



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

Virtual Hearing on Non-Targeted Queries

June 24, 2013

1pm to 4pm

Purpose of Virtual Hearing

- An effort to understand what sort of policies are deployed to ensure that a “non-targeted query” for a patient record is appropriate, legal, and authorized.
- Focus of the hearing is on policy, and not security methodologies or identity management issues.

Purpose of Virtual Hearing

- Such policies may include limitations on who can conduct the query, the purposes for which a query can be conducted, geographic or other limits and parameters intended to help assure proper access, and also intended to help demonstrate that the requester is authorized to access a patient's records.
- We are particularly interested in environments where there are limitations placed on access to the record via query. Examples include, but are not limited to partial access to the record, geographic limits and purpose, such as limiting queries to those for direct treatment. Some HIEs may have inherent limitations, based on factors such as geography in the case of a regional HIE. We are also interested in hearing of instances where limiting policies were considered but not adopted.
- The Tiger Team also wants to learn about the thought processes behind the development of any such policies.

Scope: Non-Targeted Queries

- Our focus is on queries between disparate entities [Does not include queries within an integrated delivery system (IDN) or organized health care organization (OCHA)]
- In this scenario, a patient's other providers may not all be known in advance.
- Thus, non-targeted query involves looking for a patient's record using information about the patient (versus querying for a patient's record by asking one or more specific provider organizations).

Scope of Non-Targeted Queries

- Involves use of an “aggregator,” such as a record locator service (RLS), data element access service (DEAS), or health information exchange (HIE).
- In deliberating on query/response, the Tiger Team focused on use cases involving direct treatment relationships, but we are interested in hearing about how non-targeted queries are used for other purposes.

Agenda

- 1:00 p.m.** **Welcome and Roll Call**
Mackenzie Robertson, ONC
- 1:05 p.m.** **Opening Remarks/Framing & Introductions**
Deven McGraw & Paul Egerman
- 1:10 p.m.** **Health Information Exchange Organizations – Panel 1**
(Each presenter will have 5 minutes to discuss a series of set questions)
- 1:35 p.m.** **Question and Answer**
- 2:30 p.m.** **Health Information Exchange Organizations – Panel 2**
(Each presenter will have 5 minutes to discuss a series of set questions)
- 2:55 p.m.** **Question and Answer**
- 3:50 p.m.** **Wrap up/Next Steps/Closing Remarks**
- 3:55 p.m.** **Public Comment**
- 4:00 p.m.** **Adjourn**

HIE Panel 1

- Nebraska Health Information Initiative
 - Deb Bass, CEO
 - Sara Juster, Vice President, Compliance for the Nebraska Methodist Health System and Privacy Officer for NeHII
 - Connie Pratt, Program Manager, Bass Inc.
- HealtheWay
 - Mariann Yeager, Executive Director
 - Martin Prah, Health IT Consultant, Social Security Administration
- Rochester (NY) Regional Health Information Organization
 - Ted Kremer, Executive Director
- Indiana Health Information Exchange
 - John P. Kansky, Vice President of Strategy and Planning

HIE Panel 2

- Rhode Island Quality Institute's CurrentCare
 - Laura Adams, CEO and President
 - Charlie Hewitt, Director of HIE Program Management
- Surescripts
 - Paul Uhrig, Executive Vice-President, Chief Administrative & Legal Officer, Chief Privacy Officer
- ClinicalConnect
 - Christian Carmody, President, ClinicalConnect HIE and Vice-President, UPMC Enterprise Infrastructure Services
 - Tracy Crawford, Program Director
- SMRTNet
 - Joanna Pardee-Walkingstick, Director of Member Services

Proposed Questions

1. How have you operationalized non-targeted queries? Please describe the process.
2. How long have you been operational with your approach and how many patients are involved?
3. Is there an inherent scope limitation associated with your entity that affects providers' ability to perform non-targeted queries (e.g. geography)?
4. What additional limits are placed on non-targeted queries (e.g., who can query, for what purpose and scope of query)?
5. What roles do patients have in limiting queries? Are there circumstances in which patient preferences are overridden? If so, how does that process work and have there been any problems?

