



Meaningful Data Exchange: A Key to Integrated Behavioral Health & Physical Health Care

October 4, 2015

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Agenda



- **Introduction** (20 minutes)
 - Who is CORHIO?
 - How Does a Health Information Exchange (HIE) Work?
- **Integrated Care and Data Exchange** (40 minutes)
 - Challenges to Exchanging Behavioral Health Information
 - What is Meaningful Data Exchange?
 - Examples of Successful Behavioral Health Information Exchange
- **Comments and Questions** (15 minutes)

About CORHIO



Who We Are

- Colorado Regional Health Information Organization
- A nonprofit, public-private partnership
- One of two Health Information Exchanges in Colorado (Quality Health Network is the other)



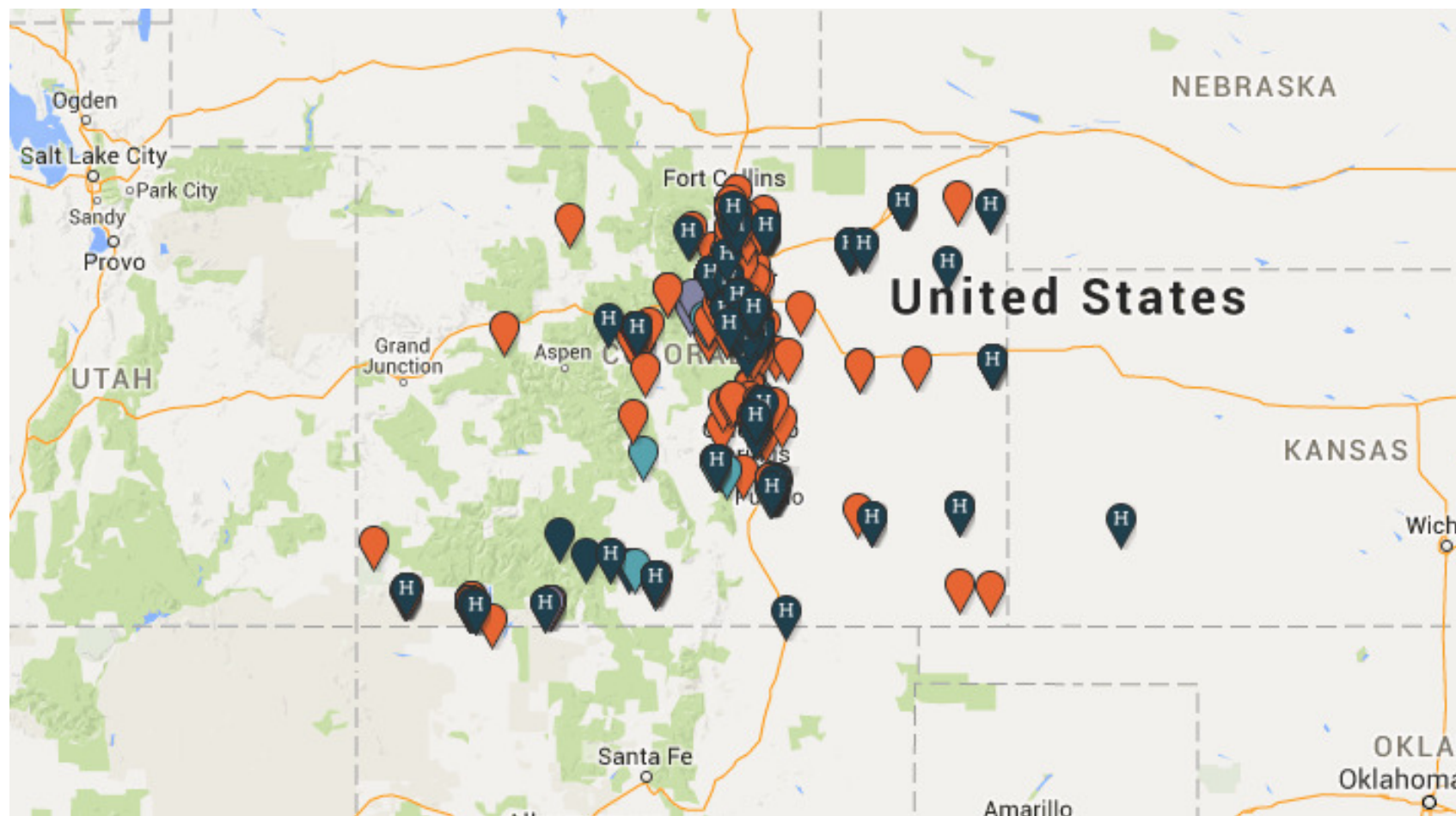
Vision

- **Shared health information** for all individuals in every Colorado community promoting the right care, at the right time and the right place.

Goals for 2015

- Health information exchange deployed in every community
- 85% of all providers are meaningful users of EHRs and health information technology

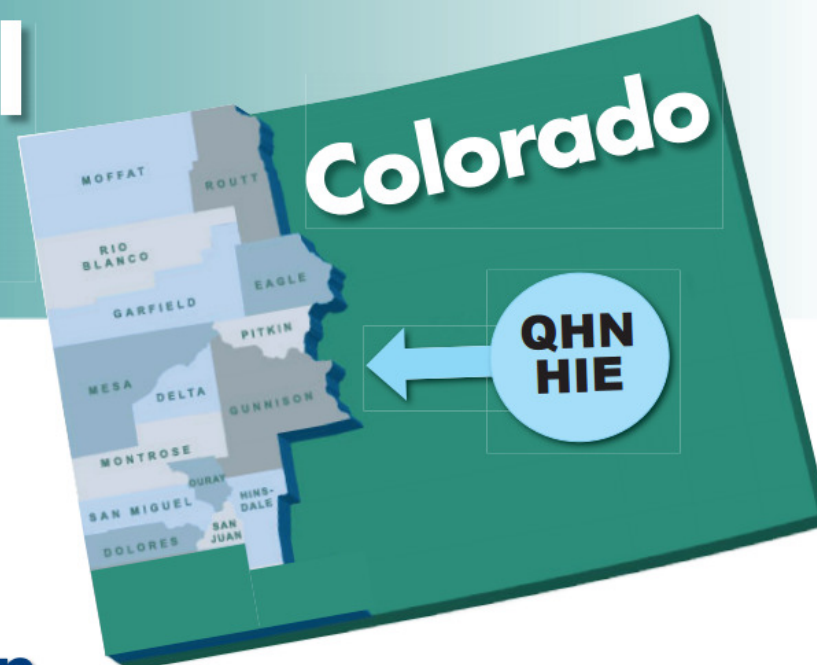
CORHIO's Catchment Area



QHN's Catchment Area

QHN's Regional Connectivity

QHN connects >90% of the medical providers and >80% of the healthcare organizations in the Western Colorado medical trade area!



