

# HISPC

Health Information Security and Privacy Committee State of Nebraska

## Security and Privacy Barriers to Health Information Interoperability

### Report 1: Survey of Health/Licensure/Certification and Facilities Oversight Board Managers



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## Security and Privacy Barriers to Health Information Interoperability

### Executive Summary

#### Report 1: Survey of Health/Licensure/Certification and Facilities Oversight Board Managers

The Lieutenant Governor for the State of Nebraska formed the Health Information Security and Privacy Committee (HISPC) in 2006. The vision driving the HISPC is to create the flexibility to electronically exchange patient authorized health care information, confidentially and securely between the patient/client and all appropriate persons involved in the health care process. In 2004, the President of the United States issued Executive Order 13335 to promote health information technology nationwide, to improve efficiency, reduce medical errors, improve quality of care, and provide better information exchange for patients and physicians. There are two key goals from this order: 1) all Medicare providers must use e-Prescribing for Medicare beneficiaries to have all prescriptions generated and transmitted electronically by 2009; and 2) Americans should have electronic health records by 2014.

The HISPC Steering Committee is to work with stakeholders to identify major health information privacy and security issues and to create an action plan to resolve issues for patients/clients and all appropriate persons involved in the health care process. The Committee has identified three stakeholder groups for which little information is known: 1) the Health Licensure, Certification, and Facilities Oversight Board managers for the State of Nebraska Health and Human Services division, 2) the professional associations that are involved in health care delivery and services in the state, and 3) patients/clients/consumers of health care. Each group is being studied to determine their present level of awareness about health record interoperability, security and privacy considerations, and their impressions about the general state of knowledge of others in their stakeholder group they represent.

Report 1 is a summary of the key findings from a survey of the 24 Health Licensure, Certification Board Managers, and Facilities Oversight Board Managers for the State of Nebraska Health and Human Services division.

- Almost all managers (83%) report their boards represent groups that must abide by rules or regulations governing the security and privacy of health records. Almost all represent groups which have some health information that would be part of a patient/client/consumer comprehensive health record or information of importance to public health reporting and tracking.
- A few (18%) represent boards which have had recent discussions about privacy of health information (Health Insurance Portability and Accountability Act of 1996 - HIPAA), but not electronic health record exchange.
- Very few (24%) are aware of what regional health information organizations (RHIO) are, and generally unaware of the health information interoperability and record exchange initiative in the state. They are also not aware of the President's National Health Information Network (NHIN) initiative and the executive order.
- Most board managers report the rules and regulations prohibit releasing confidential information about a patient without the patient's permission. However the board manager representing Audiologists and Speech-Language Pathology described an interesting requirement: transfer of care must occur to another health care professional and it is unprofessional conduct to not facilitate this when needed. It is worth further exploration about how this achieved while still maintaining confidentiality.

Board managers are in need of information and education about health information exchange and interoperability. These boards should address how current rules and regulations affect and are affected by this initiative. The HISPC should develop an information process for dissemination of essential and timely information related to the progress of this initiative both federally and in the state for health/licensure/certification board managers and their members.

## **HISPC Steering Committee:**

- ◆ Lt. Governor Rick Sheehy
- ◆ Senator Pat Bourne
- ◆ Senator Jim Jensen
- ◆ Mark Adams, Corporate Security Officer
- ◆ Brenda Decker, Chief Information Officer
- ◆ David H. Filipi, M.D., Vice President, Medical Affairs, Physicians Clinic
- ◆ Kimberly Galt, Pharm.D., Associate Dean of Research, School of Pharmacy and Health Professions and Director, Creighton Health Services Research Program (CHRP)- Creighton University
- ◆ Steve Grandfield, Exec. Vice President, Blue Cross/Blue Shield of Nebraska
- ◆ Donna K. Hammack, Chief Development Officer, St. Elizabeth Foundation
- ◆ Steven H. Hinrichs, M.D., Professor/Director, UNMC – Dept. of Pathology/Microbiology
- ◆ Ron Hoffman, RHU, S5-Enterprise Privacy Office, Mutual of Omaha Insurance Company
- ◆ Dick Nelson, Director, NE HHSS – Dept. of Finance & Support
- ◆ Nancy Shank, Associate Director, University of Nebraska Public Policy Center
- ◆ September Stone, R.N., Nebraska Health Care Association
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# **Security and Privacy Barriers to Health Information Interoperability**