Proposed Questions

6. How do patients exercise “meaningful choice” as to whether their records are included in your “aggregator service”? Does this extend to the release of the data or does that require additional consent?
7. How do you address exchange of sensitive information in a non-targeted query model?
8. What information is returned to a requester as a result of a non-targeted query?
 - A. If you exchange sensitive information, is there a difference in what is returned when such information is involved?
9. In what environment and for what providers have non-targeted queries proven to be the most effective? Please provide appropriate metrics if available.
10. What challenges/problems have been created by your approach? What adjustments have you or do you plan to make to your approach?
11. Would having widely applicable policy (or guidance) on providers’ ability to perform non-targeted queries be helpful? If so, what should those policies be?

Nebraska Health Information Initiative

Deb Bass - CEO

**Sara Juster - Vice President, Compliance for the
Nebraska Methodist Health System and Privacy
Officer for NeHII**

Connie Pratt - Program Manager, Bass Inc.



Community Betterment Through HIE

***"Engaging Community Stakeholders
to Create a Sustainable, Large-Scale HIE"***

**Virtual Hearing on Non-targeted Queries in Nebraska
June 2013
Deb Bass, CEO of NeHII, Inc.**

NeHII is...

- ▶ One of the *first* state-wide HIEs in the country
 - 4 health systems in the March to June 2009 pilot, currently 2.3 million lives
- ▶ One of the *first* to offer full functionality
 - eRx, Clinical Messaging, Radiology, Transcription Reports, Immunizations
- ▶ One of the most *efficient* virtual models in the country
- ▶ Statewide rollout began *July 2009*
- ▶ *Hybrid federated* model for HIE
- ▶ Websites: www.nehii.org for professionals
www.connectnebraska.net for consumers

NeHII, Inc. Business Model

- ▶ Non-Profit 501 (c) 3 NE Corporation
- ▶ Owned by NeHII Collaborative
- ▶ Managed by Board of Directors
- ▶ Operations
 - Funded by License Fees Paid by Participants to NeHII, Inc.
 - Sustainable
- ▶ Implementation
 - Funded in part via Class B Membership Fees (one-time)
 - Grant from Nebraska Information Technology Commission (NITC)
 - HIE Coop Grant Funds



NeHII Statistics (As of June 14, 2013)

▶ Patients in the System	2,376,522
▶ Virtual Health Record (VHR) Usage	
◦ Physicians	1,230
◦ Staff	1,911
▶ Total Patients that have Opt Out	2.80%
▶ Number of Results Sent to the Exchange	48,828,422
◦ LAB	31,623,027
◦ RAD	6,318,530
◦ Transcription	10,886,865

History of the Privacy & Security Effort

- ▶ Support the exchange while protecting patient privacy and security of information
- ▶ Policies and governance in place since 2008
- ▶ Exchange originally developed to share information for treatment and payment
- ▶ Added limited public health reporting and direct payer access in 2012
- ▶ Currently reviewing to ensure full compliance with HIPAA/HITECH revisions, address self-pay considerations and permit access for qualified healthcare operations (ie quality reporting)
- ▶ Also considering the DURSA agreement and query model exchange of data across state lines

Beginning Considerations

- ▶ Nebraska law not as prescriptive as other states re use of HIE to share PHI
- ▶ P/S policies based primarily on HIPAA regs and consensus of the P/S Committee
- ▶ In 2008, payer was at the table and policies developed for treatment and payment
- ▶ In the paper world, entire charts often faxed, minimal limitations on sharing of health information and tracking and auditing were impossible

Consent Management

- ▶ Opt out platform since 2008
- ▶ Less than 3% opt-out rate since implementation
- ▶ Individual consumer education and consent management processes and support
- ▶ Flexibility in managing consent decisions via 7x24 support desk and consumer microsite
- ▶ Currently no “Break the Glass” functionality offered (has been considered twice)
- ▶ Special protected data or 42 CFR Part 2 scrubbed from medical record by data providers, can be exchanged through Direct services (secure email)

Query Scope Limits

- ▶ Geography limitations – 26% of MPI have addresses outside of Nebraska
- ▶ Providers must have direct treating relationship with patient
- ▶ Role based for access to certain information
- ▶ Minimum Necessary and episode of care considerations for payers based upon current eligibility file

Arrival at the Use Case Approach

- ▶ Highly engaged P/S Committee meets monthly with broad representation
- ▶ When considering payer access and access for non-treatment purposes, broad topic was threatening
- ▶ Use case approach developed; approach promoted comfort at more specific level
- ▶ This approach has become method of choice for expanded uses

Payer Access Use Cases

- ▶ Utilization management
 - Pre-authorizations
 - Case/Disease management
 - Medical claims review
 - Appeals
- ▶ Hospital acquired conditions
- ▶ Quality Reporting

Payer Access Episode of Care

- ▶ Applied use case to determine date range in technical application to ensure minimum necessary access to data
- ▶ Customized the application – first sorted on payer eligibility file with termination date considerations, then applied date range customization so that data does not appear until date range is entered
- ▶ Applied secondary audit requirements to payer as well as primary audit by NeHII



SMITH, JANE - 04/08/1972 F Visit: Facility: From: **01/01/2008** To: **01/01/2008**

- All
- Summary**
- Cumulative Lab
- Lab
- Radiology
- Reports
- ADT
- Patient Info
- Open Report



Lab 

No results matched your search.