CORHIO By the Numbers



48 Hospitals

- 11 more underway!
- Participating hospitals represent 93% of all hospital beds in the region

126 Long-Term,
Post-Acute Care Facilities

- One of the highest LTPAC connection rates in the country!

2,600+ Office Based
Physicians/Providers

- 7,200+ total users!

4,000,000+ Patients
(unique patients)

- Represents 80% of Colorado's total population!



Hospitals - Connected

Banner Health System (8/2012)

- Banner Fort Collins Medical Center (4/2015)
- East Morgan County Hospital
- McKee Medical Center
- Northern Colorado Medical Center
- Sterling Regional MedCenter

HealthONE Health System (12/2014)

- North Suburban Medical Center
- Presbyterian/St. Luke's Medical Center
- Rocky Mountain Hospital for Children
- Rose Medical Center
- Sky Ridge Medical Center
- Spalding Rehabilitation Hospital
- Swedish Medical Center
- The Medical Center of Aurora

Centura Health System (10/2011)

- Avista Adventist Hospital
- Castle Rock Adventist Hospital
- Littleton Adventist Hospital
- Mercy Regional Medical Center
- OrthoColorado Hospital
- Parker Adventist Hospital
- Penrose Hospital
- Porter Adventist Hospital
- St. Anthony Hospital
- St. Anthony North Hospital
- St. Anthony Summit Medical Center
- St. Catherine's Hospital, Kansas (09/2014)
- St. Francis Medical Center
- St. Mary-Corwin Hospital
- St. Thomas More Hospital

Connection dates in parentheses



Hospitals - Connected

SCL Health System (Exempla) (5/2014)

- Good Samaritan Medical Center
- Lutheran Medical Center
- Saint Joseph Hospital

University of Colorado Health System

- Medical Center of the Rockies (12/2011)
- Memorial Hospital Central (7/2012)
- Memorial Hospital North (7/2012)
- Poudre Valley Hospital (12/2011)
- University of Colorado Hospital (6/2013)

Independent Hospitals

- Boulder Community Hospital (2/2011)
- Boulder Community Foothills Hospital (2/2011)
- Children's Hospital Colorado (12/2012)
(new South Campus added 1/2014)
- Conejos County Hospital (9/2014)
- Craig Hospital (receiving data only) (7/2013)
- Estes Park Medical Center (8/2014)
- Evans Army Community Hospital (12/2013)
- Longmont United Hospital (12/2011)
- Mt. San Rafael Hospital (8/2015)
- Parkview Medical Center (4/2012)
- Prowers Medical Center (12/2014)
- San Luis Valley Regional Medical Ctr (8/2011)

Connection dates in parentheses



Hospitals - Under Agreement

Independent Hospitals

- Animas Surgical Hospital
- Arkansas Valley Regional Medical Center
- Colorado Plains Medical Center
- Denver Health & Hospital Authority
- Kit Carson County Memorial Hospital
- Melissa Memorial Hospital
- Pagosa Springs Medical Center
- Rio Grande Regional Hospital
- Southwest Memorial Hospital
- Vail Valley Medical Center



Labs Participating in HIE

Connected to HIE:

- Colorado Lab Services
- LabCorp
- Quest Diagnostics
(9Health Fair)
- Schryver Medical

Under Agreement:

- Cedar Diagnostics
- Gastroenterology of the Rockies
(in-house pathology lab)
- MetroPath
- UniPath

View All Participating Providers



Visit
www.corhio.org and
select Participating
Providers

Zoom in or out on
the interactive
map

Search by
Physician Office,
Hospital or Clinic
Name and/or by
City or Zip Code

Participating Providers

Search Our Database...

Physician Office, Hospital or Clinic Name...

City

Zip Code Radius

Search Clear

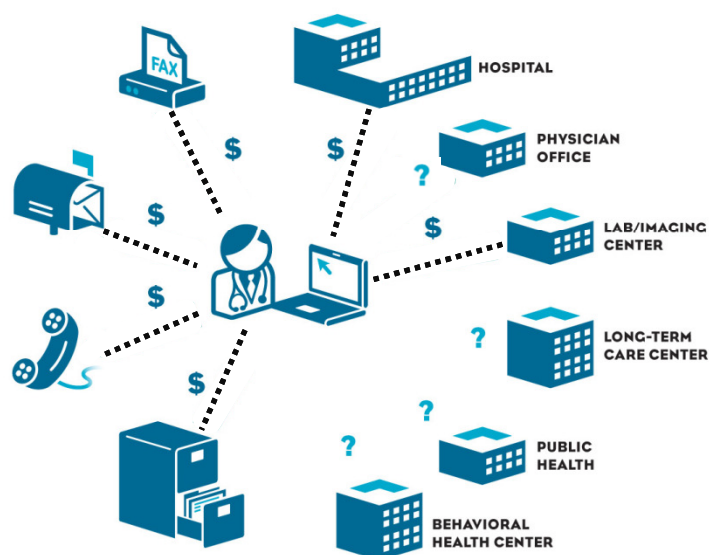
Participant Name	Participant Type	City	Status
1st Allergy Asthma and Pediatrics Too	Physician Office	Centennial	Connected
460th Medical Group	Physician Office	Aurora	Connected
ABC Pediatrics	Physician Office	Colorado Springs	Agreement/Implementation
Academy Women's Healthcare Associates	Physician Office	Colorado Springs	Connected
AccentCare Home Health of Mountain Valley LLC	Home Health	Windsor	Connected

Sort the full list by Participant Name, Type, City or Status (status within the HIE connection process)