## **Report 1: Survey of Health/Licensure/Certification and Facilities Oversight Board Managers**

### **Background**

The Lieutenant Governor recently formed a Health Information Security and Privacy Committee (HISPC) for the State of Nebraska. One goal is to determine if there are security and privacy barriers to health information exchange/interoperability efforts throughout healthcare. Why is this important? In 2004, the President of the United States issued Executive Order 13335, to promote health information technology nationwide in order to improve efficiency, reduce medical errors, improve quality of care, and provide better information exchange for patients and physicians. There are two key goals from this order and the expected time frame for completion. The first goal is that by the year 2009, all Medicare providers must use e-Prescribing for Medicare beneficiaries that conforms to specific standards. The result of this goal is to have all prescriptions generated and transmitted electronically. The second goal is targeted for the year 2014; for most Americans to have electronic health records.

A major challenge to meeting these goals is the provision of safeguards to protect the privacy of personal health information. Other challenges include assuring the accurate identity of a patient when records are exchanged, and understanding what laws, rules and regulations presently exist which may be a challenge to overcome in order to exchange health information between patients, providers and organizations while diligently protecting the patient's privacy.

### **Purpose**

The HISPC identified key stakeholders which are influential in the movement forward on health information exchange and interoperability. The Committee has identified three stakeholder groups for which little information is known: 1) the Health Licensure, Certification, and Facilities Oversight Board managers for the State of Nebraska Health and Human Services division, 2) the professional associations that are involved in health care delivery and services in the state, and 3) patients/clients/consumers of health care. Each group is being studied to determine their present level of awareness about health record interoperability, security and privacy considerations, and their impressions about the general state of knowledge of others in their stakeholder group they represent.

This report describes the responses from the survey of the managers of the 24 health/licensure/certification boards in the State of Nebraska, and Managers of Facilities Oversight responsible for hospitals, ambulatory surgical centers, rural health clinics, laboratories, hospice care, home health agencies, outpatient rehabilitation agencies, and nursing home administration.

The purpose of the survey was to learn if the groups these managers represent are professionals or facilities which manage health records, what the present level of awareness is of board managers about the movement toward health record interoperability, and their impressions about the present knowledge of their own board members in this area. An initial exploration of the overall knowledge of the board managers and their impressions about the knowledge of the

professions they work with most closely is provided. Data were collected a couple of ways. A written survey was developed and individual board managers were asked to self-administer this. In addition, the Director of the Office of Rural Health met with moderate sized groups of board managers to discuss the questions of the survey and answer any questions for these individuals.

## **Responses**

Most managers participated. The board managers representing Chiropractic, Dental and Dental Hygiene, Medicine and Surgery, Optometry, Pharmacy, Podiatry, and Veterinary Medicine did not provide a response to the written survey. When information was known about these professions we provided it in the report.

A detailed summary of the response data from the survey and discussions is provided in the Key Questions and Findings that follow..

## **Key Questions and Findings ---**

### **Question: Which boards govern practitioners that maintain a health record?**

#### **Findings**

Twenty three (23) of the 24 boards which govern professionals indicate their groups maintain some kind of a health record about their patient/consumer/client. The only board indicating they did not is the Environmental Health Specialists. These boards are shown in Table 1. The respondents free text answers are included as “Comments”. These were unsolicited comments the respondents made after being triggered by the question. Based upon the comments offered, we observe the scope of what constitutes a “record” is broad, as each provider has varying content which is of most importance to their own work. The health related data primary to one type of provider may be unique and essential to the provider in their work with the patient. Some data elements overlap, such as, diagnoses or conditions. Several practitioners identified the patient medications as a specific data element. Even a funeral director has official health record information.

All facilities oversight managers reported there are patient health records. The Nursing Home Administration area identified these records as the resident records with some information about their basic health care situation. Table 2 provides the listing of facilities with board oversight responses.

The scope and breadth of patient information that constitutes the patient’s health information is observed across the 23 different boards and facilities. Efforts to adopt electronic information interoperability and exchange will need to be inclusive of both health/licensure and certification boards and facilities boards.

