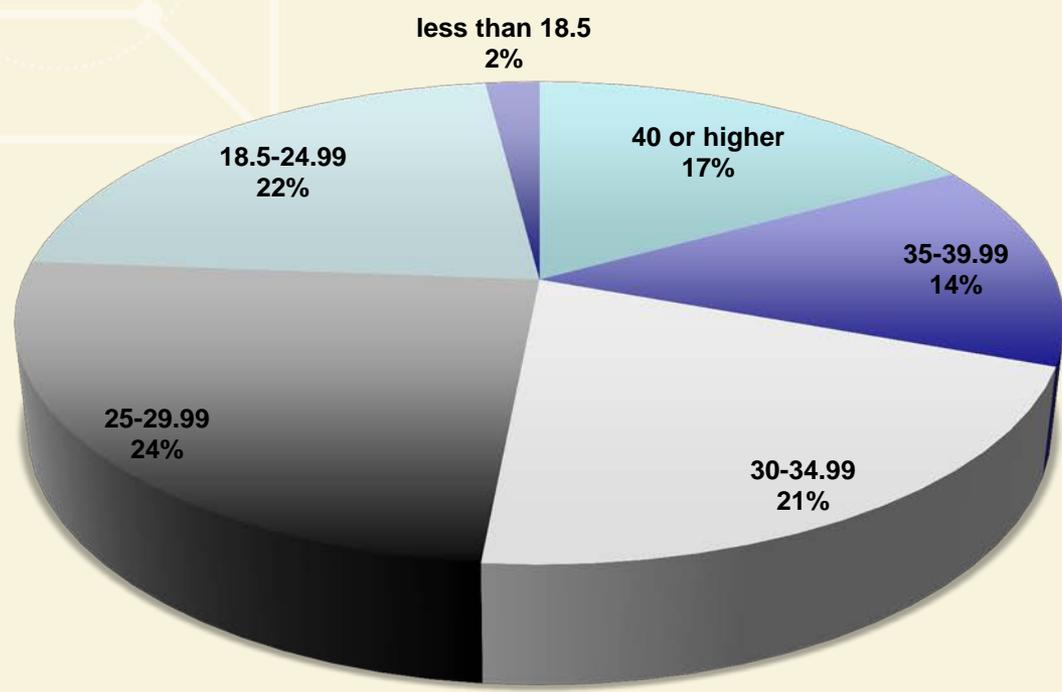
**Health Indicators
Consumer Baseline Information**



How Would You Rate Your Overall Health Right Now?



