Health Information Exchange Fact Sheet

Background

SB 574 (2021)
- Created the Oklahoma State Health Information Network Exchange (OKSHINE)

SB 1369 (2022)
- Created the **Office of the State Coordinator for Health Information Exchange - OHCA**
- Created concept of a **State Designated Entity for HIE Operations** overseen by the office – OHCA has contracted with **MyHealth Access Network as the SDE**.
- Requires that all health care providers participate in the statewide HIE by July 1, 2023.
  - o Establish a direct secure connection to the HIE and transmit active patient data.
  - o Actively utilize HIE services to securely access records during and/or in support of patient care.
- Coordinator may grant **exemptions** (size, financial hardship or technological capability).

Health Information Exchange

Health information exchanges (HIEs) are connecting nationwide to seamlessly deliver patient health information across health systems, improving the patient experience by making their health information available whenever and wherever their care occurs.

With the statewide HIE, the state can vastly improve public health, **care coordination**, records exchange, and **address care fragmentation and care gaps** for providers.

- 70% of Oklahomans have records in more than one health care delivery system.
- The HIE currently covers more than 1400 locations serving more than 110,000 patients daily.
- MyHealth is a non-profit organization and is the State Designated Entity for HIE operations.
- There will be a one-time connection fee charged to establish interoperability, and an ongoing subscription fee.
- All 50 states are working towards or have an HIE.

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WEBSITES
oklahoma.gov/ohca
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Patient Privacy

All patient data is only accessible in secure, approved ways, compliant with state and federal law, including HIPAA. The HIE is set up to monitor access of all the health care information it receives to ensure patient privacy. Misuse of the system is a crime and is subject to all penalties associated with a HIPAA violation. More information on patient privacy can be found at myhealthaccess.net/who-we-are/faq/ .

- Psychotherapy notes are **excluded** from transmission to the HIE as well as any behavioral health data covered by 42 CFR part 2.
- For those providers with electronic health records and the functionality, they should exclude any patient data that is legally obligated to be kept confidential. Data or charts flagged as restricted or sensitive should not be submitted to the HIE, unless a patient consents. If a provider does not have this technological capability, they would qualify under the exemption criteria in the proposed rule.

Questions? Visit OKSHINE.OK.Gov

FAQs

Why do healthcare providers need to share patient information?

If you have ever had to recall all of your medications or test results from memory to a new provider or carry around printed medical records from one provider to the next on behalf of yourself or a loved one, you've experienced the need for information sharing between health care providers. Because patients may see several providers besides their primary care provider, different sets of medical records for the same patient can be found in different offices. This creates burdensome paperwork for the patient, and a very real risk that the patient could be prescribed a medication they are allergic to, or are already taking, or that the same tests already undergone (and paid for) are re-ordered.

A statewide HIE supports:

- Reduced health care costs associated with redundant testing, hospital readmissions and unnecessary emergency department visits.
- Improving care coordination during transitions between health care settings, reducing adverse drug events and missed preventive care.
- Improved patient experience and provider performance on quality measures

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How can a statewide HIE improve health care?

- Studies indicates that in 85% of families' visits to the doctor, critical health information is missing that could have changed the treatment plan. An HIE ensures that the relevant information is available for every provider to consider.
- Eliminates the delays created when a provider needs more information from other providers involved in a patient's care and would otherwise have to wait on the mail, a fax or a returned phone call.
- Enables your providers to communicate directly and securely with one another to ensure care is coordinated appropriately.
- Helps to avoid additional costs and health risks created by duplicated medical tests (such as increased radiation), or complications caused by missing information (like medication reactions or missed preventive care).

What health information is stored in the HIE?

Only high priority health information will be included in the HIE as required by federal regulations (see the United States Core Data for Interoperability). Medical professionals have determined that information such as the following is needed to coordinate your health care effectively:

1. Names of the doctors and other health professionals who provide your care
2. Diagnoses
3. Current medications prescribed to you
4. Lab and x-ray results
5. Past procedures
6. Known allergies
7. Immunization records
8. Hospital discharge records
9. Basic personal information (your name, address, family phone contacts, etc.)

Who will have access to medical records?

Only the health care professionals involved in a patient's care are authorized to view that patient's records. These healthcare providers include doctors, nurses, hospital clinicians, diagnostic technicians, behavioral health providers, and pharmacists—the same individuals who maintain health records in separate systems today.

Access to data is guarded closely. MyHealth Access Network will rely on the same authorization procedures doctor's offices uses today to determine which health providers are eligible to access a patient's medical records. Access to clinical data elements is restricted to appropriate users such as a patient's provider and other

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providers involved in care, and the system keeps track of every person who views medical records so that privacy will be protected through regular auditing of usage logs.

Can an individual restrict the sharing of my medical records?

Yes. Any patient may decide to prevent access to their medical records.

Additionally, providers with electronic health records and the functionality, should exclude any patient data that is legally obligated to be kept confidential. Data or charts flagged as restricted or sensitive should not be submitted to the HIE, unless a patient consents. If a provider does not have this technological capability, they would qualify under the exemption criteria in the proposed rule.

Can a medical provider see notes from therapy sessions? How is sensitive behavioral health information handled?

Providers and patients are in control of what data they share. Sensitive information of any type (behavioral or otherwise) is withheld by providers who mark a chart or note as sensitive.

The system conforms to all HIPAA regulations and is regularly audited to ensure compliance. Additionally, any care or services covered under 42 CFR Part 2 are excluded from data transmission, and psychotherapy notes from any provider are marked as sensitive and excluded from transmission to the HIE. Progress notes may additionally be marked as sensitive and excluded from transmission.

What is the cost?

There is a one-time connection fee to establish EHR system interoperability. This is a **variable** cost dependent on a provider's system, and the estimated average is $5,000. The cost covers the time and effort for the State Designated Entity (MyHealth) to meet with the providers' EMR vendor or IT team, review the standards, setup the secure connection, and test the data flow to ensure data elements are categorized appropriately within the patient's chart. A subscription fee is also required to access the network and is based on organization/provider types, and size.

If a provider finds they will not be able to meet the mandate due to size, technological or financial burden, they may request a hardship exemption by submitting a request to the Office of the State Coordinator for HIE through the application describing in detail their situation as to why they are not currently able to meet the mandate. Form available at okshine.oklahoma.gov.

Where can I find more information about MyHealth?

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MyHealth is an Oklahoma-based non-profit organization whose board of directors is composed of members who represent medical associations, related disciplines (optometry, dentistry, first responders), community health organizations, insurance companies, medical universities, tribes, employers, public health, and patients. myhealthaccess.net/

What are the rules OHCA is proposing?

The rules are being proposed to implement SB1369 and have been through 2 rounds of public comment. The proposed rules are intentionally broad and allow temporary exemptions based on size, technological capability, or financial hardship. We are actively engaging with providers to discuss exemption criteria for specific provider types regarding transmission data and are expecting to revise the proposed rules to include that provision. After the OHCA Board approves the rules, they will be submitted to the Legislature for approval before heading to the Governor's desk.

After the passage of SB 1369, the rule proposal is the first step in a thorough process to develop regulations that serve providers and patients alike. To ensure your concerns are addressed, we invite you to be a part of the conversation. Please send your feedback to okshine.oklahoma.gov. We will update this page and share information as it becomes available.

This Fact Sheet will continue to be updated.

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