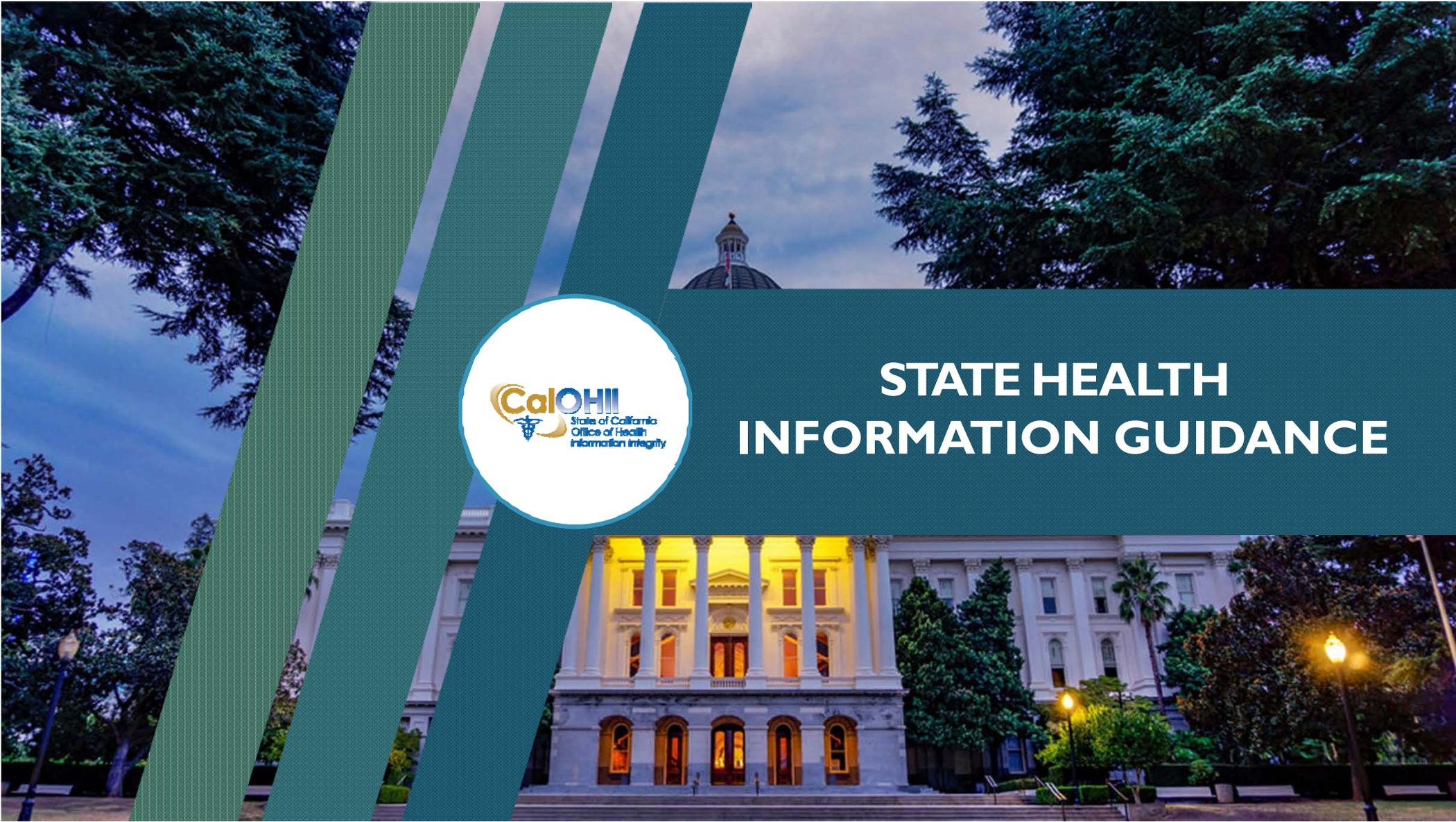




STATE HEALTH INFORMATION GUIDANCE



What is the SHIG?

