January 12, 2020
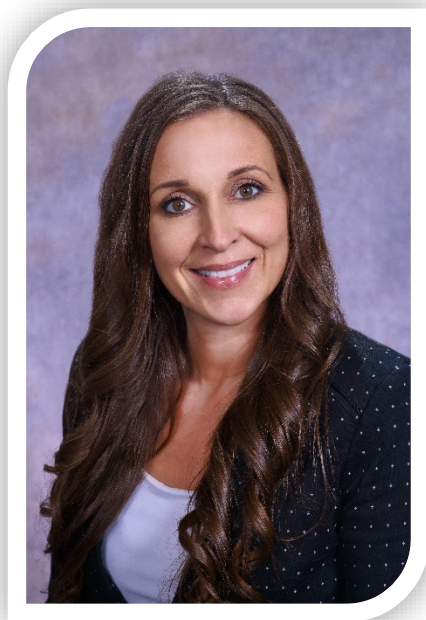*11:00 a.m. – 11:45 a.m.*

THE DOWNLOAD

A monthly webinar diving into the intersection of healthcare and technology

MiHIN
MICHIGAN HEALTH INFORMATION NETWORK
SHARED SERVICES

Tracy Webb
Outreach Manager
MiHIN

Brian Mack
Senior Marketing Strategist
MiHIN

- **Tracy (Facilitator)**

- **Brian (WebEx Chat Moderator)**
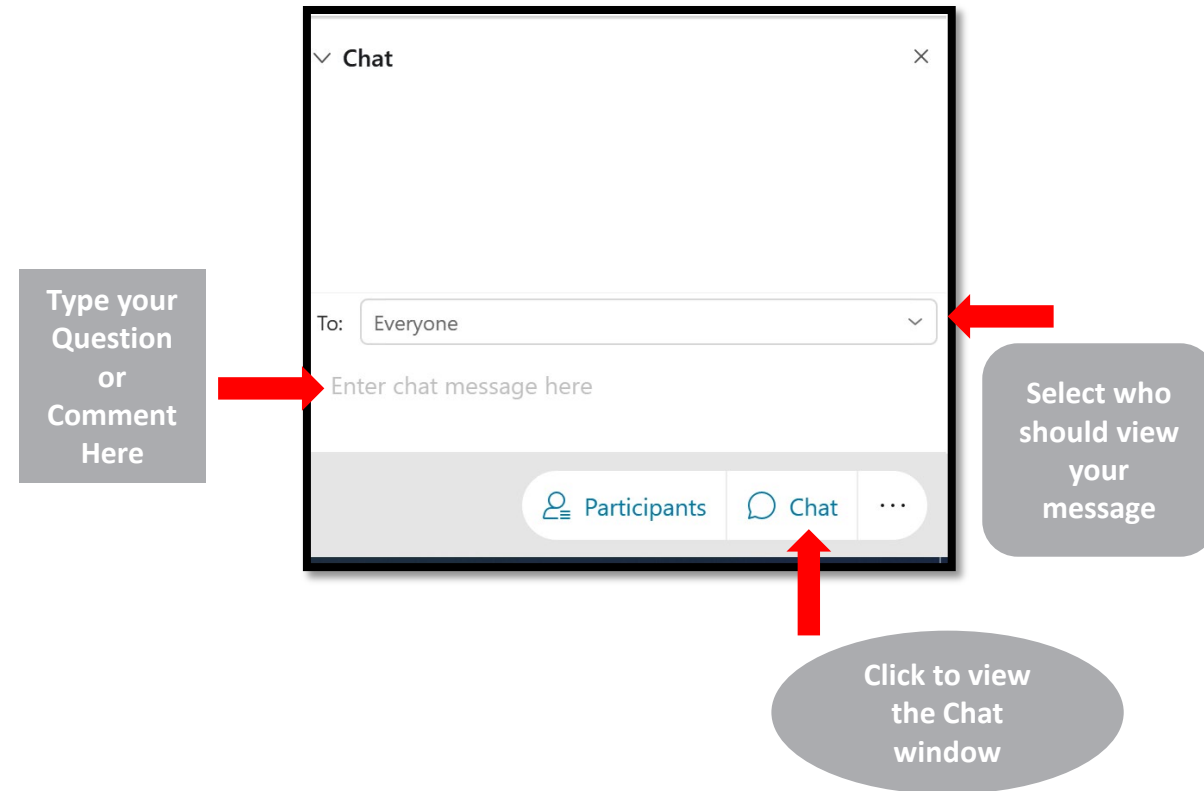
Welcome to THE **DOWNLOAD**

Let's Get Started...