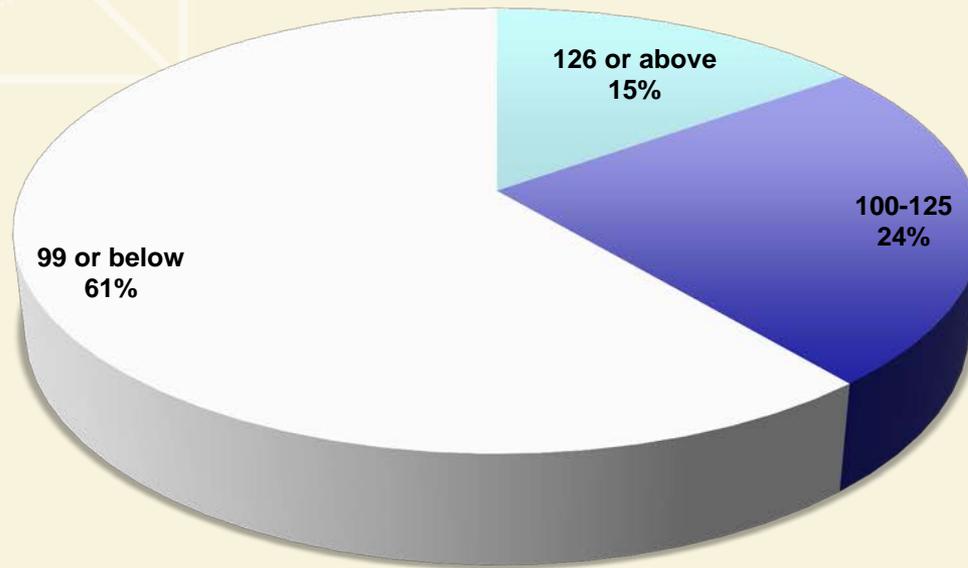
Metric BMI



Subnormal ≤ 18.5
Normal 18.5 – 24.9
At Risk 25.0 – 29.9
High Risk 30.0+



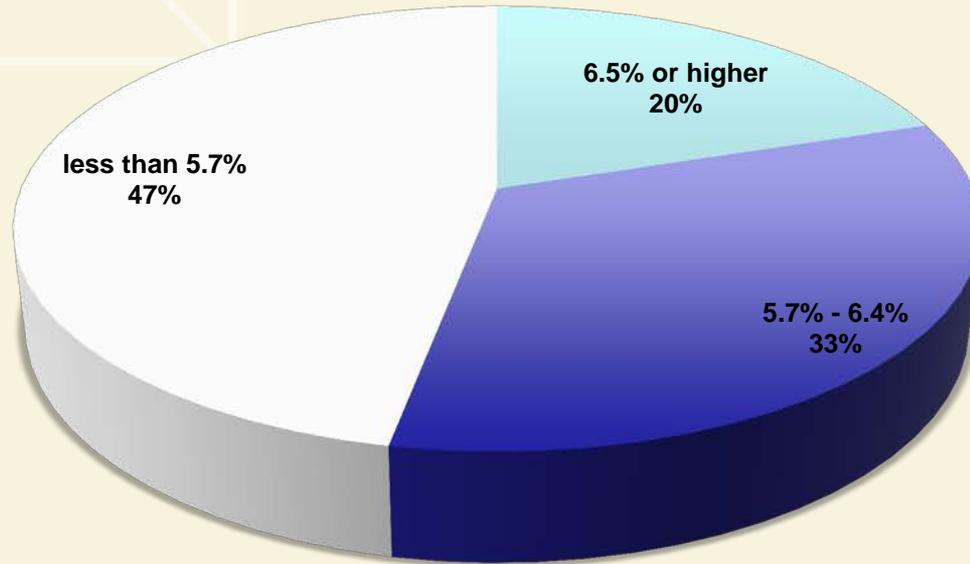
Fasting Plasma Glucose (mg/dL)