State Health Information Guidance



Why Is the SHIG Needed?



CONFUSION

Confusion about the law is a major barrier to sharing patient information



DEFAULT TO NEGATIVE

Providers often default to not sharing information even when it is legal to share



RISK AVOIDANCE

The primary reasons are uncertainty, risk avoidance and liability concerns



GETTING TO YES

The SHIG helps highlight the known path to legally and securely sharing patient information

Goal & Vision

Facilitating Coordination & Sharing



- 01 Exchange** ▶ Increase appropriate exchange of patient information between health care providers
- 02 Coordinate** ▶ Encourage greater coordination and integration of care through information sharing
- 03 Develop** ▶ Promote dialogue for further applications of responsible health information sharing

To better articulate what California providers can do without consent today to share patient information, including who can share it, who can receive it, what can be done with it, and for what purpose. To accelerate the responsible and appropriate sharing of health information in California by facilitating a dialog among care providers of what can be done within current State and Federal laws.

Why CalOHII?

Authority and Expertise



Authority

California Office of Health Information Integrity has statutory authority to interpret and clarify state law

Experience

Created similar guidance for California State departments

Relationships

Strong working relationships with stakeholders across healthcare industry

How Was the SHIG Created?

A Collaborative Product

Solicitation

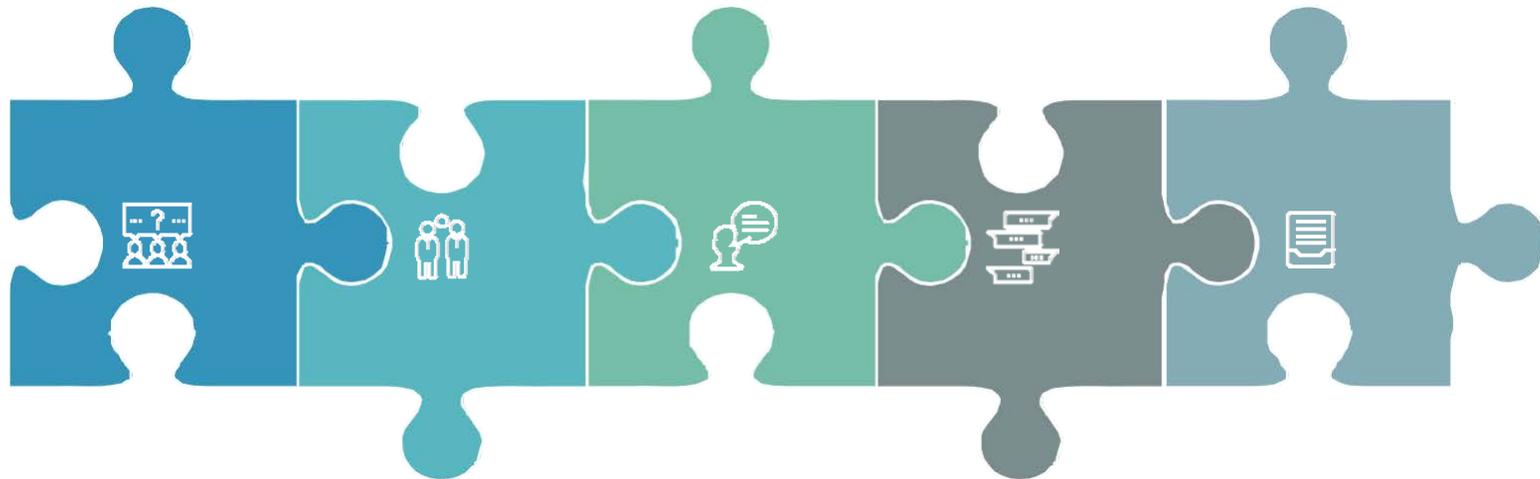
Stakeholders solicited about existing obstacles