Radiology 

No results matched your search.

Reports 

No results matched your search.

ADT 


No results matched your search.




SMITH, JANE -04/08/1972F Visit: Facility: From: **06/01/2012** To: **09/30/2012** 

- All
- Summary**
- Cumulative Lab
- Lab
- Radiology
- Reports
- ADT
- Patient Info
- Open Report



Lab 

<input type="checkbox"/>	8/6/2012 5:30:00 PM	Hep C Ab	J Swan
<input type="checkbox"/>	8/6/2012 5:30:00 PM	Hep A Ab IgM (new)	J Swan
<input type="checkbox"/>	8/6/2012 5:30:00 PM	Hep B Core Ab IgM (new)	J Swan
<input type="checkbox"/>	8/6/2012 5:30:00 PM	HBSAg (new)	J Swan
<input type="checkbox"/>	 8/6/2012 5:30:00 PM	CMP with GFR	M Roca

Radiology 


<input type="checkbox"/>	8/13/2012 5:18:00 PM	MR ABDOMEN WANDWO CONTRAS...	J Swan
<input type="checkbox"/>	8/6/2012 6:05:00 PM	CT ABDOMEN/PELVIS W/CONTR...	J Swan

Reports 

No results matched your search.

ADT 

No results matched your search.

Cumulative Lab  *Not all lab test results and observations can be displayed in a cumulative view. For specific observations not present in this view, search within the lab or other tabs.*

No results matched your search.

Primary Audit

Patient Last Name	Patient First Name	Patient MRN	Patient DOB	Date Accessed	Time Accessed	User Last Name	User First Name	User ID	User Facility
SMITH	MATT	AHS-4870156	1/5/2008	9/18/2012	8:13:52 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
SMITH	MATT	AHS-4870156	1/5/2008	9/18/2012	8:13:52 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
SMITH	MATT	AHS-4870156	1/5/2008	9/18/2012	8:13:53 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
SMITH	MATT	AHS-4870156	1/5/2008	9/18/2012	8:13:53 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
SMITH	MATT	AHS-4870156	1/5/2008	9/18/2012	8:13:54 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
SMITH	MATT	AHS-4870156	1/5/2008	9/18/2012	8:14:05 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
SMITH	MATT	CHMC-684456123	1/5/2008	9/18/2012	8:13:52 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
SMITH	MATT	CHMC-684456123	1/5/2008	9/18/2012	8:13:52 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
SMITH	MATT	CHMC-684456123	1/5/2008	9/18/2012	8:13:53 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
SMITH	MATT	CHMC-684456123	1/5/2008	9/18/2012	8:13:53 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
SMITH	MATT	CHMC-684456123	1/5/2008	9/18/2012	8:13:54 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
SMITH	MATT	CHMC-684456123	1/5/2008	9/18/2012	8:13:54 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
SMITH	MATT	CHMC-684456123	1/5/2008	9/18/2012	8:13:59 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
SMITH	MATT	CHMC-684456123	1/5/2008	9/18/2012	8:14:00 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
JONES	CHRIS	AHS-4547894	12/30/2010	9/26/2012	9:43:44 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
JONES	CHRIS	AHS-4547894	12/30/2010	9/26/2012	9:43:57 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
JONES	CHRIS	AHS-4547894	12/30/2010	9/26/2012	9:43:59 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
JONES	CHRIS	AHS-4547894	12/30/2010	9/26/2012	9:43:59 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
JONES	CHRIS	AHS-4547894	12/30/2010	9/26/2012	9:43:59 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
JONES	CHRIS	CHMC-6489413	12/30/2010	9/26/2012	9:43:44 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
JONES	CHRIS	CHMC-6489413	12/30/2010	9/26/2012	9:43:57 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
JONES	CHRIS	CHMC-6489413	12/30/2010	9/26/2012	9:43:59 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
JONES	CHRIS	CHMC-6489413	12/30/2010	9/26/2012	9:43:59 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
JONES	CHRIS	CHMC-6489413	12/30/2010	9/26/2012	9:43:59 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
JONES	CHRIS	CHMC-6489413	12/30/2010	9/26/2012	9:43:59 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
JONES	CHRIS	CHMC-6489413	12/30/2010	9/26/2012	9:43:59 AM	MAGUIRE	Roger	RMAGUIRE	BCBSNE
ANDERSON	FRANK	AHS-734561	6/6/2006	9/24/2012	4:42:51 PM	MASS	Shiloh	SMASS	BCBSNE

