Presentation to the MHSA IT WorkGroup Meeting

December 9, 2008

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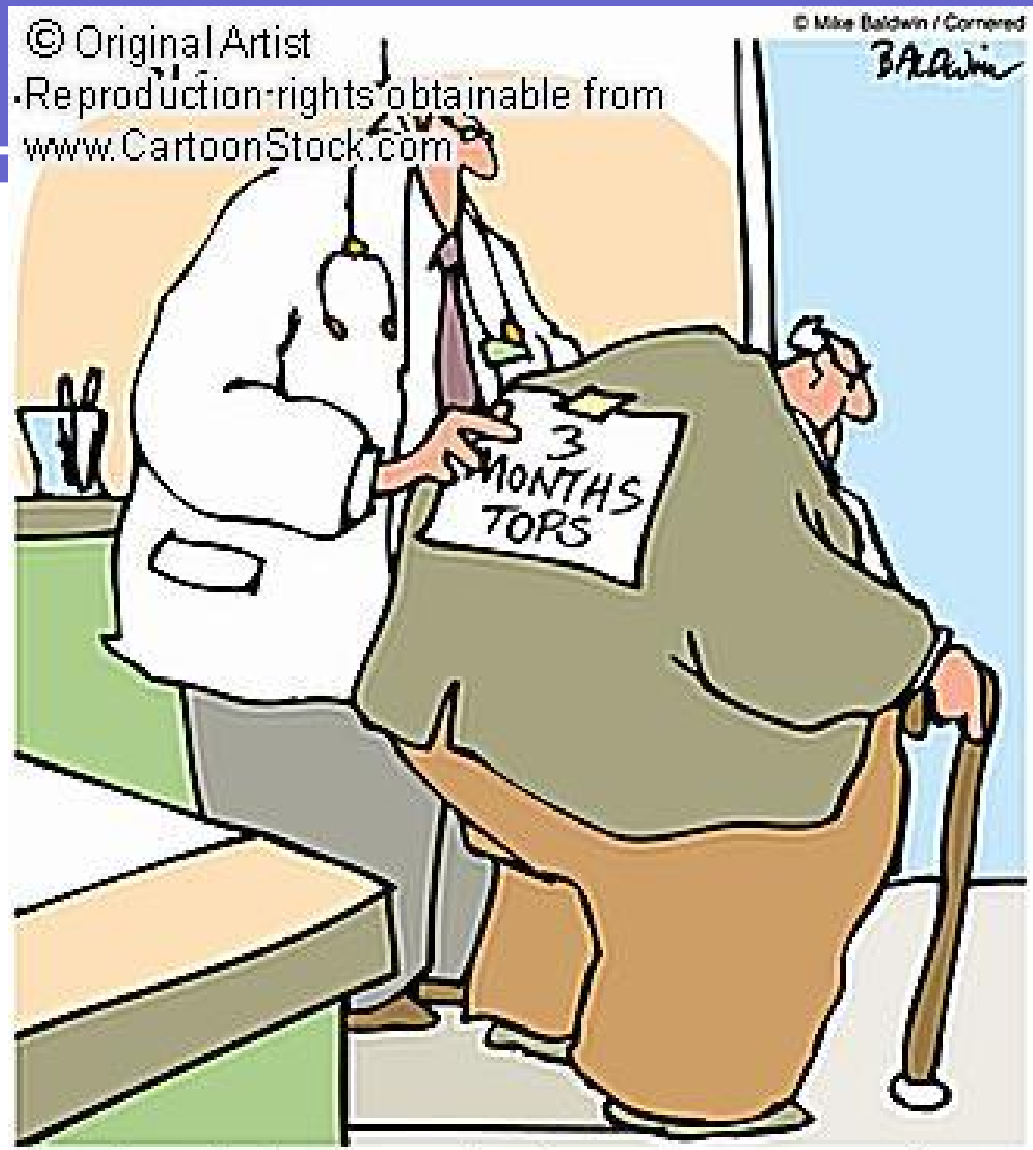
California