Research

User stories generated by Advisory Group reflect cross-industry insights and experience

Clarification

Clarification built around scenario-based illustrations along with general guidance



Advisement

Advisory group formed from more than 20 organizations

Consultation

Patient and privacy advocacy organizations consulted

Benefits of Whole Person Coordinated Care

Supporting the Triple Aim



Improved Patient Outcomes



Improved Overall Patient Satisfaction

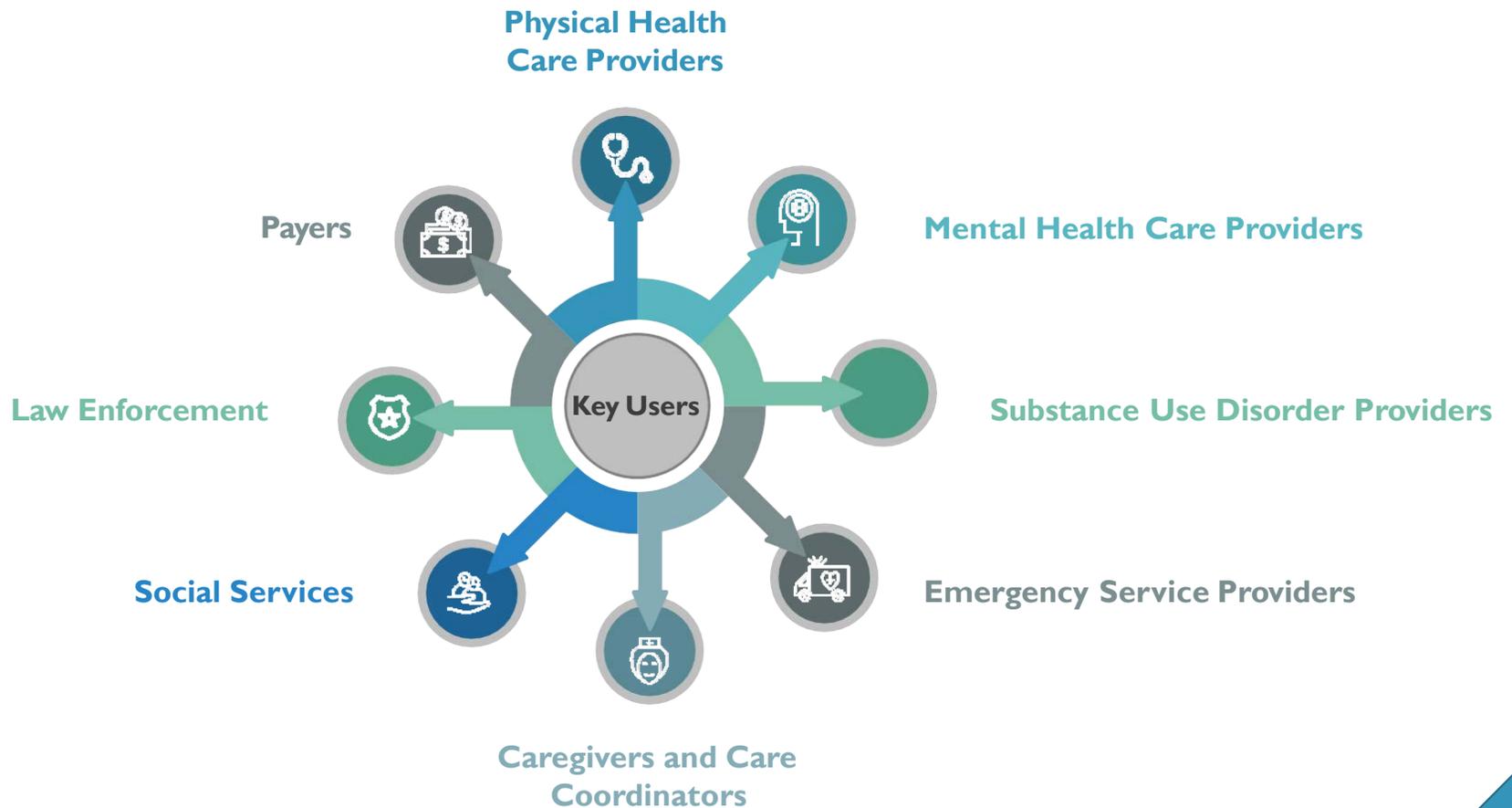


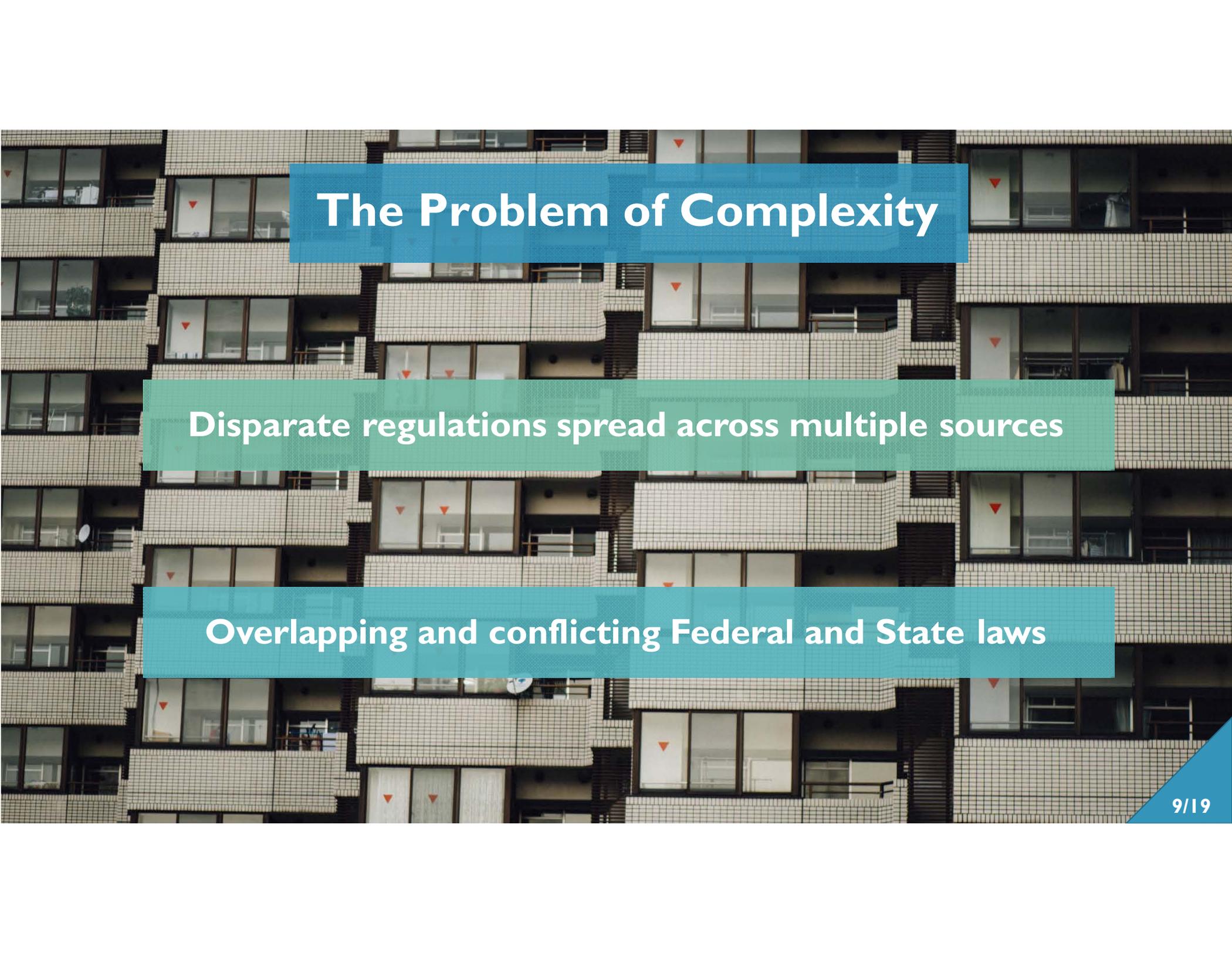
Improved Efficiency and Reduced Costs



Who Can Use the SHIG?

Broad in Scope





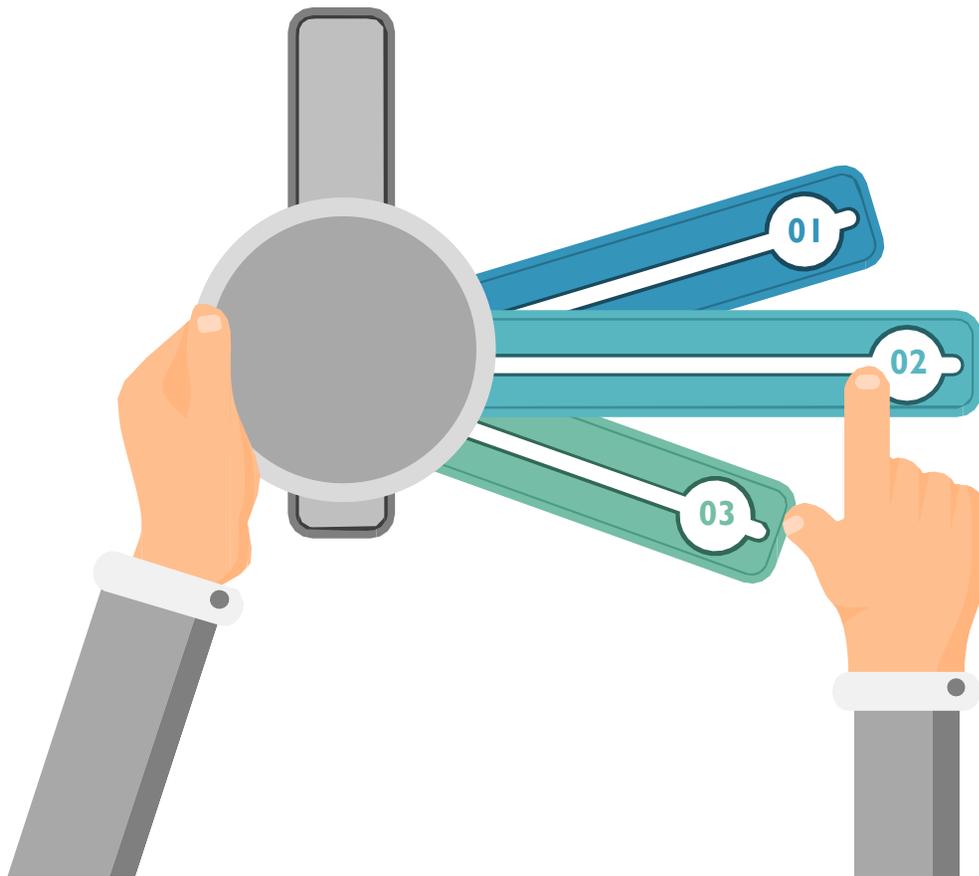
The Problem of Complexity

Disparate regulations spread across multiple sources

Overlapping and conflicting Federal and State laws

Reducing Complexity

Ease of Comprehension



Clarification

01

The SHIG clarifies relevant law.

Generalization

02

The SHIG provides general principles and guidance.

Summarization

03

The SHIG summarizes applicable legal citations.