- This session is being recorded and will be available after the meeting on the MiHIN website.

- All attendees are muted

- Participating in the forum
  - Ask questions and make comments using the WebEx Chat
  - A moderator will read your question aloud or respond via chat at the end of the section.

- Chat Controls
  - On the right-side of your screen

Type your Question or Comment Here

Select who should view your message

Click to view the Chat window

Chat

To: Everyone

Enter chat message here

Participants   Chat   ...

Michigan Health Information Network Shared Services (MiHIN)

MiHIN is Michigan's initiative to continuously improve healthcare quality, efficiency, and patient safety by promoting secure, electronic exchange of health information. MiHIN represents a growing network of public and private organizations working to overcome data sharing barriers, reduce costs, and ultimately advance the health of Michigan's population.

MiHIN is a

network for sharing health information statewide for Michigan

MiHIN's Five Focus Areas

1. **Convening** people to figure out functional solutions

2. Champion Statewide **Use Cases** to fairly get data flowing and keep it moving securely among all legitimate parties

3. Operate as a **Shared Services** (Health Directory, Active Care Relationships, Security, Legal, Client Matching, etc.) as behind the scenes infrastructure

4. **Providing tools** to support daily workflows and coordination

5. **Reporting, Conformance**, and **Analytics** from data lakes and the longitudinal health record
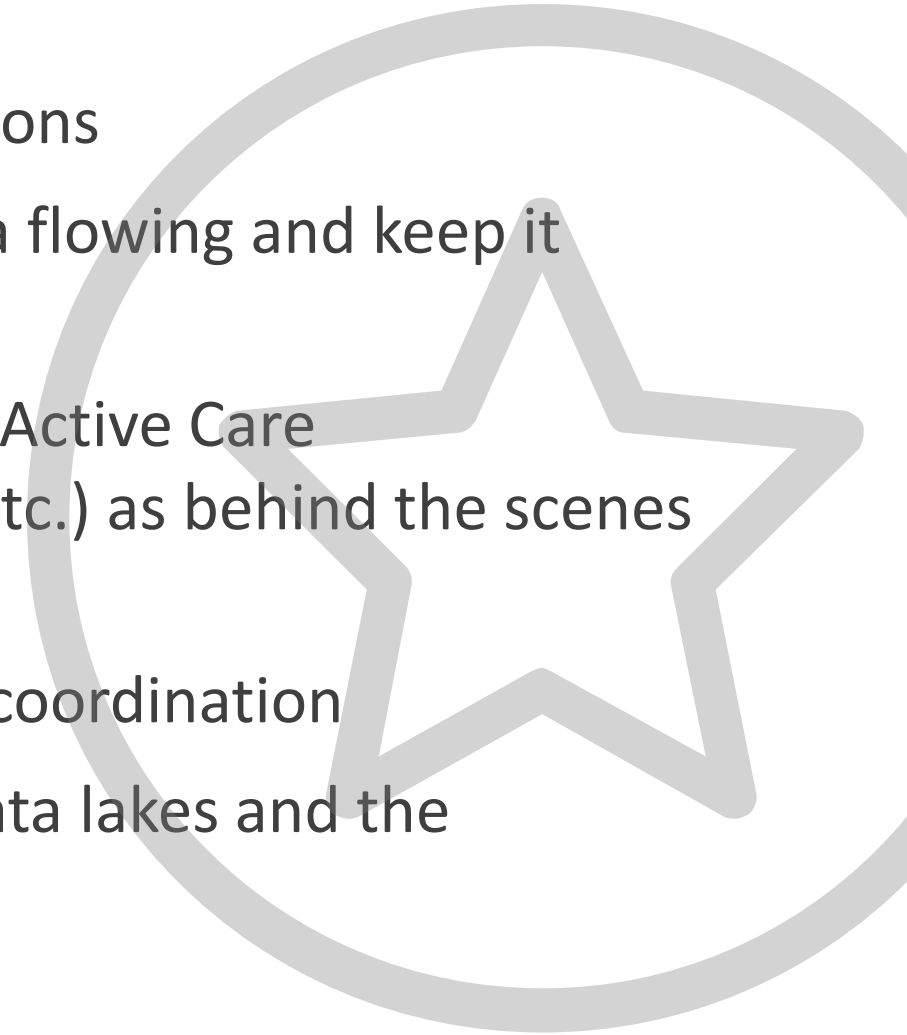
MiHIN