- 38M People
- 6.5M Medicaid
- 480 Hospitals
- 96 K Doctors
- 164K Sq. Miles
- 70% Rural Land
- 58 Counties

Data: Rand 2007



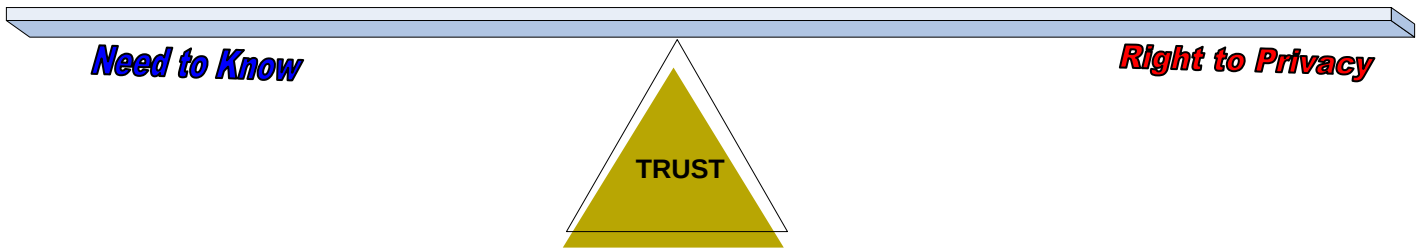
In the dark days, before doctor-patient confidentiality.

