ONC Information Blocking

Rule Impacts to Providers

Netsmart

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21st Century Cures Act

- Rule focused on driving industry interoperability and consumer access to health information
- Reinforces concept of Information Blocking and introduces penalties for healthcare providers, consumers and HCIT providers
- Includes new, retired and updated certification criteria
- Key compliance dates
  - April 2021 – Information Blocking Enforced
  - December 31, 2022 – (New and Updated Criteria)
  - December 31, 2023 – (EHI export)

Information Blocking

21st Century Cures Act

- What is it?
  - Information blocking is a practice by a health IT developer of certified health IT, health information network, health information exchange, or health care provider that interferes with access, exchange, or use of electronic health information (EHI).
- What is considered Information Blocking?
  - Implementing health IT in non-standard ways and increasing burden in exchange of information
  - Restricting access to information either by costs or delays or other inhibitors
- Where did it come from?
  - Part of the ONC Cures Act Rule finalized in May 2020

Promoting interoperability and prohibiting information blocking

Overall goals of the new Interoperability rules

This is a regulatory push by CMS and ONC that aims to shift the way the healthcare system shares data, moving from a system where healthcare organizations **may** share data under HIPAA to one where they **must** share data

- Data moves with patient from provider to provider, and from health plan to health plan
- Patient data is made available through mobile and web-based apps
- Freer flow of data empowers patients and helps improve value-based care efforts

The ONC and CMS rules apply to…

Providers

- Make Patient health information (EHI) available through Application Programming Interfaces (APIs)
- Provide electronic notification to other providers when a patient is admitted, discharged or transferred (ADT)
- Information blocking prohibited

Payers

- Patient claim /health data (EHI) made available through APIs
- Patient data shared with other payers as they move from health plan to health plan

HIT Developers

- Use APIs
- New Certification requirements

Third-Party Apps

- Use APIs
- Transition from use of CCDA to the new USCDI

*EHI – (final rule) is defined as ePHI to the extent that it would be included in a designated record set.

Impact of 21st Century Cures Act

- Medicare COP will drive Encounter Notification effective May 1, 2021
  - Acute Care, Psychiatric Hospitals, and Critical Access Hospitals
  - Real-time encounter notifications (ADT)
  - Electronic Medical Record
  - **"Other Electronic Administrative Systems"** which conform to content exchange standards found at 45 CFR 170.205(d)(2)
- Mandatory API Standards will automate Patient Access
  - Medicare Advantage Program
  - State Medicaid
  - Managed Care (MCOs, PIHPs, PAHPs)
  - CHIP
  - QHP on a Federally-facilitated exchange
- Information Blocking will become **prohibited**
  - Health Care Providers, HIEs/HINs & Developers of *Certified* Health IT
  - EHI *phased in*
  - "Appropriate Disincentives" and Penalties

Important Dates

- April 5, 2021 - **Information Blocking Prohibited**
  - Electronic health information (EHI) definition is limited to only information defined in United States Core Data for Interoperability (USCDI) standards
  - USCDI standards expanded to include progress notes
  - Only data in USCDI standards must meet interoperability requirements on HIEs
- May 1, 2021 – **ADT Notifications Required**
- October 6, 2022
  - EHI definition is expanded beyond defined elements in USCDI to include any information that an organization has that is transmitted or maintained by electronic media;
  - The above definition includes information and other provider impaired data systems beyond the EMR alone
- December 31, 2023
  - Providers and payers required to have full export capability for all their EHI

ADT Notifications

- Required from: Hospitals, Psychiatric Hospitals, Critical Access Hospitals
- Required when: Inpatient, ER, Observation, Discharge
- Required for: Treatment, Care Coordination, Quality Improvement
- Required to: PCP, ACOs, FQHCs, Specialty Practices, NH, Hospice, Home Health

More on Exceptions

- EHRs with the capability to give patients direct and immediate access will generally need to provide instant access. If you keep EHI but do not have an EHR that allows for direct and immediate patient access will likely come under the infeasibility exception to the instant access requirement.
- May exclude notes of any type that may cause harm to the patient or others should the patient have access. However, the rule specifically states that psychological distress does not meet the definition of harm (Torous, 2020). “Substantial Harm” meaning life threatening or physical harm.
- To exercise the privacy exemption the patients request to not share EHI must be documented in the record

