Foundation for a Healthy Kentucky’s Mission:

To address the unmet health needs of Kentuckians
Investing in communities. Informing health policy.

By...

- Developing and influencing policy
- Improving access to care
- Reducing health risks and disparities
- Promoting health equity

https://www.healthy-ky.org/events/health-for-a-change
May 23 Grant writing webinar
✓ June 20 Health equity webinar
✓ June 27 Planning for success webinar
✓ Aug 8 Planning for success webinar
✓ Aug 16 Working with the media workshop

WORKSHOP The Art of Working with Others: Creative Strategies for Community Health Coalitions

❖ May 10 Muhlenberg County Extension Office 10AM-3PM CT
❖ May 17 Clark County Extension Education Facility 10AM-3PM ET
Foundation for a Healthy Kentucky
Investing in Communities. Informing Health Policy.

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Using Electronic Health Data for Community Health

Denise Chrysler, JD
Director, Network for Public Health Law
Mid-States Region

Foundation for a Healthy Kentucky Webinar
May 9, 2018
About the Network

The Network for Public Health Law
Ideas. Experience. Practical answers.

Webinar
Learning from the Flint Water Crisis:
Legal Implications and Community
Public Health Impacts
May 15, 1:00 - 2:30 p.m. EST
Register

www.networkforphl.org

Health Information Data Sharing

Data are the lifeblood of public health practice and research. Data are essential for surveillance, epidemiological investigation, research, program development, implementation and evaluation. Public health agencies collect, analyze and store identifiable information from a disparate collection of sources and use data in diverse ways.

Primary Legal Issues

Datastores and registries include identifiable information about individuals with specific diseases, illnesses and injuries. Historically, public health data has been stored separately depending on where it came from or what it was used for. However, technological advances have increased linkages between data repositories and therefore expanded the potential uses and value of data for public health practice and research. But increased data sharing also brings an increased need for public health agencies to protect the integrity and sensitivity of this information.

Emerging health information exchanges have the potential to greatly increase the appropriate flow of data between many health-related entities, including patient treatment information exchanged between health care providers. In addition to:

Latest Resource for Health Information and Data Sharing

Issue Brief: Consent for Care and Confidential Health Information

This issue brief summarizes Michigan laws related to rights of minors to obtain health care without the consent or knowledge of their parents (focuses on Michigan provisions, which may have counterparts in other states).
Wanted: Timely, Frequent, & Local Data

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vital statistics</td>
<td>6-12 month delay</td>
</tr>
<tr>
<td>BRFSS</td>
<td>2016 data now available</td>
</tr>
<tr>
<td>MEPS</td>
<td>2015 data now available</td>
</tr>
<tr>
<td>National Survey of Drug Use and Health</td>
<td>2015 data</td>
</tr>
</tbody>
</table>

- Most data is aggregated to year
- Geographically, most data is at county level
- Zip codes can have more than 100,000 people
- Census tracts can have thousands of people

Slide source: Joshua Sharfstein

Consequences of Inadequate Data

1. Hard to spot key trends
2. Difficult to recognize opportunities for intervention
3. Challenging to generate urgency or political engagement
4. Impossible to assess public health impact of interventions in a reasonable time frame

Slide source: Joshua Sharfstein
Public Health Officials:
Data from Healthcare Can Address the Gaps

Local public health departments “would benefit from additional data from hospital and ambulatory care settings, particularly data from electronic health records.

“Respondents said that [electronic health records] held significant potential for ... surveillance, especially for chronic disease monitoring to both guide action and geographic “hot spotting” of both communicable and chronic diseases not included in statutory reporting requirements.”


Slide source: Joshua Sharfstein

Health care as data source... Is this legal under HIPAA?
How a public health agency might use electronic data from emergency department to make progress on childhood asthma

Figure 1: Data Required for Each Use Case
Is this legal under HIPAA?

Q Is the entity that would be providing data covered by HIPAA?
Q If yes, is the data to be shared protected health information?
Q If yes, does HIPAA require or permit the data to be shared with a public health agency?
Q If yes, is the request (1) related to a legitimate public health purpose? (2) asking only for the minimum necessary data?

Use Case 3: Would you like a home visit?