Privacy and Security Balance

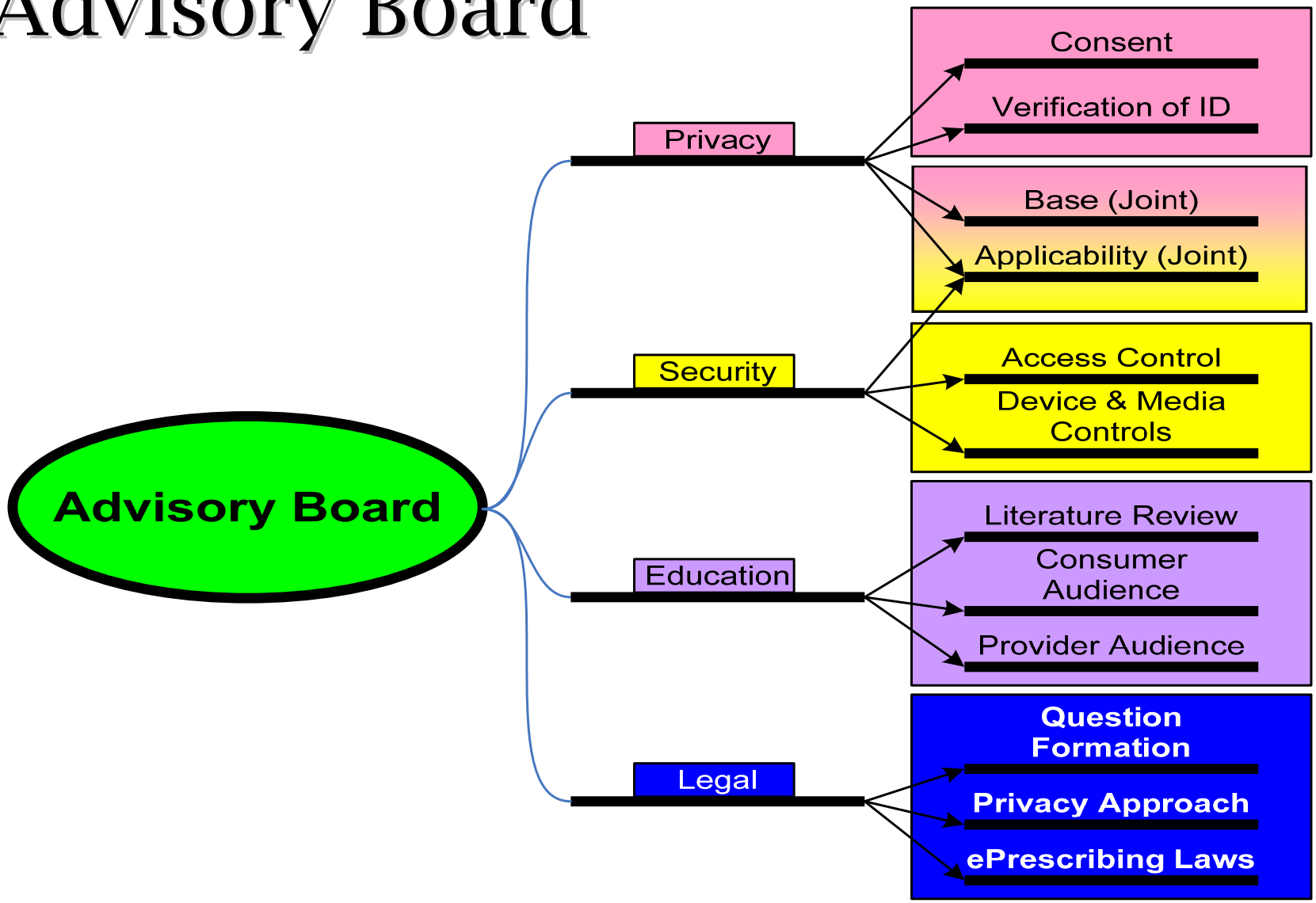
Providers

More Patient Participation
More Volume of Information
Better Quality of Care
Decreased Treatment Errors
Greater Information Integrity
Improved Patient/Provider Relationships
Improved Trust

Patients



California Privacy and Security Advisory Board



California Privacy and Security Advisory Board Scope

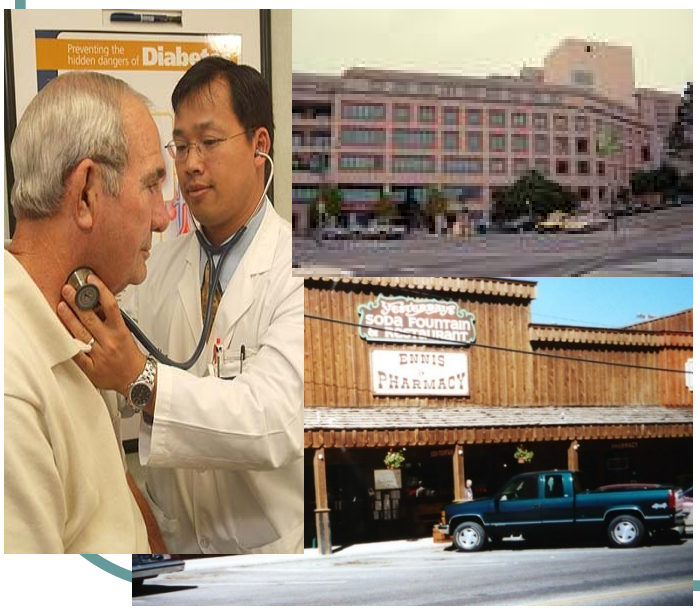
SCOPE

- Privacy and security standards developed and recommended to the Secretary of the California Health and Human Services Agency shall apply to all health data.
- *However, existing entities, systems, or patient records will be grandfathered as best fits the particular situation and issue solution being recommended*.
- The standards shall not apply to entities who do not exchange health information electronically.