Psychotherapy Note Exception

- Psychotherapy notes are exempt from the information blocking prohibition
- Psychotherapy Notes Are Not
  - Any documentation information required for billing
  - History, symptoms, mental status exam, therapist interventions
- Psychotherapy Notes Are
  - Documentation about the therapist's emotional reactions, fantasies, and internal associations that occur in relation to the patient
  - i.e. Traditional psychoanalytic process notes
- To be exempt from information blocking psychotherapy notes must be kept entirely separate from the rest of the patient record
- Uncertified EHRs such as PsyBooks are not required to follow the Open Notes Rule

Psychotherapy with content that is considered medical record notes cannot be blocked.

- Diagnosis
- Symptoms
- Functional status
- Treatment plans
- Prognosis
- Progress to date
- Session start and stop times
- Test results
- The modalities and frequencies of treatment furnished
- Medication prescription and monitoring

OpenNotes (aka Concurrent Documentation) Research

- In 2010, Beth Israel Deaconess, Geisinger Health System, and Seattle's Harborview Medical Center did a study involving 105 primary care doctors with 20,000 of their patients able to read their clinical notes via secure online patient portals.
  - Doctors reported little change in workload and clinician fears were unfounded.
  - Patients overwhelmingly approved of note sharing; few were worried or confused by their notes.
  - patients reported that reading notes helped them feel more in control of their health and health care.
  - 25% reported finding errors- most commonly diagnosis, history and medication
- OpenNotes in Mental Health
  - VA study - patient experiences are more positive than negative when reading mental health notes
  - Beth Israel Deaconess Medical Center study
    - 94% agreed that having open therapy notes is a good idea and 87% wanted it to continue.
    - More than half reported therapy notes were 'very important'... for feeling in control of their care, trusting their providers and taking care of themselves.
    - Two felt offended, and 7 (11%) felt judged by something they read in a note.

Implementation to Do List

- Contact your EMR vendor find out the details of how they will be implementing the interoperability requirements
- Review and Revise Policies forms and procedures for:
  - Providing information to patients and other healthcare providers
  - Requesting information from other healthcare providers including ADT from hospitals
  - Documenting privacy exemption to information blocking
- Review and Revise Patient education materials
- Staff training program
  - Policies and procedures listed above
  - Open notes and/or collaborative documentation

IT Considerations

- EMR Vendors are required to have their EMR capable of meeting the ONC requirements in order to be ONC/CMS certified which is a requirement for submitting billing to CMS
    - The EMR internal capability to extract and export patient information is likely to be implemented as part of a regular EMR update without additional cost
    - The ability to provide access to the exported data via a patient portal or connection to an HIE is usually a functional module that must be purchase/subscribe to separately from the basic EMR package
- The information blocking exception for privacy requires specific documentation that the patient has requested that their information not be shared. Uniformly encouraging patients to exercise this is considered information blocking.
- There are currently no penalties for providers not complying with the interoperability requirements. CMS has stated that disincentives for noncompliance will be implemented in the future

Information Blocking

Netsmart ONC-certified solutions

- All CareRecords allow elements included in USCDI v1 to be pulled out in a machine readable format
- For those ONC-certified solutions, majority of USDC v1 information can be shared via myHealthPointe (myHP), HIE, Carequality or FHIR API
- Clinical Notes will be included for myAvatar, myEvolv and myUnity in 2022

The Details

More about the design

- Netsmart will generate the appropriate CCDA any time a note is finalized
  - H&P, progress note, consult, discharge
- Notes will be stored ‘in the cloud’ for subsequent retrieval via Carequality, HIE or from myHP
  - Organizations will have the ability to specify:
    1. Which notes should be made available to external providers; and
    2. Which ones should be made available to consumers
- A mapping process will be required to map sections of progress notes to the appropriate clinical notes section.

