Consumer Rights to Health Care and Privacy: When is Sharing PHI the Right Thing to Do?

Jane Herwehe, MPH
Louisiana State University Health Care Services Division

Peter Gordon, MD
The New York-Presbyterian Hospital and Columbia University

Wayne T. Steward, PhD, MPH
University of California, San Francisco
Disclosure Statement

■ Presenter Disclosures
  1. Jane Herwehe, MPH, has no financial interests or relationships to disclose.
  2. Peter Gordon, MD, has no financial interests or relationships to disclose.
  3. Wayne T. Steward, PhD, MPH, has no financial interests or relationships to disclose.

■ HRSA Education Committee Disclosures
  1. HRSA Education Committee Staff have no financial interests or relationships to disclose.

■ CME Staff Disclosures
  1. Professional Education Services Group Staff have no financial interests or relationships to disclose.
Learning Objectives

- Identify potential uses (benefits) of sharing clinical and surveillance information
- Be able to evaluate risks vs. benefits of sharing protected health information
- Describe approaches used to elicit consumer support in deployment of electronic health information systems
Overview

- Introductions
- Discussion of benefits of sharing patient health information
- Discussion of challenges in sharing patient health information
- Presentation of two successfully-implemented information exchange systems
- Wrap-up
INTRODUCTIONS
Goal: To develop and evaluate electronic health information exchanges (HIE) that link providers, public health agencies, and/or patients.

Questions that motivate the work of the Initiative:
- What is each HIE doing?
- When are they effective?
- Where are they effective?
- With whom are they having an effect?
- How exactly are they having an effect?
- Are they cost effective?
SPNS Initiative

- Six demonstration sites
  - Louisiana State University Health Sciences Center, New Orleans, LA (PI: M. Kaiser; Project Director: J. Herwehe)
  - Duke University, Durham, NC (PI: L. Messer)
  - Bronx-Lebanon Hospital Center, New York, NY (PI: T. Kanter)
  - City of Paterson, NJ, Ryan White Division (PI: C. Correa)
  - New York-Presbyterian Hospital, New York, NY (PI: P. Gordon)
  - St. Mary Medical Center Foundation, Long Beach, CA (PI: M Alcouloumre)
SPNS Initiative

- Cross-site evaluation center
  - Center for AIDS Prevention Studies, University of California, San Francisco (PI: J. Myers; Co-PI: W. Steward)

- HRSA-SPNS
  - A. Cajina, F. Malitz, R. Mills, M. Tinsley
SPNS Initiative

- Initiative is entering its 4th and final year
- Each site has implemented a bi-directional electronic health information exchange
- Evaluation includes
  - Quantitative surveys with patients
  - Quantitative surveys and qualitative interviews with users of the systems (e.g., providers)
  - Extraction of de-identified data from the systems
A collaborative project of:
LSU HCSD
DHH – Office of Public Health
Louisiana Public Health Institute
Funded in part by HRSA
Grant #H97HA08476
LaPHIE

- Secure bidirectional information exchange between the LSU public hospital system and the LA Office of Public Health (OPH)
- Purpose: to improve timeliness of disease reporting and access to care and treatment for persons with HIV, syphilis and tuberculosis
Who is targeted by LaPHIE?

- Only persons that OPH considers “not in care” for the targeted conditions.
- Those that have not received test results and are unaware of infection status.
- Those that may have received results, but OPH has no laboratory or clinical info indicating monitoring or treatment.
- Exposed infants in need of follow up.
Disease Alert Component
The Louisiana Office of Public Health has received and confirmed test results that indicate that the patient has HIV infection and possibly has not been informed of the results.

Please proceed with the Recommended Actions for intervention.

<table>
<thead>
<tr>
<th>Recommended Actions</th>
<th>Actions Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess need for intervention</td>
<td></td>
</tr>
<tr>
<td>Offer education</td>
<td></td>
</tr>
<tr>
<td>Assess patient and need for treatment</td>
<td></td>
</tr>
<tr>
<td>Initiate treatment and monitoring plan</td>
<td></td>
</tr>
</tbody>
</table>

Please check the actions that you are completing with the patient. Some actions may already contain a check indicating completion by another provider. Other actions may not apply and can be left blank. Please hit SAVE once you have completed your actions.

- Discussed OPP message and need for treatment with the patient
- Re-ordered confirmatory Western Blot
- Assessed stage of illness
- Scheduled follow up appointment
- Documented patient report of receiving treatment at another site
- Confirmed patient is not interested in treatment at this time

Comments:

Please advise if there is a need to consult with a specialist or provide any additional care.

