The Office of the National Coordinator for Health Information Technology

Data Segmentation for Privacy (DS4P) Update

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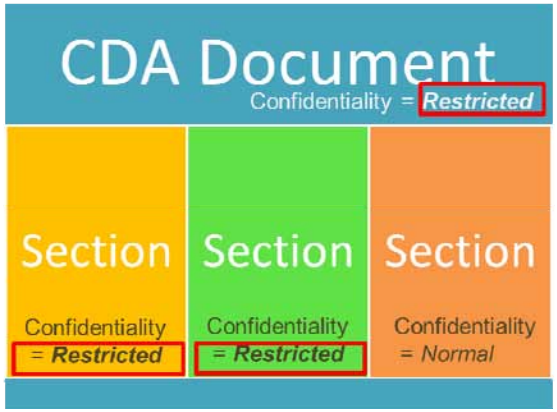
Types of Privacy Metadata used by DS4P

- Confidentiality Codes:
  - Used by systems to help convey or enforce rules regarding access to data requiring enhanced protection. Uses “highest watermark” approach.



- Purpose of Use:
  - Defines the allowed purposes for the disclosure (e.g. Treatment, Emergency Treatment etc).
- Obligations:
  - Refrain Codes: Specific obligations being placed on the receiving system (e.g. do not re-disclose without consent)

Selected Standards

STANDARD: HL7 Implementation Guide: Data Segmentation for Privacy (DS4P), Release 1 (Includes Content Profile, Profile for Direct, Profile for exchange)		
Capability	**Standards/Profiles used by the HL7 DS4P R1 Standard**	**Specific Usage**
Metadata Vocabularies (for Transport and/or Document Metadata)	***HL7 RefrainPolicy***	Conveys specific prohibitions on the use of disclosed health information (e.g. prohibition of redisclosure without consent)
	HL7 PurposeofUse	Conveys the purpose of the disclosure of health information (e.g. treatment, research, emergency)
	HL7 BasicConfidentialityCode Kind	Used to represent confidentiality codes associated with disclosed health information (e.g. restricted) as specified in the HL7 Healthcare Security Classification standard (HCS).
	HL7 ObligationCode	Used to convey specific obligations associated with disclosed health information (e.g. encryption)
	HL7 ActPolicyType	Used to convey a type of policy
	HL7 SensitivityPrivacyPolicy	Used to convey the sensitivity level of a specific policy

DS4P Standards

- HL7 normative standard which has been approved by ANSI May 2014
- Standards facilitate tagging at document and section level
  - ONC pilots tested at document level

Data Segmentation for Privacy Initiative

DS4P PILOT ACCOMPLISHMENTS

Pilot Accomplishments

NETSMART Pilot:

- The Netsmart DS4P Part 2 solution has been implemented with the community services referral network in Tampa Bay (2-1-1 system), helping them manage restricted data associated with programs regulated by 42 CFR part 2.

Pilot Accomplishments

VA/SAMHSA Pilot:

- The pilot was successfully tested and demonstrated in multiple venues, including the Interoperability showcase at HIMSS 2013 and the HL7 Plenary meeting in Baltimore, September 2013.
- VA have extended the DS4P capabilities to demonstrate utilization of FHIR for DS4P (demonstrated at HL7 in Jan 14, in real time, using resources from Australia, Canada and USA).

Pilot Accomplishments

CERNER BH (Formerly SATVA Pilot):

Included Cerner Anasazi, Valley Hope Association, Defran Systems, Inc. and HEALTHeLINK

- Cerner reported their Behavioral Health solution will have DS4P (using Direct) incorporated into full production for release in Spring of this year.
- The Cerner Millennium (general hospital) solution design teams have begun work to recognize and process the DS4P marked-up data received from the Cerner BH solution. Their expectation is to include this functionality in a production release later this year.