EMR Certification Transparency

2015 Certifications

myAvatar™ 2015 Certified Edition
myEvolv™ 2015 Certified Edition
TIER™ 2015 Certified Edition
myUnity™ 2015 Certified Edition

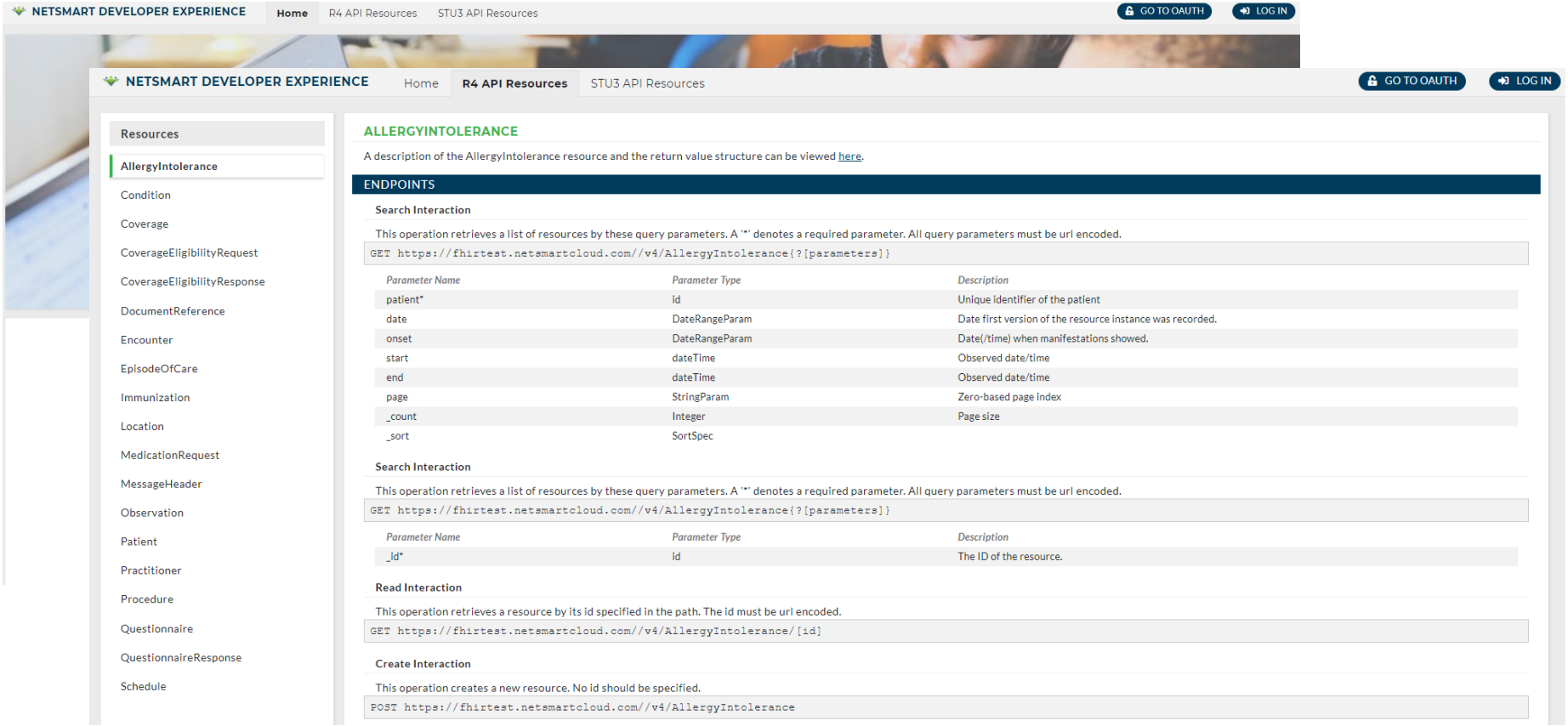
Real World Testing Plans

GEHRIMED Real World Testing: Transitions, incorporation, reconciliation, and data export
GEHRIMED Real World Testing: Patient portal: View, Download, Transmit
GEHRIMED Real World Testing: Public health reporting
GEHRIMED Real World Testing: Application programming interface: Functionality

Certified API Costs & Fees Information

As required by the 21st Century Cures Act, this section pertains to the API Condition of Certification requirements.
The following information applies to healthcare providers seeking to deploy Netsmart certified API technology. Pricing identified for Netsmart certified API technology can be found HERE. For more information on available Netsmart certified APIs, view our Netsmart FHIR API Portal.