How HIE Works

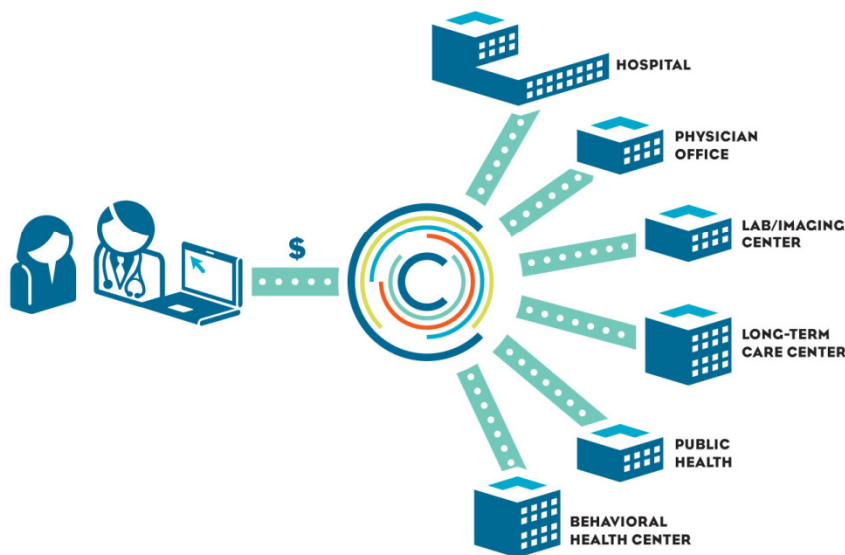
The Clinician Perspective

BEFORE HIE



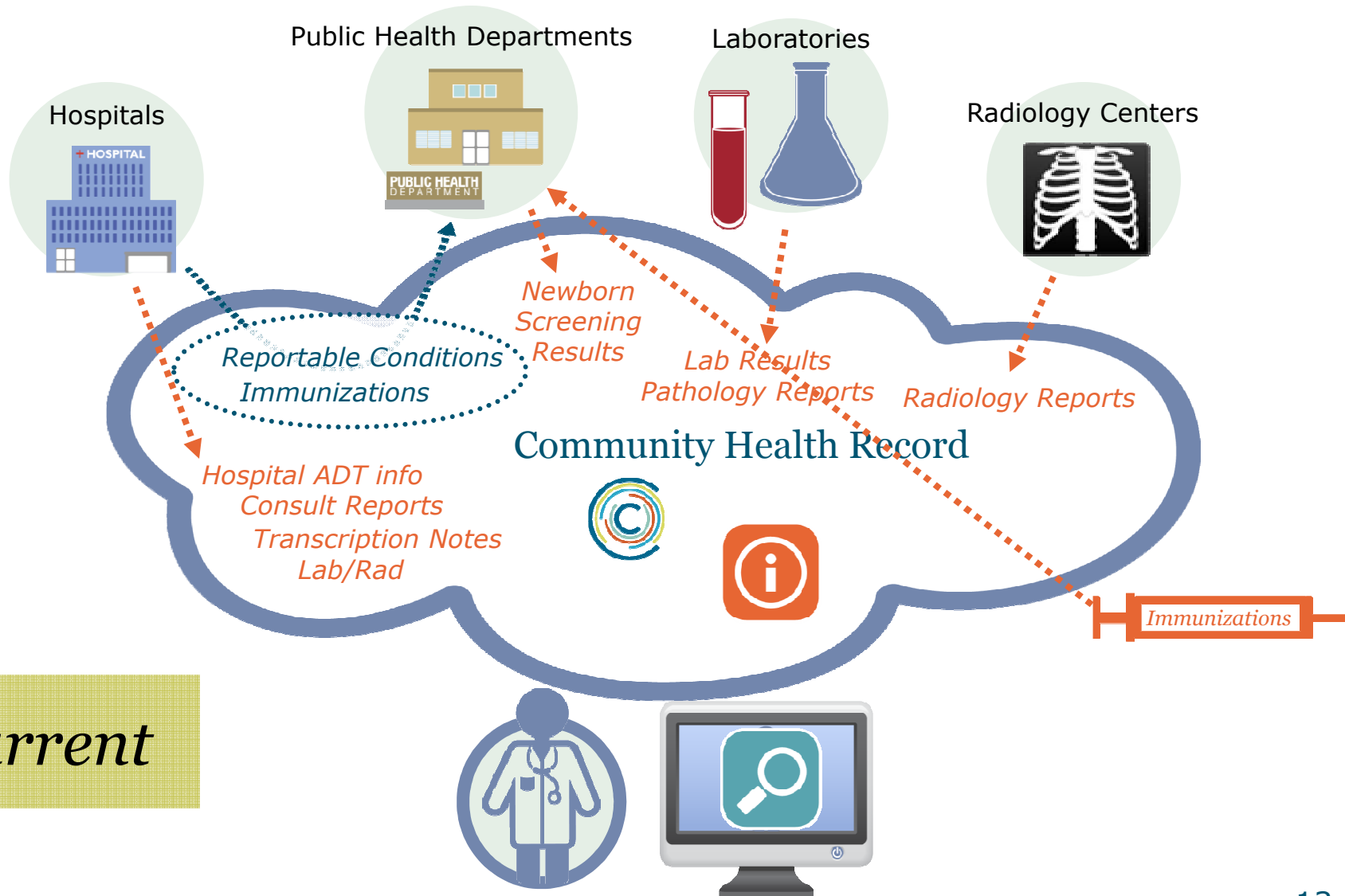
Paper & phone based with some limited electronic connections

