



Health information exchange across the Hudson Valley

## ***THINC eXchange FAQs***

### **Q: What is THINC eXchange?**

**A:** The THINC eXchange is a health information exchange (HIE) sponsored by THINC and powered by MedAllies. THINC is the community-based, not-for-profit organization responsible for sponsoring the HIE in the Hudson Valley. MedAllies is the technology vendor with whom THINC works to build and operate the THINC eXchange.

### **Q When will the THINC eXchange be available?**

**A:** New practices and hospitals (and their patient data) are being added monthly. Access to the THINC eXchange will be available for all participating practices and hospitals in the Hudson Valley starting January 2012.

### **Q: What kind of information is available for viewing in the THINC eXchange?**

**A:** Information recorded by the provider during a patient encounter is provided to the THINC eXchange by ambulatory practices. Hospitals provide information upon patient discharge. The information is provided in the form of a Continuity of Care Document (CCD) created in the EHR system in accordance with IHE<sup>1</sup> standards. The CCD contains data such as patient demographics, problem and consolidated medication lists, and allergies, and other relevant information available at the time of encounter or discharge.

### **Q: Who can access the THINC eXchange?**

**A:** Access is provided to a broad spectrum of health care organizations, hospitals, health centers, physician practices, mental health providers, social workers, and rehabilitation providers. However, access to patient data will be limited to clinicians and their staff authorized to access the system by their participating institutions or by the THINC eXchange itself.

Each participating institution enters into a legal agreement with THINC that specifies the responsibilities of both the THINC eXchange and the institution to safeguard patient data and only use it for appropriate purposes. (For more details, see the FAQs on security and privacy below.)

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<sup>1</sup> IHE stands for "Integrating the Healthcare Enterprise," a global initiative that creates the framework for passing vital health information seamlessly across multiple healthcare enterprises.

**Q: Can patients view their information?**

**A:** Currently, THINC eXchange access is available only to authorized clinicians and their staff of participating health care organizations.

**Q: Is patient consent required?**

**A:** Yes. All participating entities and organizations must obtain patient consent prior to accessing that patient's information via the THINC eXchange. Patients can choose not to have their information shared electronically by declining consent to their medical providers. If a patient has declined consent, clinicians will *not* be able to access patient information using THINC eXchange, even in a life-threatening emergency.

A patient's consent is considered valid for all practitioners employed by or under contract with a provider organization.

Patients may revoke consent at any time in writing or as specified by the organization.

**Q. Can patient information obtained through the THINC eXchange be used for payment/collection purposes?**

**A.** No.

**Q: How does the exchange ensure security and privacy?**

**A:** We take security and privacy concerns very seriously; they are essential to cultivating and sustaining patient and provider trust in the HIE. THINC has a full suite of privacy and security policies that address such issues as appropriate access, changing of user passwords every 90 days, ongoing monitoring of system activity, audit trails, and appropriate handling and reporting of possible security breaches.

THINC runs the HIE in accordance with the Statewide Policy Guidance put forward by the New York e-Health Collaborative and approved by the New York State Department of Health (DOH) General Counsel's office, as being compliant with the privacy and security requirements necessary to meet both federal HIPAA regulations as well as New York state privacy and security requirements. The DOH's Counsel's office used the statewide policy guidance as being in compliance with two key aspects of New York state law: NYS Public Health Law Article 27-F (relating to HIV/AIDS) and Article 33 New York Mental Hygiene (patient rights).

**Q: Who is paying for it?**

**A:** A NYS HEAL grant provided funding for capital costs to build the THINC eXchange. Ongoing operation costs are covered by the fees MedAllies charges hospitals and provider organizations.

**Q: How does this fit into larger, statewide efforts?**

**A:** New York eHealth Collaborative has selected THINC eXchange to be one of the four platforms to support statewide interoperability. This will help providers in the Hudson Valley eventually connect with providers elsewhere in New York state.

**Q: What are the benefits?**

**A:** HIEs enhance coordination and continuity of care, improving quality and helping control costs.

Patients can expect to see increased care coordination, which leads better outcomes and a better experience of care. Health care providers will be able to improve care delivery to their patients by accessing and using timely, comprehensive and accurate information specific to each patient. They will also be able to coordinate care better due to improved communication channels with other providers and their patients. Inefficiencies associated with the collection and management of paper records will be reduced, as will medical errors. Hospitals and health systems will be able to access the patient information from outside sources needed to improve and coordinate care. The THINC eXchange will facilitate better transitions of care among hospitals, private practices and sub-acute facilities, leading to fewer readmissions and further reductions in medical errors.

