CHIME & The Office of the National Coordinator for Health Information Technology Webinar

Information Blocking & Sharing – Compliance

September 15, 2022, 3:00 – 4:00 PM ET
Questions from Members

1) Can you explain what will happen to EHI when we move to USCDI v1 to 2-4?
    a. What is the timeline?
2) How should providers handle imaging/lab results – especially those that may be life altering such as a Huntington's or ALS diagnosis – that the patient can access in the portal before speaking to their provider/clinician?
3) When a mandated reporter in a health care system files a report with CPS/APS – it is automatically uploaded into your DRS. So, for instance – a parent could request their child's medical records and they would see the report because it would be included automatically included as "notes." Further – it does not allow for the reporting clinician to remain anonymous. It's not required that they document the reporting in the EHR, but operationally necessary and there is no mechanism to automatically suppress this. I believe they might also be at risk with any automated process, so they must assess each case manually and individually.
    a. This is leading to clinician burnout – and further, human error is possible. How can providers approach this problem, and are there exceptions that they could use?
4) If a patient has a portal account, is the healthcare provider required to make all information available immediately in the portal to the patient? When a patient has access to all of his medical records (paper & electronic) upon request via the HIM department and a healthcare provider currently only sends certain results to the patient portal and imposes a 1-2 day delay to allow the provider to communicate the results to the patient, does the Cures Act now require all electronic results to be sent immediately to the portal?
5) Does a patient logging into his portal account equate to a patient's request for all EHI?
6) If a patient has requested release of their EHI in advance of a planned visit, and they want the data sent to their portal account, is the healthcare organization required to send all of that patient's EHI immediately to their portal account?
7) If a baby's visit note includes the mother's health history, can that note be withheld from the patient portal to prevent a non-custodial parent with access to the baby's portal account from seeing the mother's PHI?
8) Is an EHR vendor required to provide to a health care app vendor the APIs their patient app will utilize to access EHI from a healthcare provider's EHR without the healthcare provider being provided an opportunity to review the request?
9) If a healthcare provider uses a certified EHR and has also developed their own FHIR API as an alternative to their EHR vendor's API, is the healthcare provider held to the same access requirements that are applied to APIs developed by the EHR vendor?
10) If a patient is connected to health care app, not via the patient portal, under the Information Blocking rules, must the patient information be provided as soon as the information is available in the EHR?
11) Will patient requests for amendments to the clinical record continue to follow the process as defined by HIPAA?

12) Pediatric patient ID issues:
    a. Newborn patients often start out life with the mother's last name, and some naming convention for the baby whether boy or girl. They may be discharged with this generic name.
    b. At some point, their name often changes to a specific first name and perhaps taking on the father's last name if parents aren't married. If the patient is subsequently admitted to our care (we don't do deliveries), we may not be able to identify the birth record.
    c. ID protocols like those for Commonwell often utilize another form of ID which children don't have such as a Driver's License.
    d. Ethnic names tend to be very common and a given patient will have the same name and birthdate of another child.
13) Release of information issues:
    a. Release to another health care provider isn't a problem so long as the correct patient can be identified.
    b. Not every parent has custody and can access a child's record. Some, in fact, are under court orders preventing involvement in a child's care. We need to first assess custody issues before release.
    c. If data is released, it may contain comments about the parents that may lead to retaliation. While this would be covered by an exception under Cures, but it will be difficult for HIM staff to determine this. This isn't an issues for adult patients.
    d. Adolescent issues for parental release require careful screening for chart contents so that no protected information is released inappropriately. Again, not an issue for adult patients.