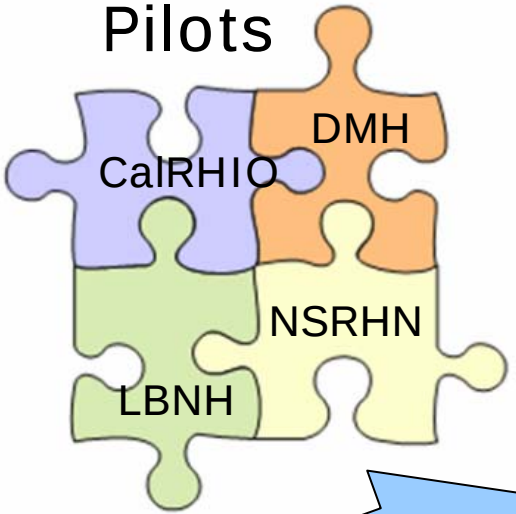
Privacy and Security Goals

Scope

Stakeholders



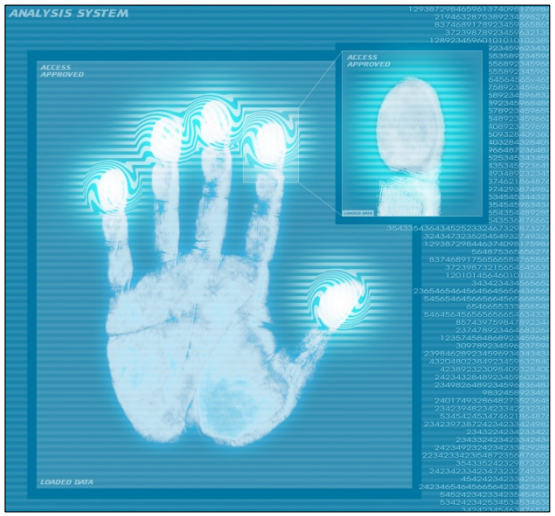
Pilots



Implementation

Policy
Technology
Transparency
Trust
Law

Security Work Group



- **Access Control**
  - Authentication and Authorization
  - Identity Management
  - Session Controls
  - Data Assurance

Privacy Committee Consent Policy

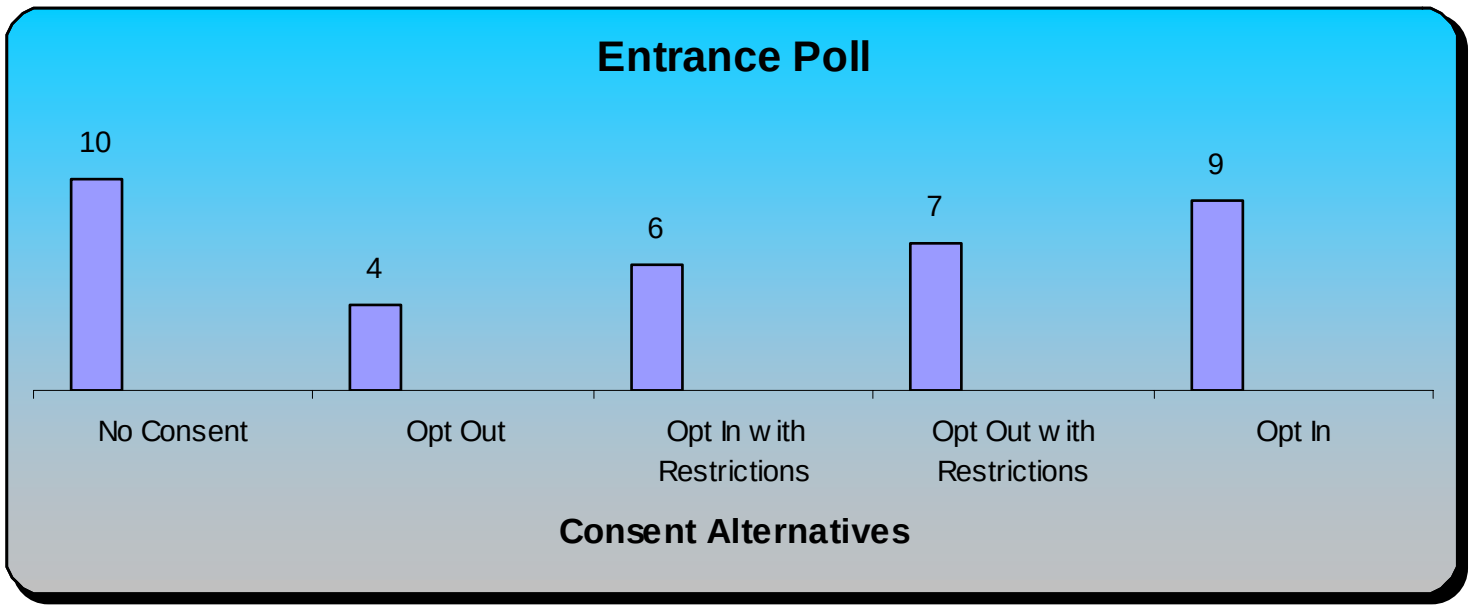
- **No Consent –** Patient records are accessible through HIE
- **Opt Out** - Patient records are accessible through HIE until the patient indicates records are not to be exchanged via HIE
- **Opt In with Restrictions** – After Patient opts in, only the records they indicate are accessible through HIE
- **Opt Out with Exceptions** - Patient records are accessible through HIE until the patient indicates records are not to be exchanged via HIE, however s/he can stipulate specific records remain available
- **Opt In** - Patient records are not accessible through HIE until s/he opts in to have all their records accessible through HIE

