



# Patient Information Transparency at NM

March 24, 2021

# Information Blocking Rule Overview

- **Objective:** The ONC final rule on information blocking confirms the patient right of access under HIPAA and is intended remove barriers for patients to access to their personal healthcare data to empower informed decision making and promote care coordination.
- **Information Blocking Defined\*:** A practice that the provider knows is *unreasonable, and is likely to interfere with, prevent, or materially discourage access, exchange or use of EHI unless* (a) such practice is required by law; or (b) an exception applies. (45 CFR 171.103a)
  - Information blocking may be implicated when a provider refuses, ignores, delays or imposes unreasonable burdens on requests to access EHI (85 FR 25811)
  - Evaluation of whether a practice implicates information blocking will be subject to a facts and circumstances analysis (85 FR 25811).

Does the practice limit access, exchange, or use of EHI?

If Yes,

Is the practice required by law?

If No,

Does an exception apply?

If No,

**Potential  
Information  
Blocking**

\*The information blocking rule defines 3 actor types: (1) Provider; (2) HIN/HIE; (3) CHIT Developer.

Source: HHS.gov

# Information Blocking Rule Overview

Result of NM's evaluation of the rule

What We Know	What We Don't Yet Know
<b>Compliance Date:</b> April 5, 2021 (extended from November 2, 2020)	n/a
<b>Scope:</b> Initially limited to data elements represented in the USCDI v1 standard. Effective October 6, 2022, all EHI will be in scope	n/a
<b>Enforcement/Penalties</b> <ul style="list-style-type: none"><li>• HHS and ONC have established processes to receive complaints</li><li>• The rule for providers will be enforced through “appropriate disincentives”; HIEs/HINs and CHIT subject to CMPs of up to \$1 million</li></ul>	<b>Enforcement/Penalties</b> <ul style="list-style-type: none"><li>• OIG has not finalized enforcement rules</li><li>• Disincentives for providers have not been established.</li></ul>
<b>Industry Response:</b> Health Systems are evaluating and changing current practices for release of EHI in patient portals to eliminate barriers to access	<b>Industry Response:</b> Specific decisions made by regional and national peers (which will also be informed by relevant state law); however, many providers already make notes available electronically ahead of the compliance date.

# Current State of MyNM / MyChart Release Practices

USCDI Element	Current Release Practices		Future State	Notes
	HIM Request	MyNM Portal	My NM Portal	
Allergies and Intolerances	Available	Available	Available	
Assessment and Plan of Treatment	Available	Available	Available	
Care Team Members	Available	Available	Available	
Clinical Notes	Available	Not Available	Available	Currently not released to MyNM
Patient Goals	Available	Available	Available	
Health Concerns	Available	Available	Available	
Laboratory Tests / Results	Available	Delayed	Available	Delay of 3 days, 7 days, manual release, or blocked
Medications	Available	Available	Available	
Patient Demographics	Available	Available	Available	
Problems	Available	Available	Available	
Procedures	Available	Available	Available	
Provenance	Available	Available	Available	
Smoking Status	Available	Available	Available	
Unique ID of Implantable Device(s)	Available	Available	Available	
Vital Signs	Available	Available	Available	

**Legend:**

- Available to patients on My NM/MyChart
- Available to patients on My NM/MyChart, but with barriers to access (like automatic delay)
- Not available to patients on My NM/MyChart

# Considerations for MyNM / MyChart Release Processes

- **Assessment:** Majority of USCDI data is shared via MyNM / MyChart: 86% of data elements already aligned (13/15 categories)
- **Focus areas:** Clinical Notes, Results (Lab/Imaging)
- **Guiding principle:** Establish release guidelines that balance compliance with ONC Final Rule and needs of patients and providers
  - **Hospital:** Signed provider notes and test results will be released after discharge
  - **Ambulatory:** Signed provider notes will be released upon closing of the encounter, and results will be released at 9am the following day
  - Manual release results (e.g., pathology) will be auto-released after 14 days
  - Blocked test results (i.e., genetic testing) will remain blocked
  - Physicians will have the option to manually block based on the following criteria;
    - Assessment of risk of harm to patient; or
    - At the request of the patient



# Changes to MyNM / MyChart Release Practices

Care setting	Future MyNM Release Practices
<i>Hospital</i>	At discharge, notes and labs will be released
<i>Ambulatory</i>	At close of encounter, notes will be released

Ambulatory labs	Future MyNM Release Practices
<b>Timing change:</b> Lab results, low risk POC (such as COVID, strep, Flu)	Immediate
<b>Timing change:</b> Lab results, other (currently 3 to 7 days)	9 am next day
<b>Timing change:</b> Imaging Results (currently 3 to 7 days)	9 am next day
<b>Timing Change:</b> Lab Results (manual release)	14 days
<b>No change:</b> Results that are sensitive or genetic test results	Blocked (aligns to current state)

