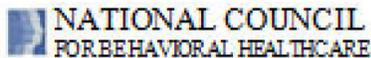




Kentucky
Behavioral Healthcare Integration
Sub Awardee
FINAL REPORT
January 25, 2013

SAMHSA - HRSA
CENTER FOR
INTEGRATED
HEALTH
SOLUTIONS



Kentucky January 01, 2013

General Overview of Project and Reason for State interest/goals for participating

The Kentucky Health Information Exchange (KHIE) has been operational since April, 2010. It began with seven pilot hospitals, and in November 2010, KHIE moved from the pilot phase and into full implementation. Currently, the exchange has 139 healthcare providers sending information to, and receiving information from, the exchange. KHIE has discovered one of the reasons community behavioral health providers are not joining KHIE is lack of funding to finance the interface needed to connect to KHIE. The second reason is the lack of a universally accepted consent that will allow their patients receiving alcohol and substance abuse services to consent for their records to be included in the exchange.

Additionally, when approached about the value access to KHIE records could bring to behavioral health providers these providers want to be able to view the records of their patients from other health care facilities. In completing the work funded by this grant GOEHI found one of the most helpful aspects of connecting to KHIE provided to behavioral health providers was the ability to import the records of other providers into the behavioral health facility without having to print and fax the records. Thus far behavioral health centers have also benefited from the close working relationship of the state HIT coordinator, the REC and the state Medicaid HIT coordinator. This relationship has allowed the behavioral health centers to achieve meaningful use levels, work toward meaningful use measures and quality for incentive funding.

The state interest in participating is to provide greater continuity of care for behavioral health patients by providing connectivity to the state wide HIE for the community mental health centers and increasing interoperability between these centers and primary care providers. Secondly, GOEHI wants to be a facilitator for behavioral health primary care integration. During this project GOEHI staff has studied the integration and possible role of HIE in integration. HIE has the ability to close the information gap in many behavioral health primary care integration scenarios. GOEHI has an interest in discovering the nature of this role and meeting this need. The technology developed by this funding is one element of the process. The technical development needed to continue to support behavioral health primary care integration has a good beginning in KHIE but it must continue as the needed technology develops.

Finally, the consent form developed by this project was identified as a need by Kentucky behavioral health providers and has gained early acceptance. GOEHI has learned the consent form deliverable of this project will be used by Kentucky state mental health hospitals and mental health hospitals that the Cabinet for Health and Family Services contracts with for behavioral health and alcohol and substance abuse services. Additionally this funding will allow GOEHI to begin processes, standards and policies that the exchange will use for the use of the consent form.

1. Managing the project to grant deliverables/outcomes

a. Structured lab results delivery

i. Progress to date

There is a contract with LabCorp and GOEHI to deliver lab results and a pilot in progress to develop the interface between LabCorp, KHIE and a primary care provider. During this project a survey was conducted to determine the need for lab delivery for Pennyroyal. Also a survey was conducted with the executive director of Pathways to determine the need for lab interface for Pathways. Pennyroyal is able to receive the lab results of patients by the delivery of the CCD from KHIE. This CCD provides lab

results from all live providers of KHIE for any patient of Pennyroyal. This same function will be available for all other behavioral health providers once they are live with pull functionality.

ii. A barrier to implementation:

In the grant application GOEHI envisioned the development of a direct interface for behavioral health providers and their lab results providers. After on-site visits with Pennyroyal and Pathways it was determined that currently neither provider orders sufficient lab testing to have a lab contract with a major commercial lab. KHIE has participation agreements with many of the medical trading partners of the community mental health centers. GOEHI currently has participation agreements with (Pennyroyal, Pathways, Comprehend and Kentucky River). The community mental health centers are receiving electronic lab results for their patients through the electronic push of the KHIE CCD. By receiving the KHIE CCD the behavioral health provider will receive the lab results of patients from their medical trading partners that are providing data to KHIE.

iii. Plans and timeframes to address barriers

GOEHI is continuing to participate in a multi-state coding project to address the need for lab ordering by means of health information exchange. If any of the behavioral health providers in the future have a need for this function it will be available to them once the technology barriers are completely addressed.

b. Continuity of Care Document Development

i. Progress to date

GOEHI is currently working with the provider's vendor NetSmart (NetSmart is the vendor for all four of the community behavioral health centers with Participation Agreements with GOEHI) to address a final issue concerning the exchange of the CCD. GOEHI will add additional language to the CCD for records containing information subject to 42 CFR Part 2. GOEHI has identified where the language required by 42 CFR Part 2.32 can be placed within the KHIE CCD, however NetSmart is also working toward a more satisfactory solution that may possibly only tag the individual record, not the complete CCD. Additional development is underway through the KHIE HIE vendor Xerox, GOEHI technical staff and the participant's vendor NetSmart to address this issue.

ii. Meetings with behavioral health providers to determine additional CCD data elements required to provide quality care None

iii. Additional CCD data elements identified by behavioral health providers

There have not been any additional CCD elements identified by behavioral health providers.

iv. Barriers to identifying additional CCD data elements (if any)

None

v. Plans and timeframes to address barriers (if any) First quarter 2013

c. Participation of Core Behavioral Health Team (HIE Coordinator, HIT Coordinator, Medicaid Director, Mental Health Authority Director, Substance Abuse Authority Director) in ongoing calls and activities

The mental health authority director and substance abuse director continue to assist GOEHI in outreach efforts to behavioral health consumers and providers as well as providing assistance from their program areas. During development of the consent form, the form was a topic for discussion at the quarterly meeting of the state Medicaid Advisory Committee. This is a committee of stakeholders that advises Medicaid concerning issues of interest to the committee. The discussion centered on the use of the form and the recognition that many patients receiving Medicaid would also be eligible to use the form.