Normal	< 100
At Risk	100-125
High Risk	126+



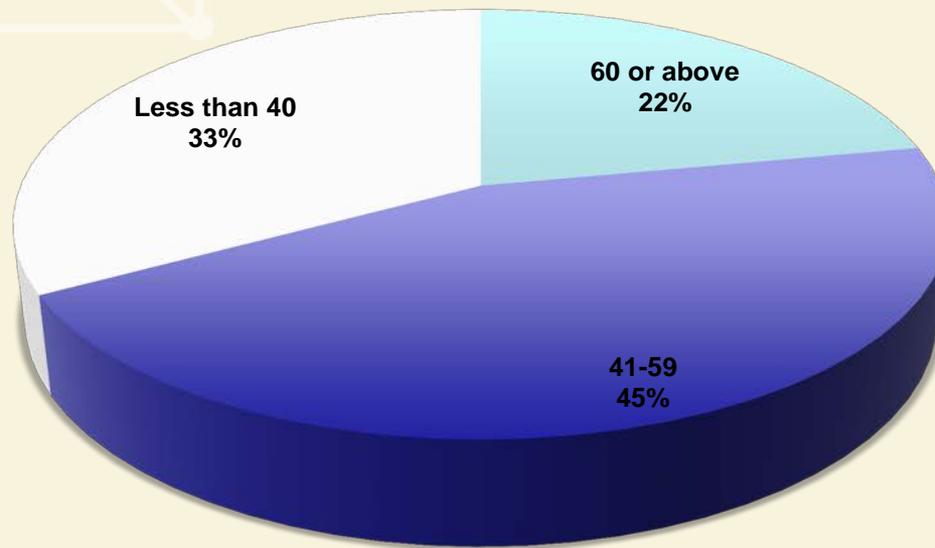
HgbA1c



Normal	< 5.7%
At Risk	5.7% - 6.4%
High Risk	6.4%+



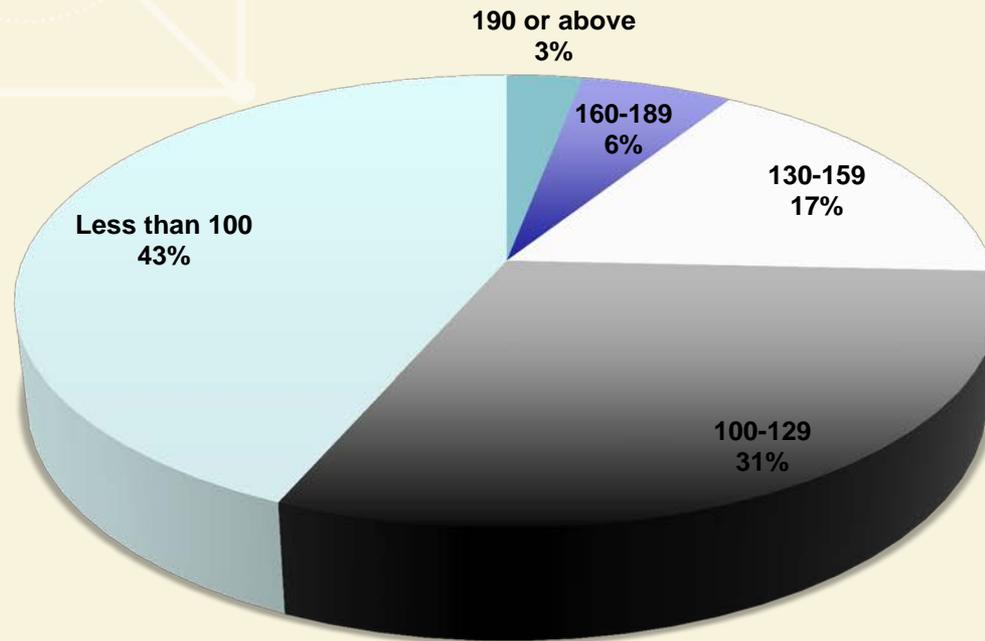
Lipid - HDL (mg/dL)



Poor	< 40
Better	41-59
Best	60+



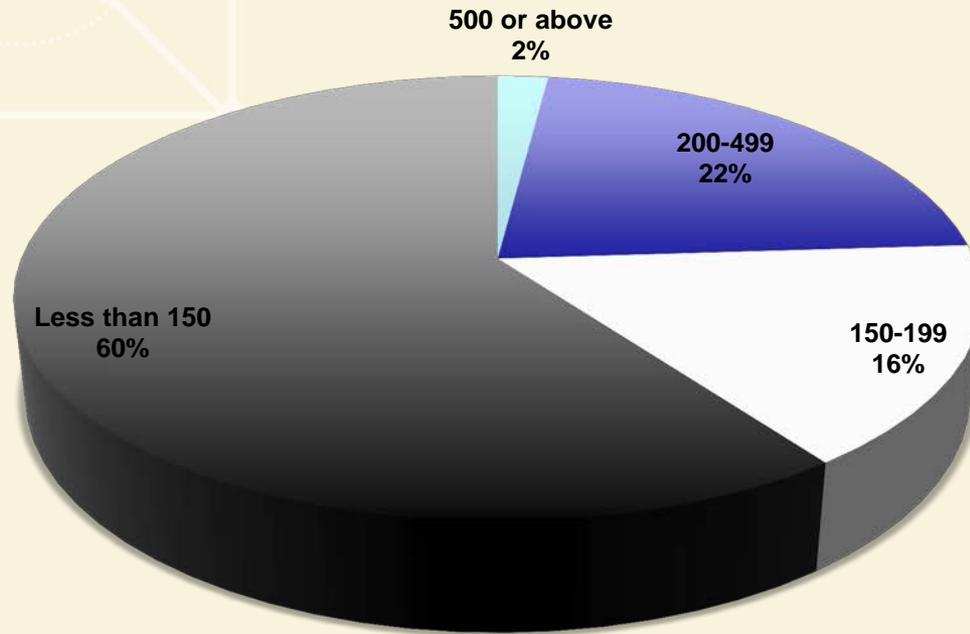
Lipid - LDL (mg/dL)



Ideal	<100
Near Ideal	100-129
Borderline High	130-159
High	160-189
Very High	190+