# Communication Planning

- Forums for communications
  - CMOs/CNEs
  - Patient Family Advisory Council
  - Epic Oversight Committee
  - Clinical Chairs
  - Regional CALM meetings
  - RMG and NMG Leadership meetings
  - NMPN forum
  - Targeted HSCCs and Department Meetings
  - Medical Executive Committees
  - Physician Forum and NMI web pages
  - Physician newsletters
- Patient-facing communication materials and FAQs will be posted on [nm.org](http://nm.org) and MyNM

## Next Steps

- Execute Communication Plan (January – March)
- Develop and Implement Training Materials (February – March)
- Go-Live: **March 30, 2021**

### Additional Questions?

After reviewing available FAQs and resources available on [NMI](#), feel free to send your inquiry to [OpenNotes@nm.org](mailto:OpenNotes@nm.org)





# Appendix

# Electronic Data in Initial Information Blocking Scope: USCDI v1

On October 6, 2022, scope will broaden to include all electronic health information

## Allergies and Intolerances

- Substance (Medication)
- Substance (Drug Class)
- Reaction

## Assessment and Plan of Treatment

## Care Team Members

## Clinical Notes

- Consultation Note
- Discharge Summary Note
- History & Physical
- Imaging Narrative
- Laboratory Report Narrative
- Pathology Report Narrative
- Procedure Note
- Progress Note

## Patient Goals

## Health Concerns

## Laboratory

- Tests
- Values/Results

## Medications

## Patient Demographics

- First Name
- Last Name
- Previous Name
- Middle Name (including initial)
- Suffix
- Birth Sex
- Date of Birth
- Race
- Ethnicity
- Preferred Language
- Current Address
- Previous Address
- Phone Number
- Phone Number Type
- Email Address

## Problems

## Procedures

## Provenance

- Author Time Stamp
- Author Organization

## Smoking Status

## Unique Device Identifier(s) for a Patient's Implantable Device(s)

## Vital Signs

- Diastolic Blood Pressure
- Systolic Blood Pressure
- Body Height
- Body Weight
- Heart Rate
- Respiratory Rate
- Body Temperature
- Pulse Oximetry
- Inhaled Oxygen Concentration
- BMI Percentile (2 - 20 Years)
- Weight-for-length Percentile (Birth - 36 Months)
- Head Occipital-frontal Circumference Percentile (Birth - 36 Months)

# Outpatient Categorization: Lab

Test	Examples	Release Schedule		Comments
		Current	Future State	
Pathology		Manual	14 days	
Fetal Demise	D&E, D&C, POC	<b>Blocked</b>	<b>Blocked</b>	
HIV		7 days	Timely release	
STD	Gonorrhea/Chlamydia	3 days	Timely release	
Pregnancy Test		3 days	Timely release	
Tumor Markers/Cancer Screening	PSA, CA 125	3 days	Timely release	
Birth Defect Testing	Alpha-fetoprotein, Maternal	3 days	Timely release	
Hepatitis		3 days	Timely release	
Reflex Testing	CBC w Platelet, Magnesium - Serum, Urinalysis	3 days	Timely release	
Drug/Alcohol Screening		3 days	Timely release	
Ashkenazi Jewish Panel		7 days	Timely release	
Sickle Cell		3 days	Timely release	
Von Willebrand		3 days	Timely release	
Other CSF Testing	Angiotensin, IgG synthesis, CSF Phospho TAU/TOTAL TAU / AB42,	7 days	Timely release	
COVID	POCT Covid Viral	Upon Finalization	Upon Finalization	
Other low risk simple POCT	Flu, Strep	3 days	Upon Finalization	

# Outpatient Categorization: Imaging

Test	Examples	Release Schedule		Comments
		Current	Future State	
X-ray		3 days	Timely release	
Ultrasounds	Diagnostic/ Vascular	3 days	Timely release	
Obstetric Ultrasounds	Gender revealing (OB US Fetal)	3 days	Timely release	
Breast Imaging	Diagnostic (D) Screening (S) Breast MRI (BM)	7 days	Timely release	
CT		7 days	Timely release	
PET-CT		7 days	Timely release	
MRI		7 days	Timely release	
Interventional Radiology		Manual	14 days	
Non Invasive IR (Cardiology)	Cardiac Cath, Cardiac Nuc	3 days	Timely release	
EKG/Stress Test		3 days	Timely release	

# Outpatient Categorization: Genetic Tests/Other

Test	Examples	Release Schedule		Comments
		Current	Future State	
CSF Non Cytology	CSF 14-3-3	Blocked	Blocked	Includes markers for Prion Proteins
Cystic Fibrosis		Blocked	Blocked	
Canavan Disease		Blocked	Blocked	
Tay Sachs Screen		Blocked	Blocked	
Genetic Tests	Chromosome analysis	Blocked	Blocked	
Huntington's Disease Test (NEW ORDER REQUEST)		Blocked	Blocked	
Miscellaneous	BRCA, RET Oncogene, Factor V Leiden Mutation	Manual	14 days	Genetic tests, but should be releasable to patient

# Organizations With OpenNotes

As of December 2020, 266 health organizations offer open notes to more than 50 million patients nationwide