[Button] CDC Website...
NewYork-Presbyterian System
SelectHealth

HRSA Special Projects of National Significance
Information Technology Networks of Care Initiative (2007-2011)

My Health Profile
A Continuity of Care Record (CCD) Project

PI- Peter G. Gordon, MD & Co-PI - Eli Camhi, MSSW
Ron Hesse, Project Coordinator
Suzanne Bakken, RN, DNSc, Evaluation Director
HIV Special Needs Plans

- A Comprehensive Medicaid Health Plan licensed by NYSDOH
- HIV Specialists as Primary Care Providers
- For HIV Positive Adults and their children up to the age 21 regardless of HIV status
- Member to PCP Ratio 350:1
- Universal Case Management
- Extensive Care Coordination and Community Collaboration
- Members receive Medicaid benefits
- Pharmacy and Dental Carved Out
NewYork-Presbyterian System
SelectHealth
Primary Care Sites

Members (1417) PCP Sites

Top 15 sites as of 4/2010

- Columbia
- CSS
- St. Barnabas
- Dr. A
- Brooklyn Hospital
- CHH
- St. Luke’s
- St. Vincent’s
- Wyckoff Hospital
- Dr. M
- Mt. Sinai
- ARTC
- Bronx-Lebanon
- Greenwich House
- NY Downtown
Care Coordination, PLWH, and Continuity of Care Documents (CCDs)
Potential Benefits of Sharing Patient Health Information (Learning Objective 1)
Questions to Keep in Mind

- Do patients have a right to quality health care? If so, what does this mean?
- What are a patient’s rights to privacy in terms of PHI?
- Is it OK to balance a patient’s right to privacy with impact on his/her health and the collective wellbeing of individuals and communities?
- How does the current environment around HIV in your community (profile of epidemic, needs, legal climate) affect the balance between right to care and right to privacy?
Potential Benefits of Sharing Patient Health Information

- What are the possible benefits of sharing patient health information?
1. Improved Efficiency of Care

- Reduce duplication of services
- Cost savings
- Time savings

- Improve care outcomes
  - Provide the right information to the right clinician at the right time regardless of the venue where the patient receives care
2. Improved Coordination of Care

- Potential to track services received by patient from multiple providers in multiple care settings
- Help reorient the delivery of care around the patient
- Support quality-based reimbursement reform initiatives
3. Improved Facilitation of Care

- Exchange of health information is a cornerstone of patient-centered medical home models (e.g., NCQA Standards and Guidelines, 2005)
- Referrals and tracking can promote linkage to care
- Facilitate the work of patient navigators
- Ease patient burden when navigating health system
4. Enhanced Engagement of Patients

- Facilitate access to health records via patient portals

- User-friendly means of controlling dissemination of health records

- Systems can be used to obtain patient input
  - Self-reported information on symptoms, health conditions, aspects of treatment
  - Patient feedback on care

- Promote “Patient” → “Informed Consumer”
5. Improved Clinical Outcomes

- Better facilitation and better coordination of care may lead to better health outcomes.

- Important note: improved health outcomes are a longer range (distal) outcome.

- Ability to effect a change in these outcomes will be influenced by patients’ existing health outcomes (at the time a health information exchange system is implemented).
6. Improved Public Health Outcomes

- Facilitate linkages to public health departments, insurance companies, government entities that supply public funding for care
  - Potential to ease reporting requirements

- Enhance decision-making during public health emergencies

- May facilitate access and retention to care
Challenges to Sharing Patient Health Information (Learning Objective 2)
Potential Challenges to Sharing Patient Health Information

- What are the challenges to sharing patient health information?
Challenge #1: Perceived Legal Barriers

- Perhaps the single most pervasive perceived barrier
- The law that attracts the most attention is the Health Insurance Portability and Accountability Act (HIPAA)
Understanding Perceptions

- As part of cross-site evaluation, conducted 61 key informant interviews across the six demonstration sites
  - Project staff and IT specialists
  - Intended users of the health information exchanged systems
Perceptions of the Law

- Participants described the challenges of having to overcome institutional aversion to sharing data
  - Resistance more pronounced when academic or governmental entities involved

- Process to overcome concerns facilitated by:
  - Drafting, reviewing, re-drafting and approving formal data sharing agreements
  - Negotiating technical agreements among IT staff
  - Use of “off the shelf” products
  - Clarifying HIPAA
What HIPAA Actually Says

- The HIPAA Privacy Rule protects the privacy and security of an individual’s health information held by a Covered Entity. 45 CFR sections 160, 164

- Without patient authorization, protected health information (PHI) may be used and disclosed for Treatment, Payment, and Operations (TPO) and certain other uses and disclosures without authorization from the patient.

