

ACP Statements on Electronic Health Information Exchange

Introduction

With the increasing availability of electronic health data there is a desire to share this digitized data for the care of patients and for quality improvement efforts within clinical enterprises/entities (public health departments, hospitals, physicians, laboratories, etc.), where the participants collaborate routinely or have a business relationship. There is also a desire to share data across geographic regions, as manifested by the development of a small number of health information exchange (HIE) initiatives and Regional Health Information Organizations (RHIOs).ⁱ

The readiness of communities to exchange health information,ⁱⁱ and the barriers they face,ⁱⁱⁱ have been described. The eHealth Initiative's Connecting Communities Toolkit provides a description of the characteristics of communities that wish to exchange health information and the principles to which they should strive to adhere.^{iv} Recently, the Agency for Healthcare Research and Quality (AHRQ) provided funding for a number of organizations across the country to determine the issues related to health information exchange.^v The ultimate aim of these efforts is to build an integrated, interoperable national health information network (NHIN) that will support health information exchange collaboratively between and across clinical entities / physicians.

General Statements

1. The American College of Physicians (ACP) supports the concept of safe and secure electronic HIE and advocates that clinical enterprises/entities/physicians wishing to share health information, should develop principles, procedures, and policies appropriate for electronic HIE.
2. In addition, clinical enterprises/entities/physicians should develop clear guidelines regarding the handling of shared information, as well as the potential legal, financial and workflow implications that may result from participating in such efforts.

The College anticipates that more of its members will participate in this activity and proposes the following statements to guide HIE efforts.

Technical

A key component for health information sharing is the need to obtain consensus on the appropriate technical specifications to facilitate data exchange. Clinical entities should recognize the activities of the Health Information Technology Standards Panel (HITSP) and the American Health Information Community (AHIC) when considering the technical specifications for health information exchange. Specifically:

- Clinical entities / physicians should adopt the appropriate health information technology (HIT) standards to facilitate the transmission, receipt, and utilization of data.
- Clinical entities / physicians should use standardized terminology (controlled vocabulary, value sets) and coding standards e.g., LOINC, SNOMED, to facilitate the transmission, receipt, and utilization of data.
- Mechanisms should be in place to ensure the integrity of data during their transmission, so that data sent from one clinical entity / physician to the next is not changed en route.
- Clinical entities should develop the necessary infrastructure to support both clinical and administrative functions to improve quality and lower the costs of health care delivery.

Legal

The electronic exchange and sharing of data should conform to appropriate Federal, state, and local legislation. Furthermore, entities engaging in HIE should have in place the necessary legal infrastructure that will guide their exchange of information.^{vi} Specifically clinical entities / physicians should:

- Advocate for the adoption of uniform Federal legislation. Until this are present, clinical entities / physicians should adhere to state regulations and licensing requirements when sending health information electronically across state lines.
- Determine their responsibilities and limitations under the physician Self-Referral, Anti-kickback, and Anti-trust laws.
- Determine whether there are any additional duties / liabilities that physicians and / or clinical entities engaging in HIE may incur by exchanging clinical information, and/or participating in HIE initiatives.
- Develop clear policies (and if necessary contracts) that specify ownership and control of data, and how to manage the data-sharing relationship. Further policies should document a process for providing appropriate access to clinical data when entities choose to terminate their data-sharing relationships.

Practice Redesign

The ability to exchange health information has the potential to enhance coordination of care as envisioned in the patient-centered medical home model of care and of quality care measurement. Specifically:

- Clinical entities / physicians that wish to exchange and share information should encourage the development of the essential infrastructure necessary to facilitate information management and information sharing with other stakeholders in health care, where one element of the infrastructure is the electronic health record (EHR).
- Clinical entities should develop clear policies that relate to the aggregation of data and their use and release for purposes other than direct care of the patient e.g.: performance aggregation and reporting, research. Further, the collection and aggregation of relevant clinical data should be based on accepted clinical information standards and should leverage existing investments in, and use of HIT.^{vii, viii}
- Clinical entities / providers should have in place the necessary infrastructure to provide consumers with the necessary information to make more fully informed choices in their own health care
- Attempts should be made to ensure HIE ensures the availability of clinical information at the point of care for all providers and patients.