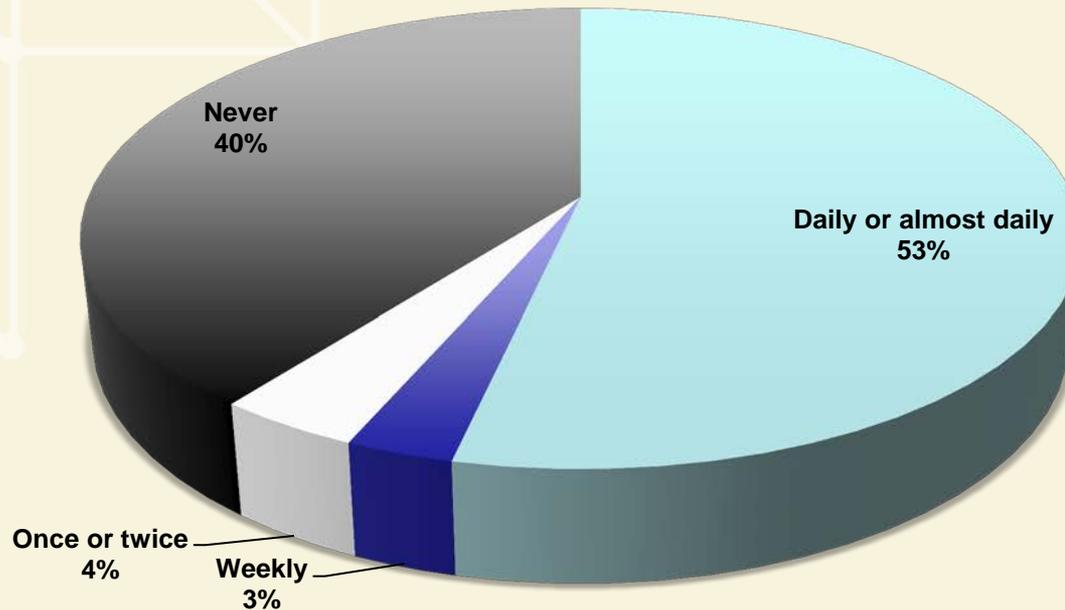
Lipid - Triglycerides (mg/dL)



Desirable	< 150
Borderline High	150-199
High	200-499
Very High	500+



In the Last 30 Days, How Often Have You Used Tobacco Products?



Services Outcome Measures (PBHCI only)

Program(s): PBHCI

Grant(s): All Available Grants

Selected Period: All FFY Combined, FFY Quarter: All, Selected Interviews: From Baseline to Most Recent Interview,

Grant Status: Active grants only, Data Collection Status: Assessments conducted in window only

Data entered as of: October 11, 2012 7:08 AM EDT

Section H Indicator	Number of Valid Cases	At-risk at Baseline	At-risk at Second Interview	Outcome Improved	No Longer At-risk	Outcome Remained At-risk
Blood Pressure - Systolic	5555	37.8 %	35.9 %	17.7 %	16.0 %	21.8 %
Blood Pressure - Diastolic	5553	30.4 %	27.5 %	10.2 %	15.5 %	14.9 %
Blood Pressure - Combined	5553	45.0 %	43.2 %	18.7 %	17.0 %	28.0 %
BMI	5223	79.0 %	78.6 %	45.9 %	4.9 %	74.1 %
Waist Circumference	2536	64.9 %	62.9 %	41.0 %	6.9 %	58.0 %
Breath CO	821	44.6 %	40.9 %	30.3 %	10.6 %	34.0 %
Plasma Glucose (fasting)	1116	38.4 %	38.9 %	34.6 %	9.9 %	28.5 %
HgbA1c	902	60.3 %	55.2 %	35.1 %	8.6 %	51.7 %
HDL Cholesterol	2002	32.1 %	32.9 %	33.1 %	6.5 %	25.5 %
LDL Cholesterol	1854	27.7 %	24.5 %	38.7 %	10.8 %	16.9 %
Tri-glycerides	2005	42.3 %	41.6 %	36.0 %	10.3 %	32.0 %

Notes:

1. This report is updated once every 24 hours, and includes all data entered as of the time it was last updated. Check the date and time at the top of this report to see when it was last updated.

