

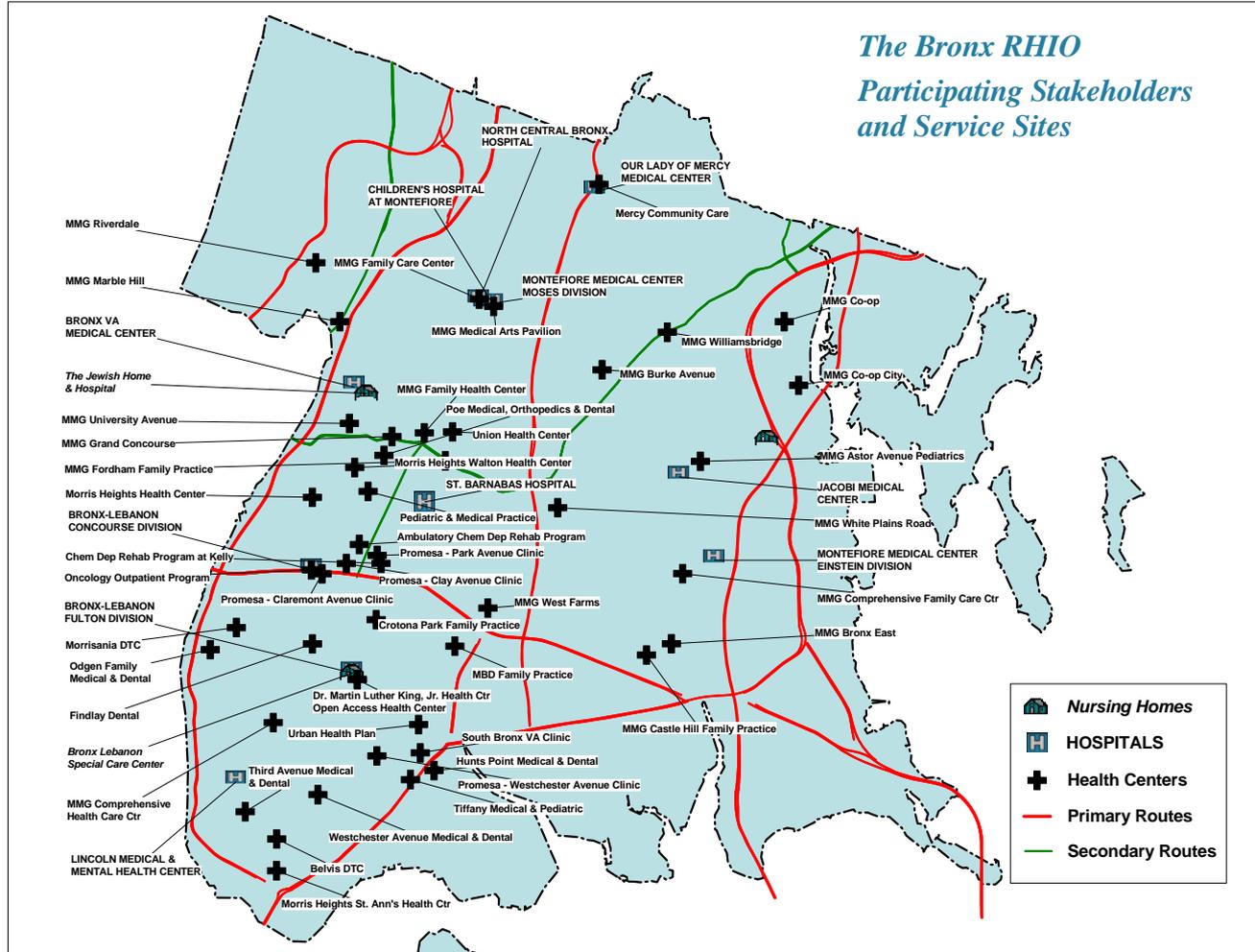


*Bronx***RHIO**

*Connecting for Better Health*



# RHIO Participants Provide Most of the Healthcare for the 1.3 million Residents in the Bronx



# What Information is Being Exchanged?

- Initial rollout will include:
  - Demographics
  - Encounters
  - Laboratory results
  - Medication prescribed and dispensed
  - Diagnoses
  - Procedures

# What Are We Trying to Accomplish?

- To improve healthcare in the Bronx by providing an new easy to use tool to every Bronx patient's clinicians.
  - The tool, the health information exchange, will provide available medical information to facilitate the most accurate diagnosis and treatment for each patient.
- If we accomplish this goal we believe quality and safety of care will be optimized and care will be delivered in a more efficient manner.