Certified API Vendor Access



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CCBHC Model of Integrated Care

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Missouri History of Integrated Care & Data

2008

25-Year Mortality Study

Nurse Care Managers

+ Medicaid claims data (diagnosis, procedures, pharmacy)

2010

Chronic Disease Prevalence Studies

Metabolic Screening & High Cost/Risk Outreach

+ Vitals, Labs, Health Risk Factors (Metabolic Screening)

2012

Section 2703, Affordable Care Act

26 Behavioral Healthcare Homes

+ Hospitalizations
+ ER Visits

2017

Excellence in Mental Health Act

15 Certified Community Behavioral Health Clinics

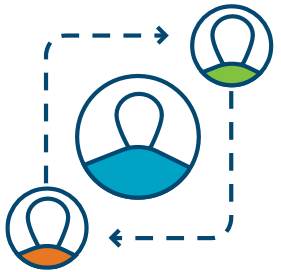
+ Medicaid Eligibility
+ Hospital Follow Up
+ Health Risk Profile

Statewide Care Management & Population Health Tool

Important Provider Integration Competencies

Characteristics:

- Outcomes-oriented
- Enabled by technology
- Patient-centered
- Use of data and analytics
- Performance transparency
- Ability to partner across organizations



Clinical Integration

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Care Management

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Care Coordination

“Value” Public and Private Payers Want from the Healthcare Delivery System?

Quality and Service

Consistent High Level Performance in:

- ❑ Achievement of quality measures and health outcomes
- ❑ Effective Care Management and Coordination
- ❑ Access to required healthcare services
- ❑ Meaningful use of electronic health records
- ❑ Satisfactory patient experience with the care process
- ❑ Early Intervention and Prevention

Healthcare Costs

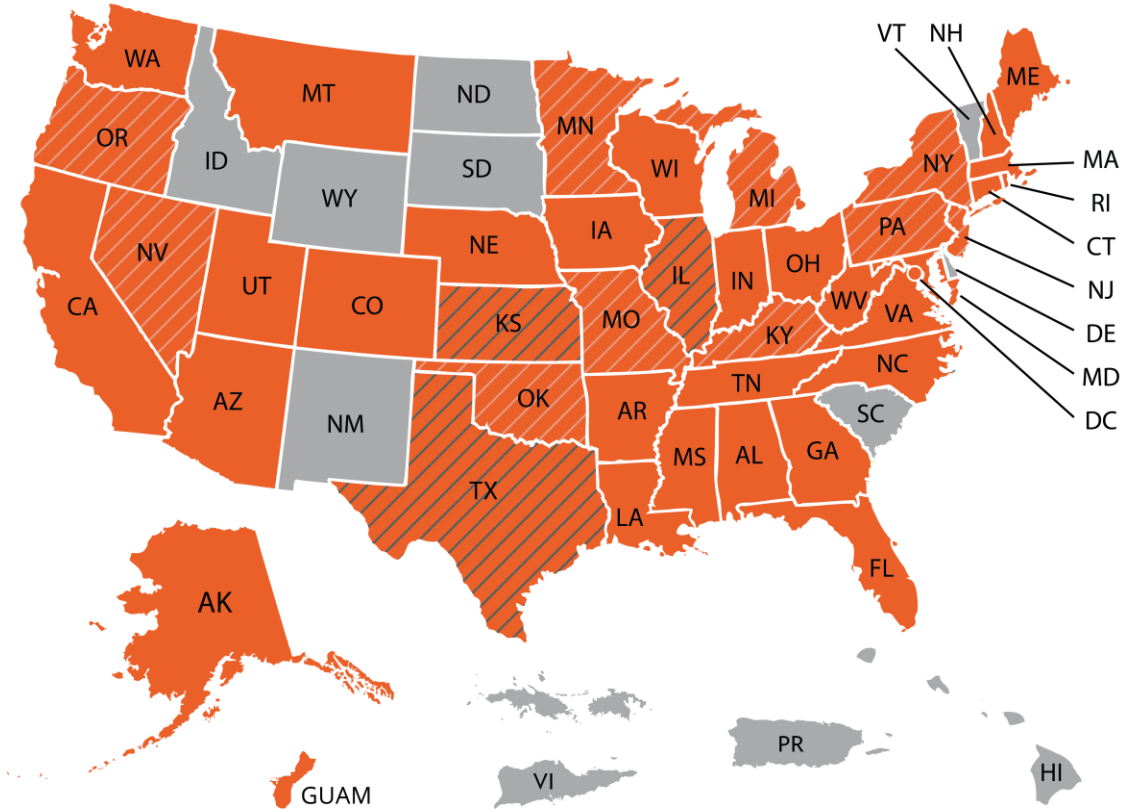
Proactive Cost Containment:

- ❑ Management of the total cost of care
- ❑ Appropriate service utilization
- ❑ Efficient healthcare resource management
- ❑ Clinical integration
- ❑ Management of population health risk factors
- ❑ Continuous performance improvement processes

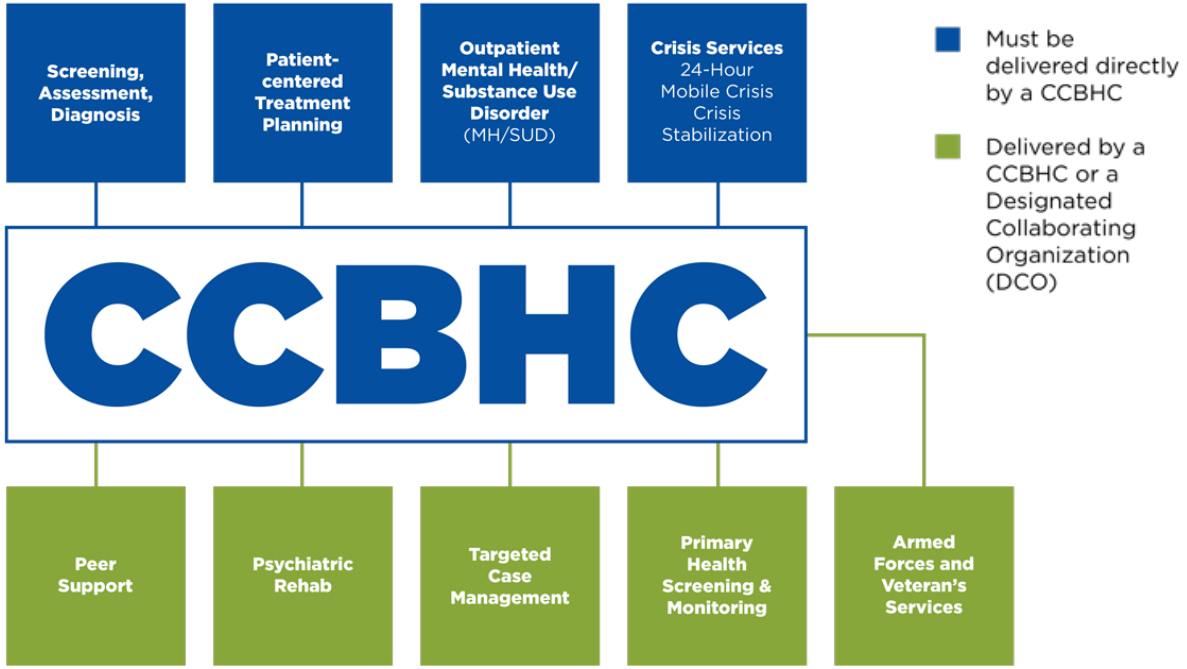
Status of Participation in the CCBHC Model

- States where clinics have received expansion grants
- States selected for the CCBHC demonstration
- Independent statewide implementation
- No CCBHCs

There are **431 CCBHCs** in the U.S., across 41 states, Guam and Washington, D.C.



CCBHC Scope of Services



Certified Community Behavioral Health Center (CCBHC)

Great Potential Financing and Delivery Platform for the Ideal Crisis System

- CCBHCs are required to provide crisis call line, 24/7 mobile crisis teams, crisis stabilization, and emergency crisis intervention

- Many also provide:
  - ER diversion
  - Crisis Stabilization/Drop-in Centers
  - Co-response with police/EMS
  - Diversion of calls and mobile response instead of police

CCBHCs' Role in the Crisis Continuum

Prevention

- Early engagement in care
- Crisis prevention planning
- Outreach & support outside the clinic