Security & Privacy

To facilitate HIE, administrative, technical, and physical safeguards must be in place to ensure the security, confidentiality, integrity, and availability of information,^{ix} consistent with the provisions of the Health Information Portability and Accountability Act of 1996 (HIPAA) and any applicable state laws. Specifically:

- To facilitate HIE, particular attention should be paid to the following areas of security:^x
 1. User identification and authentication
 2. User authorization
 3. Role-based access control
 4. Transmission security
 5. Transmission of the minimum information necessary
 6. Audit trail and information system activity review
 7. Data encryption
- Clinical entities / physicians that share information electronically should publish:
 1. Their management plan for security incidents including reporting, sanctions, and mitigation.

2. Their policies and procedures for sharing patient data and ensuring privacy.
 - Adhere to all relevant federal, state, local legislation and community best practices, and, where necessary, work with the appropriate legislative bodies to effect necessary changes.
 - In keeping with HIPAA, patients should know what information exists about them, its purpose, who can access and use it, and where it resides.

Conclusion

Unlike any other time in medical history, the presence of electronic health information has the potential to make digitally stored information readily available to authorized physicians and clinical entities. It is important that all participants in HIE remain aware of emerging implications of improved access to clinical information. This improved access to clinical information may create new expectations of and responsibilities for physicians and entities to be aware of and act upon clinical information generated across the HIE enterprise. Therefore, as HIE expands, the medical, legal, financial, and workflow implications and the reimbursement requirements of such expectations and responsibilities warrant significant discussion and exploration.

ⁱThe HIT Dashboard provides up-to-date information on Healthcare IT initiatives. [Cited 2006 August 10]. Available from: <http://www.hitdashboard.com/MapPage.aspx>

ⁱⁱ J. Marc Overhage, MD, PhD, FACP, FACMI, Lori Evans, MPP and Janet Marchibroda, MBA. Communities' Readiness for Health Information Exchange: The National Landscape in 2004. *J Am Med Inform Assoc.* 2005;12:107-112.

ⁱⁱⁱ John Halamka, J. Marc Overhage, Lygeia Ricciardi, Wes Rishel, Clay Shirky, and Carol Diamond. Exchanging Health Information: Local Distribution, National Coordination. *Health Affairs*, 24, no. 5 (2005): 1170-1179.

^{iv}The Connecting Communities Toolkit provides invaluable information distilled from stakeholders who are involved in health information exchange. [Cited 2006 August 10]. Available from: <http://toolkits.ehealthinitiative.org/>

^vAHRQ National Resource Center for Health Information Technology Website. [Cited 2006 August 30]. Available from: http://healthit.ahrq.gov/portal/server.pt?open=514&objID=5554&mode=2&holderDisplayURL=http://prodportalb.ahrq.gov:7087/publishedcontent/publish/communities/k_o/knowledge_library/key_topics/health_briefing_01232006093812/health_information_exchange.html.

^{vi}Rosenbaum S, Borzi PC, Repasch L, Burke T, Benevelli JF. Charting the Legal Environment of Health Information. May 2005 [Cited 2006 August 10]. Available from: [http://healthinfolaw.org/uploads/RWJ%20Charting%20the%20Legal%20Environment%20\(Long\).pdf](http://healthinfolaw.org/uploads/RWJ%20Charting%20the%20Legal%20Environment%20(Long).pdf)

^{vii}Data Sharing and Aggregation Principles for Quality Measurement* Policy Statements. March 2006 [Cited 2006 August 30]. Available from: http://www.acponline.org/hpp/data_qm.pdf

^{viii} Linking Physician Payments to Quality Care. 2005 [Cited 2006 August 30]. Available from:
http://www.acponline.org/hpp/link_pay.pdf

^{ix} Suzy A. Buckovich, JD, MPH, Helga E. Rippen, MD, PhD, MPH, and Michael J. Rozen, MD. Driving Toward Guiding Principles: A Goal for Privacy, Confidentiality, and Security of Health Information. *J Am Med Inform Assoc.* 1999; 6:122-133.

^x John D. Halamka, MD, Peter Szolovits, PhD, David Rind, MD and Charles Safran, MD, MS. A WWW Implementation of National Recommendations for Protecting Electronic Health Information. *J Am Med Inform Assoc.* 1997; 4:458-464.