Today's Agenda

01 ● **Welcome**
Tracy Webb

02 ● **MiHIN Operations Advisory Committee (MOAC)**
Drew Murray

03 ● **HIPAA Privacy Rule Proposed Changes**
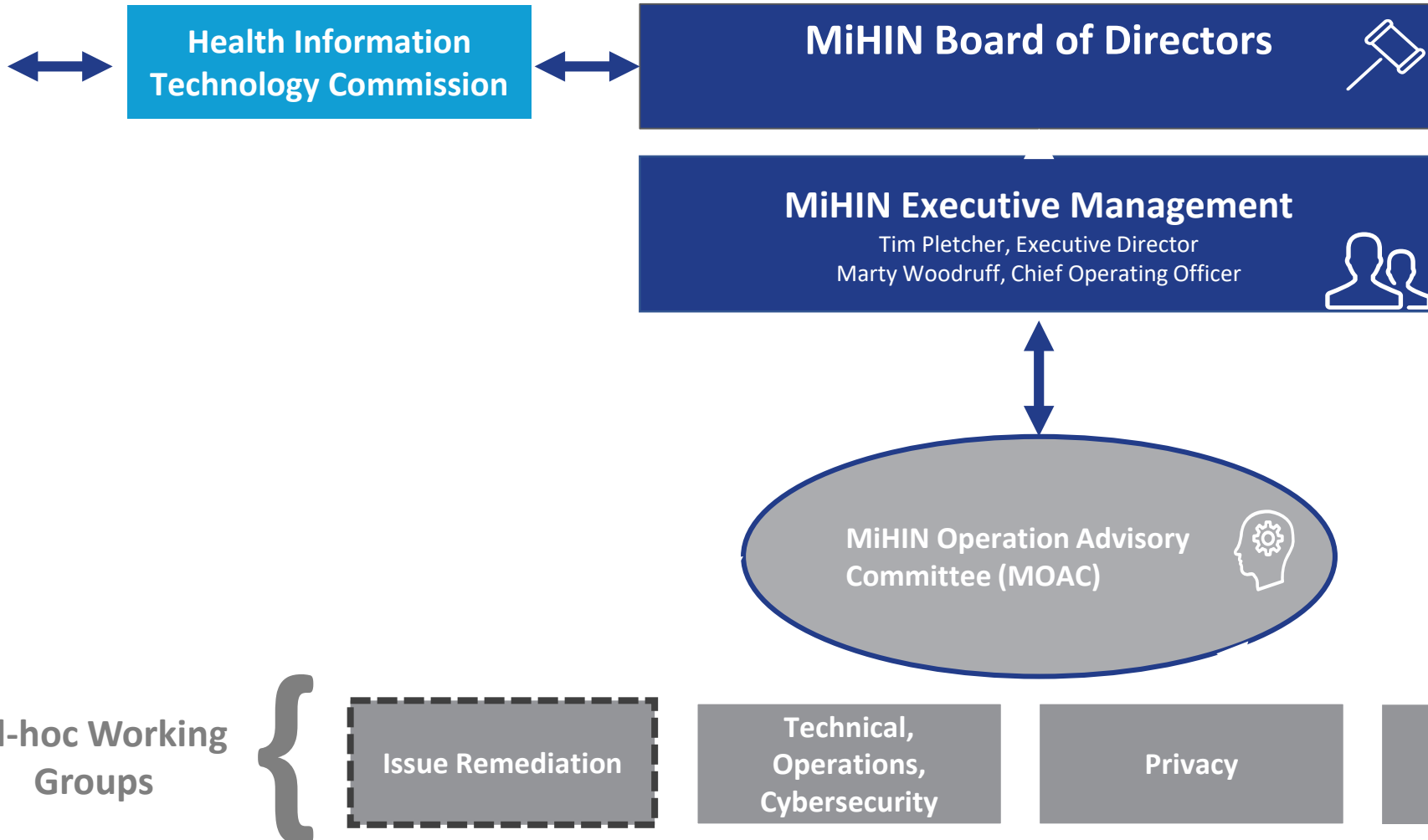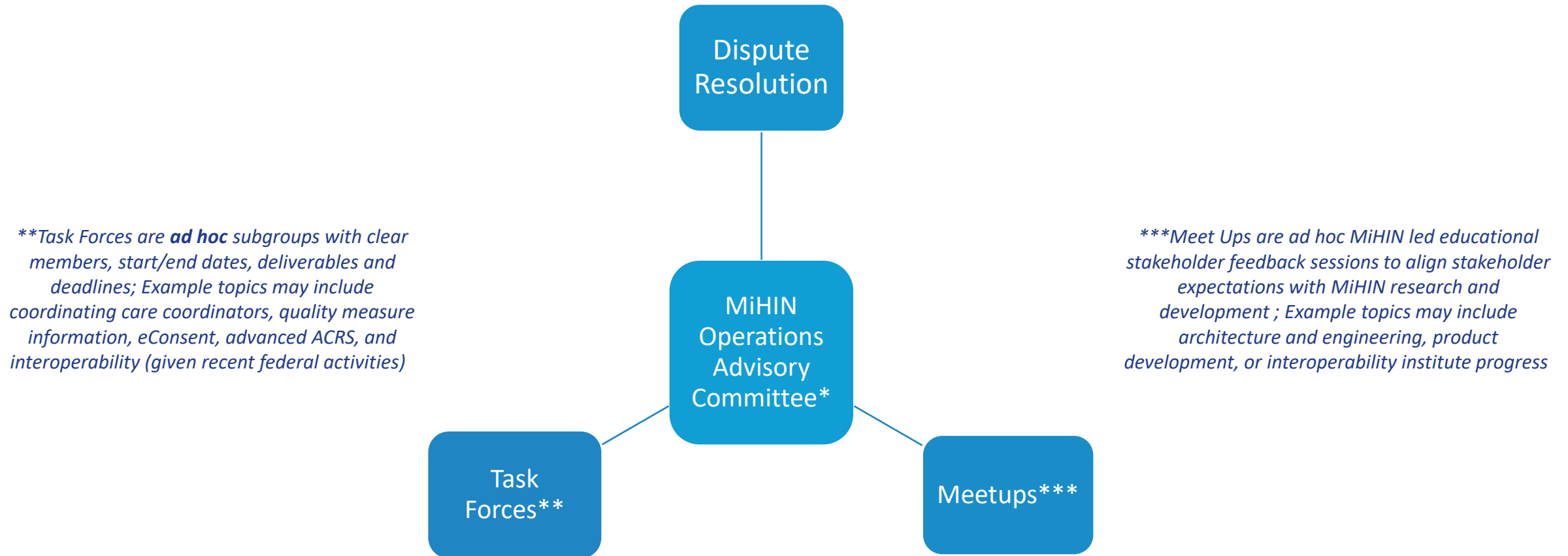Shreya Patel

05 ● **Closing**
Tracy Webb

MiHIN Operations Advisory Committee (MOAC)