WITH CORHIO HIE

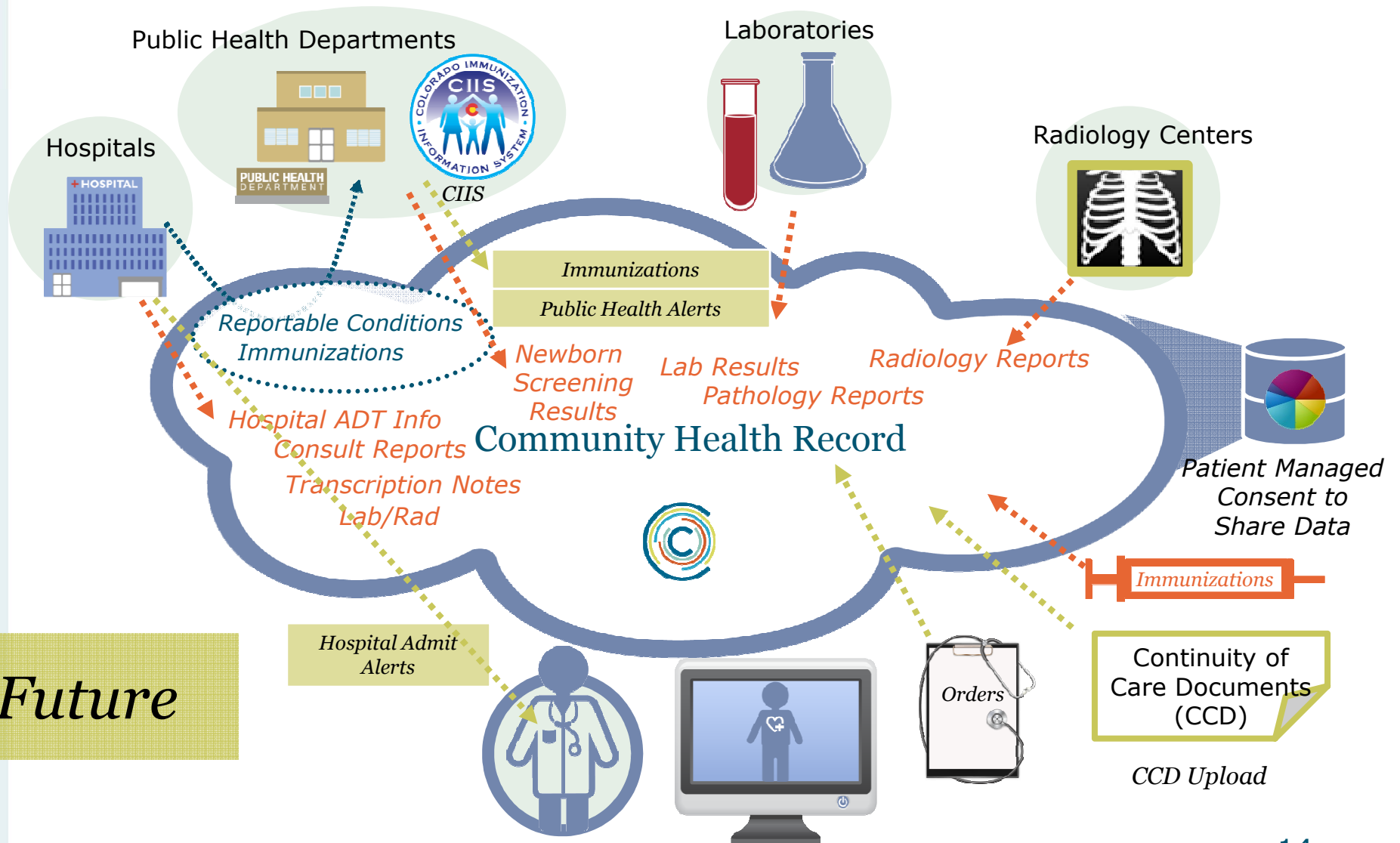


One electronic connection to the HIE to access/share patient information across the state

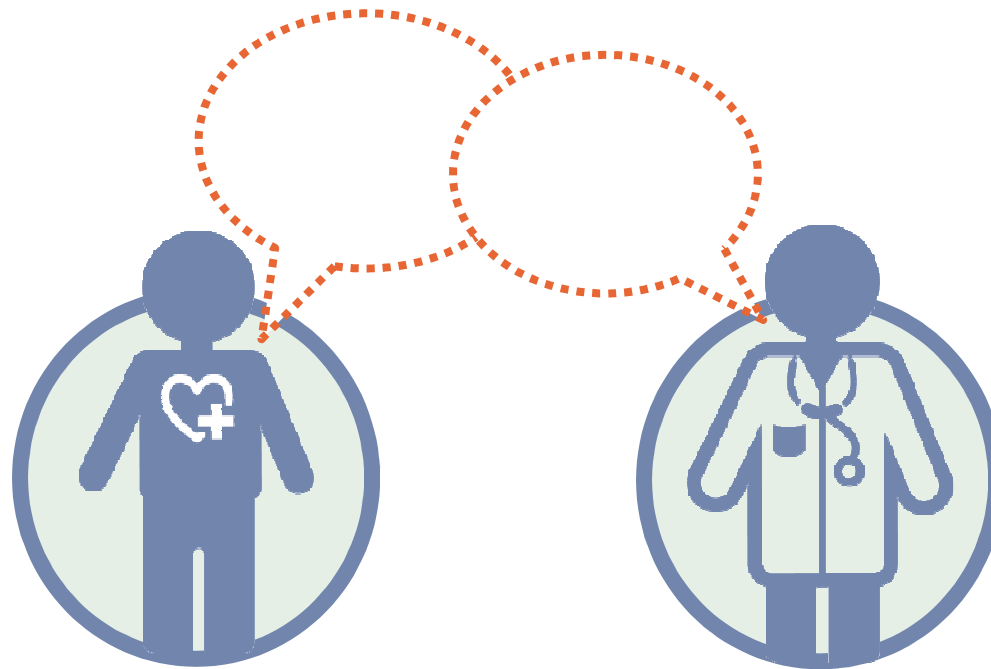
How HIE Works



How HIE Works



How HIE Works



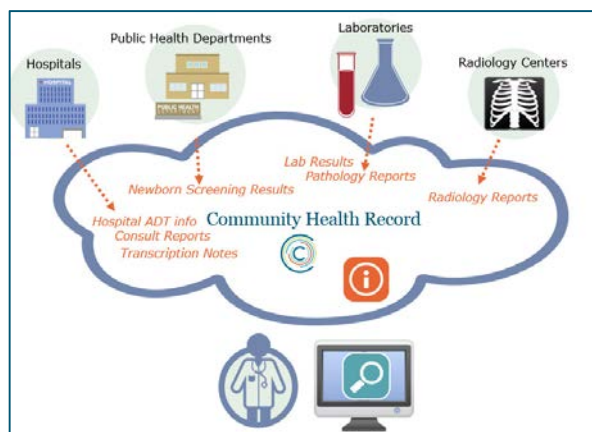
Patient comes to see clinician

How HIE Works

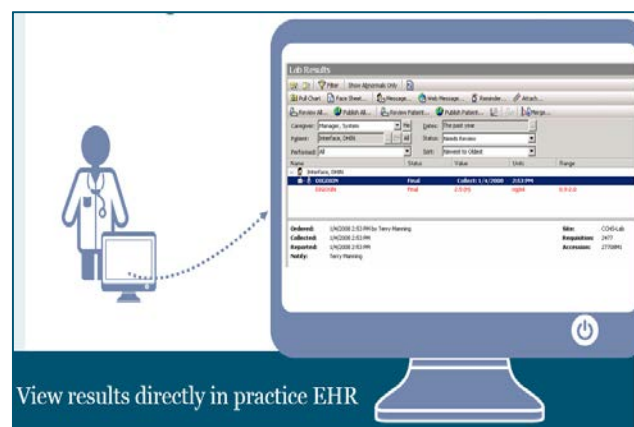


Clinician searches for patient in the HIE

CORHIO Services Available Today



Patient Care 360 – Provider Portal
(Query)



Results Delivery
(Push into EHR)



Behavioral Health Practices with Access to CORHIO Data

Organization	PC 360 Users	EHR Integration (Results Delivery)
Arapahoe House	4	
AspenPointe Health Services	31	√
Aurora Mental Health Center	19	
Axis Health System	35	√
Banner Medical Group – Behavioral Health	1	
Mind Springs Health	3	
El Pueblo Boys and Girls Ranch	5	
Jefferson Center for Mental Health	16	√
Mental Health Center of Denver	56	√
SyCare <ul style="list-style-type: none">• San Luis Valley Community Mental Health Center• Southeast Mental Health Center• Spanish Peaks Mental Health Centers• West Central Mental Health Center	50	√



Integrated Care and Data Exchange

Patient Perspective

In May, 2012—with the help of nearly a dozen behavioral health providers and professional associates—CORHIO issued a comprehensive report detailing two years of research to understand the barriers and opportunities for exchange of behavioral health information within the HIE. The research included perspectives of both providers and patients with behavioral health conditions. Funding for this project was provided by the Rose Community Foundation.

“When I started doing Cognitive Behavioral Therapy, my life got significantly better. It helped my mental health, and, in turn, my behavior and physical health. I wouldn’t have found my psychiatrist without my primary care doctor, so it is a two way street.”

“I think it’s important for your medical doctor to know your medication, there are poisons that result from mixing medication.”

“I have had negative experiences. Once I told my doctor about my mental condition, every symptom I have goes with that diagnosis. For example, when I was lethargic, she told me it was in my head. So, now I’m scared to let my physicians know, because they will begin attributing everything to my mental condition.”

