



Department of Health & Human Services  
Office of the National Coordinator for  
Health Information Technology

HEALTH INFORMATION SECURITY & PRIVACY  
COLLABORATION

# ***Health Information Security and Privacy Collaboration (HISPC) National Conference***

## **Interstate Disclosure and Patient Consent Requirements: HISPC and Advancing E- Health**

***March 5, 2009***  
***Bethesda, MD***

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Health Information Security & Privacy  
**COLLABORATION**



# PRESIDENT'S HEALTH INFORMATION TECHNOLOGY PLAN, 2004

- “All Americans will have access to electronic health records by 2014”

--President George W. Bush,  
State of the Union Address,  
January 20, 2004



# WHAT DOES THE FUTURE HOLD?

- My plan calls for investing \$10 billion per year over 5 years in health information technology. This commitment is not just financial: we will ensure that physicians have the technical support they need to implement new systems for patient records and billing. By reducing medical errors and unnecessary duplication of tests, this investment will lead to a long-term reduction in our health care system's overall cost.

(100 times the amount of federal funding proposed in the Bush HIT plan)

-Barack Obama, October 9, 2008, NEJM

# WHAT DOES THE FUTURE HOLD?

- “All Americans must have electronic health records (EHRs) by 2014 in order to save dollars and lives.”

-Barack Obama, George Mason University,

Jan. 8, 2009

# WHAT IS OKLAHOMA DOING?

- 2006: Oklahoma Health Information Security and Privacy Collaboration
  - Phase I examined current privacy and security practices and identified barriers to health information exchange.
  - Phase II developed a universal authorization form for release of health information, and identified a framework for an Oklahoma office of health information exchange.
  - Phase III is currently exploring ways to overcome barriers to interstate health information exchange.

# OKHISPC MEMBERSHIP

- **Key state leadership:**
  - Governors Office, OK State Department of Health, OK Department of Health and Human Services, OK Department of Mental Health and Substance Abuse Services, OK Health Care Authority, OK Insurance Department
- **Representatives from:**
  - University of Oklahoma, Oklahoma State University, OK Hospital Association, OK State Medical Association, OK Osteopathic Association, OK Dental Association, OK Pharmacist Association, OK Foundation for Medical Quality, OK Primary Care Association, Crowe and Dunlevy, Tribal Health, and consumer advocates

# PHASE I: OKHISPC

- OKHISPC identified barriers that impede interoperable health information exchange in the state of Oklahoma:
  - Overly restrictive interpretations of HIPAA and other privacy and security laws
  - Lack of knowledge of HIPAA and other privacy and security laws
  - Varied and manual transfer of PHI
  - Concerns over liability for information released
  - Cost of implementing and maintaining electronic system
  - Lack of standards
  - Patient consent/release of information

# PHASE I: RECOMMENDATIONS

- Establish the Oklahoma Center for Health Information Exchange, an inter-jurisdictional office to support and promote health information exchange in the state
- Develop a single authorization to release health information form to apply across jurisdictional lines within the state of Oklahoma
- Research and propose options on a system of patient identification that allows acquisition of information across jurisdictional lines

## PHASE II: OKLAHOMA LEGISLATURE

- Passed S.B. 1420 ( OS 63-7100):

Adoption of a standard authorization form for exchange of health information



## PHASE II: OKLAHOMA GOVERNOR BRAD HENRY

- Issued Executive Order 2008-4 creating the Oklahoma Health Information Security and Privacy Council charged with:
  - Coordination of health information exchange
  - Promote stakeholder education and engagement
  - Facilitate a privacy and security dialogue
  - Further public-private partnerships
  - Encourage health information exchange
  - Make recommendations to the Governor's office

## PHASE III: OKLAHOMA'S ROLE

- Oklahoma participates in two collaboratives:
  - Interstate Disclosure and Patient Consent Requirements
  - Adoption of Standard Policies



## MIKE CRUTCHER, SECRETARY OF HEALTH

- Endorsed electronic health information exchange (HIE) as an effective way to address Oklahoma's poor health status
- Encouraged the OKHISPC to recommend strategic directions to enhance HIE in Oklahoma



# OKHISPC DRAFT OKLAHOMA HEALTH IT PLAN

- Modeled after the Federal Health Information Technology Strategic Plan
- Focused on special needs and challenges in Oklahoma



# OKLAHOMA HEALTH IT PLAN

- Goal One: ***Patient-focused Health Care***
  - To facilitate the transformation to higher quality, more cost-efficient, patient-focused health care through electronic health information access and use by care providers, and by patients and their designees



# OKLAHOMA HEALTH IT PLAN

- Goal Two: ***Oklahoma Health***
  - To facilitate the appropriate, authorized, and timely access and use of electronic health information to benefit Oklahoma's population health, quality improvement efforts, and emergency preparedness

# OKLAHOMA HEALTH IT PLAN

- Objective One:

## ***Privacy and Security:***

- Facilitate electronic exchange, access, and use of electronic health information, while protecting the privacy and security of patients' health information
- Advance privacy and security policies, principles, procedures, and protections for health information access in the state of Oklahoma

# OKLAHOMA HEALTH IT PLAN

- Objective Two:

## ***Interoperability:***

- Enable the movement of electronic health information to support patients' health and care needs across Oklahoma and throughout the nation
- Enable the exchange of health information to support Oklahoma's population-oriented uses through collaborative efforts among all stakeholders

# OKLAHOMA HEALTH IT PLAN

- Objective Three:

## ***Adoption:***

- Promote statewide deployment of electronic health records (EHRs) and personal health records (PHRs) and other consumer health IT tools
- Promote statewide adoption of technologies to improve population and individual health



## NEW ENGLAND JOURNAL OF MEDICINE, JUNE 18, 2008

- 17% of US physicians utilize some form of electronic record system but only 4% are using a fully functional system in their office.
- Among barriers to IT adoption cited, over half of physicians expressed concerns about inappropriate disclosure of patient information and illegal record tempering and about a third worried about the legal issues surrounding information exchange with hospitals.

# CMS EHR DEMONSTRATION PROJECT

- Small to medium-sized primary care practices
- At least 50 FFS Medicare patients
- Enhanced reimbursement with adoption of a CCHIT-certified EHR
- Maximum of \$58,000 per physician and \$290,000 per practice over the 5 year pilot

# SUMMARY

- Despite the current economic situation, efforts to increase adoption of electronic health records will be prominent in the next several years.
- Given the various activities throughout the state and the efforts of OKHISPC, Oklahoma will continue to work on solutions involving health IT to improve patient safety and quality and achieve cost efficiencies.

# THANK YOU!

- Questions or Comments?