2. Statewide meetings with Providers and/or Consumers

a. Discussion of comprehensive strategic communications plan to educate, engage and solicit feedback from the behavioral health provider community and its consumers

GOEHI engaged consumers to seek feedback on integration of behavioral health and primary care using the KHIE. Identification of resources included the Office of Protection and Advocacy within the Cabinet for Health and Family Services. This Office has two boards that consist of consumer representatives for behavioral health. The Office scheduled meetings with its consumer representatives allowing GOEHI to seek input from the board's membership.

During the month of August the staff attorney and the executive director of GOEHI presented the consent form to The Protection and Advocacy Advisory Council for Individuals with Mental Illness (PAIMI) of the Office of Protection and Advocacy within the Cabinet of Health and Family Services. This council is composed of consumer advocates. These individuals are consumers of behavioral health services and advocate for other consumers also. Comments consisted of information concerning the real and continuing stigma related to the treatment of behavioral health diagnoses and the consumers' advice to GOEHI to never minimize this stigma during this project. Additionally, the consumers requested we not use acronyms in the form but rather spell out all abbreviated terms. Second, the consumers requested increasing the font of the form even if it increased the page numbers. The consumers expressed appreciation for the work GOEHI had undertaken with this project and for the support GOEHI has received from federal partners¹.

Voices for a Healthy Kentucky is a statewide consumer advocacy group consisting of providers and consumers. This group sponsored a webinar of their membership for GOEHI's presentation of the sub award work. This presentation on September 28, 2012 allowed GOEHI to seek input from behavioral health providers and primary care providers as well as consumers.²

The purpose of this webinar was to present information concerning the sub-award and to solicit input concerning the consent form. The consensus of the group toward the form was favorable. However, they did request that the training materials incorporate particular attention to the explanation of guardianship. The recommendation is that no individual be allowed to sign the consent form as a guardian unless they can present the court order of guardianship.

GOEHI has contacted NAMI of Lexington the largest and most active NAMI organization in the state. Interaction with this group will allow additional consumer input on the processes and consent form GOEHI will be adopting. Also contact with this group will allow the group to have knowledge of the consent form.

The GOEHI staff attorney spoke at the Howard L. Bost Memorial Policy Forum on September 17, 2012. This presentation displayed the work of GOEHI and the National Council sub award to primary care providers from throughout the state of Kentucky. The emphasis of the Bost Forum for 2012 was the integration of behavioral health and primary care.³

The GOEHI staff attorney spoke at the Primary Care Association on October 16, 2012 to provide information to primary care providers about the consent form and primary care behavioral health integration using the KHIE. The primary care providers attending the conference urged GOEHI to make the form universally available. The primary care providers urged GOEHI to encourage Kentucky Community Behavioral Health Centers to accept the form from a primary care provider for the release of

¹ Consumer focus groups for GOEHI SDE is the document developed after the meetings with all consumer groups

² [Mike Lardiere HIE SDE update 7-24-2012](#) is the Power Point presented at this meeting

² [Behavioral Health Flyer 09-28-2012, KY HIE SDE, 09--28-2012 Voices](#)

³ [KY HIE SDE 08-31-SDE 10-01-2112Bost](#)

medical records to the primary care provider. The primary care providers stated in the past they had difficulty with the receipt of records because they used the wrong or inappropriate form.⁴

GOEHI has also contracted with the University of Kentucky Healthcare department of CeCentral to produce video modules that will describe the work accomplished and funded by this grant. These modules will provide an overview of KHIE, describe integrated care from the national viewpoint and the state viewpoint and describe the consent form Kentucky will use. Each module will allow providers to earn continuing education credits to eligible participants once the modules have been completed. The modules are designed with learning objectives and with questions about the subject matter. Both national speakers and Kentucky mental health advocates have been recruited to speak concerning the topics presented.⁵

The consent form will be addressed by two of the modules. These modules will be used as a resource for both primary care providers and behavioral health care providers and their staff to initially learn about the consent form and to refresh their training after the initial training is completed.

GOEHI developed a training manual to be used when the GOEHI intake coordinator and the outreach coordinators train any provider concerning the behavioral health information available in KHIE.⁶

b. Provider engagement in shaping the legal and operational framework for data exchange

During the initial state wide meeting GOEHI reviewed the project plan with all attendees and requested any comments on the proposed plan.

KHIE outreach coordinators scheduled an on-site meeting with Pennyroyal and Pathways, the initial pilot participants. GOEHI used this opportunity to develop additional materials needed for the onboarding process. These material are used to effectively and consistently onboard a behavioral health provider. One additional process added to the on-boarding process for behavioral health is the necessity for an on-site visit, especially to study any already existing consent process.

During the final state wide meeting GOEHI presented the consent form, the consent explanation form and the requirements for additional behavioral health providers to join the pilot providers. The reception to the work completed was positive and two additional providers requested contact from KHIE outreach coordinators.

