IMPROVING POPULATION HEALTH COMMITTEE

3rd DRAFT *** Goal, Objectives, and Issues *** 3rd DRAFT

Committee: Improving Population Health

One of the critically valuable deliverables of the exchange of Electronic Health Records is the ability to improve the health of individuals, communities, state, and nation by ongoing disease surveillance systems, accelerating the speed of clinical research, and improving quality of care.

Background Information
Improving population health can be accomplished through a variety of public and private initiatives. Some of these initiatives may include bio-surveillance, disease tracking, clinical research studies, clinical performance measurement, and environmental assessment of services and access to care.

For ongoing public health activity governed by state law or regulation, government agencies could request providers to submit required information on a nightly basis to the public health agency's repository. Similarly, organizations that participate in Health Information Exchange (HIE) with the approval of the organizational participant and the patient may establish a non-patient specific identifiable repository for usage by the organization at their own expense.

For clinical research and other studies, special requests would be submitted to the governing HIE governing body for consideration. Special studies would utilize the Record Locator Service approach to identify and link non-patient identifiable data for this purpose. Clinical research and other studies would adhere to the strict patient privacy and security provisions and be responsible for charges incurred in utilizing a record locator service approach. The exception for special studies in which a public health agency would need no permission to act would be an emergency request by government public health services to monitor emergency activity or urgent disease conditions.

Outcome-oriented Committee Goal:

Support a patient privacy protected, streamlined approach for access to population health information to advance bio-surveillance capabilities; increase quality and outcomes of patient care; and propel clinical knowledge from the time of discovery to practice implementation.

Committee Objectives and Associated Issues:

1. *Ensure protection of patient privacy and confidentiality of information remain a top priority and consideration in every population health initiative.*
   Issues:

a. Develop an HIE Board that is state appointed to oversee the patient privacy and confidentiality provisions for patients.
b. Collaborate with public and private organizations to educate the public on their patient privacy rights and the privacy and protection of their information under EHRs and HIE exchanges.
c. Ensure that all organizations that have a repository of patient approved information have privacy and security protocols and operational guidelines in place.
    i. Require each organization to provide a report on their patient privacy and security protocols and operational guidelines to the HIE governing board for review each quarter.
    ii. Establish state regulations governing reporting requirements and ramifications for non-compliance.
    iii. Comply with federal and state laws and regulations on patient privacy and health information confidentiality.

2. *Develop a State of Illinois Privacy Board to review routine sets of information for Special Study applications and provide oversight.*

Issues:

a. Privacy Board should be private-public board --- could be a component of HIE Governing Board
b. Appointments by public-private board or Governor.
c. Representation should include consumers, patient privacy groups, state and local government public health agencies, providers, provider organizations, health plans, certified quality improvement organizations, and ??

3. *Develop a multi-level approach for secure access to population health that protects patient privacy.*

Issues:

a. Based upon State of Illinois HIPAA Pre-emption Analysis and Agency for Healthcare Research and Quality privacy study by the Illinois Foundation for Quality Health Care, identify regulatory and legislative barriers to access to information.
b. Establish security access levels for different types of applications, including:
    i. Information analysis application types
    ii. Credentials required of applicant for different applications
    iii. Distinguish between ongoing and special studies
    iv. Patient identifiable repositories, such as in public health or public health related government organizations, should have access controls and audit trails.

4. *Develop a State of Illinois Privacy Board to review Special Study applications and provide oversight.*

Issues:

a. Privacy Board should be private-public board
b. Appointments by private – public board or Governor

5. *Develop a stream-lined approach for secure, approved access to population health information.*
Issues:
a. Record Locator Service (known as RLS), or RLS Plus Tag depending upon type of service (i.e. Bio-surveillance, mandated public health reporting requirements, etc. versus special clinical research). Related Issues:
    i. Cost and Ownership of establishing and maintaining 'gateway' system
    ii. Cost and ownership of establishing and maintaining RLS or RLS Plus Tag
    iii. Management of duplicate patient occurrences (i.e. One patient with multiple occurrences due to submission by physician, hospital, clinic, laboratory, etc.)

6. *While patient information and reporting to public health is currently included and covered under HIPAA, an approach for inclusion of patient information for other studies needs to be addressed by State Public-Private Privacy Board.*
Issues:
a. Do patients have opportunity to opt in or out of other studies, such as clinical, outcome, or quality studies?
b. Should the state establish a uniform approach for patients opting in or out of non-public health exchanges not governed by state or federal law?

7. *Bio-surveillance will require ongoing reporting of information or an emergency targeted surveillance activity.*
Issues:
a. What is basis for distinction of activity?
b. Ongoing discussion of cost, expected turn around times, etc. need to be addressed so that systems can be designed to meet needs for EHR Health Information Exchange

8. *One of the more fluid categories of population health is 'increasing quality and patient outcomes of care' due to the wide variety of activities and organizations involved in this area.*
Quality and patient outcomes can be used to:
- *Identify gaps in delivery of care and best practice outcomes*
- *Patient and consumer decision-making for consumer guides, report cards, etc.*
- *Payment decisions*
- *Published studies*
- *Regulatory and Quasi-regulatory oversight*

- *Identify disparities in health care*
- *Etc.*

Organizations needing this information may include:

- *Providers*
- *Health Plans*
- *Regulators*
- *Consumer Groups*
- *Researchers*
- *Employers*
- *Media*
- *Etc.*

Issues:

a. As a result of wide variation in usage and application types, issues on security, privacy, cost, service are critical to being resolved prior to the design of EHR Health Information Exchanges.
b. While there will be some national guidance from ONCHIT and other federal organizations, each state will need to address these issues. Are these best handled by a Public-Private Data Privacy Board?
c. There needs to be guidelines on the quality and accuracy of health care information so that patients, providers, and researchers can be assured of the integrity of the data that is utilized. A Committee of the HIE Board should be established to provide and maintain guidelines.
d. Timeliness of data must be addressed and participation criteria established to ensure that all providers are updating information within a prescribed time period and making the information accessible per the established time frames.
e. A mechanism for removal of duplicate information utilized for both repositories and studies should be established.

9. *Clinical and medical studies and practice knowledge will rapidly increase with access to EHRs for approved studies*.

Issues:

a. What are approved studies and does the state Public-Private Privacy Board review and decide upon studies?
b. Who bears cost of assembling necessary data and managing duplicate patient occurrences?
c. Can EHRs be used to identify potential clinical or medical study candidates? Are physician or care giver organizations point of contact for potential candidates?
d. Providers should be notified of any potential patient candidates for clinical studies.
e. Once medical knowledge is gained from studies, how are targeted providers notified of advanced knowledge for practice improvement?