Consent Policy Implementation

"Your medical records are safe with us.
We take patient privacy very seriously."

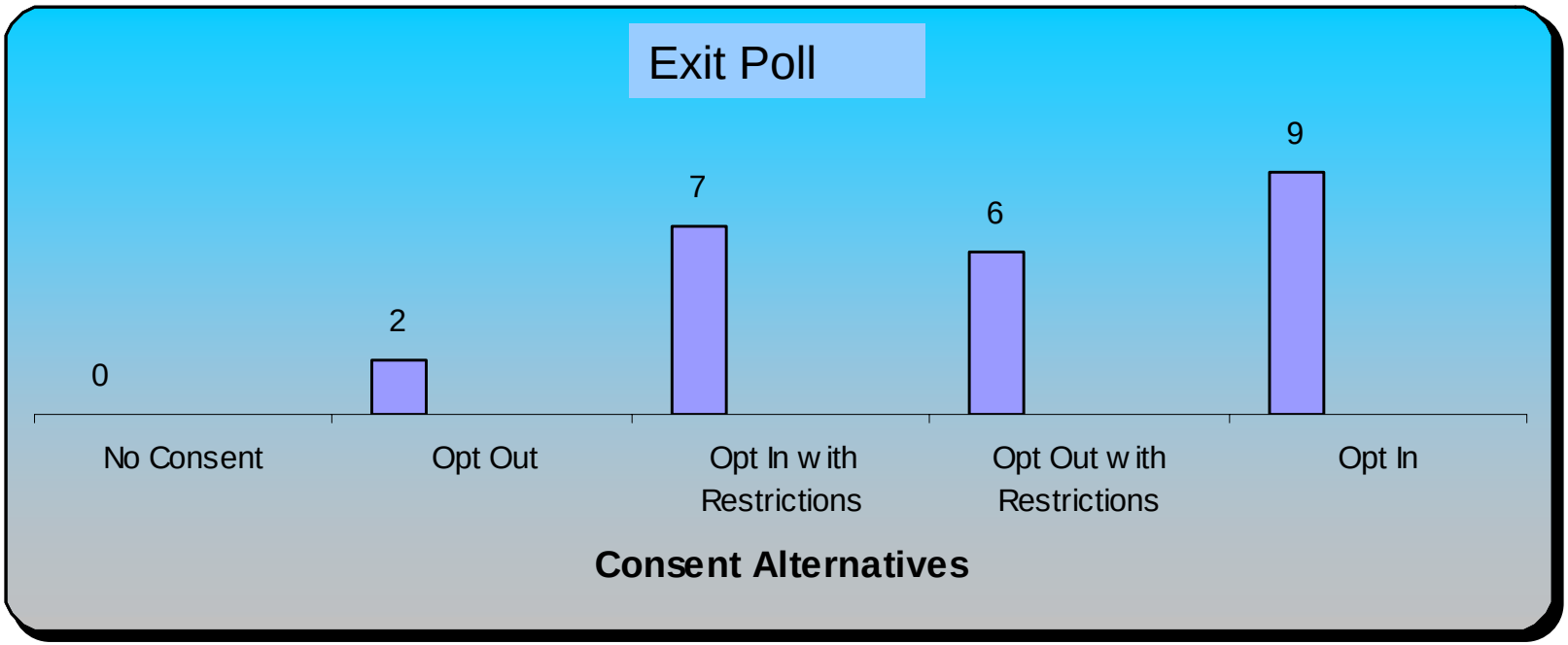
Mental Health Scenario Opinion

MENTAL HEALTH Services Entrance Poll



Mental Health Scenario Opinion

MENTAL HEALTH Services 2015



11 Volunteer Work Groups for 09 Certification Development

(July 2008 – June 2009)

Develop Criteria for Optional Additional Certifications

- Child Health Work Group (CH)
- Cardiovascular Medicine Work Group (CV)