Secondary Audit

Dr. P. Jones accessed MINNIE MOUSE's record on September 28		
Date parameter entered: 07/01/2011 - 09/30/2011		
Clicked on the REPORTS tab, the ADT tab, the RADIOLOGY tab, the LAB tab and the CUMULATIVE LAB tab		
<ul style="list-style-type: none">• Final LAB results from Nebraska Medical Center for CBF and Platelet – observation on 07/22/2011		
<ul style="list-style-type: none">• Final LAB results from Nebraska Medical Center for Basic Metabolic Panl – observation on 07/22/2011		
<ul style="list-style-type: none">• Final LAB results from Nebraska Medical Center for Basic Metabolic Panl – observation on 07/22/2011		
<ul style="list-style-type: none">• Final LAB results from Nebraska Medical Center for Basic Metabolic Panl – observation on 07/22/2011		

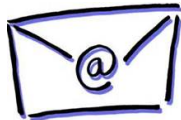
Public Health Use Cases

P/S Commt has approved the following use cases:

- ▶ Public health case investigation of reportable conditions for use by PH disease investigators
- ▶ Fetal Infant Mortality Review (FIMR) development of case summaries for the NE Child Death Review Team (CDRT) for use by PH nurses
- ▶ Tuberculosis disease investigation and case management for use by PH nurses

Contact Information

- ▶ Dr. Harris Frankel (President, NeHII Board of Directors)
- ▶ Deb Bass (Chief Executive Officer, NeHII)



NeHII, Inc.
P.O. Box 27842
Omaha, NE 68127

Deb's Cell: 402.981.7664
Email: dbass@nehii.org

www.nehii.org



- ▶ Administrator, Medicaid IT Initiatives
402.471.7573



HealthWay

Mariann Yeager - Executive Director

**Martin PrahI - Health IT Consultant, Accenture,
Social Security Administration**



Rochester RHIO

Ted Kremer - Executive Director



Indiana Health Information Exchange

John P. Kansky - Vice President of Strategy and Planning

Indiana Network for Patient Care

Welcome to CareWeb! External Resources Leave Feedback Help

TRIAL, PAT333 PT #D9993@DEMO (F) Age: 30 yrs
[Select a patient](#) [View registrations](#) [Change password](#) [Logout](#)

Inbox View Chart Settings Administration

Flowsheet Clinical Abstract All Reports Encounters Pharmacy Orders Chronological Results Appointment History

All Categories Select a date range 1122 document(s) Clear Selected Refresh View All Reports

Date	Title	Source	Author
<input type="checkbox"/> 29-Apr-2010 09:49	End of Life Discussion-Gopher	DEMO	TEST, SOCIAL
<input type="checkbox"/> 29-Apr-2010 09:35	SW Progress Note	DEMO	TEST, SOCIAL
<input type="checkbox"/> 29-Apr-2010 09:05	SW Progress Note	DEMO	TEST, SOCIAL
<input type="checkbox"/> 15-Apr-2010 14:31	Nurse Assessment Note	DEMO	PERRY, GEORGIANNA
<input type="checkbox"/> 04-Feb-2010 10:53	Aerosol Treatments	DEMO	EDMOND, LAKISHA
<input type="checkbox"/> 04-Feb-2010 10:53	Visit Note - Gopher	DEMO	EDMOND, LAKISHA
<input type="checkbox"/> 20-Jan-2010 1			
<input type="checkbox"/> 30-Nov-2009 1			
<input type="checkbox"/> 30-Nov-2009 1			
<input type="checkbox"/> 30-Nov-2009 1			