During meetings with the Kentucky Primary Care Association GOEHI was urged to further expand the use of the consent form in Kentucky and urge behavioral health providers to standardize the form so that primary care providers could use it to request behavioral health records in any form, paper or electronic.

Consumer engagement in shaping the legal and operational framework for data exchange

Comments from consumers consisted of information concerning the real and continuing stigma related to the treatment of behavioral health diagnoses and the consumer's advice to GOEHI to never minimize this stigma in our work. Additionally, consumers requested we not use acronyms in the consent form but rather spell out all abbreviated terms. Secondly, consumers requested we increase the font size of the form even if it increased the page numbers. Both of these suggestions have been adopted in the final version of the form.

One additional suggestion for training is that GOEHI emphasis to staff members assisting patients that no claim of a guardianship should be accepted unless a guardianship order is reviewed by the staff member. This information is included and emphasized in the training materials.

c. Initial and ongoing Statewide meetings held

⁴ [KY HIE SDE 10-01-SDE 10-01-2112 KyPCA](#)

⁵ [Behavioral Health Overview-UK CeCentral 12-19-2012](#), [KHIE presentation for 12-19-2012 MLardiere](#), [KHIE presentation Schuster 12-19-12](#), [UK CeCentral SAMHSA training](#)

⁶ A hard copy of the training manual is included with this report

i. Outcome of meetings

First State wide meeting

March 12, 2012

62 attendees

Second State wide meeting⁷

September 18, 2012

148 attendees

1. Issues discussed/agenda

Power Point from the meeting is attached⁸

2. Feedback received

Favorable review of the consent form with guidance for guardian issue

3. Review of "best practices" identified in the state

Behavioral health providers have processes for collecting and preserving consent. The consent process adopted by GOEHI built upon those processes and sought guidance from the providers.

4. Workflow Issues addressed

GOEHI tried to incorporate the consent form into the existing work flow of the behavioral health providers visited.

5. Behavioral health provider capacity to exchange data

a. Specific criteria required to participate

Final criteria are selected. The EMR chosen by the provider must be able to manage consent by the patient and additional criteria required have been developed. A Power Point is attached that the complete listing of the criteria.⁹

6. Identification of tools or tool kits for development

Training Manual

CeCentral Modules

Two of the modules are complete; three additional modules will be completed by February 28, 2013

7. Other Issues

GOEHI staff formed a final workgroup to work with the GOEHI web master. The goal of this group is organize all the deliverables of this project and present them in a separate location of the KHIE website. The group will first decide the content of the location. Current content is the information from the eHealth Summit. This should be updated with the final documentation of the consent forms, links to CeCentral, on boarding information and behavioral health information relevant to connectivity with KHIE. This must all be presented in a separate designated area of the website.

8. Next Steps

Complete CeCentral Modules

⁷ A hard copy of the Stakeholders manual from the eHealth summit is included with report, [2012 eHealth Summit Behavioral Health Stakeholders Manual table of contents](#)

⁸ [SAMHSA Grant Kickoff Meeting Presentation March 14 2012 Final, Copy of Kick off meeting attendees list](#)

⁹ [GOEHI requirements for HIE-SDE program 09-18-2012](#)

Update website

3. Progress towards BH Provider exchange in the HIE

a. How many signed up now

GOEHI requires a Participation Agreement to join KHIE and five Behavioral health providers have signed the agreement.

b. How many in process of on boarding

Two behavioral health providers have completed the on boarding process and three are in the process.

Pennyroyal Center

Pennyroyal has created a CCD for a behavioral health patient and pushed that CCD to KHIE. This capacity has been tested by KHIE. KHIE has pushed the KHIE CCD containing all Kentucky Medicaid claims data and lab information from all live KHIE participants (currently 150 connections) to Pennyroyal. Pennyroyal can currently use the KHIE CCD in the treatment of Pennyroyal patients. Next steps for Pennyroyal:

Technical Development of CCD

KHIE must do additional technical development to share the Pennyroyal CCD with the other healthcare providers participating in KHIE. The Pennyroyal CCD contains both behavioral health information and 42 CFR Part 2 information. KHIE wants to be able to respond to queries from other providers who are also treating Pennyroyal patients in other treatment settings with this information from Pennyroyal. To do so KHIE must develop a location for the non-disclosure language to be displayed in the CCD format.

Training of Pennyroyal staff

GOEHI staff will train the Pennyroyal staff in the use of CCD information and the KHIE and the consent form. (However the Pennyroyal staff can currently use the KHIE CCD to treat their Medicaid patient population without training and have been doing so. KHIE usage reporting shows Pennyroyal pulled 123 CCDs in the production environment during November and December.)

Pathways Inc.