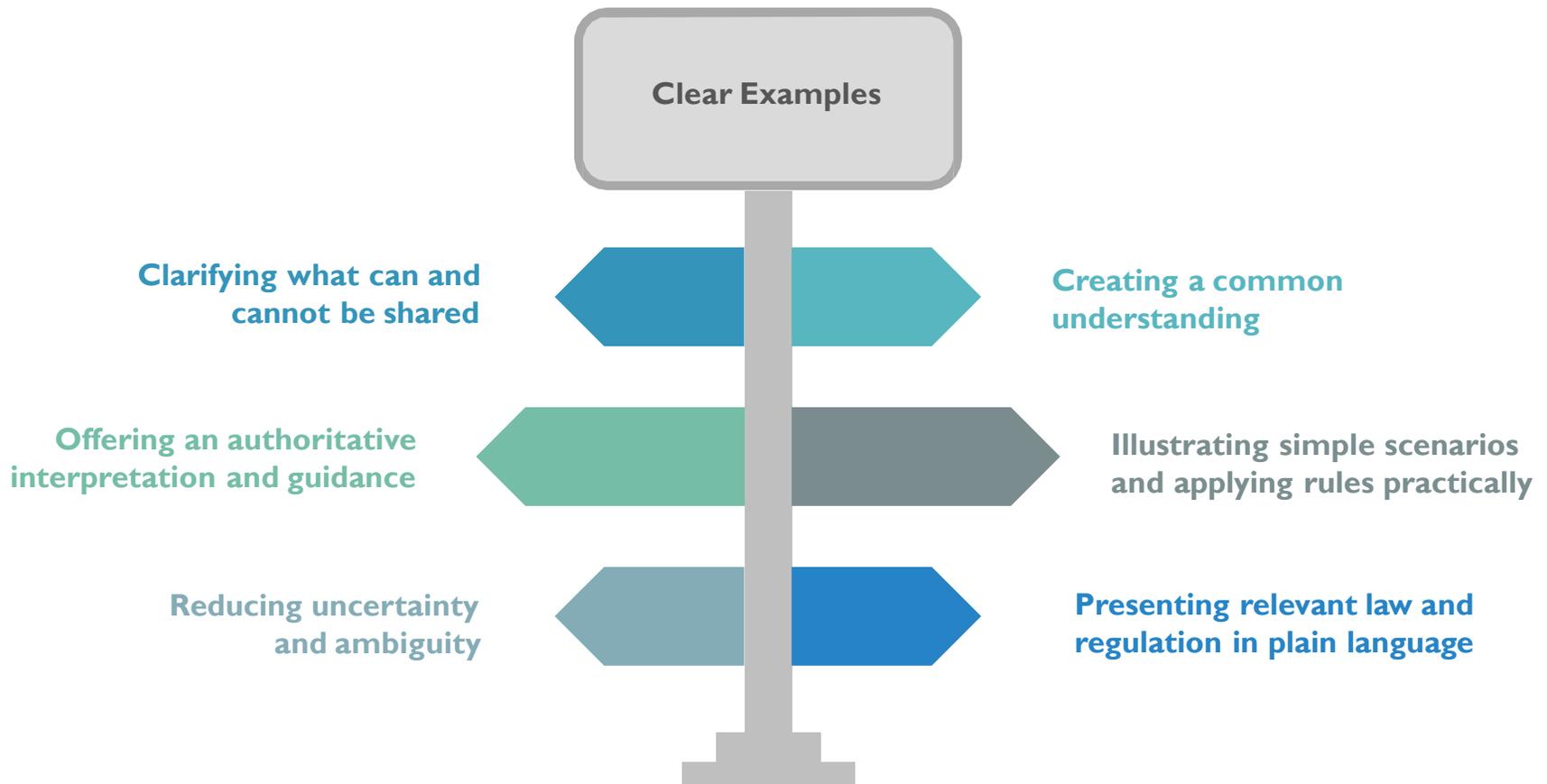


The Problem of Ambiguity

Statutes written in dense legal language

Unclear how to apply rules to current situations

Increasing Clarity



Primary Regulation Sources And Conflict Resolution

Federal

42 C.F.R. Part 2 (Substance Use Disorder)
45 C.F.R. Parts 160-164 (HIPAA)



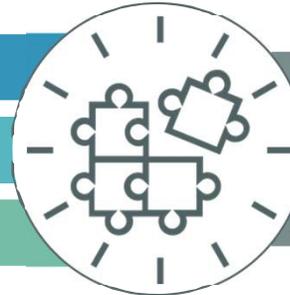
State

CA Civil Code § 56 (CMIA)
CA WIC LPS § 5328 (LPS)
CA HSC § 11845, § 123100, § 123125



Conflict Resolution

In case of conflict the SHIG errs
on the side of the more
restrictive law or regulation



Final Guidance
Authoritative but
non-binding guidance

How It Works