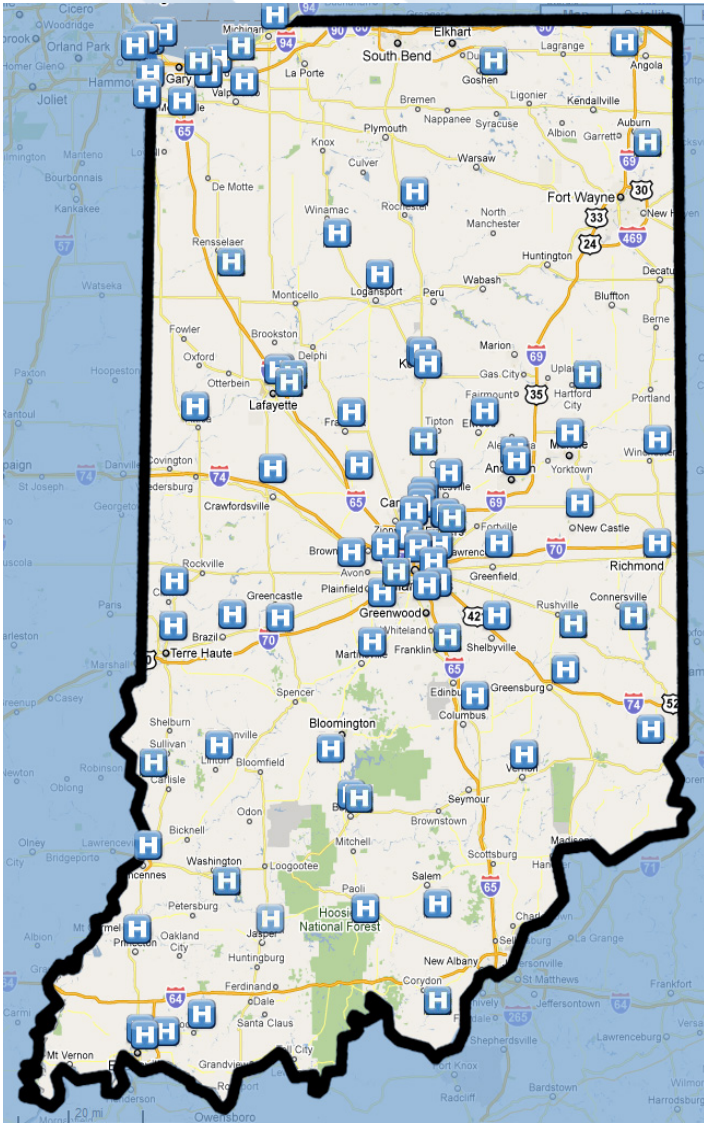
- ✓ Clinical data repository solution that aggregates health information from all participating hospitals, physicians, payors, labs and other sources.
- ✓ Access to data strictly governed by participating stakeholders

INPC Data

- 10.75 million unique patients
- 20 million registration events
- 3 billion coded results
- 38 million dictated reports
- 9 million radiology reports
- 12 million drug orders
- 120 million radiology images

Copyright © 2013 Indiana Health Information Exchange, Inc





INPC and Non-Targeted Query

- In operation since the mid-1990's
- Data is pushed to (or pulled at) the point of care in response to an **automated query**
- Queries are triggered by patient events, admissions, or appointments
- Access to information is tightly controlled
 - Patient-provider relationship
 - Time windows
 - User role
 - Device-facility match
- 5000 queries **per day** from 52 different hospital EDs
- >5000 (approx.) queries **per day** from other settings

INPC Membership includes:

- 94 hospitals (34 different hospital systems)
- Large medical groups and clinics
- Payors
- Free-standing labs and imaging centers
- State and local public health agencies





Question & Answer



CurrentCare

Laura Adams - CEO and President

**Charlie Hewitt - Director of HIE Program
Management**



Surescripts

**Paul Uhrig – Executive Vice President, Chief
Administrative & Legal Officer, Chief Privacy Officer**

ClinicalConnect

**Christian Carmody - President, ClinicalConnect HIE
and Vice President, UPMC Enterprise Infrastructure
Services**

Tracy Crawford - Program Director



SMRTNet

Joanna Pardee-Walkingstick - Director of Member Services



**Thank you and thank you to all of our
distinguished panelists.**

Next Tiger Team Meeting

- We invite all of our panelists to attend the Tiger Team's next meeting, on July 10 from 1:00pm to 2:30pm EST
- The Tiger Team will discuss the testimony received from the panelists and address the need for policy recommendations on non-targeted query.
- Public Call



Date and Time for the next Tiger Team meeting