Pathways is in the intake process with the same EMR vendor as Pennyroyal. The EMR vendor is using a hub design. This means the EMR vendor (NetSmart) connects all of its clients to the EMR vendor hub and then connects that hub to KHIE. The vendor has completed the hub connection to KHIE. By choosing this technical architecture the vendor completed much of the connectivity when the Pennyroyal connection to KHIE was completed because that connection included the hub connection. That work will not have to be repeated. Currently, Pathways is completing an internal NetSmart upgrade. Pathways has a different version of the NetSmart software. Because of this difference once the connection with KHIE is completed, Pathways will immediately be able to send the Pathways CCD to KHIE. Additional development will be needed to receive the KHIE CCD from KHIE. NetSmart, the EMR vendor has scheduled the delivery of the KHIE CCD to Pathways for the first quarter of 2013. When this work is completed, NetSmart will begin the delivery of the KHIE CCD to Pathways process. This connectivity to Pathways is a priority because the integration model being pursued for Pathways includes the delivery of lab results from the medical trading partners of Pathways via KHIE. This delivery will be accomplished by delivery of the KHIE CCD.

Next steps for Pathways:

Delivery of the KHIE CCD

Scheduled for first quarter 2012

Training of Pathways staff

GOEHI staff will train Pathways staff in the use of CCD information, the KHIE and the consent form process.

Comprehend, Inc.

Comprehend also uses the NetSmart EMR and will connect with the hub. Comprehend is in the intake process; however the Comprehend process also depends upon the connection to a FQHC, Primary Plus. Comprehend and Primary Plus have partnered to integrate by referring common patients to each other or patients needing services to each other and providing services in their respective areas by sharing patients. The weakness in their integration system was the inability to share their records. The connection with KHIE will be the patient information link that allows their respective providers to share patient information. The contracting with KHIE to Comprehend and Primary Plus is completed. Primary Plus has a live connection with KHIE. Work with Comprehend and KHIE is awaiting the completion of Pathway's EMR connectivity with NetSmart.

Kentucky River

Kentucky River is in the KHIE intake process. Connectivity to KHIE will allow Kentucky River to share and receive the records of their patients from and to the primary care providers in the Kentucky River medical trading area. Kentucky River provided the KHIE outreach coordinator and outreach staff with a list of primary care providers that they refer to. KHIE outreach coordinators are contacting these providers to connect the providers to KHIE. Work with Kentucky River is awaiting the completion of Pathway's connectivity and EMR vendor availability.

Barriers encountered

Appalachian Regional Hospital contracts with the Commonwealth of Kentucky to provide behavioral health services and is also believed to provide alcohol and substance abuse services. This major hospital system is providing records to KHIE. When the hospital was onboarding into the system there was not a consent form for behavioral health patients. All of the behavioral health patients' records are filtered from KHIE by patient type and location using the National Provider Identifier (NPI). Once the consent form and policies for using it are finalized ARH will be offered use of the form and training.

The redisclosure language of 42 CFR Part 2.32 must accompany any record subject to 42 CFR Part 2. The Kentucky CCD technology workgroup has studied the KHIE CCD for the appropriate location of this language. Possible alternatives have been to link the NPI number of the providers subject to 42 CFR Part 2 and add the language to any CCD that generates for any patient from these NPI locations. However, the weakness of this option is that the CCD will not directly identify the specific information. It is recognized this is not different from the paper record in that the each section of the paper record is not labeled as being specifically subject to 42 CFR Part 2.

c. Activities/Plans to eliminate barriers

The amendment of KRS 210.235 is introduced in the 2013 legislative session. This will be the third introduction by GOEHI.

Technical development activities are continuing with the KHIE HIE vendor to add the 42 CFR Part 2 language in an appropriate manner to the KHIE CCD. Additional conversations are being held with NetSmart exploring the vendor's solution to the appropriate location of the nondisclosure language.

4. Progress towards BH Provider exchange using NwHIN DIRECT (not required but many HIEs are also providing this capability for providers)

a. How many signed up now

b. How many in process of on boarding

- c. Barriers encountered
- d. Activities/Plan to eliminate barriers

5. Policy and Regulatory Issues

a. Data Standards

b. Legal and Regulatory Barriers

The consent form developed by the CIHS work group was provided to and considered by the Kentucky consent workgroup. The national form was modified for use in Kentucky.¹⁰ The following modifications made to the form:

Disclosure All information available about the patient must be disclosed because KHIE does not have the ability to support any granularity of choice.

From Whom All programs in which the patient has been enrolled as an alcohol or drug abuse patient (if any) and as a mental health treatment patient (if any) that are affiliated with the Kentucky Health Information Exchange (KHIE), is the language included in the form. This language was chosen to include all the providers participating in KHIE because KHIE does not have the ability to support any granularity of choice for a patient. A patient signing the form will not be able to pick and choose among the Kentucky providers participating in KHIE.

To Whom: I authorize any current and future health care provider/organization that are treating me or are involved in the coordination of my health care to access any and all of my health information through the Kentucky Health Information Exchange (KHIE). This language was chosen because KHIE does not have the ability to support any granularity of choice for a patient choosing Kentucky providers receiving their information. However the only providers querying for a patient's information will be providers a patient has a treatment relationship with. It is important to note if a patient has not chosen a provider to treat them a provider will not be querying the KHIE for information about the patient.

Amount and Kind of Information: The information described in this section is a description of the information contained in the CCD. This language was chosen because KHIE does not have the ability to support any granularity of choice for a patient to choose parts of the CCD to be sent to KHIE.

Purpose The definitions of HIPAA treatment, payment and operations were chosen because this is what is defined in the GOEHI participation agreement. The participation agreement is the contract all providers agreeing to be part of KHIE sign. This agreement governs a healthcare provider's use of the KHIE.