Crisis Response

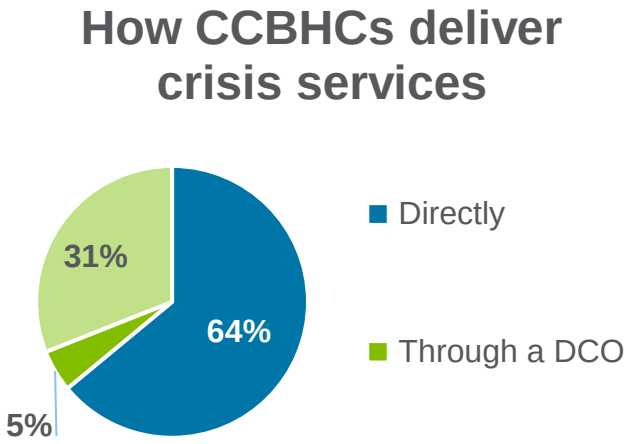
- 24/7 mobile teams
- Crisis stabilization
- Suicide prevention
- Detoxification
- Coordination with law enforcement & hospitals

Post-crisis care

- Discharge/release planning, support & coordination
- Comprehensive outpatient MH & SUD care

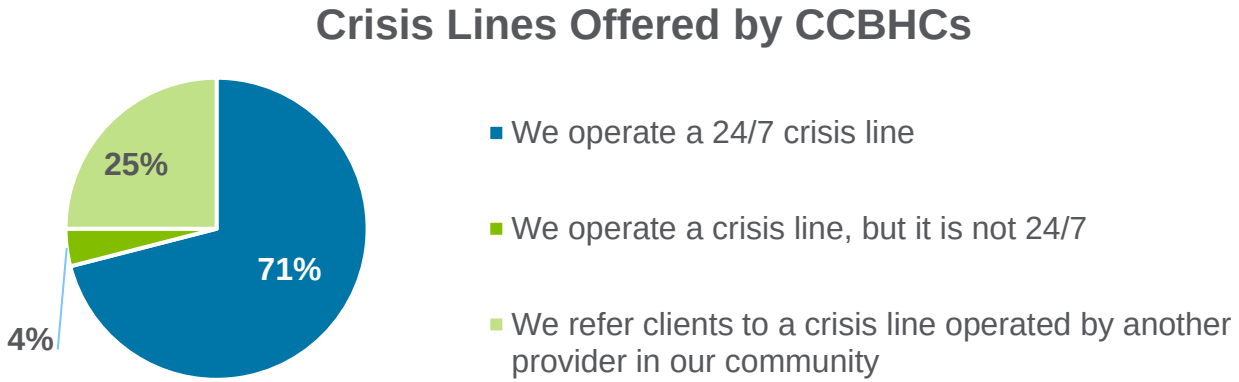
Expanding Access to Crisis Support

- 100% of CCBHCs provided the required types of crisis support (24/7 mobile crisis teams, crisis stabilization, emergency crisis intervention)
  - 51% added one or more crisis services for the first time as a result of certification



CCBHCs Offering Crisis Call Lines

- 75% of CCBHCs directly operate a crisis call line
- 21% report they participate in the National Suicide Prevention Lifeline network



Additional Crisis Response Activities

91% are engaging in one or more identified high-impact activities in crisis response, including:

- Coordinating with hospitals/emergency departments to support diversion from EDs and inpatient (79%)
- Operating a crisis drop-in center or similar non-hospital facility for crisis stabilization (e.g. 23-hour observation) (33%)
- Behavioral health provider co-responds with police/EMS (e.g. clinician or peer embedded with first responders) (38%)
- Mobile behavioral health team responds to relevant 911 calls instead of police/EMS (e.g. CAHOOTS or similar model) (19%)
- Partnering with 911 to have relevant calls routed to CCBHC (17%)
- Providing telehealth support to law enforcement officers responding to mental health/SUD calls (20%)

Delivering Integrated Health Management Systems

EHR

Behavioral Health/IDD

Public Health

Long Term Care

Population Health Management

Vital Records

Crisis Management

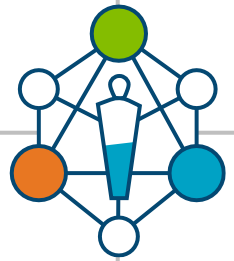
Care Coordination

Telehealth

EVV

Interoperability Data Exchange

Provider Management



Claims Management

Analytics

reporting

Information Systems

Eligibility Waiver Management

Hosting