HITPC Recommendations re Incorporating Standards into EHRs

- Context
  - ONC contemplating expanding certification program to “voluntary” EHRs for Behavioral Health and Long Term and Acute Care
    - No MU incentives
    - Aim of promoting exchange of data with primary care providers

BH Certification

- Central question: whether ability to use DS4P (or other standards that enable providers to electronically disclose identifiable information in compliance with 42 CFR part 2 (e.g., notice of nondisclosure) should be a certification criteria

Glide path for Recipients of Part 2-Protected Data

Level	Status	Description
0	Current State	Part 2-covered data is not provided electronically to general healthcare providers. The status quo remains to share Part 2-covered data via paper, fax, etc.
1	Document-Level Sequester	Recipient EHR can receive and automatically recognize documents from Part 2 providers, but the document is sequestered from other EHR data. A recipient provider using DS4P would have the capability to view the restricted CCDA (or data element), but the CCDA or data cannot be automatically parsed/consumed/inter-digitated into the EHR. Document level tagging can help prevent re-disclosure.
2	Local Use Only Solution	Recipient EHR can parse and extract data from structured documents from Part 2 providers for use in local CDS and quality reporting engines, but data elements must be tagged and/or restricted to help prevent re-disclosure to other legal entities through manual or automated reporting or interfaces. This would allow the data to be used locally for CDS but would not require complicated re-disclosure logic for the EHR vendor (i.e. Processes around re-disclosure are not well-defined).
3	EHRs for General Use and Sharing Advanced Metadata and Re-disclosure*	Recipient EHR can consume patient authorization for re-disclosure from Part 2 provider and act on such authorizations at a data-level. At a minimum, the recipient EHR would need to make the user aware of whether additional Part 2 consent is required before re-disclosing any particular data element to another legal entity, and allow recording of patient authorization for re-disclosure at the data-level. Processes for re-disclosure are well-defined.

*General Use EHR that makes optimal use of Part 2 data

HITPC Recommendations - Technical Capabilities

- Ideally for MU 3, include level 1 send and receive functionality in voluntary certification program for BH providers
  - BH EHRs must be able to control which recipients can be sent Part 2-covered electronic documents
- Ideally for MU 3, include level 1 receiver functionality as voluntary certification criterion for CEHRT*
  - Only recipient providers interested in being at level 1 would request capability from vendors.
  - Moving from sender status quo – 0 – requires level 1 capabilities for sender and at least level 1 capabilities for recipient.
- Level 2 and 3 are beyond MU 3
  - However, progression less likely to occur if we don't lay the foundation for moving from level 0 to level 1 for both BH and EP/EH EHRs

*No MU requirement, but potential for future menu option for EPs and EHs, or make receipt of data from BH providers eligible to "count" for meeting information exchange requirements

Note: Providers may desire to implement greater role-based access controls for Part 2 Data

HITPC Recommendations – Policy & Best Practices

- Additional pilots and guidance needed to clarify recipient response.
  - Sending providers should send restricted CCDAs only to recipients interested and able to receive them electronically; should this be done contractually? Informally? Can technical mechanisms be developed to indicate recipient status?
  - Identify unanticipated workflows and consequences resulting from physicians and staff using EHRs with level 1 functionality
  - Determine how recipient EHRs will be able to re-release Part 2 data if patient gives authorization
  - Additional pilots will enable understanding of what the rules for accepting the obligations under levels 2 and 3 might be.
- Education of providers and patients is, once again, key.
  - Obligations that come with Part 2 data, especially around re-disclosure, are not yet fully understood.
  - SAMHSA should provide additional written guidance on how to operationalize statutory requirements in a digital environment:
    - Specifically on how recipients are expected to handle a restricted CCDA.
    - Clarifying the circumstances under which this information can be subsequently "sourced" from the patient in an informed way
    - SAMHSA should gather user feedback to ensure that new guidance does not impose workflow barriers that would substantially inhibit existing or future flow of information Part 2 information

HITPC Recommendations: Referral to Standards

- The HITSC should address the following:
  - Is DS4P or any other standard mature/feasible enough for BH EHR voluntary certification, and if so, at what level of granularity?
  - Is DS4P or any other standard mature/feasible enough for general EHR voluntary certification, and if so, at what level of granularity?

Questions?