Effective Date The effective date of six months is chosen for KHIE because this insures a patient has seen a current list of all possible providers that might receive their records, a requirement of 42 CFR Part 2.

Behavioral Health EHR Planning

c. Communication and Education to Providers and Consumers

On June 13, 2012 GOEHI staff arranged for the Secretary of the Cabinet of Health and Family Services to visit the Pennyroyal Community Behavioral Health Center. The purpose of the visit was for the Pennyroyal Center to share with the Secretary their work in behavioral health integration and the work with GOEHI in support of this sub award. Additionally, GOEHI was able to explore the current abilities of the Pennyroyal EMR and discuss with Pennyroyal the management of consent and additions to the consent protocols already in use by Pennyroyal staff.

The GOEHI staff attorney and the executive director presented the work of this funding to the PAIMI council of the Office of Protection and Advocacy within the Cabinet of Health and Family Services. This

¹⁰ [KY 42CFR Part 2 Mental Health Consent Rev01-02-2012](#)

council is composed of all consumer advocates. These individuals are consumers of behavioral health services and advocate for other consumers also.

Voices for a Healthy Kentucky is a statewide consumer advocacy group consisting of providers and consumers. This group sponsored a webinar of their membership for GOEHI's presentation of the sub award work. This presentation occurred on September 28, 2012.

The GOEHI staff attorney spoke at the Howard L. Bost Memorial Policy Forum on September 17, 2012. This presentation displayed the work of GOEHI and the National Council sub award to primary care providers from throughout the state of Kentucky. The emphasis of the Bost Forum for 2012 was the integration of behavioral health and primary care.

The GOEHI staff attorney spoke at the Primary Care Association on October 16, 2012 to provide information to primary care providers about the consent form and primary care behavioral health integration using the KHIE.

The executive director of GOEHI spoke each month during the KHIE update call concerning the progress on connectivity and the status and availability of the consent form. The KHIE update call is a monthly call to all Kentucky healthcare providers the KHIE outreach team has made contact with. The attendance on these calls will vary from 50 attendees to 100 attendees per month.

The executive director of GOEHI spoke to the Kentucky Health Information Management Association Meeting on June 4, 2012 and the Kentucky Hospital Association Advisory Committee on July 26, 2012. These groups were advised GOEHI received the funding for the behavioral health primary care integration project and were given updates on the progress KHIE was making both with the technology and with the consent form.

On August 15, 2012 the Kentucky REC/QIO and KHIE GOEHI held a Joint Training Session. A portion of the session was devoted to information concerning this integration intuitive and the availability of the consent form for Kentucky providers.

GOEHI has a staff of five outreach coordinators. Since this funding KHIE coordinators added to their outreach efforts information about behavioral health availability through KHIE. This means each provider who is approached about becoming a member of KHIE is told part of the value of the exchange is that GOEHI is working toward making behavioral health information available through KHIE. Additionally, these coordinators are updated monthly on the progress of this program and they include this information in their outreach to all providers they contact about KHIE.

d. Policy development (type of policy, content of policy etc)

GOEHI has identified a policy that will be developed concerning the redisclosure requirement of 42 CFR Part 2. This policy will be primarily directed to providers receiving records from behavioral health providers. This policy will attempt to direct the providers according to the non-disclosure requirements of 42 CFR Part 2.32.

The second policy identified is behavioral health providers must use the consent form. Providers may add information they need for their operations as long as they include the information included in the form. A policy will be developed directing the use of the consent form developed by the consent form work team. Parameters will be set for additions to the form. No deletions will be allowed to the basic elements of the form

The third policy identified is behavioral health patients must renew their consent by using the consent form every 6 months. A policy will be drafted that incorporates this requirement.

i. Progress towards policy development

KHIE has a Privacy and Security committee that is part of the KHIE Coordinating Council. KHIE submitted the consent form as modified for use in Kentucky and the consent explanation document to this committee. The committee met on August 20, 2012 and considered both documents. The Privacy

and Security Community approved both the consent form and the consent explanation form. Additionally, the committee discussed the work needed to draft a policy to require any provider using KHIE that is a 42 CFR 2 program to use the consent form and the consent explanation document. Additionally, the committee discussed the necessity for informing providers of the requirements of nondisclosure according to 42 CFR Part 2.32.

The processes necessary to draft and adopt the needed policies are in place within the GOEHI organization. Once the technical processes progress to the stage it does not appear they will have an effect on the policies, the policy process will be completed.

6. Legislative changes required to implement exchange (if any)

a. Describe changes and expected effect

There are no legislative changes needed to implement KHIE, however GOEHI has pursued for the past two legislative sessions a revision to KRS 210.235. GOEHI is using the state meetings and the interaction with community behavioral health to request assistance with this legislation also. The following is a summary of the bill that is being reintroduced in 2013.