**Table 1. Practitioners Maintaining a Health Record**

Yes - Maintain A Record	No - Do Not Maintain a Record	Health/Licensure Certification Board	Comments
X		Advanced Practice Registered Nurses	If “maintain” means create and document on a record yes. If it means be the holder of the medical record – no.
X		Alcohol and Drug Counseling	Client assessments, diagnosis, medication, etc.
X		Athletic Training	
X		Audiology & Speech-Language Pathology	
X		Chiropractic	
X		Cosmetology	Body artist main information on whether the client has any known diseases or conditions that may affect blood flow. Estheticians may have info related to skin conditions as does electrologists.
X		Dental and Dental Hygiene	
X		Emergency Medical Services	
	X	Environmental Health Specialists	
X		Funeral Directing & Embalming	Copy of death certificate.
X		Hearing Aid Instrument Dispensers and Fitters	
X		Massage Therapy	Physician diagnosis due to referral for therapy, medication usage that may affect therapy
X		Medical Nutrition Therapy	Medical referrals, access to clients’ disease or illness and medication use.
X		Medicine and Surgery	
X		<sup>1</sup> Mental Health Practice	Medication use, mental health diagnosis, Assessment results, etc.
X		Nursing	
X		Occupational Therapy	
X		Optometry	
X		Pharmacy	
X		Physical Therapy	
X		Podiatry	
X		Psychology	Medication use, mental health diagnosis, Psychology testing results, etc.
X		Respiratory Care Practice	
X		Veterinary Medicine	

<sup>1</sup> Includes Social Work, Professional Counseling, and Marriage and Family Therapy.

**Table 2. Facility Oversight Maintaining a Health Record**

Yes - Maintain A Record	No - Do Not Maintain a Record	Facility	Comments
	X	Adult Day Services and Respite Services	
X		Ambulatory Surgical Centers	
	X	Assisted Living Facilities	
X		Centers for Developmental Disabilities	Providers have health of other private records to protect.
X		Home Health Agencies	
X		Hospice	
X		Hospitals	
		Intermediate Care Facility for the Mentally Retarded	Providers have health and other private records to protect.
X		Laboratories	
X		Long Term Care Facilities	
X		Mental Health Centers/Substance Abuse Treatment Centers	Providers have health records to protect.
X		Nursing Home Administration	The Nursing Home Board is Advisory only and does not function the same as professional boards. The Nursing Home Advisory Board also has members representing provider association, physicians, and consumers. Resident records have diagnosis, medications, evaluations, etc.
X		Outpatient Rehabilitation Agencies	
X		Rural Health Clinics	

## Key Questions and Findings ---

**Question: Which practitioners have legislation, rules or regulations that specifically address issues of privacy, confidentiality, sharing or release of the records created as a result of providing care or service to individuals, patients, clients or consumers?**

### Findings

Almost all have specific guidance in this area. Only Environmental Health Specialists, Funeral Directing and Embalming, and Massage Therapy did not have specific legislation or rules governing this area. Almost all facilities oversight have specific guidance as well. Only the Adult Day Services, Assisted Living Facilities, and Nursing Home Administration did not have specific legislation or rules governing this area.

**Table 3. Practitioners with specific rules or regulations governing records**

Yes	No	Practitioner Board	Comments
X		Advanced Practice Registered Nurses	
X		Alcohol and Drug Counseling	
X		Athletic Training	
X		Audiology & Speech-Language Pathology	In 23-013.03 item 10b & e (7) Unprofessional conduct is defined as not holding in confidence information obtained from a patient without written consent to disclose and failure to take steps to transfer the care of the patient to another health care provider.
X		Chiropractic	
X		Cosmetology	
X		Dental & Dental Hygiene	
X		Emergency Medical Services	
	X	Environmental Health Specialists	
	X	Funeral Directing & Embalming	
X		Hearing Aid Instrument Dispensers and Fitters	
	X	Massage Therapy	
X		Medical Nutrition Therapy	
X		Medicine and Surgery	
X		<sup>1</sup> Mental Health Practice	
X		Nursing	
X		Occupational Therapy	
X		Optometry	
X		Pharmacy	
X		Physical Therapy	
X		Podiatry	
X		Psychology	
X		Respiratory Care Practice	
X		Veterinary Medicine	

<sup>1</sup> Includes Social Work, Professional Counseling, and Marriage and Family Therapy.