- Behavioral Health Work Group (BH) ☆

Contribute Criteria for Specific Attributes

- Security Work Group (Sec)
- Inter-operability Work Group (IO)
- Privacy & Compliance Work Group (PC)

Develop Base Criteria for a Domain

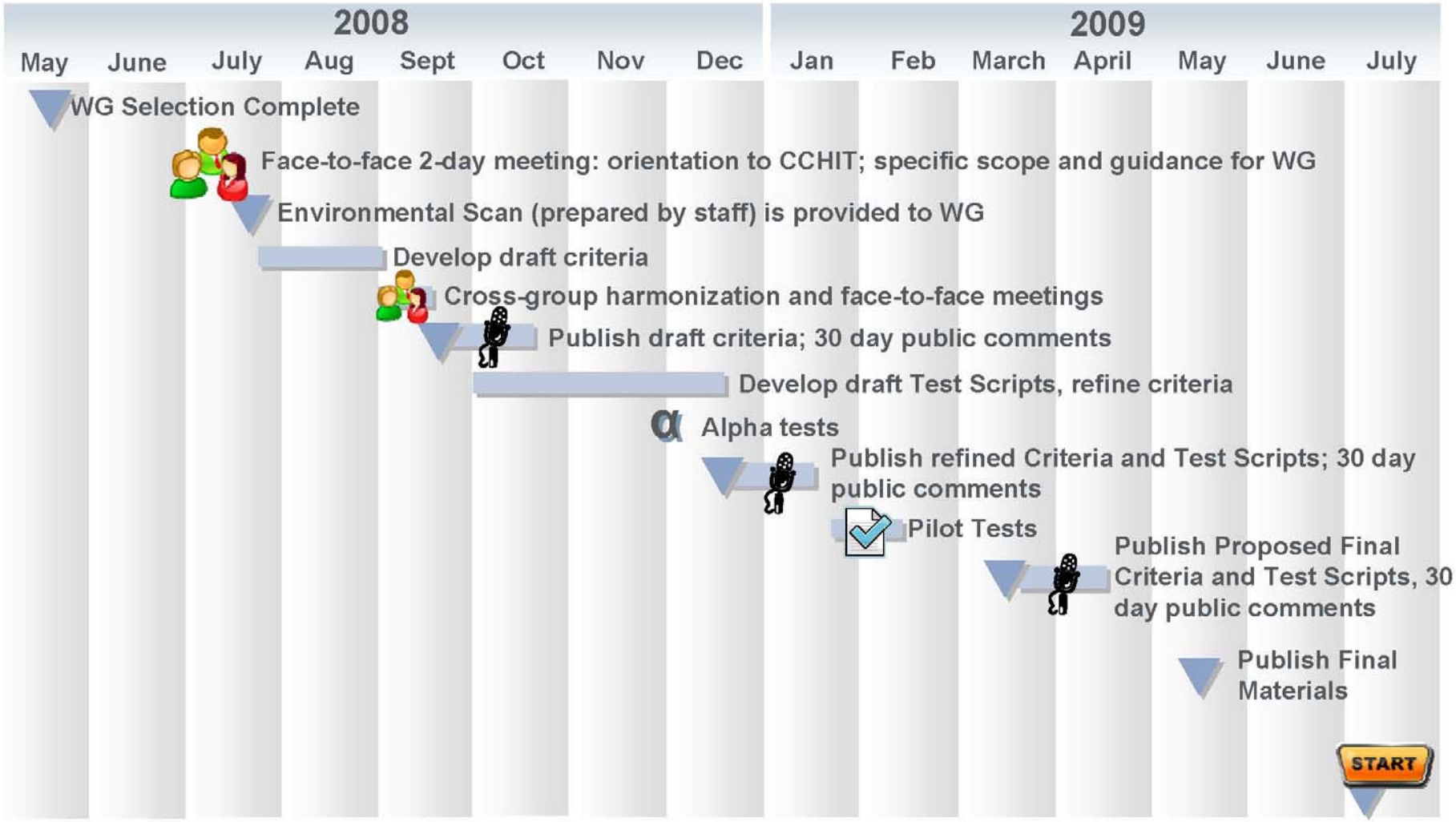
- Ambulatory EHR Work Group (Amb)
- Inpatient EHR Work Group (IP)
- Emerg Dept EHR Work Group (ED)
- Network/ HIE Work Group (Net)
- PHR Work Group (PHR) ☆
- Long Term Care Work Group (LTC) (to be formed in 2009) ☆