HB 274 Summary

- As currently enacted, KRS 210.235 restricts the sharing of critical patient health information by state-owned or contracted mental health facilities. The affected facilities are:
 - Eastern State
 - Central State
 - Western State
 - Hazard Appalachian Regional Healthcare Psychiatric Unit
 - Kentucky's 14 Community Mental Health Centers
- HB 274 would amend KRS 210.235 to allow electronic exchange of patient medical records for the purposes of treatment, payment or operations as under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- Today, behavioral health-related patient information is electronically exchanged between hospitals and primary care providers through the Kentucky Health Information Exchange (KHIE) but patient data from the state-owned or contracted mental health facilities is restricted from exchange by KRS 210.235.
- HB 274 would enable primary care providers, hospitals, emergency room personnel and behavioral health facilities to access a consolidated medical history, including the critical missing data from state mental health facilities. Patient safety will be enhanced through access to a more complete medication history, for example, allowing clinicians to make more informed clinical decisions at the point of care for these most vulnerable patients.

b. Progress towards implementing legislative changes

GOEHI is using the state wide meetings to gather further support and visibility and reintroducing the legislation in 2013

7. Infrastructure Development Required by HIE

a. Type or nature of infrastructure development needed

b. Progress towards development

i. Viewing and bi-directional exchange (if applicable)

The goal for GOEHI and the behavioral health provider was for KHIE to connect the provider to KHIE so that the provider could send and receive the continuity of care document (CCD). To accomplish this goal the pilot provider selected was Pennyroyal. The vendor NetSmart had to provide a security certificate for Pennyroyal and then the vendor completed the coding required to build the Pennyroyal

client. This coded client could then be connected to KHIE. By October 25, 2012 the Pennyroyal system was able to query the KHIE for a Medicaid patient and receive the KHIE Medicaid CCD associated with that patient. This CCD contains all Medicaid claims information and all lab results from all the KHIE participants that are live on the exchange at the time the query is made. Currently KHIE and the EMR vendor NetSmart are working on the MDM CCD. The current CCD from Pennyroyal being sent to KHIE is not displaying the patient's medications. Development work is being done to discover the source of this deficiency.

Additionally the non-disclosure language of 42 CFR Part 2.32 is not part of the current CCD. GOEHI is currently working with the Pennyroyal vendor NetSmart (NetSmart is the vendor for all four of the community behavioral health centers with Participation Agreements with GOEHI) to address the final issue concerning the exchange of the CCD. GOEHI will have to add additional language to the CCD for records containing information subject to 42 CFR Part 2. GOEHI has identified where the language required by 42 CFR Part 2.32 can be placed within the KHIE CCD. However NetSmart is also working toward a more satisfactory solution that may possibility only tag the individual record not the complete patient CCD. Additional development is underway though the KHIE HIE vendor, GOEHI technical staff and the participant's vendor to address this issue.

ii. Timeframe for infrastructure development

Placement of the nondisclosure language will be determined by the end of the first quarter of 2013.

8. Pilot site(s) selection (if applicable)

a. Criteria Pilots must have currently adopted an electronic medical record

b. Status of Pilot site(s) participation Pennyroyal-connected

Pathways-started technical on-boarding process

Comprehend-contracting complete

Kentucky River-contracting complete

c. Plans for including providers beyond the Pilot sites

GOEHI developed a Power Point presentation for the eHealth Summit to address requirements for connecting to KHIE by behavioral health providers.

The CeCentral modules will continue to educate both primary care providers and behavioral health providers about the availability of connectivity with KHIE.

The training manual for KHIE is available for use by both behavioral health and primary care providers.

9. Coordination with national and state partners

July 24, 2012 the GOEHI staff attorney represented GOEHI at the Behavioral Health IT Roundtable. This roundtable was comprised of private and public-sector stakeholders convened to focus on the role of health IT in integrating behavioral health and primary care.

August 7, 2012 the GOEHI staff attorney represented GOEHI at a behavioral health forms meeting conducted by SAMHSA and ONC to address current issues related to the management of patient consent for sharing behavioral health information with HIEs. This meeting was a small group of stakeholders convened to better define the issues and the policy and technology obstacles that need to be overcome to promote the inclusion of behavioral health data in state HIEs.

This meeting was preceded by two telephone conferences hosted by SAMHSA attended by the GOEHI staff attorney. These calls served as planning calls and information gathering sessions in advance of the meeting held on August 7, 2012.

October 9, 2012 the GOEHI staff attorney and executive director presented the progress of KHIE during a meeting of the multi-state coordination and communication call for the Midwest Health

Information Technology coordinators. GOEHI offered the resources developed during this funding to any other HIE that might be interested in developing a similar program for operation in their HIE.¹¹

November 28, 2012 the GOEHI staff attorney spoke during the NeHC Technology Crossroads Conference held in Washington DC. The presentation reported the progress KHIE had made in meeting the grant deliverables.¹²

10. Barriers/Obstacles to behavioral health provider and physical health provider data sharing in the HIE (as of the date of the report and this may change from month to month)

a. Technology Issues

GOEHI addressed the 42 CFR 2 requirements that the patient must know every provider who receives their medical record. Within the KHIE onboarding process the first step of the process is the healthcare provider signs the GOEHI Participation Agreement. From the time this agreement is executed until the provider is live on the KHIE approximately 3 to 4 months may lapse. Thus if the provider is added the GOEHI Signed Participation List then the provider can be made known to any patient signing a consent form before the provider will have access to the KHIE. The process will require that the patient be given a listing of all of the providers that have signed the participation agreements but the list will begin with the providers in their region and the Kentucky's major trauma centers. The consent will be valid for only six months. With the number of providers in the queue waiting to go live the lag time is greater than six months. This information will also be disclosed to the patient. The latency in taking providers to live status will insure no patient record will be provided to a provider that the patient is unaware of at the time the patient signs the consent form. This is a temporary measure that will enable KHIE to meet the requirements of the regulation until either the regulation is amended to address the needs of electronic delivery of medical records or until such time as the technology develops the capacity to address the requirements of the current regulation.

b. Operational Issues for the HIE

c. Operational Issues for the providers

GOEHI has reviewed the consent requirement with Pennyroyal as completely as we are currently able to and the Pennyroyal staff did not appear to believe the form would cause disruption to the center workflow.

