

Information Blocking Compliance Case Study: CommonSpirit Health

Quick Facts

Organization Type	Large health system with 1,000 care sites and 140 hospitals in 21 states
Region	California and Southwest, Midwest, Texas, Pacific Northwest, Southeast
Electronic Health Record System	Multiple active systems, including different instances of Epic, Cerner, Meditech, eClinicalWorks, Allscripts

In a Nutshell: Key Activities

- Convened core information blocking (IB) workgroup and subgroups to address new rules, including HIM, IT, clinical, legal, interoperability, security, privacy, and compliance teams.
- Reconciled new rules with different state and federal regulations, EHR systems, and markets across the enterprise.
- Provided extensive guidance using customized market/EHR worksheets, monthly subgroup meetings, and analysts responsible for IB.

Activities to Address Information Blocking Compliance

CommonSpirit Health was formed through a merger of two large health systems resulting in multiple EHR deployments across the organization, each with different capabilities and ways of releasing information, and each overseen by different teams, creating challenges in addressing IB requirements. Because CommonSpirit operates across 21 states, they also needed to balance federal regulations against varied state-specific privacy and health information laws.

CommonSpirit deployed multiple strategies to address IB compliance:

- 1. Convened a core IB group and additional subgroups** to address IB rules, including HIM, IT, clinical, legal, interoperability, privacy, and compliance teams. The core group interpreted different sections of the rules and planned how to manage and implement them.
- 2. Balanced IB rules against varying state regulations and EHR systems** and continued to reconcile clinical and technical decisions across their markets.
- 3. Provided broad staff training and developed over 30 customized worksheets for each market/EHR** while analysts met with subgroups, updated designated record set(s), and provided **centralized inbox to triage** questions.

Example of decision-making process to address release of information (ROI)

- What is the interpretation of the rule and of the exceptions?
- How might this impact clinicians or others?
- What data are available in the multiple and varied EHR systems?
- What is used for clinical care decisions and what goes in the various portals?
- What do different state regulations say?
- What education is needed for each market and EHR?

Role of Health Information Management (HIM)

CommonSpirit prioritized input from their core IB workgroup, with professionals with an HIM background playing an integral, collaborative role in interpreting the new rules, making decisions, and supporting changes to ensure the appropriate management of IB compliance across multiple markets and EHR systems. The core IB workgroup had several subgroups and provided communications across the enterprise.

CommonSpirit **reinforced the culture of information sharing through education**: the goal of IB compliance is to consider how to best share information appropriately.

"It's really not information blocking, it's electronic information sharing. Our goal is... to make it so people are sharing."

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Challenges to Information Blocking Compliance

Uncertainties in the rule and reconciling state legislation

'Grey areas' of the rule, such as a lack of guidance on how to interpret exceptions (e.g., preventing harm) or the need to reconcile the rule with laws across 21 states (e.g., in Texas, HIV results must be held for 5 days).

Addressing privacy and other concerns

Certain patient information and requests raise considerations over what data should be shared, how, and when (e.g., delineation of parental versus minors' access to minors' records; patient requests to not see ultrasound results that may reveal a baby's gender).

Multiple EHR systems and vast amounts of EHI data

Challenges in determining the capabilities and approaches to releasing information across at least 12 active EHR and legacy systems, across 21 states, and the vast amount of EHI data that needed to be reviewed to make decisions.

Critical Success Factors

Culture and leadership supporting information sharing

Both CommonSpirit's culture and leadership were supportive of information sharing and patient-centric approaches that facilitated access to information, simplifying the process to review multiple systems to understand how best to interpret and operationalize new rules.

Initial and ongoing collaboration, communication, and education

Initial and ongoing collaboration based on a cross-departmental governance structure, which includes HIM-supported IB compliance activities, allowed for significant communication and education initiatives across multiple markets (e.g., developing over 30 customized worksheets for their markets/EHRs; convening monthly meetings with subgroups).

'Leaning in' to make IB compliance decisions despite uncertainty

Despite multiple uncertainties around IB rules, the workgroup forged ahead making decisions and interpreting the rules as best they could, given the information in hand. This 'leaning in' engendered confidence and was instrumental in addressing concerns about existing uncertainties.

Lessons Learned

CommonSpirit's approach to addressing challenges is relevant to organizations of all sizes.

- Having supportive leadership to ensure work doesn't only fall on one pair of shoulders.
- Frequent and open communication across the organization about IB activities and decisions.

Ongoing governance structure and making decision-making 'grey areas' of the rule manageable.

- The work of the core group provided confidence needed to make decisions interpreting grey areas.
- Determining how to address grey areas did not fall solely on one team or expert, but rather a group of experts with health information, legal, IT, clinical and other backgrounds and expertise (decrease 'fear factor'/anxiety).