

# Information Blocking Compliance

## Case Study: Mass General Brigham (MGB)

### Quick Facts

<b>Organization Type</b>	Large multi-hospital health system with 12 hospitals
<b>Region</b>	Northeast
<b>Electronic Health Record System</b>	Single instance of Epic with patchwork of legacy systems

### In a Nutshell: Key Activities

- Convened cross-departmental workgroup to address new rules, including enterprise- and hospital-level HIM, IT, clinical, legal, privacy, and compliance teams.
- Provided training, education and resource hub to communicate information across a large network of 80,000 staff.

### Activities to Address Information Blocking Compliance

MGB's prior experience convening an internal workgroup to address the Health Insurance Portability and Accountability Act (HIPAA) facilitated the process of assembling another workgroup to address the 21<sup>st</sup> Century Cures Act, with information blocking (IB) rules being a key component. This multi-departmental team included IT, clinical, legal, privacy, compliance, and HIM, with HIM taking on a leadership role.

Workgroup members familiarized themselves with the Cures Act and collaboratively interpreted and operationalized IB rules. The workgroup developed relevant timelines for policy, system, and operational modifications, along with a communication strategy.

Subsequent information blocking activities included: reviewing and updating the designated record set (DRS) policy; undergoing decision-making to determine what information is shareable and when; making modifications to processes that support such decisions; and coordinating education and communication to 80,000 staff.

### Examples of decision-making process to address compliance

Addressing the Designated Record Set	Updated & clarified DRS (e.g.— is remote monitoring data, data from HIE, research data part of the DRS?)
Sharing with non-patient requestors	Built minimum necessary rules into payer, provider and other non-patient portals to respond to information requests

### Role of Health Information Management (HIM)

*"I don't think anybody in our organization is surprised that HIM is involved in this. I think people just look to us. It's health information, it has to do with the record, it has to do with privacy, it has to do with documentation, patient access. It's kind of...ours. Who else would own it?"*

MGB prioritized input from multiple departments, with HIM playing an integral, collaborative role in shaping decisions, disseminating information, and supporting changes to ensure compliance with IB rules. In addition to the system's IB workgroup, HIM had its own advisory group and operating group across the 12 hospitals.

HIM leadership had already been building a **culture of information sharing** and was moving toward "open notes." The new information blocking rules gave HIM and MGB leaders additional support to advance this goal. The increased focus on information blocking also impressed upon MGB clinical and organizational leaders HIM's importance, value, and specialized knowledge base.

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### Challenges to information blocking compliance

#### Uncertainties in the rule

'Grey areas' of the rule, such as a lack of consistent guidance on what is considered electronic health information, regarding both content (e.g., flowsheets do not count, what else does not?) and timing (e.g., how to handle requests for historical data held in legacy systems, with what response times?).

#### Balancing privacy concerns

Certain patient information raises special considerations over what data should be shared and how (e.g., delineation of parental versus minors' access to minors' records; release of records related to domestic violence, sexual abuse, or other sensitive information; sharing of patient information with third-party applications).

#### Addressing concerns and fears

HIM and clinical leadership invested time in having discussions with clinicians to raise their awareness and address their concerns arising from compliance efforts, such as the heightened immediacy of electronic information-sharing and the potential for patient harm (e.g., patient access to life-changing test results prior to clinicians).

#### Data integrity and legacy systems

Patient requests to amend their record and ensure data accuracy have increased and are challenging to manage. There was a heightened need for accurate patient matching. There were also challenges for release of information staff to pull data across 12 hospitals and legacy systems.

### Critical success factors

- Culture and leadership supporting information sharing and patient-centric approaches.
- Initial and ongoing collaboration using a cross-departmental governance structure that includes HIM to support IB compliance.
- Significant communication and education across 12 hospitals and ambulatory centers. The large scale of the operations was a challenge, but was deemed critical to success.

### Lessons learned

MGB approaches to addressing challenges are 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 collaboration made challenges with 'grey areas' of the rule manageable.

- This group work provided confidence needed to make decisions interpreting grey areas.
- Determining how to addressing grey areas did not fall solely on HIM (decrease 'fear factor'/anxiety).