Additionally GOEHI has conducted a site visit with the staff of Pathways and extensively reviewed the consent requirements. Pathways staff were confident the consent form could be substituted for the current Pathways form and implemented. GOEHI and Pathways staff agreed there was no issue with Pathways presenting the consent language in a Pathways labeled format and that additional language could be added as long as none of the required language currently in the form was deleted and any added language was presented to the staff attorney for GOEHI for review before it was incorporated. Pathways and Pennyroyal appear to be excellent pilots for these issues because Pennyroyal is an electronic consent environment while Pathways is paper bases for consent.

d. Cost constraints

i. Plans to resolve barriers/obstacles

ii. Timeframes for resolution

e. What needs to change at the state or federal level to eliminate barriers

If would greatly aid the operation of current electronic transfer of a patient's medical records if the language of 42 CFR Part 2 could recognize a patient's records will not be queried in a health information exchange unless the patient knows and has selected the provider for treatment. When the

¹¹ [October 9, 2012](#)

¹² [Kentucky Progress NeHC 11-28-2012](#)

patient signs the health information exchange consent form they are only agreeing to the method of delivery of the medical record. The patient is agreeing that health information exchange may be used as the method for their records to be delivered to their treating provider.

11. HIE Tool Kit/ Education package development for providers identified

a. Contents of Tool Kit/Education Package

i. Recommended state Consent form

Recommended state consent form is completed.

ii. Workflow for joining/onboarding to the HIE

GOEHI developed this workflow before the sub award and the process did not have to be modified for behavioral health providers. GOEHI has found behavioral health providers do benefit from a site visit because the consent process needs to be studied by GOEHI staff.¹³

iii. Provider Agreement with HIE

GOEHI developed before the sub award, QSOA developed, MOU developed. All behavioral health providers joining KHIE will sign the Participation Agreement and the QSOA.¹⁴

b. Progress towards Tool Kit/Education Package development

The state consent form and consent explanation are completed. The workgroup that developed the forms scheduled meetings with the KHIE Privacy and Security committee and the committee reviewed and approved both forms.

c. Include tool kits/educational material as they are developed

Both of these forms are included in the consent manual.

12. Lesson Learned/"Recommended Practices"

a. One step or two step consent process (explain what will be used and why)

b. State recommended Consent Form

i. "All of Nothing"

1. For Sharing data with all providers in the HIE

Consent form requires all data must be shared with all providers in KHIE. However it is important to remember the GOEHI participation agreement requires that only providers with a treatment relationship query for records of a patient.

For data elements passed in the CCD

The patient will also have to consent for all elements of the CCD to be provided to the healthcare providers. KHIE does not have the technological capacity to parse the CCD and present only certain chosen elements of the CCD to providers. For this reason a description of the CCD will be provided for the patient consent form and instructions about the CCD will be provided in the educational materials. However if the patient does not agree for all CCD information to be shared the consent instructions will advise the patient to not consent.

ii. Purpose of Consent – identify what is doable in the state and why

1. For Treatment and Care Coordination ONLY

2. Payment (allowed or not allowed)

3. Operations (allowed or not allowed)

All three elements are allowed in Kentucky and are provided for by the GOEHI Participation Agreement

iii. Hard "Expiration Date" vs. "Event" A

¹³ [Onboarding process updated 04-04-12 copy, KHIE on-boarding web service check list \(2\)](#)

¹⁴ [Comprehend QSRO 12-13-2012, Pennyroyal MOU, Pathways PA](#)

1. Discuss problems with tracking an “Event” e.g. “until the time of my death” in the HIE

KHIE lacks the technology to track an event so the patient will date the form and the consent will be effective until six months from the date. The effective date of the form is determined by the ability of the technology to support the choice. The EMR of the provider’s vendor can track the effective date of the form. If the date has expired then the EMR treats the patient’s record as if the patient has not signed a consent form. If the EMR receives a request for a record then no response is made until such time as the patient signs a new consent form.

c. Provider Agreements

Behavioral health providers signed the same participant agreement as other providers sign. An extra exhibit was added to include the Qualified Service Organization Agreement for GOEHI.¹⁵

d. Other

13. Final Statewide meetings held

The second Kentucky state wide meeting was conducted by GOEHI on September 18, 2012 in Lexington, Kentucky as part of the annual GOEHI eHealth Summit. From the extract of the attendance GOEHI has been able to identify one-hundred and fifty two stakeholders that attended the meeting on behalf of primary care, behavioral health and consumer advocates. During the afternoon of the meeting GOEHI staff conducted a meeting providing information specifically about the sub-award opportunity for behavioral health. Two additional community behavioral health centers and their primary care partners are developing a program of integration using KHIE based upon the information and outreach they received during the Summit.¹⁶

a. Outcome of meetings

i. # and Type of Attendees

The extract of attendance is attached¹⁷

ii. Issues discussed/agenda

The agenda for the eHealth summit and the materials provided for the summit are available at www.KHIE.ky.gov

iii. Feedback received

iv. Review of “best practices” identified in the state

v. Workflow Issues addressed

vi. Behavioral health provider capacity to exchange data

1. Specific criteria required to participate

The Power Point presentation shared with the attendees is attached at footnote 16

vii. Identification of tools or tool kits for development

Web site development

Consent training manual

CeCentral modules

GOEHI has identified policies that will be developed concerning the redisclosure requirement of 42 CFR Part 2