Authoritative Scenario-Based Guidance



**SIMPLE, STRAIGHT-FORWARD,
& ILLUSTRATED**



22 SCENARIOS



**RELEVANT TO A WIDE RANGE
OF PROVIDER SECTORS**



**PLAIN LANGUAGE FOR A LAY
AUDIENCE**



**ALL GUIDANCE TIED TO
RELEVANT STATUTES,
REGULATIONS AND LAWS**

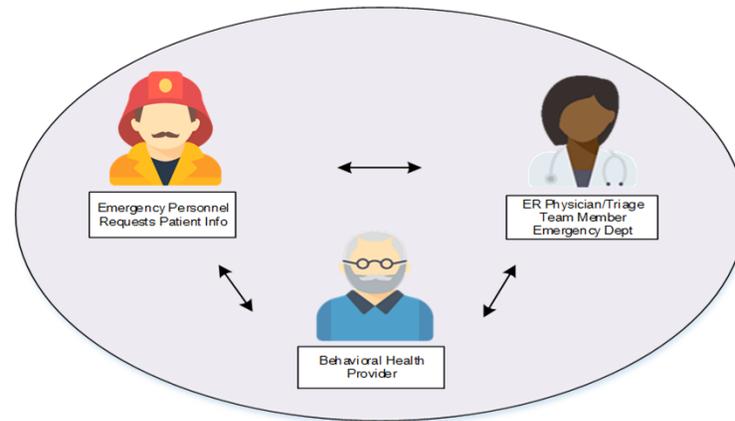


Scenario Example

In the Event of an Emergency

Description:

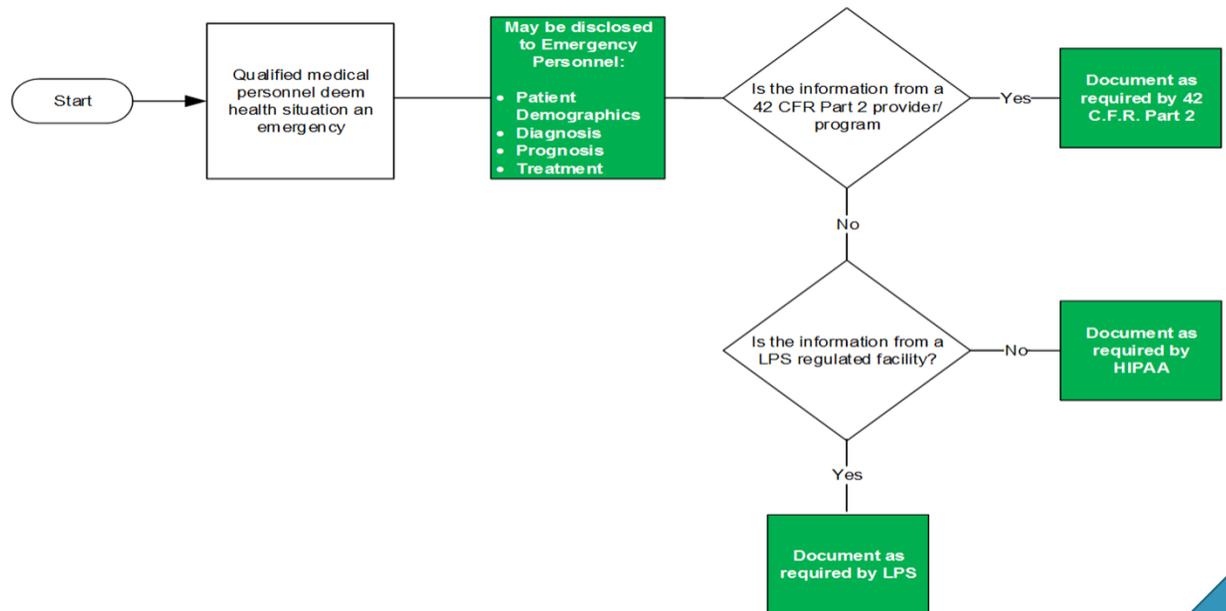
An individual with mental health or substance use disorder (SUD) issues is being treated by an Emergency Medical Services (EMS) provider, emergency room physician, hospital emergency department or a triage team member.