- Any other use or disclosure of PHI must be authorized by the patient or conform to an exception permitted by HIPAA.
HIPAA-Related Definitions

- **Treatment:** The provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.

- **Payment:** The activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums, to fulfill their coverage responsibilities and provide benefits under the plan, and to obtain or provide reimbursement for the provision of health care.
HIPAA-Related Definitions

Health Care Operations: Administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment.

(HIPAA summary courtesy of JS Kahn, UCSF evaluation team)
HIPAA: Perception vs. Reality

- Note that the perception of HIPAA and the realities of HIPAA may not be the same

- HIPAA regulates the sharing of PHI

- But special patient authorization is not required to share PHI when sharing is related to treatment, payment, or healthcare operations
  - Treatment, payment, and operations are at the core of many health information exchanges
Changing People’s Perceptions of HIPAA

“The case just really needs to be driven home to them that really you can’t use HIPAA to say we can’t give you that information because of HIPAA…, HIPAA also provides what’s allowed to be shared and under what circumstances it’s allowed to be shared. And there seems to be an education issue for a lot of organizations that are providing care but try to use HIPAA in a sense as a weapon to not share data when in actuality they can and they’re allowed to. But they always fall back on, ‘We can’t tell you that because of HIPAA.’” --Project Director
Challenge #2: Perceived Patient and Provider Resistance

- When the SPNS Initiative was under development, patient and provider attitudes were considered a major barrier to sharing information
  - Carmen & Britten, 1995; McAlearney et al., 2006; Mitchell & Sullivan, 2001; Risdale & Hudd, 1994

- But data from the Initiative suggests that attitudes are evolving
Assessing Patient Beliefs

- Quantitative survey with convenience sample of 550 patients drawn from the six sites
- Patients asked to indicate their willingness to allow personal health information to be shared electronically
  - Responses ran along a 5-point scale
  - 5 = most willing to share
  - 1 = least willing to share
Patient Beliefs About Sharing Health Information

- Willingness to Share Electronically
  - Primary Provider
  - Other Clinicians
  - Other HC Provider
  - Pharmacists
  - Non-HIV Specialists
  - Non-clinical Staff
Patient Beliefs About Sharing Health Information

- Govt Health Insurer
- Local Health Dept
- Private Insurer

Willingness to Share Electronically
Provider Perceptions of Patient Attitudes

- Findings from qualitative interviews complemented findings from the patient survey

- “Regarding electronic mistrust issues….we’ve kind of progressed over the past 5 or 6 years to using our electronic, internal electronic medical record system a lot more and so patients are very used to seeing people typing. You know as soon as you show up things are going into computers and you know you get your blood pressure taken it goes right into the computer and we print out, like all prescriptions are electronic and we usually are using the computers while we’re talking to people so my guess is that some of that’s not as much of an issue as it has been in the past.”

--Medical Director
“I think the information that is provided to that agency, and the agency acts in the best interest of the patient, without revealing any information that is not necessary to any people who don’t need to know that information, I don’t see any ethical concerns there….I don’t think – the programs don’t define ethics. I think it’s the people who are gonna use [the system] – as long as the people know it’s exclusively keeping privacy of the patient, going to be used for the betterment of the patient, I think those ethical values are fine, ethics are fine. But I think if you’re going to use information in order to distort or damage or do something, then no matter what it is, then it’s not ethical. So I think it’s – it’s not an ethical concern, the program is not. I think it’s human beings who will decide how to use that.” --Medical Provider
Other Challenges

- Providers must learn new systems
  - Provider training is an inevitable part of implementing any new system

- Need for IT experts to implement and maintain electronic systems
  - Financial cost
  - IT experts at different institutions must learn to work together
Balancing Risks Vs. Benefits

- There is no one right answer. But in thinking through the issue for any given system, it is helpful to keep in mind:
  - What does it mean for a patient to have a right to quality health care?
  - What are a patient’s rights to privacy in terms of PHI?
  - Is it OK to balance a patient’s right to privacy with impact on his/her health and the collective wellbeing of individuals and communities?
  - How does the current environment around HIV in your community (profile of epidemic, needs, legal climate) affect the balance between right to care and right to privacy?
Eliciting Support for Two Electronic Health Information Exchanges (Learning Objective 3)
Fundamental LaPHIE Question

- We identified an electronic solution, we had the technology to electronically share information between public health and health care providers, but should we exchange info for this purpose?