**Table 4. Facilities with specific rules or regulations governing records**

<b>Yes</b>	<b>No</b>	<b>Facility</b>	<b>Comments</b>
	X	Adult Day Services and Respite Services	
X		Ambulatory Surgical Centers	
	X	Assisted Living Facilities	
		Centers for Developmental Disabilities	Providers should have policies and procedures on these issues.
X		Home Health Agencies	
X		Hospice	
X		Hospitals	
		Intermediate Care Facility for the Mentally Retarded	Providers have policies and procedure on this issue.
X		Laboratories	
		Long Term Care Facilities	
		Mental Health Centers/Substance Abuse Treatment Centers	Providers should have policies relating to this.
	X	Nursing Home Administration	
X		Outpatient Rehabilitation Agencies	
X		Rural Health Clinics	

## **Key Questions and Findings ---**

**Question: What aspects of this act, rules, or regulations, have a relationship to or affect the exchange of health information?**

### **Findings**

Maintaining confidentiality of all information obtained from the patient/client/consumer is consistent and common throughout the practitioner requirements (Table 5). This is also consistent with the facilities oversight managers (Table 6). Audiologists and Speech-Language Pathology also have an interesting requirement: transfer of care must occur to another health care professional and it is unprofessional conduct to not facilitate this when needed. It may be worth further exploration about how this achieved while still maintaining confidentiality.

**Table 5. Details of rules or regulations which affect the exchange of health information for practitioners**

<b>Health/Licensure/Certification Board</b>	<b>Comments</b>
Advanced Practice Registered Nurses	Required to maintain confidentiality. Records are not addressed.
Alcohol and Drug Counseling	
Athletic Training	17-008.03 item 10b. lists as unprofessional conduct under the heading confidentiality that an athletic trainer shall hold in confidence information obtained from a client unless have prior written consent to disclose.
Audiology & Speech-Language Pathology	The regulation on unprofessional conduct for failure to transfer the continuation of care from one health professional to another implies health information.
Chiropractic	No response
Cosmetology	Regulations address client record keeping.
Emergency Medical Services	Nebraska Revised Statute 71-5185 only allows emergency medical services to divulge patient data to a receiving health care facility to the department and upon patient authorization or as otherwise permitted by law.
Environmental Health Specialists	Has the same confidentiality regulations under unprofessional conduct as the Audiologists and Speech Board 168-008.03 item 10b.
Funeral Directing & Embalming	Not applicable
Hearing Aid Instrument Dispensers and Fitters	Has the same confidentiality regulations under unprofessional conduct as the Audiologists and Speech Board 168-008.03 item 10b.
Massage Therapy	Not applicable.
Medical Nutrition Therapy	Confidentiality of client records.
Medicine and Surgery	No response
<sup>1</sup> Mental Health Practice	Mental Health Practice must also comply to national practice ethics, confidentiality and record keeping requirements.
Nursing	Confidentiality of patient information addressed.
Occupational Therapy	Their regulations contain the confidentiality of patient information requirements and can become grounds for discipline if confidentiality is breached.
Optometry	
Pharmacy	
Physical Therapy	The regulations require confidentiality of records. If that confidentiality is breached, the licensee can be disciplined.
Psychology	The regulations and national standards of ethics address records.
Respiratory Care Practice	162-008.03 item 10b requires that a respiratory care practitioner hold in confidence information obtained from a patient. If information is divulged, the licensee can be disciplined.
Veterinary Medicine	

<sup>1</sup> Includes Social Work, Professional Counseling and Marriage and Family Therapy.