Click [here](#) for full report

This report, released in April 2013, provides a framework for practices to assess where they are across the continuum of integrated care.

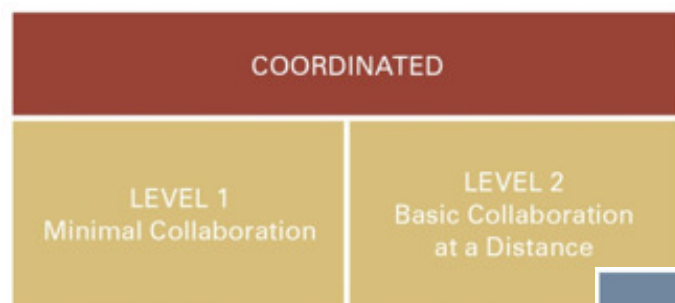
Click [here](#) for full report

A STANDARD FRAMEWORK FOR LEVELS OF INTEGRATED HEALTHCARE



SAMHSA-NRSA
Center for Integrated Health Solutions

A Standard Framework for Levels of Integrated Care



Point to Point Exchange: Provider requests a summary of care on an irregular or “ad hoc” basis.

CORHIO:
eReferral



Encounter Based Exchange: Summary of episode of care “delivered” to all active treatment providers.

CORHIO:
Ambulatory
CCD Ingest
+ Patient
Managed
Consent



Consolidated View across all active treatment providers including shared care plans and consolidated problem lists & medications.

CORHIO:
Consolidated
CCDs

Meaningful Behavioral Health Information Exchange:

A Personal Story

Benefit:
Consolidated
view
integrated into
workflow

eReferral for Behavioral Health Information Exchange for Level 1 & 2 Integrations



CORHIO:
eReferral

Problems eReferral can solve:

- **Problem 1: Patients fall through the cracks; organizations track referrals manually.**
 - Healthcare organizations struggle with managing referrals to one another's organizations. Tracking patients once the referral is made is done manually and referring providers often do not know if referral was successfully completed or if patient no-showed for the referral appointment. Patients fall through the cracks.
- **Problem 2: Getting Patient to sign the correct Release of Information is cumbersome.**
 - Primary Care and LTPAC would benefit from receiving BH data in a timely manner so they can enhance the care they provide for patients with Behavioral Health issues. The current process is cumbersome because each CMHC has their own Release of Information so burden often falls on patient to remember to complete an ROI the next time they are at the CMHC (which rarely happens).
- **Problem 3: Joint treatment of acute patients by Behavioral Health and Physical Health providers (when there isn't already a partnership in place) is difficult, if not impossible.**
 - When a patient has acute physical health and behavioral health issues, it is often beneficial for the primary care provider and psychiatrist to monitor progress of the patient collaboratively. When those providers work for different agencies who do not have a formal partnership in place, this can be difficult and often requires a series of requests for information to flow back and forth between agencies where there are time delays and gaps in data. Providers don't have an easy way to get in touch with one another unless they decide to Direct messaging which is not in widespread use in many organizations.

Workflow for Problem 1

Effectively Tracking Referrals

Referring provider wants to know when referral has been successfully completed or if patient no-showed.

FQHC

During a routine appointment, patient shows signs of depression.

PCP suggests that client see a counselor at the local CMHC. As Client checks out, the front desk begins a referral to the CMHC and prints "How to Schedule An Appointment" sheet from CMHC's eReferral Page for client.

eReferral notification tells office staff that appointment has been scheduled.

eReferral notification tells office staff that referral was successful (and is now closed).

CMHC

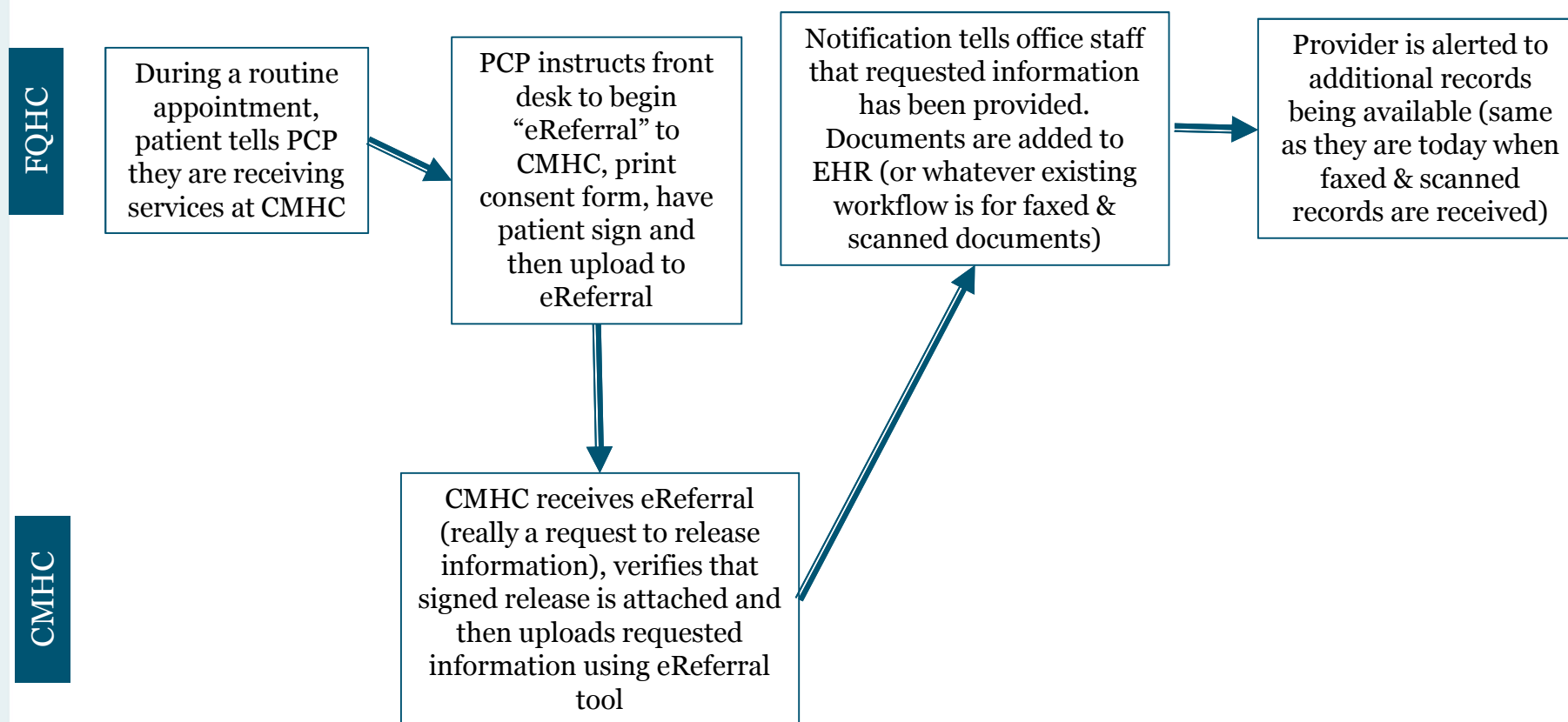
CMHC receives eReferral and uses client information in PC360 to outreach to client to help setup an appointment. Once appointment is set, CMHC updates eReferral with date/time.