Drew Murray
Senior Community Engagement Director
drew.murray@mihin.org

MiHIN Governance Model

MDHHS — Michigan Department of Health & Human Services

Health Information Technology Commission

MiHIN Board of Directors

MiHIN Executive Management
Tim Pletcher, Executive Director
Marty Woodruff, Chief Operating Officer

MiHIN Operation Advisory Committee (MOAC)

Ad-hoc Working Groups

- Issue Remediation
- Technical, Operations, Cybersecurity
- Privacy
- Use Case

Delineation between MOAC Quarterly, Task Force, and Meet up

Dispute Resolution

MiHIN Operations Advisory Committee*

Task Forces**

Meetups***

***Task Forces are **ad hoc** subgroups with clear members, start/end dates, deliverables and deadlines; Example topics may include coordinating care coordinators, quality measure information, eConsent, advanced ACRS, and interoperability (given recent federal activities)*

***Meet Ups are ad hoc MiHIN led educational stakeholder feedback sessions to align stakeholder expectations with MiHIN research and development ; Example topics may include architecture and engineering, product development, or interoperability institute progress

*MiHIN Operations Advisory Committee will meet *quarterly*; all other meetings will occur only as needed
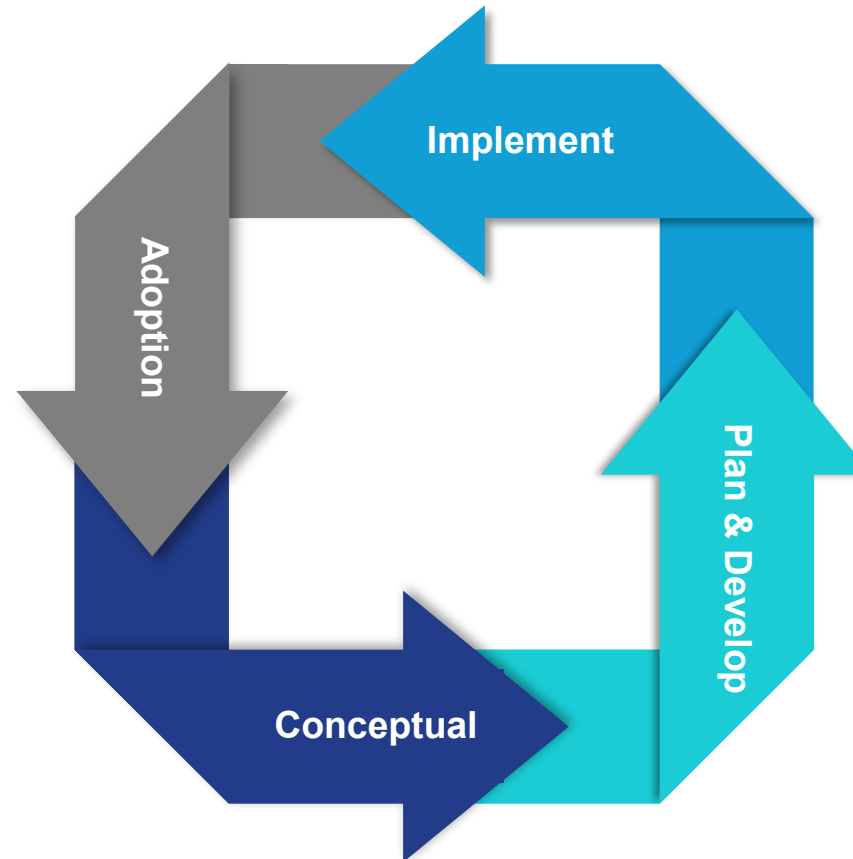
Use Case Factory

How does it work?

Adoption
- Critical Mass

Continuous Improvement.
...Bringing us back to...