¹⁵ [Pathways PA](#)

¹⁶ [Behavioral Health agenda eHealth Summit 09-18-2012, HIE SDE update 09-18-2012 eHealth Summit,](#)

¹⁷ [GOEHI 9-18-2012](#)

Behavioral health must use the consent form
Behavioral health providers must renew consent every 6 months

viii. Other Issues

b. Next Steps or future direction for behavioral health integration in the state

The Cabinet for Health and Family Services (CHFS) formed a workgroup within the Cabinet to study the needs of integration and the support to be provided by the Cabinet. GOEHI is tasked with supporting the efforts of this group.

GOEHI made the work of Maine available to the CHFS Department of Development Disabilities to support their efforts in developing an RFP for a new electronic mental record for a under construction mental hospital in the Commonwealth. The specific work is the information concerning the adoption of behavioral health electronic medical records and work flow.

GOEHI will continue to support behavioral health with the services of KHIE.
GOEHI plans to make the Direct services a use case for behavioral health once Direct is available through KHIE.

14. Dissemination Activities/Plans/Accomplishments

a. Inter-State

October 9, 2012 the GOEHI staff attorney and executive director presented the progress of KHIE during a meeting of the multi state coordination and communication call for the Midwest Health Information Technology coordinators.

November 28, 2012 the GOEHI staff attorney spoke during the NeHC Technology Crossroads Conference held in Washington DC. The presentation reported the progress KHIE had made in meeting the grant deliverables.

b. Intra-State

August 15, 2012 the Kentucky REC/QIO and KHIE GOEHI held a Joint Training Session. A portion of the session was devoted to information concerning this integration intuitive and the availability of the consent form for Kentucky providers.

c. National Meetings

November 28, 2012 the GOEHI staff attorney spoke during the NeHC Technology Crossroads Conference held in Washington DC on the topic "Health Information Exchange and Behavioral Health". The presentation shared Kentucky's experiences and lessons learned as a participant in this project.

Reference Documentation

[2012 Kentucky eHealth Stakeholders' Training manual table of contents](#)

[5 things to know about CCD](#)

[AGENDA: 2012 Kentucky eHealth Summit Working Together for a Healthier Kentucky](#)

[Agenda: CIHS HIE Meeting November 16, 2012](#)

[All consumer focus groups for GOEHI SDE-HIE project](#)

[Behavioral Health Primary Care Integration Using the Kentucky Health Information Exchange](#)

[Consent Explanation Health Information Exchange Services Behavioral Health](#)

[Copy of Kick Off Meeting Attendees List](#)

[Exhibit D: Qualified Service Organization Agreement between Governor's Office Of Electronic Health Information And Comprehend, Inc.](#)

[GOEHI 09-18-2012](#)

[Governor's Office of Electronic Health Information \(GOEHI\); The National Council for Community Behavioral Healthcare: KY PCA](#)

[Governor's Office of Electronic Health Information; The National Council for Community Behavioral Healthcare: Voices](#)

[HIE-SDE Awardee eHealth Summit](#)

[HIE-SDE Sub Award Kentucky Progress](#)

[HIE-SDE Sub Award Kentucky Progress NeHC Health Information Exchange Learning Network Symposium](#)

[HIE-SDE Supplement The National Council for Community Behavioral Healthcare: October 9, 2012](#)

[Kentucky eHealth Summit: Michael R. Lardiere, LCSW; KY HIE SDE](#)

[Kentucky Governor's Office OF Electronic Health Information: HIE-SDE Sub Awardee](#)

[Kentucky Health Information Exchange Behavioral Health National Council HIE SDE Sub Awardee](#)

[KHIE On-Boarding Key Processes; Update 04-04-2012](#)

[KHIE On-Boarding Web Services Checklist](#)

[KY 42 CFR Part 2: Patient Consent and Authorization Form for Disclosure of Certain](#)

[Meaningful Use-Reasons to Move Forward](#)

[Netsmart Behavioral Health Continuity of Care Document](#)

[Overview of Integrated Care: Sheila A. Schuster, Ph.D.](#)

[Overview of National Initiatives: Michael R. Lardiere, LCSW](#)

[Patient Summary: January 18, 2013](#)

[Pathways, Inc. PA](#)

[Pennyroyal Center MOU](#)

[Pennyroyal Center: Primary Behavioral Health Care Integration \(PBHCI\)](#)

[SAMHSA Grant Kickoff Meeting](#)

[Update on CIHS HIT Supplement; Kentucky eHealth Summit: Michael R. Lardiere, LCSW](#)

[VHR CCD Screen Print: Benny Moeller](#)

[WEBINAR: Electronic Exchange of Health Information for Behavioral Health Patients](#)