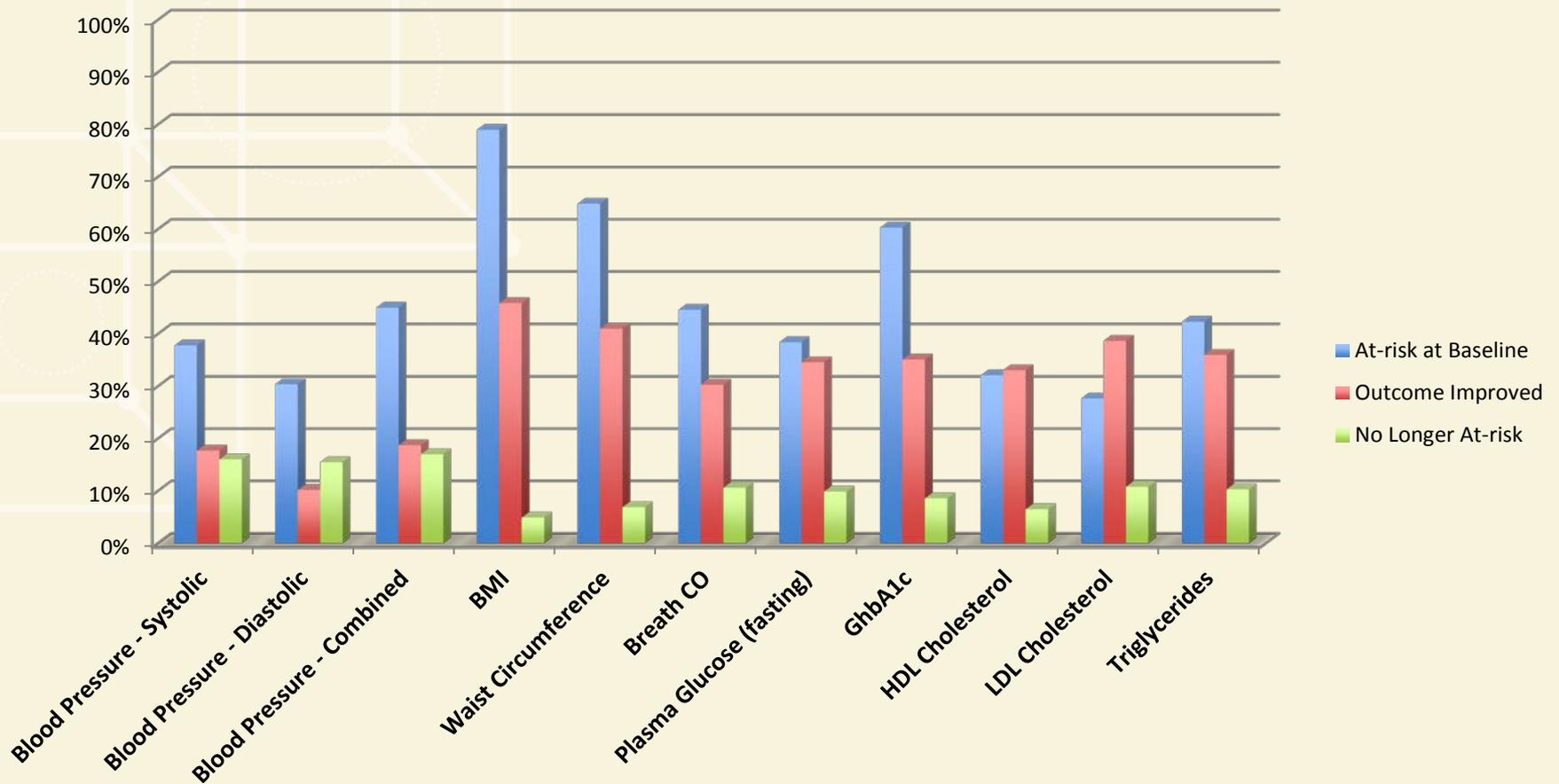
2. Note, only selected programs/grants that have Outcome Measure's data will be displayed.

3. The number of valid cases for the perception of care domain applies to data collected at reassessment only.

CONFIDENTIAL



Change in Section H Indicators from Baseline to Most Recent Recording - Oct 11, 2012



What will be Exchanged



C32, CCR/CCD, CDA

Clinical Element Data Dictionary

<http://wiki.siframework.org/Transitions+of+Care+Initiative+CEDD>



- Acknowledgement Information
- Admitting and Discharge Diagnoses
- Allergies and Intolerances
- Audit Event Information
- Behavioral Health
- Care Team Members
- Clinical Research Information
- Consistent Time
- Consult(s) Assessment(s) and Plan(s) Recommendations
- Culturally Sensitive Care



- Demographics
- Diagnosis
- Diet and Nutrition
- Encounter
- Electronic Service Information
- Existence of Advance Directives
- Facility
- Family History
- General Results
- Goals



- Health Record
- History of Present Illness
- Immunization History
- Individual Provider Identity
- Invasive and Non-Invasive Procedures
- Medical Equipment
- Medical History
- Medication
- Medications List
- Operative Summary



- Order
- Organizational Provider Identity
- Patient Consent Directive
- Patient Contact Information
- Patient Information
- Patient Instructions
- Payer Information
- Physical Activity
- Physical Exam
- Policy



- Primary Care and Designated Providers
- Problems List
- Procedure
- Provider Address
- Provider Certification
- Provider Directory Content Profile
- Provider Directory Identification
- Provider Directory Individual Name
- Provider Directory Security Profile
- Provider Professional Degree



- Provider Telephone
- Reason for Consult Request
- Report
- Result
- Review of Systems
- Social History
- Specimen
- State License
- Support Contacts
- Surgery



- Surgical/Procedural History
 - System Identity
 - User Access Information
 - Vital Signs
 - Women's Health
- ❖ Note: Psychotherapy Notes are Not Exchanged



Behavioral Health Specific Data Elements

- Confidentiality Code
- DSM Axis 1
- DSM Axis 2
- DSM Axis 3
- DSM Axis 4
- DSM Axis 5
- Environmental Factors
- GAF Score
- Homicidal Ideation
- Suicidal Ideation
- Treatment Referral

What other elements do behavioral health providers need to do our job??