Conceptual
- Define purpose
- Evaluation

Idea with Sponsor

Implement
- Production Status
- Metrics

Mass Marketing & Outreach
Successful Adoption

Plan and Develop
- Technical Planning
- Pilot and Refine

Functional Data-Sharing Widget
...onto the MiHIN Board

Benefits of a Use Case Approach

Reduces Complexity — Manageable chunks so competitive or confidentiality concerns can be addressed without "boiling the ocean"

Consistent Pattern — Standardized mechanism for scoping purpose, technical requirements, costs, and limits on how data is used

Modular (like LEGO® blocks) — Use Cases can be combined to create more extensive stories for data sharing

Aligns Priorities — Incentives, regulations or policies can target specific Use Cases to foster or accelerate adoption

Transparent — Constituents can understand expected use of their data and follow common chain of trust across organizations

Measureable — Aids focused monitoring and measurement of progress

Faster & Cost Effective — Reduces variability and enables scalability

MICHIGAN HEALTH INFORMATION NETWORK
SHARED SERVICES

MOAC Recent Focus Areas

- **Statewide Conformance Taskforce**: Common Keys, Medication Reconciliation Messages, Immunizations, Ambulatory Endpoints
    - 3 Health Plans
    - 8 Hospitals/Health Systems
    - 6 Physician Organizations
    - 1 Association

- **Statewide Roadmap Alignment**
    - HIT Commission sponsored work facilitated by MDHHS/Cedar Bridge
    - Social Determinants of Health (workshops + onboardings)

QUESTIONS?

Drew Murray
Senior Community Engagement Director
drew.murray@mihin.org

HIPAA Privacy Rule Proposed Changes

Shreya Patel
Chief Policy and Privacy Officer
Shreya.patel@mihin.org

General Purpose

- Increase care coordination and case management
- Encourage sharing of information for health and non-health services related to care
- Decrease burden on covered entities

Who Does it Apply to and When Does it Apply?

- Generally, HIPAA Covered Entities
- For responsibilities that Business Associates take on for Covered Entities, they *may* be subject, but emphasis on covered entities
  - 60 days to provide comments
  - 180 days to compliance period
  - 240 days to enforcement period

What Will Change?

- Make individual access rights readily available on website for Covered Entities
- Increase right to view PHI in person
  - COVID-19: Requests comment on how to come up with alternative to in person during pandemic
- Give right to take notes/ photos of your PHI in person
  - Cannot use thumb drive or "plug in" to provider equipment
- Covered entities must respond to requests to view PHI in 15 days with possibility of 15-day extension
- Individual request "reasonable" form and format for PHI
- Individual obtain a copy and send OR direct a Covered Entity to send copy to a third party
  - Third party requests can be in writing OR orally
  - If oral/ verbal request: must be clear, conspicuous, and specific

What Will Change? (Continued)

- Reduce identity verification burden
  - No notarizing signature requirement allowed for Covered Entities
  - No "only in paper form" requirement allowed for Covered Entities
  - No "only at covered facility" requirement allowed for Covered Entities
- Covered health providers and health plans can submit individual access request to another to receive the electronic copy of PHI through EHR
  - Notably different than queries through HIE
- Must respond to requests from other Covered Entities when directed by individuals
  - Limited to copies of PHI in an EHR
- PHI must be provided to the individual at no charge/ Some requests always free
  - Individual right to inspect PHI and obtain copies of PHI
  - Internet based or in person
- Laying out fee structure for non internet method for individual access, consumer-mediated exchange, or HIPAA Authorizations to family member, researcher, etc.
  - Fees allowed for:
    - Costs of labor for copying
    - Supplies
    - Postage to mail
- Requires Covered Entities to post fees on website or provide in person
- Requires Covered Entities to provide itemized receipt with PHI if fee is charged for access
- *Business Associates* provide copies of PHI to Covered Entities unless the BAA specifically states that the Business Associate will provide access to PHI in an EHR directly to individual

New Definitions

- **Health care operations**: include permitted uses and disclosures for individual level care coordination and case management

- **Electronic health record**: electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Such clinicians shall include, but are not limited to, health care providers that have a direct treatment relationship with individuals, as defined [], such physicians, nurses, pharmacists, and other allied health professionals. For purposes of this paragraph, health related information of an individual covers the same scope of information as the term individually identifiable health information