**Table 6. Details of rules or regulations which affect the exchange of health information for facility oversight**

Facility	Comments
Adult Day Services and Respite Services	
Ambulatory Surgical Centers	State and Federal regulations for all facilities and services listed require patient confidentiality.
Assisted Living Facilities	Assisted Livings do have a regulation under resident's rights that requires facilities to keep information regarding the resident confidential and not disclose without permission from the resident or legal representative to do so.
Centers for Developmental Disabilities	State and Federal regulations for all facilities and services listed require patient confidentiality.
Home Health Agencies	State and Federal regulations for all facilities and services listed require patient confidentiality.
Hospice	State and Federal regulations for all facilities and services listed require patient confidentiality.
Hospitals	State and Federal regulations for all facilities and services listed require patient confidentiality.
Intermediate Care Facility for the Mentally Retarded	State and Federal regulations for all facilities and services listed require patient confidentiality.
Laboratories	State and Federal regulations for all facilities and services listed require patient confidentiality.
Long Term Care Facilities	State and Federal regulations for all facilities and services listed require patient confidentiality.
Mental Health Centers/Substance Abuse Treatment Center	State and Federal regulations for all facilities and services listed require patient confidentiality.
Nursing Home Administration	Nursing home regulation, both federal and state, contain requirements that the facility treat all resident information as confidential and not disclose it without the consent of the resident or their legal representative.
Outpatient Rehab Agencies	State and Federal regulations for all facilities and services listed require patient confidentiality.
Rural Health Clinics	State and Federal regulations for all facilities and services listed require patient confidentiality.

## Key Questions and Findings ---

**Question: What is the current level of awareness of board members about this initiative?**

### Findings

All of the board managers indicated they have not had conversations about health information interoperability or record exchange. Almost all did indicate the boards had discussed HIPAA rules and regulations. Boards are generally unaware of this initiative in the state. There is an educational need of these health boards and facility oversight groups which our HISPC committee should fulfill for the boards. The HISPC should develop an informational piece for dissemination to health boards and practitioner/ leaders.

**Table 7. Awareness of boards about health information exchange initiative**

Health/Licensure/Certification Board	Comments
Advanced Practice Registered Nurses	We have not discussed it as a board. Individual members may be informed.
Alcohol and Drug Counseling	Never discussed at a board meeting, so do not know.
Athletic Training	Have not discussed at a board meeting. I believe they are more aware of HIPAA than this legislation especially since they do not prescribe.
Audiology & Speech-Language Pathology	Have not discussed this initiative at a board meeting. They are aware of HIPAA, unsure of this issue.
Cosmetology	Not informed prior to providing this survey to the board on 10-2-06.
Emergency Medical Services	We have not discussed this initiative at their board meeting. The board has discussed HIPAA, but I am unsure of their knowledge of this issue.
Environmental Health Specialists	I do not believe they are informed because they do not work with personal health information.
Funeral Directing & Embalming	Never Discussed.
Hearing Aid Instrument Dispensers and Fitters	We have not discussed this federal initiative. The Board members are informed of HIPAA laws.
Massage Therapy	Never discussed by the board.
Medical Nutrition Therapy	Never discussed.
<sup>1</sup> Mental Health Practice	We have never discussed this initiative at a meeting.
Nursing	Don't know – We haven't discussed.
Occupational Therapy	We have not discussed this initiative. The board is aware of the HIPAA regulations and statutes.
Physical Therapy	We have not discussed this initiative. We have discussed confidentiality of information issues and telehealth.
Psychology	Has not been discussed, but members should be familiar with initiative
Respiratory Care Practice	We have not discussed initiative. We have discussed electronic license records and HIPAA.

<sup>1</sup> Includes Social Work, Professional Counseling, Marriage and Family Therapy.

**Table 8. Facilities oversight awareness of health information exchange initiative**

<b>Facility</b>	<b>Comments</b>
Adult Day Services and Respite Services	Not aware of this initiative.
Ambulatory Surgical Centers	We do not know how informed our facilities are about this. Aware of HIPAA.
Assisted Living Facilities	Assisted living facilities has no board. Therefore, most of your questions will not be applicable to the facility type.
Centers for Developmental Disabilities	Don't know.
Home Health Agencies	We do not know how informed our facilities are about this. Aware of HIPAA.
Hospice	We do not know how informed our facilities are about this. Aware of HIPAA.
Hospitals	We do not know how informed our facilities are about this. Aware of HIPAA.
Intermediate Care Facility for the Mentally Retarded	
Laboratories	We do not know how informed our facilities are about this. Aware of HIPAA.
Long Term Care Facilities	
Mental Health Centers/Substance Abuse Treatment Center	Don't know.
Nursing Home Administration	I do not know. There have been discussions regarding HIPAA and how it impacts nursing facilities, but nothing directly related to this.
Outpatient Rehab Agencies	We do not know how informed our facilities are about this. Aware of HIPAA.
Rural Health Clinics	We do not know how informed our facilities are about this. Aware of HIPAA.

