



# Rhode Island HIT Steering Committee

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November 18, 2021

# Agenda

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- Welcome
- Review of the Minutes
- Brief Project Updates
- Discussions:
  - Information Blocking
    - Info Blocking 101 – Presented by Grace Castro ([Office of the National Coordinator for Health Information Technology](#))
    - Q&A
  - CurrentCare – Opt Out Legislation Implementation
    - Emergency Access
- Next Steps and Next Meeting
- Public Comment

# Project Updates – Questions?

# Information Blocking



**Presented by Grace Castro  
(Office of the National Coordinator for Health  
Information Technology)**

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# CurrentCare



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## Opt Out Legislation Implementation

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# Exceptions: Emergency Access

2021 STATUTE

*(b) The opt out does not apply to disclosures in the following situations:*

- (1) To a healthcare provider who believes, in good faith, that the information is necessary for diagnosis or treatment of that individual in an emergency;** or
- (2)** To public-health authorities to carry out their functions [... which] include, but are not restricted to, investigations into the causes of disease, the control of public-health hazards, enforcement of sanitary laws, investigation of reportable diseases, certification and license of health professionals and facilities, review of health care such as that required by the federal government and other governmental agencies, and mandatory reporting laws set forth in Rhode Island general laws; or
- (3)** To the RHIO in order for it to effectuate the operation and administrative oversight of the HIE; and
- (4)** To a health plan, if the information is necessary for care management of its plan members, or for quality and performance measure reporting.

# Existing Override Consent Feature

- If patient enrolled by selecting:

## OPTION #2: ONLY EMERGENCY SITUATIONS

I authorize any and all health care providers/organizations access to my health information through **currentcare** only in an emergency or unscheduled event on a temporary basis.

- The patient's name may not show in the search result:



A licensed prescriber can opt to “override consent” *in an emergency*

*This process is monitored by RIQI’s Compliance/HIPAA Privacy Officer*

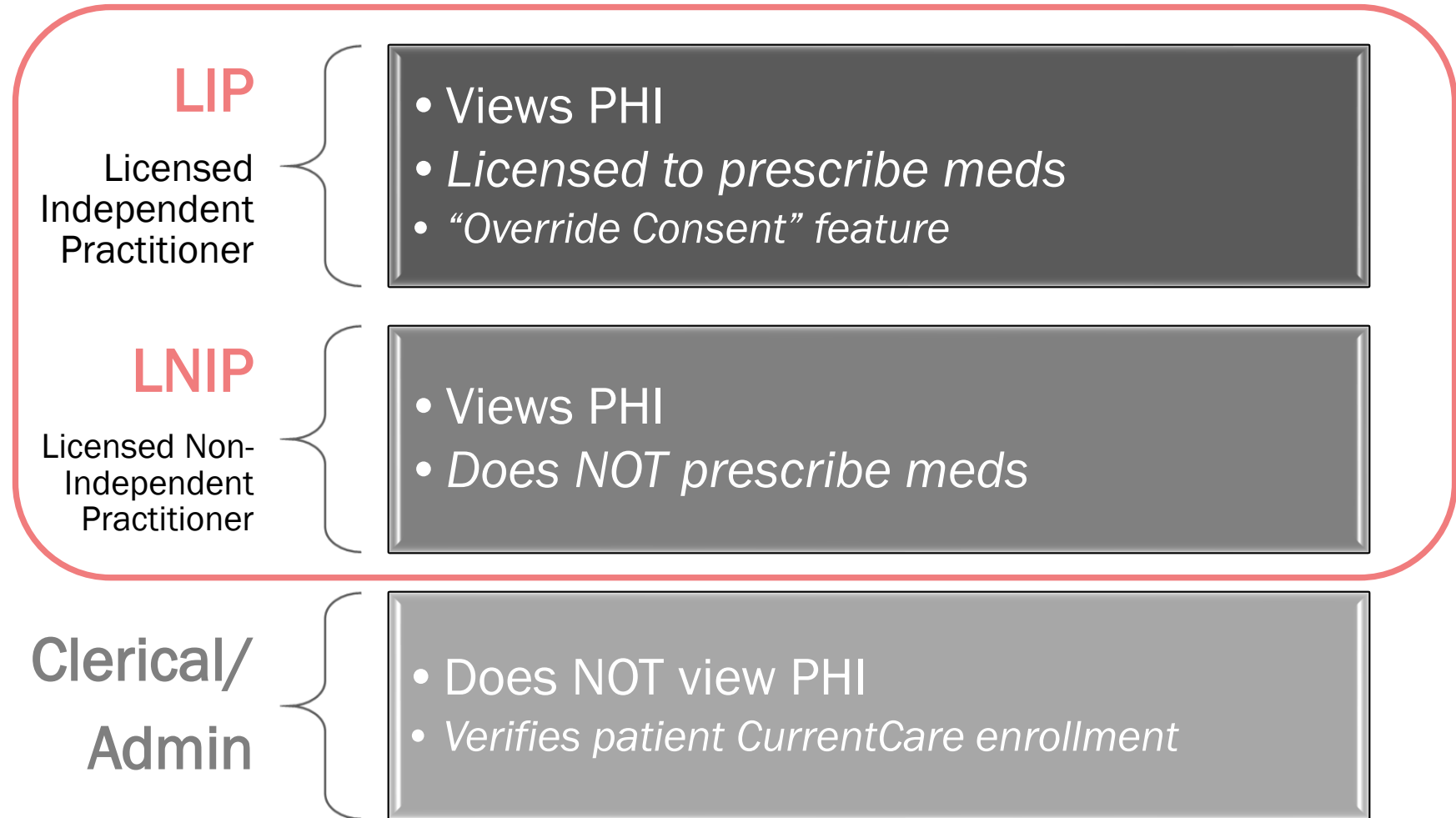
A screenshot of the "Override Consent Policy" form. The form has a yellow background and contains the following fields:

- Override Consent Policy
- Relationship\*
- Notification Type\*
  - Patient/Guardian Notified
  - Authorization not obtained, provider to notify patient.
  - Authorization not obtained, notification not performed.

At the bottom of the form, there are two footnotes:

- \* indicates required field
- \* session will be audited

# Existing CurrentCare Levels of Access





# Discussion: Emergency Access

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- Major shift from affirmative consent for emergency access to passive statutory-allowed access even when opted-out
  - Remember that RIQI will now be able to retain **all data** it receives
- Are prescribers still the right level to give emergency access to?
- How should we define “necessary for diagnosis or treatment of that individual in an emergency”?
  - Currently, HIPAA and 42 CFR Part 2 both defer to clinician judgement
- Does this introduce any new impacts on provider workflows for the consent process?
  - How can we most effectively communicate this to patients?



# NEXT STEPS for the HIT STEERING COMMITTEE

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Next Meeting: December 16<sup>th</sup> at 4:00 pm

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# Appendix