CMHC closes eReferral once patient successfully attends appointment.

Workflow for Problem 2

Release of Information

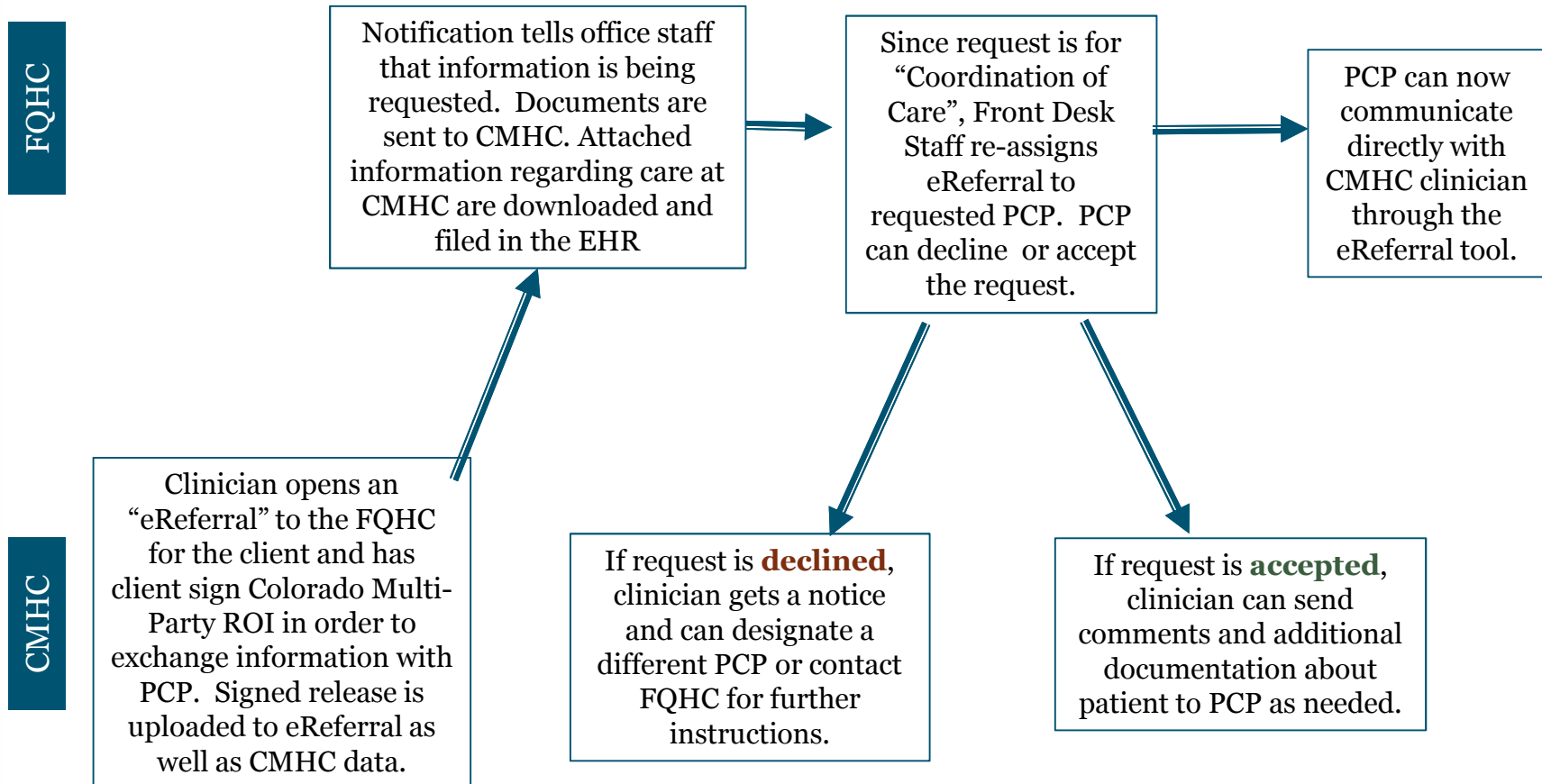
Primary Care Provider needs patient's records from Community Mental Health Center in order to provide better care.



Workflow for Problem 3

Care Collaboration

Primary Care Provider at FQHC and Mental Health Clinician at CMHC agree to jointly manage care for a patient with co-occurring physical health and mental health issues.



Referrals

[Options](#)
[My Referrals](#)
[Sent Referrals](#)
[Received Referrals](#)
[Questionnaire Management](#)
[Inbound Preferences](#)

My Referrals

[Print Worklist](#)

Sort Referrals By Order Filter Referrals By
[Advanced Filters](#) [Clear Filters](#)

 View by: **10** 20 50 100 All

Showing 1-5 of 5

[Expand All](#)

	Source	Destination	
TEST, SCLGRIDADT A MALE Age 44 DOB 01/01/1971 Status: <input type="text"/> <ul style="list-style-type: none"> New Accepted Scheduled Consult Added Complete Declined 	Referral Test 1 Team, FQHC Referred: 9/21/2015 7:37 AM	Referral Test 2 <input type="text"/> Team, Behavioral Health Appt: none	Assigned to <input type="text"/> Choose Last Update: 9/21/2015 7:37 AM
TEST MALE A Status: <input type="text"/> Complete	Referral Test 1 Team, FQHC Referred: 9/10/2015 11:34 AM	Referral Test 2 <input type="text"/> Team, Behavioral Health Appt: 9/17/2015 3:00 PM	Assigned to <input type="text"/> Choose Last Update: 9/21/2015 7:11 AM

New Patient Referral

Source Destination Reason Questions Attachments Complete

Referral Destination Next, select a referral destination from below.

Network

Select a network ▼

To use the network search, the source provider must be associated with a network.

Service/Specialty

Select a service ▼

Provider

Team, Behavioral Health x ▼

Organization/Practice/Location

Referral Test 2 x ▼

Inbound Referral Preferences for Team, Behavioral Health

THANK YOU FOR REFERRING TO PINE REST BEHAVIORAL HEALTH SERVICES

Pine Rest Outpatient Services offers ambulatory behavioral health care at 17 locations in Northern, Southeastern and Western Colorado. Our clinicians provide a broad spectrum of quality care including counseling, psychotherapy, psychiatry, consultation, assessment and testing for all ages.

