Civitas Networks for Health Member Roundtable Session 3 Chat

12:04:22 From Cynthia Sutliff to Everyone:
Cindy Sutliff, New York, Senior Director State Policy, NY eHealth Collaborative
12:04:26 From Richard Gibson-Comagine Health to Everyone:
Richard Gibson - Comagine Health - Portland Oregon
12:05:04 From Cora Bauman, Civitas to Everyone:
Hi all! Thanks for joining us! Cora Bauman with Civitas calling in from North Georgia!
12:05:54 From Jackie Sievers to Everyone:
Jackie Sievers, Quality Health Network in Grand Junction, CO.
12:06:15 From Steven Lane to Everyone:
Steven Lane, practicing family physician at Sutter Health and CMO @ Health Gorilla - longtime advocate for privacy and interoperability.
12:06:22 From Lisa Gall to Everyone:
Happy Spring from Lisa Gall, Clinical Program Manager from Stratis Health in MN
12:06:42 From Deven McGraw to Everyone:
Deven McGraw, Lead for Data Stewardship & Data Sharing, Invitae Corporation
12:06:56 From Lisa Bari to Everyone:
Hi everyone, Lisa Bari, Civitas' CEO - great to see so many of our members on the call today.
12:07:24 From Rick Curtsinger to Everyone:
Rick Curtsinger, Quality Health Network, serving western Colo.
12:07:38 From Rachel Heinz to Everyone:
Rachel Heinz with Social Care/Public Health teams at CyncHealth (NE/IA)
12:07:40 From Alana Kalinowski to Everyone:
Alana Kalinowski, Director of Interoperability and Collective Impact, CIE/211 San Diego
12:08:28 From Helen Figge to Everyone:
Hi everyone - Helen Figge - great topic! Looking forward to listening as the incoming President of the NYS HIMSS Chapter and how important handling sensitive data really is!
12:08:33 From Jolie Ritzo to Everyone:
Wow! 😂
12:08:38 From Beth Anderson to Everyone:
Beth Anderson, VITL(apologies I am in the car so off camera)
12:09:04 From Lisa Bari to Everyone:
Kudos to the Civitas team including Jolie and Cora and our partners for continuing to put these important member roundtables together!

12:09:41 From Kathy Miller to Everyone:
       Kathy Miller, COO Bronx RHIO.
12:09:44 From Carol Robinson to Everyone:
       Good morning/afternoon depending on your location. Carol Robinson, Founder & CEO Midato Health and CedarBridge Group
12:10:04 From Kate Kroell, Civitas Development Manager (she/her) to Everyone:
       Kate Kroell - Civitas Development Manager, joining from Charleston, SC
12:10:29 From Mike O'Neill to Everyone:
       Mike O'Neill, CEO, MedicaSoft, joining from Arlington, VA
12:15:52 From Lisa Bari to Everyone:
       this is such an important case study - great points
12:18:09 From Steven Lane to Everyone:
       The challenge is defining the full list of codes that could/should be blocked - diagnoses, procedures, meds, test results, etc.
12:19:05 From Steven Lane to Everyone:
       Also, once we do this for reproductive health services (pregnancy termination), then we need to do it for gender affirming care, STIs, substance use disorder, etc….
12:20:37 From Matt Becker to Everyone:
       To your first point Steven, is there an opportunity to help each other? Defining sets of codes, at least getting to a large percentage, might be worthwhile so it doesn't have to be solved 50+times.
12:20:51 From Steven Lane to Everyone:
       We should ideally put these decisions and controls into the hands of individuals/patients who desire to manage this for themselves while considering how best to provide optimized protections to the majority who will not have the desire to manage this themselves.
12:22:41 From Steven Lane to Everyone:
       Can our community come to a consensus regarding whether blocking all of the data is appropriate in the absence of a framework for providing individuals granular control?
12:23:33 From Deven McGraw to Everyone:
       Individuals won't know codes - so it will be important for industry to define the code sets that fit into "buckets" of data types that individuals will recognize.
12:23:38 From Steven Lane to Everyone:
       Nationwide networks and QHINs need to consider how to manage this in the context of all regional laws.
12:24:57 From Jolie Ritzo, Civitas Networks for Health to Everyone:
       Well said Steven! Leverage the existing infrastructure.
12:26:03 From Helen Figge to Everyone:
       Question to Mike O'Neill please: mishandling of sensitive data can be costly if mishandled can you comment on this fact and advise from your perspective as an expert in the architecture of handling data please - thanks.
12:27:17 From Lisa Gall to Everyone:

Q: if a women had a hysterectomy would her history be sensitive data?
12:27:47 From Cynthia Sutliff to Everyone:
    NY will not block the entire record as well
12:28:55 From Lisa Bari to Everyone:
    It is also very likely that the Biden Administration will be releasing more guidance on Dobbs.
12:28:56 From Richard Gibson-Comagine Health to Everyone:
    Code sets are one thing for defined fields. But what about freetext in visit notes?
12:29:15 From Deven McGraw to Everyone:
    The Maryland legislation would apply regardless of the destination for the data, but it does occur to me that blocking could be an overfit, because not all destinations are hostile… on the other hand, we've never set policy based on the "color" of the destination state….
12:29:40 From Jen Beedy to Everyone:
    Should we also consider utilizing Civitas' lobbying resources to pursue additional carve outs to HIPAA for reproductive health care required/permissive disclosures? Same with the Information Blocking Rule exceptions.
12:30:14 From Steven Lane to Everyone:
    I fear, Richard, that trying to tackle the free text in notes is an example of perfect being the enemy of the good.
12:30:22 From Lisa Bari to Everyone:
    two really interesting comments
12:30:46 From Lisa Bari to Everyone:
    Jen, it's definitely worth considering as an output of these roundtables and our work with members.
12:31:31 From Alana Kalinowski to Everyone:
    Really valuable work in figuring it out how to parse/filter out information without blocking everything - it also solves for capabilities that is important for other sensitive information like sexual assault, IPV, etc.
12:32:39 From Jen Beedy to Everyone:
    Is Civitas taking an official policy on the Dobbs decision? It is a highly political issue and there are many women and men who agree with the Supreme Court's decision.
12:33:37 From Nichole Sweeney to Everyone:
    I don't believe we are taking a position. Rather, we are saying, if you are a state that is interested in stopping sensitive data, lets us tell you how to do it in a least restrictive way.
12:33:53 From Nichole Sweeney to Everyone:
    We are a resource rather than policy makers.
12:34:06 From Jen Beedy to Everyone:
    Is that CRISP or CIVITAS that you are speaking for?
12:34:53 From Nichole Sweeney to Everyone:
    Definitely CRISP. I also think Civitas, but I'll let Lisa speak to that. :)

12:35:31 From Richard Gibson-Comagine Health to Everyone:
    +
12:37:06 From Lisa Bari to Everyone:
    For Civitas - we are a nonpartisan organization and need to leverage relationships with politicians from both parties, so we won't take a political position. However, the kinds of examples that Nichole shared - showing how policies can be harmful to care outcomes - that we do. So really a very similar perspective to CRISP.
12:38:48 From Lisa Bari to Everyone:
    There are some fundamental principles we hold to - around equity and care outcomes, but taking a position just to signal our values hasn't been useful *yet*. (Personally, I feel strongly about this issue, many people in our member organizations share my perspective but others may not).
12:39:39 From Jen Beedy to Everyone:
    One could argue that withholding heath data for policy reasons is harmful to care outcomes. Still to be determined are civil or criminal outcomes to women but it is not yet certain.
12:40:11 From Deven McGraw to Everyone:
    Carol, what happens at the destination - let's say the patient has consented for data to be shared for a particular purpose. Once it is shared in accordance with that purpose, however, how do we be sure at the destination end that that purpose can continue to be honored? By comparison, national networks do limit the purposes for sharing (at least as of now) — but once the data is shared, that limitation on subsequent use goes away, as long as the subsequent use/sharing is allowed by law.
12:40:16 From Lisa Bari to Everyone:
    I definitely agree.
12:40:59 From Nichole Sweeney to Everyone:
    I think that's exactly right, Jen! And that's why it's critical that we explain the consequences of these legal solutions.
12:41:52 From Rachel Heinz to Everyone:
    Carol - how does this work for client's that prefer a language other than English? Or with low literacy?
12:46:52 From Carol Robinson to Everyone:
    Rachel, ShareApprove supports Spanish, French, and basic Chinese today; it is a low lift for us to add additional languages, as long as the language is read left-to-right.
12:49:13 From Steven Lane to Everyone:
    Will Midato and/or MedicaSoft be presenting at ViVE next week or HIMSS next month to allow participants to dive into these technical solutions?
12:50:08 From Nichole Sweeney to Everyone:
    Or perhaps "as little liability as reasonable and possible." :)
12:54:23 From Mike O'Neill to Everyone:
    For MedicaSoft, we'll be at HIMSS and presenting there
12:55:34 From Nichole Sweeney to Everyone:

Definitely important to remember that all we have to do is the next, smallest, executable step.

12:55:34 From Matt Becker to Everyone:

Absolutely agree, Steven - I think that fits in very nicely with my earlier points on making sure we tackle the governance around these networks as well.

12:56:20 From Steven Lane to Everyone:

Perhaps we put this on the agenda for QHIN governance once that is established.

12:56:36 From Carol Robinson to Everyone:

Deven, just as healthcare organizations do now, a data holder must determine the legal responsibility to seek consent for further disclosure and/or for uses other than the consented use. And, any provider with a ShareApprove license with a treatment relationship with an individual, or has been authorized to receive data through a consented data-sharing authorization, an additional consent request with a unique consent form can be sent to an individual through the app.

12:57:54 From Jen Beedy to Everyone:

I'm not sure that state legislated information blocking of reproductive heath data is the solution. Runs counter to many HIEs mission of interoperability, not to mention ONC and the IBR. Do we know if Maryland state legislators considered legislation providing immunity to providers and patients?

12:58:11 From Deven McGraw to Everyone:

Thanks, Carol - in some cases, the law won't require consent for further use and disclosure, so patients need to understand that the consent is time of disclosure transaction and not one that necessarily persists.

12:58:28 From Carol Robinson to Everyone:

Thank you everyone!

12:58:39 From Carol Robinson to Everyone:

carol@midatohealth.com

12:58:52 From Carol Robinson to Everyone:

Thank you Civitas!