☆ = New Work Groups for 09 Development

11 Work Groups

- Two Work Groups are NEW for 2009
- Behavioral Health WG
  - Memo Keswick
  - Zebulon Taintor, MD
- Personal Health Records WG
  - Ted Eytan, MD
  - Lory Wood
- Network Work Group not refreshing at this time
  - Michael Kappel
  - John Blair, MD

Development Timeline



Deeper Dive

- What do the Work Groups actually DO?
  - Criteria Development
  - Test Scripts
  - Inspections
  - Fitting those into a Timeline
  - Public Comments

Criteria Development

						Compliance			
2008 Criteria #	Source W/G	Certification Track	Category	Category Description	Criteria	2008 Certification	Roadmap 2009	Roadmap 2010 and Beyond	Discussion / Comments Compliance Key: P = Previous Criteria M = Modified for Year N = New for Year O = Provisional
AM 08.23	AM	AM	Manage clinical documents and notes	Create, correct, authenticate and close, as needed, transcribed or directly entered clinical information.	The system shall provide the ability to identify and maintain patient or patient proxy completed clinical information.			N	Once verified by a physician and shared with other parts of the chart, the shared data does not need to be identified as patient completed in all sections where data may be shared, but the original patient completed information shall be maintained.
AM 08.24	AM	AM	Manage clinical documents and notes	Create, correct, authenticate and close, as needed, transcribed or directly entered clinical information.	The system shall provide the ability to graph height and weight over time.	P			
AM 08.25	AM	AM	Manage clinical documents and notes	Create, correct, authenticate and close, as needed, transcribed or directly entered clinical information.	The system shall provide the ability to calculate and graph body mass index (BMI) over time.		N		

Criteria Development

- Milestones in the Development Process
  - September 2008
    - First Draft Criteria
  - December 2008
    - Second Draft Criteria
    - First Draft Test Scripts
  - March 2009
    - Proposed Final Criteria
    - Proposed Final Test Scripts
  - May 2009
    - Final Criteria
    - Final Test Scripts

Test Scripts

CCHIT

Certification Commission for Healthcare Information Technology

2008 Certification of Ambulatory EHRs

June 13, 2008

Note: Items that are Provisional for 2008 are highlighted in yellow.