- **Personal health application**: an electronic application used by an individual to access health information about that individual in electronic form, which can be drawn from multiple sources, provided that such information is managed, shared, and controlled by or primarily for the individual and not by or primarily for a covered entity or another party such as the application developer
  - Apps are NOT subject to HIPAA because not acting at the direction or on behalf of Covered Entity

Minimum Necessary

- Exceptions to rule for case management and *individual level* care coordination

Social Determinates of Health

Allows Covered Entity to share with social services agencies, home and community-based services (HCBS)

Provider Discretion for Sharing Information during SUD/Opioid Emergency

- From professional judgement standard to good faith
- Presume good faith (can be overcome with evidence)
- Can share to prevent threat to safety with harm is serious and reasonably foreseeable
  - Relaxed standard. Before it is only for serious and imminent instances
  - Threat can be public or individual (suicide)

Substance Use Disorder

- Can share information with personal representatives
  - Do not need to do identity verification
    - They can represent who they are, and provider can use best judgment based on prior experience
  - Even when they are not listed as emergency contact if provider knows of prior relationship
- Can include patients in facility directories
  - For individuals who do not have support or may be incapacitated, this helps to coordinate care
- CARES aligns Part 2 with HIPAA in respect to quality improvement and claims management

Notice of Privacy Practices

- No longer require Covered Entities to obtain written confirmation that this was provided to the patient/acknowledged.

- No longer required to keep those acknowledgements for six years.

- Change the requirement of what should be in this.
  - How to access health information
  - How to file HIPAA complaint
  - Individual right to receive a copy of the notice and discuss the contents with a designated person

Deaf, Hard of Hearing, Blind, and Speech Ability

- Increase coordination to Telecommunications Relay Services
- They are not classified as a Business Associate to avoid requiring BAAs to share

Armed Forces

- Disclosure of PHI to all uniformed services
- Include US Public Health Service (UPHS)
- Include National Oceanic and Atmospheric Administration (NOAA)

What Else is in the Rule?

- Background on HIPAA
  - Applicability to Covered Entities
  - Expansion to Business Associates
  - Privacy Rule History
  - Security Rule History
  - Right of Access History (Changes made in 2000)
- Background on how 21st Century Cures and larger Public Health Services Act (PHSA) Relates
  - Information blocking
- Background on Regulatory Spring to Coordinated Care
  - Changes to 42 CFR Part 2
  - Safe Harbors under Anti-Kickback Statute
  - Modernizing Physician Self- Referral for Medicare
- Cost information (think cost to the US and healthcare system)
  - Deregulatory in nature
  - May have costs in the first year but will be offset by reduced burden a bit
  - Eventually will lead to savings

QUESTIONS?

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PHI Consent Tool Video Series– Find more information in this month's issue of *The Interface*
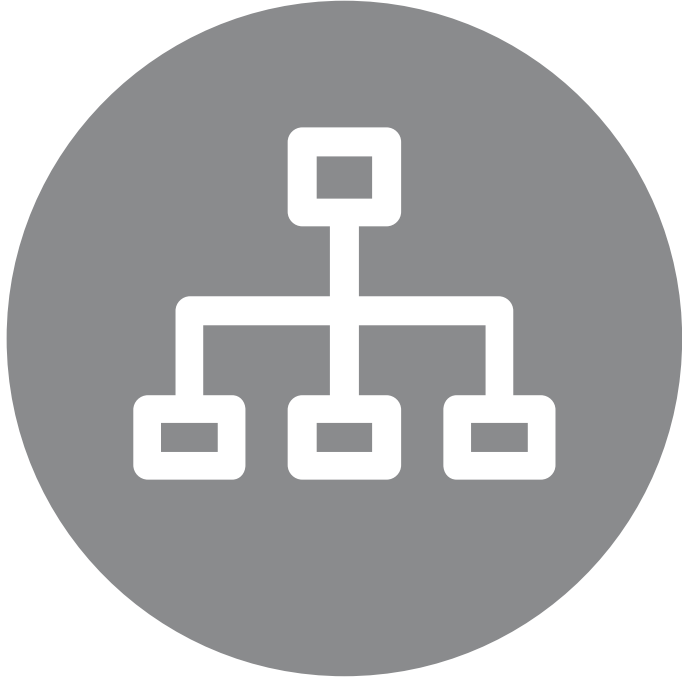
Upcoming Imaging Workshop – *January 27, 2021*. Please reach out to Tracy Webb (tracy.webb@mihin.org) if you'd like to learn more