## Key Questions and Findings ---

**Question: What is your opinion about practitioner access to patients' electronic health records created by other providers ?**

### Findings

Board managers and facilities oversight were asked to indicate whether the practitioner groups overseen had any recent conversations about the idea of interchanging electronic health records of patients. Most of the boards indicated these conversations had not taken place. The only board which has is the Emergency Medical Services board (Table 9). Many have not had these discussions, reinforcing the need for education on the subject. Similarly facilities oversight was generally unsure if these conversations had taken place (Table 10).

**Table 9. Has electronic health record exchange been discussed by the boards?**

Yes	No	Health/Licensure/Certification Board	Comments
	X	Advanced Practice Registered Nurses	
	X	Alcohol and Drug Counseling	
	X	Athletic Training	
	X	Audiology & Speech-Language Pathology	
No response		Chiropractic	
	X	Cosmetology	
No response		Dental & Dental Hygiene	
X		Emergency Medical Services	The EMS programs area discussed the E-NARS system and the transfer of health records to other provider and faculties.
	X	Environmental Health Specialists	
	X	Funeral Directing & Embalming	
	X	Hearing Aid Instrument Dispensers and Fitters	
	X	Massage Therapy	
	X	Medical Nutrition Therapy	
No response		Medicine and Surgery	
	X	<sup>1</sup> Mental Health Practice	
	X	Nursing	
	X	Occupational Therapy	
No response		Optometry	
No response		Pharmacy	
	X	Physical Therapy	
No response		Podiatry	
	X	Psychology	
	X	Respiratory Care Practice	
No response		Veterinary Medicine	

<sup>1</sup> Includes Social Work, Professional Counseling and Marriage and Family Therapy.

**Table 10. Has electronic health record exchange been discussed by facilities oversight?**

<b>Yes</b>	<b>No</b>	<b>Not Sure</b>	<b>Not Applicable</b>	<b>Facility</b>
			X	Adult Day Services and Respite Care Services
		X		Ambulatory Surgical Centers
	X		X	Assisted Living Facilities
				Centers for Developmental Disabilities
		X		Home Health Agencies
		X		Hospice
		X		Hospitals
	X			Intermediate Care Facility for the Mentally Retarded
		X		Laboratories
				Long Term Care Facilities
	X			Mental Health Centers/Substance Abuse Treatment Centers
	X			Nursing Home Administration Respondent 1
	X			Nursing Home Administration Respondent 2
		X		Outpatient Rehab Agencies
		X		Rural Health Clinics

## Key Questions and Findings ---

**Question: Have there been recent board discussions about assuring privacy of health information for patients/consumers for any reason, including, if electronic health records become available?**

### Findings

More boards are discussing this issue; however, overall, most are not (Table 11). In general, facilities oversight is unsure of the engagement of board members (Table12). This is more evidence that the education of board members is needed.

**Table 11. Recent discussions of boards about privacy of health information**

Yes	No	Health/Licensure/Certification Board	Comments
	X	Advanced Practice Registered Nurses	
	X	Alcohol and Drug Counseling	
	X	Athletic Training	
	X	Audiology & Speech-Language Pathology	
No response		Chiropractic	
	X	Cosmetology	
No response		Dental & Dental Hygiene	
X		Emergency Medical Services	
	X	Environmental Health Specialists	
No response		Funeral Directing & Embalming	Vital records are electronic now.
	X	Hearing Aid Instrument Dispensers and Fitters	
	X	Massage Therapy	
	X	Medical Nutrition Therapy	
No response		Medicine and Surgery	
X		<sup>1</sup> Mental Health Practice	The Board sponsored a clinical records C.E. workshop which much of this was addressed. (Internet Counseling, telephone conversations, written records, etc). Also re: supervision.
	X	Nursing	
	X	Occupational Therapy	
No response		Optometry	
No response		Pharmacy	
	X	Physical Therapy	
		Podiatry	
X		Psychology	Supervision, telehealth, phone, computer, etc.
	X	Respiratory Care Practice	
No response		Veterinary Medicine	

<sup>1</sup> Includes Social Work, Professional Counseling and Marriage and Family Therapy.