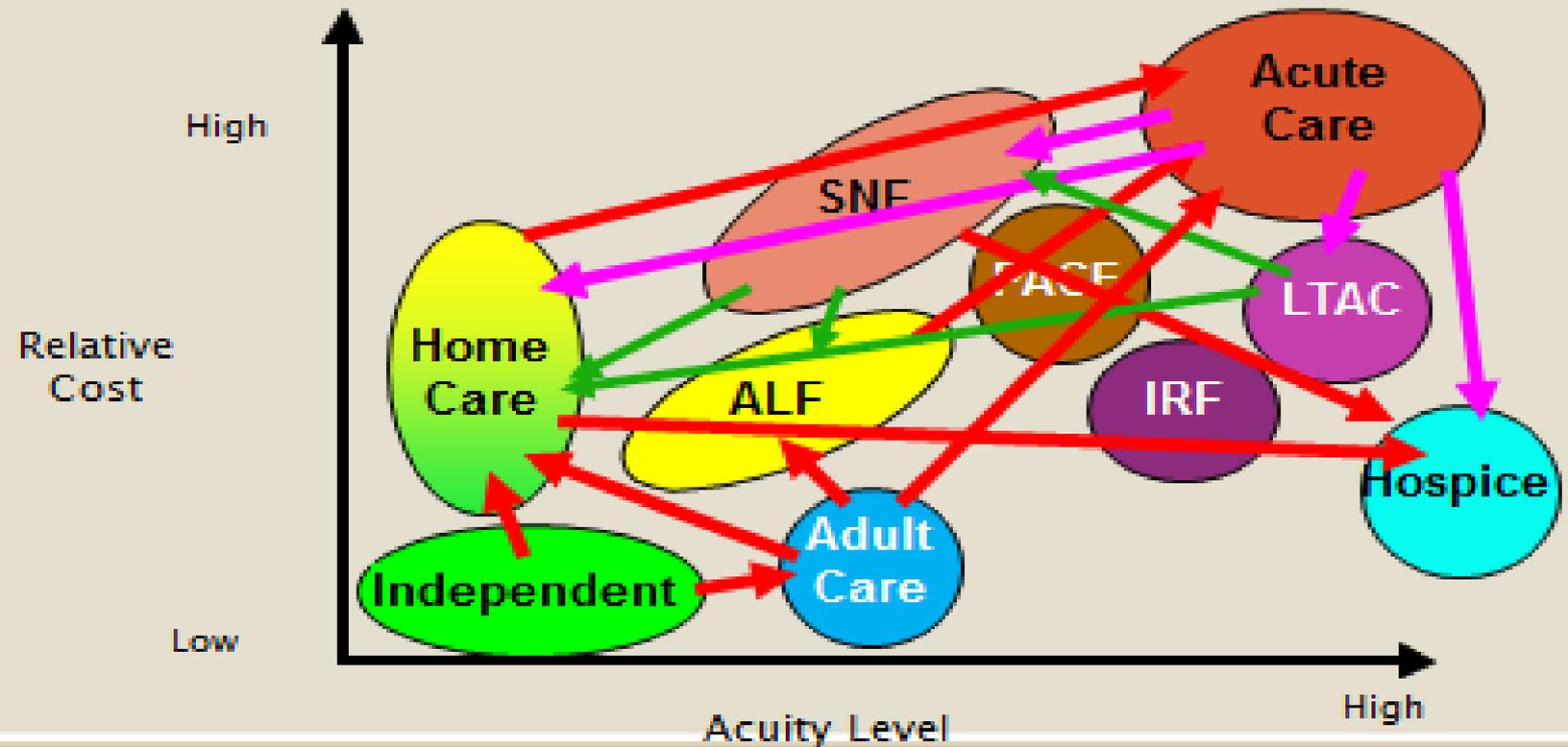
What's Missing?

