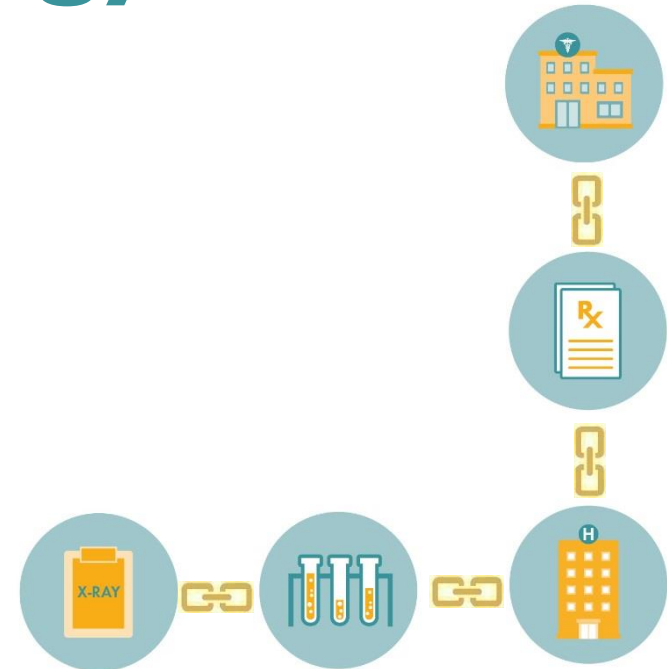




HEALTHeLINK™

42 CFR Part 2 Data Strategy



Agenda

- Introductions and meeting purpose
- What is 42 CFR Part 2
- SAMHSA* 2017 Final Rule
- HEALTHeLINK Part 2 Strategy
- Accessing Part 2 data

* Substance Abuse and Mental Health Services Administration

What is 42 CFR Part 2

Federal regulation that provides special protections to substance use disorder (SUD) services:

- Applies to a limited set of data
- Access requires patient consent
- Other required controls beyond HIPAA and state regulations and policies

SAMHSA – What Data is Protected?

- 42 CFR Part 2 rules apply to any individual or entity that is **federally assisted** and **holds itself out as providing, and provides**, alcohol or drug abuse diagnosis, treatment or referral for treatment
- The information protected by 42 CFR Part 2 is **any information** disclosed by a **covered program** that identifies an individual directly or indirectly as having a current or past drug or alcohol problem, or as a participant in a covered program
- Generally, facilities licensed by the NYS Office of Alcoholism and Substance Abuse Services (OASAS) are subject to 42 CFR Part 2 regulations

SAMHSA 2017 Final Rule

Permitted the use of a “general designation” consent for identifying “to whom” disclosures may be made

- May be listed on a web site, versus on the form
- Limited “purposes of use” when a “general designation”, a.k.a., community consent, is used
- Other consent form requirements



HEALTHeLINK Part 2 Strategy

- HEALTHeLINK segregates data from Participants subject to 42 CFR Part 2
- HEALTHeLINK consent form modified to be SAMHSA compliant
- Participant's Authorized Contact must specifically grant access to Part 2 data by an Authorized User
- Access to Part 2 data is only permitted:
 - By a HEALTHeLINK Authorized User
 - Where access where a “Treating Provider Relationship” exists
 - Where the patient has signed a HEALTHeLINK consent

Permitted Purpose of Use - SAMHSA



Treating Provider Relationship means that , regardless of whether there has been an actual in-person encounter:

- A patient is, agrees to or is legally required to be diagnosed, evaluated, and/or treated, or agrees to accept consultation, for any condition by an individual or entity, and;
- The individual or entity undertakes or agrees to undertake diagnosis, evaluation, and/or treatment of the patient, or consultation with the patient, for any condition.

SHIN-NY Purposes of Use

- Treatment
- Care Management
- Quality Improvement – generally not patient specific
 - “activities designed to improve processes and outcomes related to the provision of health care services”

Treatment and Care Management typically align with the SAMHSA definition for Treating Provider Relationship.

Quality Improvement likely does not.

Process for Gaining Access to Part 2 Data

1. Determine which Authorized Users (AU) need access to Part 2 data and determine each users Purpose of Use:
 1. Treatment Provider Relationship only
 2. Quality Improvement only
 3. Mix of the two. There are two options:
 1. Do not permit access to Part 2 data
 2. Request a second set of user credentials to access Part 2 Data
2. For each AU, complete a HEALTHeLINK Part 2 Access Request Form

Key Points for the Authorized Contact

- Responsible to determine and attest to the users Purpose of Use.
- Periodically confirming user access to HEALTHeLINK is for permitted Purposes of Use
- Inform HEALTHeLINK in a timely manner if a user's access rights need to be modified

Questions

SHIN-NY Definition



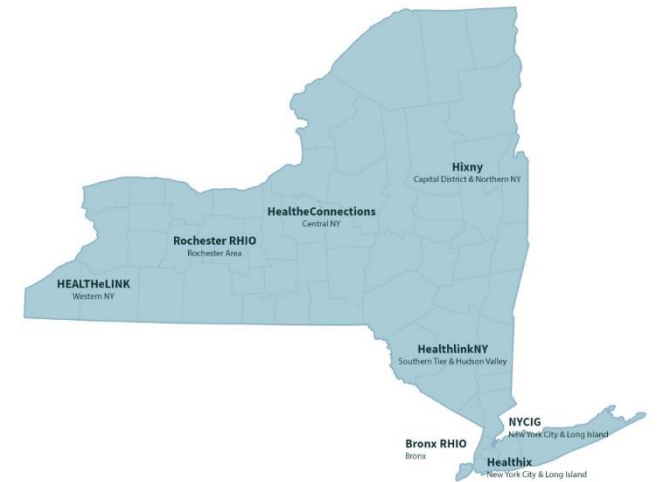
- **Treatment** means the provision, coordination, or management of health care and related services among health care providers or by a single health care provider, and may include providers sharing information with a third party. Consultation between health care providers regarding a patient and the referral of a patient from one health care provider to another also are included within the definition of treatment.



SHIN-NY Definition



- **Care Management** means (i) assisting a patient in obtaining appropriate medical care, (ii) improving the quality of health care services provided to a patient, (iii) coordinating the provision of multiple health care services to a patient or (iv) supporting a patient in following a plan of medical care. Care Management does not include utilization review or other activities carried out by a Payer Organization to determine whether coverage should be extended or payment should be made for a health care service.



SHIN-NY Definition



- **Quality Improvement** means activities designed to improve processes and outcomes related to the provision of health care services. Quality Improvement activities include but are not limited to outcome evaluations; development of clinical guidelines; population based activities relating to improving health or reducing health care costs; clinical protocol development and decision support tools; case management and care coordination; reviewing the competence or qualifications of health care providers, but shall not include Research. The use or disclosure of Protected Health Information for quality improvement activities may be permitted provided the accessing and disclosing entities have or had a relationship with the individual who is the subject of the Protected Health Information.

Reference Material

Available on the HEALTHeLINK web site:

<http://wnyhealthelink.com/physicians-staff/training-videos/>

- FAQ
- PPT Presentation
- Request form
- Reference sites:
 - SAMHSA 2017 Final Rule
 - Final Rule Comments and SAMHSA Responses
 - https://oasas.ny.gov/providerdirectory/index.cfm#search_results