One of the largest free standing behavioral health providers in the US, Pine Rest Behavioral Health Services is a non-profit organization offering a full continuum of services including inpatient and partial hospitalization, residential, community and outpatient services, addiction treatment and recovery, extensive child and adolescent programs, senior care services as well as specialized assessment and treatment clinics. The staff includes 63 physicians, 123 psychologists, 238 licensed masters level social workers, 27 physician assistants and nurse practitioners and 12 chaplains.

IF THIS IS A RELEASE OF INFORMATION REQUEST:

- Please download the attached release of information form;
- have the patient sign it;
- and then upload the signed ROI at the end of this referral process.

Reference Documents

[Pine Rest ROI - English.pdf](#)

[Pine Rest ROI - Spanish.pdf](#)

Next

Cancel

Challenges of Behavioral Health Information Exchange:

42 CFR Part 2 and Patient Managed Consent

CORHIO:

Ambulatory
CCD Ingest
+ Patient
Managed
Consent

The following slides are for educational purposes only.



You should seek legal advice regarding your specific situation and compliance obligations.

2011 State Statute Change

COLORADO REVISED STATUTES

Title 12
Professions and Occupations

Article 43
Mental Health

Effective July 1, 2011

CORHIO collaborated with the BH community to update the “Disclosure of Confidential Communications” clause...

- ☐ TITLE 10. INSURANCE
- ☐ TITLE 11. FINANCIAL INSTITUTIONS
- ☒ TITLE 12. PROFESSIONS AND OCCUPATIONS
 - ☐ GENERAL
 - ☒ HEALTH CARE
 - ☐ ARTICLE 29. BASIC SCIENCES
 - ☐ ARTICLE 29.1. PROFESSIONAL REVIEW PROCEEDINGS
 - ☐ ARTICLE 29.3. UNIFORM EMERGENCY VOLUNTEER HEALTH PRACTITIONERS ACT
 - ☐ ARTICLE 29.5. ACUPUNCTURISTS
 - ☐ ARTICLE 29.7. ATHLETIC TRAINER PRACTICE ACT
 - ☐ ARTICLE 29.9. AUDIOLOGISTS
 - ☐ ARTICLE 30. CANCER CURE CONTROL
 - ☐ ARTICLE 31. CHILD HEALTH ASSOCIATES
 - ☐ ARTICLE 32. PODIATRISTS
 - ☐ ARTICLE 33. CHIROPRACTORS
 - ☐ ARTICLE 34. DEAD HUMAN BODIES
 - ☐ ARTICLE 35. DENTISTS AND DENTAL HYGIENISTS
 - ☐ ARTICLE 35.5. MASSAGE THERAPISTS
 - ☐ ARTICLE 36. MEDICAL PRACTICE
 - ☐ ARTICLE 36.5. PROFESSIONAL REVIEW OF HEALTH CARE PROVIDERS
 - ☐ ARTICLE 37. DIRECT-ENTRY MIDWIVES
 - ☐ ARTICLE 37.3. NATUROPATHIC DOCTORS
 - ☐ ARTICLE 37.5. COLORADO PARENTAL NOTIFICATION ACT
 - ☐ ARTICLE 38. NURSES
 - ☐ ARTICLE 38.1. NURSE AIDES
 - ☐ ARTICLE 39. NURSING HOME ADMINISTRATORS
 - ☐ ARTICLE 40. OPTOMETRISTS
 - ☐ ARTICLE 40.5. OCCUPATIONAL THERAPY PRACTICE ACT
 - ☐ ARTICLE 41. PHYSICAL THERAPISTS
 - ☐ ARTICLE 41.5. RESPIRATORY THERAPY PRACTICE ACT
 - ☐ ARTICLE 42. PSYCHIATRIC TECHNICIANS
 - ☐ ARTICLE 42.5. PHARMACISTS, PHARMACY BUSINESSES, AND PHARMACEUTICALS
 - ☒ ARTICLE 43. MENTAL HEALTH
 - ☐ ARTICLE 43.2. SURGICAL ASSISTANTS AND SURGICAL TECHNOLOGISTS
 - ☐ ARTICLE 43.3. MEDICAL MARIJUANA
 - ☐ ARTICLE 43.4. COLORADO RETAIL MARIJUANA CODE

2011 State Statute Change

COLORADO REVISED STATUTES

*** This document reflects changes current through all laws passed at the First Regular Session of the Sixty-Ninth General Assembly of the State of Colorado (2013) ***

TITLE 12. PROFESSIONS AND OCCUPATIONS

HEALTH CARE

ARTICLE 43. MENTAL HEALTH

PART 2. GENERAL PROVISIONS

C.R.S. 12-43-218 (2013)

12-43-218. Disclosure of confidential communications

(1) A licensee, registrant, or certificate holder shall not disclose, without the consent of the client, any confidential communications made by the client, or advice given to the client, in the course of professional employment. A licensee's, registrant's, or certificate holder's employee or associate, whether clerical or professional, shall not disclose any knowledge of said communications acquired in such capacity. Any person who has participated in any therapy conducted under the supervision of a licensee, registrant, or certificate holder, including group therapy sessions, shall not disclose any knowledge gained during the course of such therapy without the consent of the person to whom the knowledge relates.

This change
now aligns
Colorado
Statute with
Federal law

(6) This section does not apply to covered entities, their business associates, or health oversight agencies, as each is defined in the federal "Health Insurance Portability and Accountability Act of 1996", as amended by the federal "Health Information Technology for Economic and Clinical Health Act", and the respective implementing regulations.

This revision allowed mental health professionals to follow the information sharing best practices utilized by their colleagues in the medical profession.

2013 OBH Regulation Consolidation

In 2013, OBH consolidated 8 volumes of rules to 1 but made no regulation change regarding sharing of BH data.

They did, however, add language to reinforce that HIPAA and 42 CFR Part 2 are to be followed.

21.170.3 RELEASE OF INFORMATION [Eff. 11/1/13]
A. An agency that is licensed or designated by the Department must comply with release of information regulations per 42 CFR Part 2 and the Health Insurance Portability and Accountability Act (HIPAA); no amendments or later editions are incorporated. Copies are available for inspection at the Colorado Department of Human Services, Office of Behavioral Health, Director of Community Programs, 3824 W. Princeton Circle, Denver, CO 80236; or any state publications depository library.