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	Procedure	Expected Result	Actual Result	Pass/Fail		Criteria and Reference		Comments
1.22	Show how peak expiratory flow rate is captured as discrete data. If the system does not capture peak expiratory flow rate as discrete data, show another data element captured as discrete data.	Applicant will show, either on this template, on another template, or through other method, how peak expiratory flow rate or data elements can be captured as discrete data. Note that specifics are not provided as to what the other clinical data elements should be.		❑ Pass	❑ Fail	AM 08.16	The system shall provide the ability to capture other clinical data elements as discrete data.	For example, peak expiratory flow rate, size of lesions, severity of pain, etc.
1.23	Review graphical display of height and weight since birth.	Graph displays; shows height and weight over time.		❑ Pass	❑ Fail	AM 08.24	The system shall provide the ability to graph height and weight over time.	This may be demonstrated in either a single graph that displays both height and weight over time since birth or in separate graphs.
	The following TWO steps apply to Child Health Certifications:							
1.23.01	Plot Joe's height and weight on a growth chart and display.	Growth chart displays with data values entered today and from appendix A.		❑ Pass	❑ Fail	CH 02.02	The system shall display growth charts. Growth data (weight, length or height, head circumference and body mass index) should be graphed against normal data.	
1.23.02	Display graph of Joe's head circumference data from birth to age 3.	Graph displays with head circumference data.		❑ Pass	❑ Fail	CH 02.01 CH 02.02	The system shall capture patient growth parameters: including weight, height or length, head circumference; and vital signs including: blood pressure, temperature, heart rate, respiratory rate, and severity of pain as discrete elements of structured data. The system shall display growth charts. Growth data (weight, length or height, head circumference and body mass index) should be graphed against normal data.	
1.24	Logout as Nurse.	Logout successful.						

Test Script Development

- Primarily a staff activity
- WG members assist with creation of clinical scenarios that describe a visit
- Criteria are mapped to the scenario
- Test Script is developed concurrently with WG activities and reviewed by WG members

Test Script Development

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Inspections

- The endpoint for Criteria and Test Script Development is a certification inspection
- CCHIT confirms that a Product meets 100% of criteria using
  - Observed Demonstration
    - 3 Clinical Jurors or 1 Security Expert, depending on portion of the test that is being conducted
  - Self Attestation Review
    - Verification of documentation requirements and elements that cannot be effectively demonstrated

Observed Demonstration

CCHIT Proctor

Juror A

Testing is "tough but fair"

Web conferencing and concurrent audio conferencing

Juror B

Applicant personnel follow Test Script to demonstrate system at the applicant's facility

Juror C

Self Attestation

- Clinical and security functionality that may not be readily demonstrated
- Applicant attests to product compliance in writing
  - Written statement expressly stating that the product complies with certification criteria tested through this method
  - Supporting documentation as evidence of the product's compliance
- Clinical jurors no longer have to evaluate materials for the clinical steps for 08 Certification.
- A security inspector will evaluate materials for the security steps

Public Comment Periods

- All work is vetted by the Public during three rounds of PC
- Round 1
  - First Draft 2009 criteria
  - Approx. dates: 29 Sep to 28 Oct
- Round 2
  - Second Draft 2009 criteria and Roadmap
  - First Draft Test Scripts
  - Approx. dates: 22 Dec to 20 Jan
- Round 3
  - Proposed Final Criteria and Test Scripts
  - Approx. dates: 16 Mar to 14 Apr

Final Thoughts

- Privacy and security standards developed and recommended to the Secretary of Health and Human Services from CCHIT will allow for certification of vendors that support HIE AND privacy.
- *CCHIT* has developed a Privacy Work Group currently making the recommendation to all work groups.
- State level standards are under development and discussion with the Secretary of Health and Human Services for California.
- HIE will advance if there is a value proposition.
- Patient Privacy is a requirement, not just a value.

For further information

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Connecting Communities to improve health care