What patient information can be shared in a medical emergency?

Scenario Assumptions:

- Must be a medical emergency as determined by qualified healthcare professional
- Patient is unable to provide health information to healthcare professionals
- No patient or Patient Representative Authorization



Scenario Example (Continued)

In the Event of an Emergency

Scenario Guidance Narrative

Behavioral health providers including providers subject to 42 C.F.R. Part 2 (Substance Use Disorder regulations), health care service plans, contractors and other health care professionals and facilities can share the following only to the extent necessary to meet a bona fide medical emergency for the purpose of diagnosis or treatment of the patient:

- Patient demographics
- Diagnosis
- Prognosis
- Treatment

[42 C.F.R. § 2.1 § 290ee-3 (b)(2)(A); CA Health and Safety Code § 11845(c)(1)]

Patient information may be communicated by radio transmissions or other means necessary between emergency medical personnel at the scene of an emergency, or in an emergency medical transport vehicle, and emergency medical personnel at the licensed health facility.

[Civil Code Section 56.10(c)(1)]

The condition being treated must pose an immediate threat to the health of the individual and require immediate medical attention.

[42 C.F.R. § 2.51(a)]

Documentation Requirements When Provider is Regulated by 42 C.F.R. Part 2

Immediately following disclosure of substance use disorder information the entity providing the information must document the following in the patient's records:

- Name and affiliation with any health care facility of the medical personnel to whom disclosure was made
- Name of the individual making the disclosure
- The date and time of the disclosure
- The nature of the emergency

[42 C.F.R. § 2.51(c)]

Citations & Related Guidance

[42 C.F.R. § 2.1 § 290ee-3 (b)(2)(A); 42 C.F.R. § 2.51(a); 42 C.F.R. § 2.51(c); 45 C.F.R. § 164.502(b), and § 164.514(d); 45 C.F.R. § 164.510(b)(3); CA Civil Code Section 56.10(c)(1); CA Health and Safety Code § 11845(c)(2); CA Welfare and Institutions Code § 5328(a).]
[Guidance on Behavioral Health Authorization Requirements – Appendix 2; Guidance on Court Orders (future).]

Other Resources

SHIG Document

One Sheet

Website

Newsletter Copy

Webinars

Talking Points



A Great Beginning



The SHIG is a first step.



Ongoing dialogue will continue to improve appropriate sharing of health information.



Possible future additions include HIV/AIDS, foster children, minors, criminal justice, and more.



The SHIG is for YOU!

SHIGinformation@ohi.ca.gov

<http://www.chhs.ca.gov/OHII/Pages/shig.aspx>