50	Department of Human Services
501	Mental Health Services
	2 CCR 501-12 CCR 501-1 UNIFORM METHOD OF DETERMINING ABILITY TO PAY - Repealed eff. 11/01/2013
502	Behavioral Health
	2 CCR 502-1 2 CCR 502-1 BEHAVIORAL HEALTH
	2 CCR 502-2 2 CCR 502-2 COLORADO MENTAL HEALTH SYSTEM - Repealed eff. 11/01/2013
	2 CCR 502-3 2 CCR 502-3 CHILD MENTAL HEALTH TREATMENT ACT - Repealed eff. 11/01/2013
	2 CCR 502-4 2 CCR 502-4 PUBLIC MENTAL HEALTH SYSTEM - Repealed eff. 11/01/2013
503	Division for Developmental Disabilities (Volume 16)
504	Division of Youth Corrections
1008	Alcohol and Drug Abuse Division
	6 CCR 1008-1 6 CCR 1008-1 ALCOHOL AND OTHER DRUG ABUSE/DEPENDENCE TREATMENT STANDARDS - Repealed eff. 11/01/2013
	6 CCR 1008-2 6 CCR 1008-2 LICENSING OF ADDICTION PROGRAMS USING CONTROLLED SUBSTANCES - Repealed eff. 11/01/2013
	6 CCR 1008-3 6 CCR 1008-3 ADDICTION COUNSELOR CERTIFICATION AND LICENSURE - Repealed eff. 11/01/2013
	6 CCR 1008-4 6 CCR 1008-4 DRUG PRECURSORS - Repealed Effective 06/01/2012
	6 CCR 1008-5 6 CCR 1008-5 CERTIFICATION AND LICENSURE OF LEVEL I AND LEVEL II ALCOHOL AND DRUG DRIVING SAFETY EDUCATION/TREATMENT PROGRAMS - Repealed Effective 06/01/2012
	6 CCR 1008-6 6 CCR 1008-6 CERTIFICATION AS ALCOHOL AND DRUG EVALUATION SPECIALIST - Repealed effective 12/1/98

21.170 RECORDS CARE AND RETENTION

21.170.1 GENERAL PROVISIONS [Eff. 11/1/13]

A. Agencies shall assure that all paper and electronic records are maintained to prevent unauthorized access in accordance with Federal Confidentiality Law 42 CFR Part 2 and the Health Insurance Portability and Accountability Act (HIPAA); no amendments or later editions are incorporated. Copies are available for inspection at the Colorado Department of Human Services, Office of Behavioral Health, 3824 W. Princeton Circle, Denver, CO 80236; or any state publications depository library.

Prior to the 2011 State Statute Change



Patient Consent is Required to Release any Behavioral Health Information



Patient consents to allow
organization to share



Specific Information

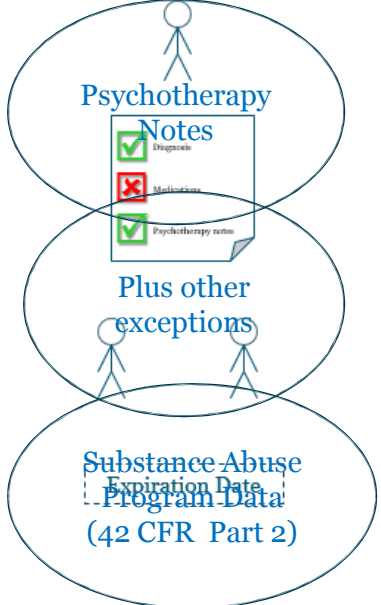


with specific
People/Organizations

Expiration Date

For a specified timeframe or until a
certain event (like ending treatment)

After the 2011 State Statute Change

Notice and Opt-Out	Patient Consent to Release of Information
<ul style="list-style-type: none"> Standard HIPAA Model Plus CORHIO adds the Opt-Out <div data-bbox="520 776 814 1003"> <p>Mental Health Information</p> </div> <ul style="list-style-type: none"> Only for Payment, Treatment & Operations 	 <p>Psychotherapy</p> <p>Notes</p> <ul style="list-style-type: none"> Diagnosis <input checked="" type="checkbox"/> Medications <input type="checkbox"/> Psychotherapy notes <input checked="" type="checkbox"/> <p>Plus other exceptions</p> <p>Substance Abuse</p> <p>Expiration Date</p> <p>Program Data</p> <p>(42 CFR Part 2)</p>
<p>CORHIO Designed to Support</p>	<p>CORHIO Needs Granular Consent to Support</p>

Great... So now we **can** Exchange Mental Health Data, Right?

- Yes.... And no
- Each organization will need to separate out the data collected on the ROI side of the previous table (substance abuse treatment data, involuntary commitment data and anything else they deem not sharable solely via HIPAA regulation.
- But... this data may not be easily filtered because of the way it is entered/stored within their EHRs.
- So... some BH organizations will want to / need to continue with a Release of Information model
- Which is not a model that CORHIO can currently support without some sort of CCD level Granular Consent.

How CMHCs are Interpreting 42 CFR Part 2

- **Entire CMHC is covered by 42 CFR Part 2:**

Because we accept SUD funding, our entire center is covered by 42 CFR Part 2 therefore our entire Health Record is covered and we need patient consent 100% of the time.

- **Multi-Use Facility: Program data is protected**

We have programs that treat SUD and those programs (and all data collected in those programs) are protected by 42 CFR Part 2. Therefore we need patient consent to release those parts of the records.

- **Multi-Use Facility: SUD identifying data is protected**

We have programs that treat SUD and those programs are covered by 42 CFR Part 2 however, when it comes to releasing data from our Health Record, only data that identifies someone as receiving SUD services requires a release of information. All other mental health data is sharable under HIPAA.

Examples of Successful Behavioral Health Information Exchange

Successful BHIE Examples

- 1. Have Patient Sign a Release:** The simplest method is to have the patient sign a release for each organization that holds their data. However, this is often a very manual process and does not scale well.
- 2. Release of Information for Care Coordination:** Michigan, Florida and hopefully soon Colorado will have Releases that will make it less cumbersome for providers to share information. The hope is to create an ROI that will name a number of organizations that are collaborating and then enable those organizations to share data, as needed, to coordinate care. (An ROI is still needed even when an Organized Health Care Arrangement – OHCA – in place.)
- 3. eReferral:** CORHIO pilot a tool that will enable BH (and other) organizations to streamline release of sensitive (non-HIPAA sharable) data in a point to point information exchange.
- 4. Quality Health Network (QHN) HIE Pilot:** Asks provider to attest that they have gathered the needed release of information and then shares the additional sensitive data with the provider.
- 5. CORHIO Patient Consent “Proof of Concept”:** CORHIO and QHN received funding from ONC to add ambulatory CCDs to their HIEs. A portion of those funds will also support a proof of concept to gather patient releases and share sensitive data only when the patient consent is in place.

Successful BHIE Examples

Share Data through “non”-42 CFR Part 2 Organizations:

1. **Risk Based Contracting:** Behavioral Health partnering with an insurer to treat high risk patients with co-morbid BH / PH health challenges.
2. **Rhode Island HIE:** Patient Consent at HIE not governed by 42 CFR Part 2 and therefore all data in HIE becomes sharable upon patient agreement.

Utilize Policies that Enable Sharing without a Release of Information:

1. **Qualified Services Organization Agreement (QSOA):** FQHC becomes a QSOA for a Substance Abuse Treatment Provider. Data is sharable without need for consent so long as it is not re-disclosed.
2. **Mental Health Data sharable via HIPAA:** Segmenting out Substance Abuse information still leaves a great deal of valuable data to be shared.

Questions?

Please contact me at: *Toria Thompson*
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303-746-3161