- Understanding stakeholder (consumer and provider) opinion on the proposed use of public health information and mechanism for sharing was essential to the development of the project.
Compliance and Ethics workgroup formed and tasked with a legal and ethics review

Workgroup accomplishments:
- Completed inventory/review of all Federal and State legislation
- Completed consumer focus group discussions and key informant interviews of acceptability
- Discussed LaPHIE with national experts in confidentiality and biomedical ethics
Two Qualitative Studies

- 16 focus group discussions (FGD)
  - 149 persons in rural (8) and urban (8) Louisiana
  - *broader than LaPHIE, but inclusive of concepts*

- 23 Key informant interviews (KII) of some initial FGD and follow up questions with individuals diagnosed with HIV or STD and matched controls from the Greater New Orleans area *(LaPHIE specific)*

- Findings were used to frame questions and inform legal and ethical discussions on the electronic exchange of healthcare information
There was near universal agreement that public health officials and healthcare providers should work together to make sure people obtain their diagnoses and treatment.

Many view the partnership as a good way for the public to get the help they need, especially if they are out of care, and hard to reach.

Consumers had preferences about extent of sharing and how information should be protected and communicated.
Outcomes

- Development of position paper supporting LaPHIE
  - Legal analysis related to situations that may occur when public health information is exchanged

- Several Federal and State laws permit collaboration of public health and health care providers for persons with HIV, TB or syphilis

- Documentation of consumer acceptability on sharing of health information supporting project purpose
Conclusions

- State and Federal law (HIPAA) and an ethics review support the mission of LSU and OPH to protect individual/population health and can facilitate electronic information sharing.

- Consumers interviewed support intended purpose of LaPHIE and partners should stay true to the project purpose – improve awareness and linkage to care.

- Privacy and confidentiality paramount for individuals with stigmatizing conditions and should be protected.
Conclusions (cont’d)

- Providers legally required and ethically obligated to protect individual privacy by assuring that all information is shared in the most confidential manner.

- Fear of privacy violations should not override legitimate public health objectives or an individual’s health.

- With over 300 LaPHIE messages issued to date, consumer response received has been positive.
Ongoing Evaluation
Post LaPHIE patient interviews

- To date, 9 completed interviews w/ LaPHIE identified patients (P li i Q li ti R lt )
  (P re li m i nary Q ua li ti ve R esu lt s)

- Satisfaction with LaPHIE encounter
  6 positive responses to provider handling of LaPHIE message
  3 – no specific comment on recent LaPHIE notice/interaction

- What helped patients come back:
  Reminder calls (3), staff answer questions (2), trust in staff (1),
  staff allayed fears (2), staff concerned, caring, respectful,
  knowledgeable (4)
Provider conveyed comments (unsolicited)

- 3 positive – patient glad or appreciative of provider knowing HIV status and linking patient to care

- 1 negative – patient upset, but not specifically with sharing of HIV message, rather with long wait in the ED then having to do medication reconciliation as well as discuss all health issues (inc HIV) rather than the 1 complaint that brought patient to the ED
My Health Profile: a Member *Continuity of Care Document (CCD)*

**Core Elements of CCD**

- CCD Identifying Information
- Patient’s Health Status
  - Diagnoses
  - Medications
  - Laboratory results
  - Procedures/Imaging
  - Allergies/adverse reactions
  - Social history/Family history
- Advanced Directives/Life Documents
- Care Documentation

**Practitioners**

*Offers patients and providers access to key elements of their clinical, psychosocial, and administrative record over a secure, web-based portal. For more information email pgg2@columbia.edu or call 212-305-3272*

PI - Peter G. Gordon, MD
Co-PI - Eli Camhi, MSSW
Ron Hesse, Project Coordinator
Suzanne Bakken, RN, DNSc, Evaluator
My Health Profile Implementation

- 2,185 CCDs posted as of August 2010
- 291 patient users have logged in >1129 times
- Each has received an Internet 101 and My Health Profile training session, unique passwords, and emergency access cards
- 102 Clinicians and 52 COBRA Case Managers have logged in > 282 times
# HIV Patients’ Willingness to Share Personal Health Information Electronically

I am willing to allow my personal health information to be shared with:  

- ____________________________ using a secure electronic network.