Announcements

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SHARED SERVICES

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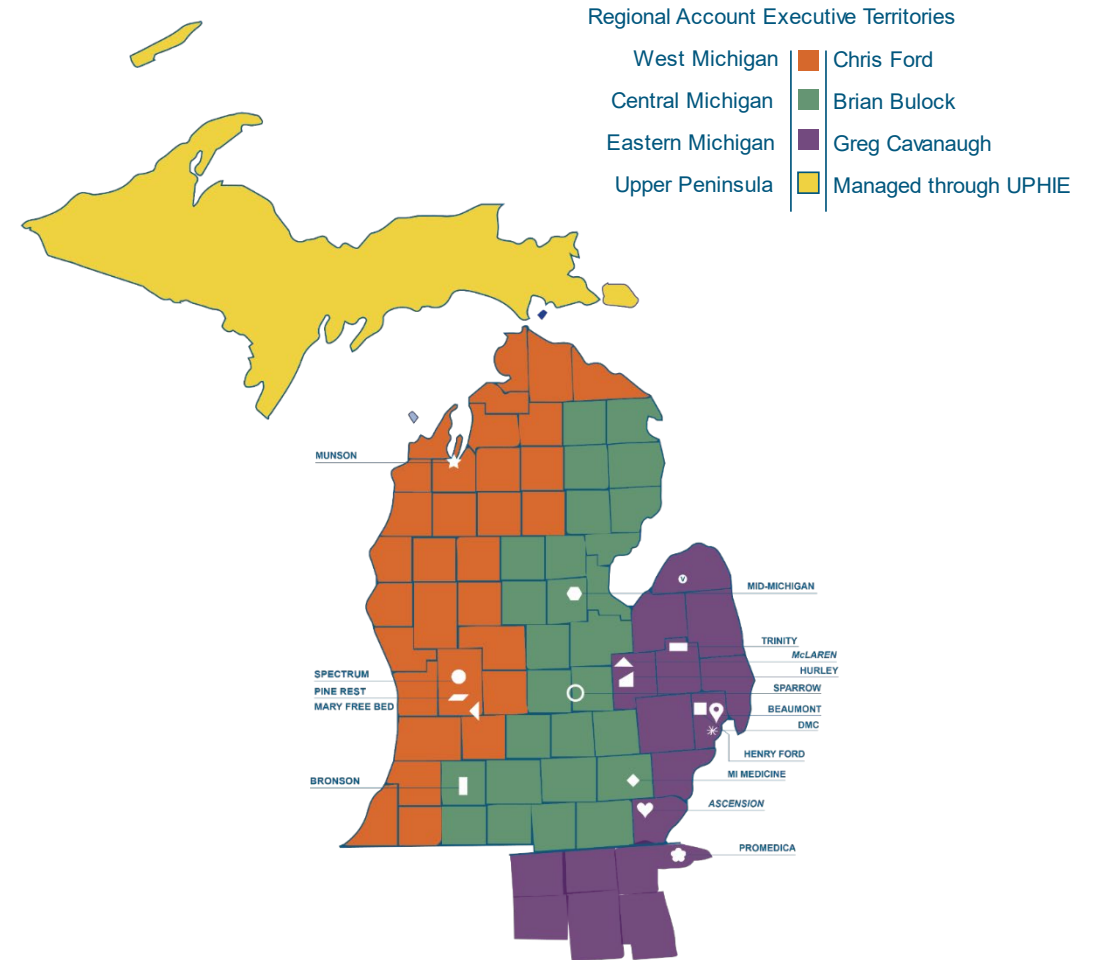*Bryan.Bulock@mihin.org*
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Join us for the next **DOWNLOAD** on

February 2, 2021

THANK YOU!

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