**Table 12. Recent discussions of facility oversight about privacy of health information**

Yes	No	Not Sure	Not Applicable	Facility
				Adult Day Services and Respite Care Services
		X		Ambulatory Surgical Centers
			X	Assisted Living Facilities
	X			Centers for Developmental Disabilities
		X		Home Health Agencies
		X		Hospice
		X		Hospitals
	X			Intermediate Care Facility for the Mentally Retarded
		X		Laboratories
				Long Term Care Facilities
	X			Mental Health Centers/Substance Abuse Treatment Centers
	X			Nursing Home Administration Respondent 1
	X			Nursing Home Administration Respondent 2
		X		Outpatient Rehab Agencies
		X		Rural Health Clinics

## Key Questions and Findings ---

**Question: Do you believe your board members are familiar with an entity known as a Regional Health Information Organization (RHIO) or alternatively, a NHIN (National Health Information Network)?**

### Findings

There is a lack of knowledge of both the managers and the facilities oversight persons about the concept and development of a regional health information organization (Tables 13 and 14). Many have not discussed this issue.

**Table 13. Knowledge of managers about board member awareness of RHIO or NHIN**

Yes	No	Don't Know	Health/Licensure/Certification Board	Comments
		X	Advanced Practice Registered Nurses	
X			Alcohol and Drug Counseling	
		X	Athletic Training	
	X		Audiology & Speech-Language Pathology	
No response			Chiropractic	
	X		Cosmetology	
No response			Dental & Dental Hygiene	
		X	Emergency Medical Services	
		X	Environmental Health Specialists	
	X		Funeral Directing & Embalming	
		X	Hearing Aid Instrument Dispensers and Fitters	
	X		Massage Therapy	
X			Medical Nutrition Therapy	Those in a NHA or hospital setting.
No response			Medicine and Surgery	
X			<sup>1</sup> Mental Health Practice	
		X	Nursing	
		X	Occupational Therapy	
No response			Optometry	
No response			Pharmacy	
		X	Physical Therapy	
No response			Podiatry	
X			Psychology	
		X	Respiratory Care Practice	
No response			Veterinary Medicine	

<sup>1</sup> Includes Social Work, Professional Counseling, and Marriage and Family Therapy.

**Table 14. Knowledge of managers about facility oversight awareness of RHIO or NHIN**

Yes	No	Don't Know	Facility
		X	Adult Day Services and Respite Care Services
		X	Ambulatory Surgical Centers
		X	Assisted Living Facilities
		X	Centers for Developmental Disabilities
		X	Home Health Agencies
		X	Hospice
		X	Hospitals
		X	Intermediate Care Facility for the Mentally Retarded
		X	Laboratories
			Long Term Care Facilities
		X	Mental Health Centers/Substance Abuse Treatment Centers
X			Nursing Home Administration Respondent 1
		X	Nursing Home Administration Respondent 2
		X	Outpatient Rehab Agencies
		X	Rural Health Clinics

## Key Findings

- Almost all managers (83%) report that their boards represent groups that must abide by rules or regulations governing the security and privacy of health records. Almost all represent groups that have some health information that would be part of a patient/client/consumer comprehensive health record or information of importance to public health reporting and tracking.
- A few (18%) represent boards who have had recent discussions about privacy of health information (Health Insurance Portability and Accountability Act of 1996 - HIPAA), but not electronic health record exchange.
- Very few (24%) are aware of what regional health information organizations (RHIO) are, and generally unaware of the health information interoperability and record exchange initiative in the state. They are also not aware of the President's National Health Information Network (NHIN) initiative and the executive order.
- Most board managers report that the rules and regulations prohibit releasing confidential information about a patient without the patient's permission. However the board manager representing Audiologists and Speech-Language Pathology described an interesting requirement: transfer of care must occur to another health care professional and it is unprofessional conduct to not facilitate this when needed. It is worth further exploration about how this achieved while still maintaining confidentiality.

## Recommendation

Board managers are in need of information and education about health information exchange and interoperability. These boards should address how current rules and regulations affect and are affected by this initiative. The HISPC should develop an information process for dissemination of essential and timely information related to the progress of this initiative both federally and in the state for health/licensure/certification board managers and their members.