<table>
<thead>
<tr>
<th>Group</th>
<th>Strongly Agree or Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree or Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My primary HIV care provider (e.g., physician, NP, PA)</td>
<td>86%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Other clinicians in the clinic of my primary HIV care provider (e.g. nurses)</td>
<td>78%</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Other health care providers (e.g. emergency or hospital personnel)</td>
<td>78%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Non-HIV specialists (e.g. cardiologists, ob/gyn)</td>
<td>72%</td>
<td>9%</td>
<td>19%</td>
</tr>
<tr>
<td>Other health care providers (e.g. emergency or hospital personnel)</td>
<td>78%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>63%</td>
<td>22%</td>
<td>15%</td>
</tr>
<tr>
<td>HIV support service organizations (e.g., case managers)</td>
<td>74%</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>Other, non HIV-specific support service organizations (e.g., drug treatment programs, mental health services)</td>
<td>51%</td>
<td>32%</td>
<td>17%</td>
</tr>
<tr>
<td>Private health insurers</td>
<td>40%</td>
<td>31%</td>
<td>19%</td>
</tr>
<tr>
<td>Government health insurers (Ryan White funding; ADAP; Medicare; Medicaid)</td>
<td>63%</td>
<td>22%</td>
<td>15%</td>
</tr>
<tr>
<td>The local health department</td>
<td>53%</td>
<td>29%</td>
<td>18%</td>
</tr>
<tr>
<td>Other non-clinical staff in the clinic of my primary HIV care provider (e.g. receptionist/manager)</td>
<td>39%</td>
<td>13%</td>
<td>48%</td>
</tr>
</tbody>
</table>
Where is this headed?
Framework for New York’s Health Information Infrastructure

“Cross-Sectional” Interoperability – People, Data, Systems

APPLY

Clinician/EHR  Consumer/PHR  Community

AGGREGATE

Clinical Informatics Services

& ANALYZE

Aggregation  Measurement  Reporting

ACCESS

Statewide Health Information Network – NY (SHIN-NY)
The SHIN-NY

Public Health

CDC

Medicaid

Other NYS DOH Databases

Immunization and Child Health

NYS DOH UPHN

Multiple RHIOs*

SHIN-NY**

Diagnostic Centers

NYS DOH

UPHN

NYC Health Dept.

Local Health Depts.

Home Health Care and Telemedicine

Pharmacies and PBMs

Hospitals, Nursing Homes, IDNs, etc

Patients’ Personal Health Records

Physicians’ Offices and Clinics

Managed Care

*RHIOs = Policy

**SHIN-NY = Technology
New York State’s Vision

- HITEC: Create evaluation tools, assess sustainability, measure progress
- NYS Dept of Health: Fund health IT, oversee contracts, enforce regulations
- NYeC: Statewide collaborative process, deliberate & decide policies, assist RHIOs/HIEs

Statewide Health Information Network for NY (SHIN-NY)

- RHIO: Patients, providers, purchasers
- CHITA: Patients, providers, purchasers

20 Years of Leadership: A Legacy of Care
# NYCLIX Data Elements by Member

As of February 2010

<table>
<thead>
<tr>
<th>Data Elements</th>
<th>CHP-BI</th>
<th>CHP-SLR</th>
<th>IFH</th>
<th>NYU</th>
<th>MSMC</th>
<th>SVMC</th>
<th>SIUH</th>
<th>SUNY</th>
<th>VNSNY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnoses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pathology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endoscopy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EKG Reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge Summaries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NYS RHIO Consent – basic principals

- If a patient grants consent to participate, they have a right to prohibit provider organizations of their choice to access their PHI.
- The patient consent permits provider organization access to PHI for treatment, quality improvement and disease management.
- The patient consent permits health plans, employers and other third parties access to PHI for quality improvement and disease management.
- Provider organization can then access all PHI, including sensitive information from all providers participating in interoperable HIE.
- Patient is informed about all participating providers in the RHIO and how updates to the participant list can be obtained.
- Patient gives consent at the provider organization level and allows access to patient’s PHI by all authorized individuals in the organization to the extent needed.
- Uses are limited to treatment, quality improvement and disease management.
- Any New Yorker has the right to not participate in interoperable HIE enabled by the RHIO.
Care Coordination, PLWH, and Continuity of Care Documents (CCDs)

Community Based Case Management

Pharmacies

Laboratories

Social Service Agency

Primary Care Site

Hospitals

Patient ‘Centered’ Care
Balancing Risks vs. Benefits

- Electronic Health Information Exchanges can successfully balance patients’ right to quality health care and patients’ right to privacy of medical information.

- Where is the right balance in your community?