HealthInfoNet

# Data Standards Workgroup Report

DANIEL HANLEY
CENTER for HEALTH
LEADERSHIP

# Workgroup Membership

**Chairs:**

Emilie van Eeghen, MaineGeneral Health

Joyce Cotton, Spring Harbor Hospital

**Staff:** Jim Harnar, Hanley Center for Health Leadership

**Members:**

Bart Beatty, Providence Service Corp

Stacey Chandler, DHHS SAMHS

Bill Dunwoody, Dorothea Dix/Riverview Psychiatric Centers

Brandi Giguere, DHHS SAMHS

Ralph Johnson, Franklin Community Health Network

Kim LaBerge, St. Mary Regional Med Ctr

Julia Mason, DHHS SAMHS

Lisa Munderbach, Day One

Anne Rogers, DHHS SAMHS

Todd Rogow, HealthInfoNet

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# Workgroup Work Process

- Established Data Standards Work Group
  - Met six times
  - Members representing range of providers
- Developed Scope of Work
- Reviewed Five Use Cases Developed During Maine's 2011 Task Force Process
- Reviewed S&I CEDD Object Information

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# Recommended Data Elements

- **Person Information**
  - Guardian
  - Emergency contact
  - Crisis plan
- **Encounters**
  - Psych admission
- **Family History**
  - Marriage status
  - Children
- **Social History**
  - Court orders
- **Functional Status**
  - Housing status
  - Risk status for suicide/homicide
  - Hx of Risk Violence
  - Hx of Risk Suicide
- **Medications**
  - Specialty of prescriber
  - History of psychiatric medications
  - Medication history
- **Allergies & Alerts**
  - Note severity of reaction
- **Advance Directives**
  - Behavioral Health Advance Directive
- **Insurance Status**
- **Plan of Care**
  - Treatment plan

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| | Demographics | Address, ZIP | DoB | Maiden Name | Language Preference | Gender | Spouse | Children | Power of Attorney | Guardianship status* | Current Primary Care Provider | Medications (who was prescriber) | Medical History | Adverse Drug Reactions | Previously prescribed/ineffective meds | Previous admissions | Emergency Contact | Current problem list | Crisis plan/Mental Health Advance Directive | Foster Children (share core information) | Incarcerated** | Discharge instructions*** | ISP from community agency (provided to hospital) | Diagnosis | Competency issues, particularly for emergency issues | Advanced directives | Misuse drug use risk factors/history | Substance Abuse treatment provider | Test results (urine, etc.) | EKG | Link to lab data | Vitals to document weight gain, etc. | Status of Release of information preferences | Framework for ongoing coordination among providers | Court orders |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Emergency Services | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | | | | | | | | | | | | |
| 2. Hand-off between BH Provider and PCP | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | | | | | | | | • | • | • | • | • | • | | | |
| 3. Coordination among BH Providers | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | | | | | | | | | | | | | | • | • | |
| 4. Hand-off between psych hospital or unit and community BH Provider | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | | | | | | | | | | | | | | | | |
| 5. Coordination of care between physical health specialist and BH provider | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | | | | | • | • | • | | | | | | | | | |

*Including: Who is parent with guardianship (divorces scenario)
Is the state the guardian? (Child Protective Services)

**Coordination with Dept of Corrections/local jails
Raises additional questions about confidentiality

***Further thinking needed---gap exists now
Entire set of instructions or certain elements?
(Medications, plan for further treatment
developed by social workers, discharge diagnosis-baseline)

# Use Cases

**1. Emergency Services:** At 2am, an individual with a significant history of mental illness calls the local Crisis Hotline saying she is feeling suicidal. She just had a fight with her boyfriend and he has left her saying he won't be coming back. She says she is planning to take all of her medications because life just isn't worth it anymore. She reports she is taking the medications as she is talking to the hotline. She also sounds intoxicated. Later this individual is seen at the emergency room and is non responsive.

**2. Hand-off between Behavioral Health Provider and the Primary Care Provider:** An older woman who has been seen at the community mental health agency for a long standing history of schizoaffective disorder is having significant weight gain & occasional shortness of breath. The psychiatrist is managing her psychiatric medications, but wants to be sure that her underlying diabetes is managed appropriately and wants an initial evaluation by the PCP because of potential cardiac concerns.

**3. Coordination of patient treatment among BH Providers:** A man with depression has been seeing a licensed clinical social worker working independently in the community for psychotherapy. The Social worker now believes that medication might be a useful adjunct to the therapy he is providing and so would like to refer this man to the psychiatrist who works in the office down the hall. The social worker with the agreement of the client plans to continue providing psychotherapy in addition to the medication. (Notes: The question of independent practitioners' access to data via exchange needs to be addressed by larger group, as well as the individual patient's role in determining who has access to specific information via the patient portal. There was consensus that psychotherapy notes would not be included in an exchange.)

**4. Hand-off between psych hospital or inpatient psych unit and community BH Provider:** A child was hospitalized for severely self-destructive behavior. He lived several hours away from the psychiatric hospital that treated him and was discharged to a multidisciplinary treatment team at a community mental health agency near his home.

**5. Coordination of care between physical health specialist and BH Provider:** An older man with a history of paranoid schizophrenia is also HIV positive. He is not always willing to take the medications that help to regulate his symptoms. Providers are questioning his competency. Close communication between his psychiatrist and HIV specialist is critical to his continued stable physical and mental health. (Note: Over time, nursing homes will be added to HealthInfoNet, but are not currently included.)

Note: An additional use case could be added regarding jails/prisons. Patients who are jailed sometimes do not get medications right away and wind up in ED. HealthInfoNet has had some dialog about this in the past, but not currently.

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# Glossary of Terms

## Julia Mason created a Glossary of Terms for our use. Here is an excerpt:

| HealthInfoNet | HealthInfoNet is a Maine-based, independent, nonprofit organization using health information technology to improve and transform health care quality and safety. http://www.hinfonet.org/ |
|---|---|
| HIE | Health Information Exchange - the secure anhttp://en.wikipedia.org/wiki/Health_information_exchange http://www.maine.gov/dhhs/oms/HIT/hie.htm d interoperable sharing of health information in a manner that protects the confidentiality, privacy, and security of an individual's information. |
| HIN | HealthInfoNet |
| HIPAA | Health Insurance Portability and Accountability Act. Establishes national standards for electronic health care transactions. The great thing about HIPAA is that it reflects a move away from cumbersome paper records and an increased emphasis on the security and privacy of health data. But the magnitude of the complex changes it requires can sometimes be overwhelming for healthcare providers, compliance officers and other affected professionals. We're here to help you meet the challenge and stay current with extensive documentation, helpful resources and expert commentary. http://www.hipaa.com/ |
| HIT | Health Information Technology |
| HITECH | Health Information Technology for Economic and Clinical Health |
| HITSC | Health Info Technology Steering Committee |

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