A recent study found use of an HIE led an average savings of \$29 per emergency department visit. Investigators believe the savings are driven by two factors: availability of medical history at the point of care and a decrease in redundant diagnostic testing resulting from the availability of that medical history.<sup>2</sup>

**Q: Where can I find more information about HIE projects in the United States and in New York state?**

**A:** The federal government website devoted to HIT is here: [www.hhs.gov/healthit](http://www.hhs.gov/healthit). New York State has designated an office in the Department of Health to promote HIT: [www.health.state.ny.us/technology](http://www.health.state.ny.us/technology).

**Security-specific questions**

**Q: What security is put in place to protect from unauthorized access?**

**A:** The THINC eXchange employs role-based security with the most advanced information safeguards available. Encryption, password protection, the ability to track every viewer activity and other measures protect against unauthorized use of the exchange. The precautions are

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<sup>2</sup>Tzeel A, et al. "The Business Case for Payer Support of a Community-Based Health Information Exchange: A Humana Pilot Evaluating Its Effectiveness in Cost Control for Plan Members Seeking Emergency Department Care." *Am Health Drug Benefits*.2011;4(4):207-216  
[www.AHDBonline.comhttp://www.ahdbonline.com/feature/business-case-payer-support-community-based-health-information-exchange-humana-pilot-evaluat](http://www.AHDBonline.comhttp://www.ahdbonline.com/feature/business-case-payer-support-community-based-health-information-exchange-humana-pilot-evaluat)

reviewed by a panel of HIPAA compliance officers from hospitals in the region, as well as regional and national information technology experts.

**Q: How is access controlled?**

**A:** THINC is committed -- and legally obligated -- to safeguard the protected health information (PHI) of patients who consent to sharing their PHI with some or all of the participating provider organizations or other entities that access information through the THINC health information exchange.

Access will be limited to clinicians and staff authorized to access the system by their participating institutions or by HIE itself. Each participating institution enters into a legal agreement with THINC that specifies the responsibilities of both the HIE and the participating institution to safeguard patient data and only use patient data for appropriate purposes.

Each participant organization must designate authorized users of the HIE, and all users of the HIE will be required to first validate their identity before being granted access. Regular audits of user access will prevent unauthorized access.

**Q: What does THINC require of participating providers?**

**A:** THINC requires that all participating provider organizations or other entities that access personal health information through the THINC health information exchange be in compliance with (i) current standards and requirements for safeguarding the privacy and security of PHI as set forth by THINC, (ii) the "RHIO Policies and Procedures" developed through the statewide collaboration process facilitated by the New York eHealth Collaborative and adopted by the New York State Department of Health and (iii) any relevant New York State and federal laws and regulations.

Participants must comply with applicable state and federal laws and regulations governing re-disclosure of sensitive health information, including those applicable to HIV/AIDS (NYS Public Health Law Article 27-F) and alcohol and substance abuse information (42 C.F.R. Part 2).

**Q: What consent form is used?**

**A:** THINC requires participants to use the New York State Department of Health- approved Level 1 consent form.

**Q: What is included in Level 1 consent?**

**A:** Use of a Level 1 consent form authorizes a participant to access a patient's PHI, including sensitive health information. This information includes but is not limited to, HIV/AIDS, mental health, alcohol and substance abuse, reproductive health, sexually transmitted disease and genetic testing information.

**Q: Are there exceptions for emergencies?**

**A:** Yes. In emergency situations, *affirmative* patient consent is not required as long as certain conditions are met; this is called the “break the glass” function. An authorized clinician can be granted temporary access to a patient’s information—without specific consent—in situations deemed an emergency. The following conditions must be met:

- In the practitioner’s judgment an emergency condition exists and the patient is in immediate need of medical attention.
- An attempt to secure consent would delay of treatment and increase the risk to the patient’s life or health;
- The practitioner determines that the information may be material to emergency treatment;
- No denial of consent to access the patient’s information is currently in effect;
- The practitioner attests that all of the foregoing conditions have been satisfied, and the HIE maintains a record of this access; and
- THINC ensures that the break-the-glass access is terminated after the emergency treatment.

THINC eXchange maintains an audit trail of all instances of “breaking the glass.”

**Q: How do I find out more?**

**A:** Contact MedAllies at [info@medallies.com](mailto:info@medallies.com) or THINC at [info@thinc.org](mailto:info@thinc.org). You can also visit the THINC site at [www.thinc.org/](http://www.thinc.org/) or MedAllies at [www.medallies.com/](http://www.medallies.com/)