# What Role Does the HIE Play in Improving Healthcare in the Bronx ?

- It creates an opportunity to give clinicians the available medical data wherever it resides.
- It provides the patient with a well informed clinician who has important information needed to produce the best outcome.

# How Did Our Goal Influence Our Privacy and Consent Policy?

- It made us look for a solution that would meet the needs of the patients and the clinicians.
- We needed to safeguard the right of the patients to determine if they want to participate, while meeting the need of the physicians to have the information required to provide the best care for each patient
- We needed a solution that minimized the complexity for the patient and the clinician.

# Who Gave Us Input in the Decision Making Process

- Our member institutions
- Patients
- Physicians and other healthcare workers
- Attorneys
- Our technology team



# How Will Patients' Privacy Rights Be Protected?

The RHIO privacy policy specifies that:

- All state and federal laws and regulations regarding Protected Health Information will be adhered to
- A patient's data will be shared only after obtaining his/her written consent for data to be available to treating physicians who are part of the RHIO.
- A consent to share and view data can be signed at any time at any RHIO site
- A patient may withdraw that consent at any time at any RHIO site
- Consent status will be recorded in the health information exchange record locator

## Privacy Protection (cont'd)

- Consent covers and permits the exchange of all the patient's medical information, including sensitive information:
  - HIV/AIDS
  - Mental health
  - Genetic diseases or tests
  - Minors
- Information from alcohol and substance abuse facilities is still under discussion. A final determination has not been made.

# What Safeguards Are We Building?

- Everything has an audit trail
- Regular audits will be required to verify what the system shows.
- There will be regular reporting to the Board of audit results

# What Factors Were Important in our Deliberations?

- The patients right to consent or not
- The consideration that the essence of a real consent is clarity
- The need to distinguish what is required from what may be desirable at some point in the future but is not critical now.
- The physicians' need for complete information
  - In ongoing meeting with physicians they were very vocal about the need for complete information and made a point of recommending to the Board that data should not be excluded.

## Important Factors (cont'd)

- Will patients understand what we are doing?
  - We are continuing to run focus groups with general and special populations to get patient input. Some comments from the patients
    - “I want all my doctors to know what’s going on with me. When I see a specialist then go back to my doctor, he asks me what happened. I don’t know how to explain it. Why doesn’t he ask the doctor?”
    - “It is important for me to know that this is not mandatory and that I have a choice “
    - “If you get sick suddenly there will be better communication, you will get better care “
    - “It promotes communication between doctors, avoids delays and speeds up the process “
- Will patients understand their options?

## Important Factors (cont'd)

- Is it operationally feasible?
  - Does it minimize the impediments to system use?
  - What is involved in informing the patient and getting consent?
  - How can it be incorporated into our many members' workflows?
  - How can we make the process as simple and flexible as possible and not incur huge ongoing costs to make it work?
  - Does it avoid duplication of effort in collecting and storing consents?

## Important Factors (cont'd)

- Is it technically feasible?
  - Does it cover all situations?
  - Can it integrate with the patient identity process?
  - Does it impact response time?
  - How many times and in how many places is it necessary to collect a consent?
- Can we afford it?
  - Cost of implementation
  - Ongoing cost to the members' operations

## **Important Factors** (cont'd)

- What is necessary vs. what could we create?
  - What is legally required?
  - What is the marketplace saying?
  - What is a doable starting point?

# We Still Have a Lot to Learn

- We are still in a learning and development mode. Complexity that is not required should be avoided until we have some real experience.