Community Referral and Care Coordination Tool (CRCCT)



Care Transitions

Bopping Around the Spectrum of Care



Physician-Led Patient-Centric Outcome-Based Integrated Care

ACO Medical Home



Referring Hospital Discharge Planning

Physician Office

Physician

Pharmacist



Patient

Care Team

Nurse Navigator



Longitudinal Health Record

Patient Generated Data

Behavioral Health

SNFIALF

Home Health

Therapy

Laboratory

Imaging

Pharmacy

Hospital

DME



Overview of HIE Activity Informing Consent Management Issues



Under the Center for Integrated Health Solutions (CIHS)

5 States Selected

- **IL**
- **KY**
- **ME**
- **OK**
- **RI**



HIE Supplement

- **Coordination with other Federal Programs & Initiatives**
- **Coordinating Activities with**
 - **HL7 Behavioral Health CCD Workgroup**
 - **ONC's Standards and Interoperability Framework Transitions of Care Workgroup**
 - **ONC's Standards and Interoperability Framework Data Segmentation Workgroup**
 - **ONCs State Health Policy Consortium Project (RTI Initiative) for behavioral health data sharing**
 - **AL, FL, KY, NE, NM, MI Plus other states**
- **Other states are also participating: CO; NY; UT**



Biggest Hurdle

42 CFR Part 2 Consent Management “To Whom”

This is being worked on now!!



- **Awareness of What is Possible Today**
- **Planning for What Will be Possible in the Future**
- **Recognize we are in a Transition Period**
 - **Not all 42 CFR conditions can be fully met**



Predominant Challenge:

- **Development of a 42 CFR Compliant Consent that is Computable in a HIE Environment**



Our Approach:

- **Build on What is Already Developed**
- **Coordinate with ONC & S&I Workgroups**
- **Coordinate with SAMHSA**
- **Ensure Legal Input**
 - **3 of 5 HIEs have their legal experts regularly involved on the calls**
- **Identify current “Better Practices”**



- **42 CFR Regs and SAMHSA FAQs 1 and 2 side by side as Consent developed**
- **HIEs obtained input from their Behavioral Health Workgroups**
- **HIEs invited their vendors to participate and comment as well**
- **Everything in “Black” was reviewed and found acceptable by everyone**
- **“Red” indicates problem areas not yet resolved (as of 6/29/12 still in process of determining a resolution)**



42 CFR Requirements for Consent (SAMHSA FAQs 2010)

A written consent to a disclosure under the Part 2 regulations must be in writing and include all of the following items (42 CFR § 2.31):

- 1) the specific name or general designation of the program or person permitted to make the disclosure;**
- 2) the name or title of the individual or the name of the organization to which disclosure is to be made;**
- 3) the name of the patient;**
- 4) the purpose of the disclosure;**
- 5) how much and what kind of information to be disclosed;**
- 6) the signature of the patient and, when required for a patient who is a minor, the signature of a person authorized to give consent under § 2.14; or, when required for a patient who is incompetent or deceased, signature of a person authorized to sign under § 2.15 in lieu of the patient;**
- 7) the date on which the consent is signed;**

- 8) a statement that the consent is subject to revocation at any time except to the extent that the program or person which is to make the disclosure has already acted in reliance on it. Acting in reliance includes the provision of treatment services in reliance on a valid consent to disclose information to a third party payer; and**
- 9) the date, event or condition upon which the consent will expire if not revoked before. This date, event, or condition must insure that the consent will last no longer than reasonably necessary to serve the purpose for which it is given.**



**PATIENT CONSENT AND AUTHORIZATION FORM FOR
DISCLOSURE OF CERTAIN HEALTH INFORMATION**

*****PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW*****

Patient (name and information of person whose health information is being disclosed):

Name (First Middle Last): _____ Date of Birth (mm/dd/yyyy): _____

Address: _____ City: _____ State: _____ Zip: _____

You may use this form to allow your healthcare provider to access and use your health information. Your choice on whether to sign this form will not affect your ability to get medical treatment, payment for medical treatment, or health insurance enrollment or eligibility for benefits.

By signing this form, I voluntarily authorize access, use and disclosure of my:

Check all of the boxes to identify the information you authorize to disclose:

- Drug or alcohol abuse treatment information
- Mental health treatment information



FROM WHOM: Specific name or general description of person(s) or organization(s) who I am authorizing to release my information under this form:

- All health care providers involved in my care.
- All programs in which the patient has been enrolled as an alcohol or drug abuse patient, or
- Any drug or alcohol treatment program or other health care provider, pharmacy or organization providing care coordination that is affiliated with the XYZ HIO
- Only these providers

Person/Organization Name:	Phone:	Address:	Secure email address:



TO WHOM: Specific person(s) or organization(s) permitted to receive my information:

- To the HIE [Name]
- The HIE and any provider(s) involved in my care in the HIE as of today's date **ONLY**
- The HIE and only these specific providers
- Only these specific providers
- The HIE and any current and future provider(s) involved in my care in the HIE**

Organization Name:	Phone:	Address:	Secure email address:	
ONLY THESE INDIVIDUAL PROVIDERS				Most HIEs cannot manage only specific individual providers at this point in time



Amount and Kind of Information: The information to be released may include but not be limited to:
Laboratory, Medications, Medical Care & HIV/Aids, Alcohol & Substance Abuse and Mental or Behavioral Health information

--	--



PURPOSE: The information shared will be used:

To help with my Treatment and Care Coordination

To assist the provider or organization to improve the way they conduct work

To help Pay for my Treatment

Treatment

Operations

Payment

**ONLY USE
 WHAT IS
 APPROPRIATE
 FOR THE HIE.
 SOME HIEs
ONLY PROVIDE
 EXCHANGE FOR
 “TREATMENT”**



EFFECTIVE PERIOD: This authorization/consent/permission form will remain in effect until (enter date, event or condition upon which this authorization/consent expires): _____

OR

This authorization/consent/permission form will remain in effect for (X Year(s) or X Month(s)) from the date the form is signed.

OR

This authorization/consent/permission will remain in effect until such time as XYZ HIO ceases to exist.

If there is no date entered the consent will be valid for one year from the date this form is signed.

Best practice is to always ask for a date any date. Events are not computable e.g. how to tell when someone dies. HIE would never know



REVOKING MY PERMISSION: I can revoke my permission at any time by giving written notice to the person or organization named above in the “To Whom” or “From Whom” sections ”except to the extent the disclosure agreed to has been acted on.



In addition:

- I understand that an electronic copy of this form can be used to authorize the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other persons according to state or federal law.
- I understand that refusing to sign this form does not stop disclosure of my health information that is otherwise permitted by law without my specific authorization or permission.
- I have read all pages of this form and agree to the disclosures above from the types of sources listed.

“This HIE consent does not permit use of my protected health information in any criminal or civil investigation or proceeding against me without an express court order granting the disclosure unless otherwise permitted under state law.”



X _____

Signature of Patient or Patient's Legal Representative
(mm/dd/yyyy)

Date Signed

Print Name of Legal Representative (if applicable)

Check one to describe the relationship of Legal Representative to Patient (if applicable):

- Parent of minor
- Guardian
- Other personal representative (explain: _____
_____)

NOTE: Under some state laws, minors must consent to the release of certain information. The law of the state from which the information is to be released determines whether a minor must consent to the release of the information.

This form is invalid if modified. You are entitled to get a copy of this form after you sign it.



Issues/Challenges:

- Some HIEs cannot process only specific providers in the “To Whom” Section
 - Is “All or Nothing”
- Is “All or Nothing” for “Type and Amount” of Data
 - Data Segmentation is not available in all systems today to support Data Segmentation
- HIEs cannot currently process “Only providers in the HIE as of the date of signing the form”
 - Barriers due to technology, cost & operational issues for HIEs and providers



Possible Solutions:

- Use DIRECT only with a Provider Locator Service provided and supported by the HIE
 - Can work in an HIE that is not storing any data and just providing the “pipes” e.g. IL HIE
- Other solutions are in development



Possible Solutions:

- Bring behavioral health data into the HIE but do not “render” it to the provider until the provider has attested with a second sign on that they have a treating relationship with the patient
 - 4 of the 5 HIEs do require this attestation
 - All have audit trail capabilities to track access

- Other solutions are in development



ONC S&I Data Segmentation Workgroup

- Each Data element will be tagged at the EHR level with data describing the actual data to be delivered
 - “Metadata”
- Metadata will include attributes of the data to be shared in relation to consent e.g.
 - Is “Restricted” or “Confidential” in nature
 - Effective Date of consent
 - Termination date of consent
 - If not “all providers” which specific providers are allowed access etc.



SAMHSA-HRSA
Center for Integrated Health Solutions



NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE



www.integration.samhsa.gov

Contact:

Michael R. Lardiere, LCSW

Vice President Health Information Technology & Strategic Development

MikeL@thenationalcouncil.org