The Health Department requests weekly data on each childhood asthma admission, including date, age in years, gender, and race/ethnicity, street address, name and contact information.

The Health Department’s plan is to develop a registry of children admitted to the hospital for asthma, and those most frequently admitted will be offered home visits and care coordination.

Use case 3 slides adapted from ALL IN Webinar
Q. **Is the entity that would be providing data covered by HIPAA?**

**Covered entities are:**

- Health plans
- Most health care providers
- Health care clearinghouses
- A covered entity’s business associates

Q. **Is the data to be shared protected health information (PHI)?**

- Information, including demographic information:
  - Relating to past, present or future
  - Health status or condition
  - Provision of health care
  - Payment for health care

- That identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual
Q. **Does HIPAA require or permit the data to be shared with a public health agency?**

> HIPAA allows PHI to be disclosed to a “public health authority” and its authorized agents, without a patient’s authorization

- Must be for a public health purpose
- Must be “minimum necessary” needed for the public health purpose

> HIPAA allows a “limited data set” to be disclosed to any entity for public health purposes (LDS includes geographic identifiers and dates)

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**Use Case 3: Would you like a home visit?**

HIPAA analysis: there is a clear need, description of minimally necessary data elements for fulfilling a public health activity, and plan to use data without disclosing more than is needed.
Use Case 3: Would you like a home visit?

HIPAA analysis: there is a clear need, description of minimally necessary data elements for fulfilling a public health activity, and plan to use data without disclosing more than is needed.

Acknowledgments

Co-authors of Report

» Joshua Sharfstein, Johns Hopkins Bloomberg School of Public Health

» Jennifer Bernstein, Network for Public Health Law

» Lainie Rutkow and Holly Taylor, Johns Hopkins Bloomberg School of Public Health

de Beaumont Foundation

ALL IN: Data for Community Health
Thank you!

Denise Chrysler, J.D.
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I love lawyers!
Data Feeds by Regions

Region 1
- Providers: 539
- Hospitals: 96

Region 2
- Providers: 1783
- Hospitals: 120

Region 3
- Providers: 1232
- Hospitals: 137

Region 4
- Providers: 390
- Hospitals: 116

Data Feeds by Regions
Updated: 04-04-2018
Currently Live or In Progress

- Owensboro Health, Inc
- Baptist Healthcare System, Inc
- Memorial Hospital, Inc
- St Elizabeth Medical Center, Inc.
- Summit Medical Group dba St. Elizabeth Physicians
- UC Health Foundation
- Norton Healthcare, Inc

Have received almost 2,000,000 immunization queries in 2018
Kentucky Regulation requiring electronic laboratory reporting to the KY Department for Public Health

- Increases the requirements for reporting with flexibility to add requirements in the future
- Requires all electronic reporting through KHIE
- Requires a full ADT and Lab Feed
- LOINC and SNOMED are required

Kentucky Statute requiring reporting to the Cabinet for Health and Family Services

- All positive toxicology screens
- From the emergency room of Kentucky acute care hospitals and critical access hospitals
- To evaluate the patients’ suspected drug overdose
Assessing Definitions of Heroin Overdose in ED & EMS Data Using Hospital Billing Data
Peter J. Rock* and Michael D. Singleton
College of Public Health, University of Kentucky, Lexington, KY, USA

Surveillance of a Synthetic Cannabinoid Overdose Outbreak using Syndromic & EMS Data
Peter J. Rock* and Michael D. Singleton
College of Public Health, University of Kentucky, Lexington, KY, USA
Coming Together For Hope, Healing, and Recovery
A plan to address substance use and misuse in Louisville

Yu-Ting Chen, Epidemiologist
May 9th 2018
Like many parts of our region and of our country, Louisville in the midst of an opioid epidemic.

But not all, or even most, addiction involves opioids.

When talking about addiction, it is important to note that tobacco and alcohol addiction are still far more pervasive in our community than addiction to opioid drugs.
• This plan is designed to better coordinate ongoing efforts, add new efforts to fill in the gaps, and engage new partners and resources to tackle the issue of substance use disorder.
• Finding solutions and creating a more resilient community is a task that requires the involvement of all of us.

Data Sources and Partners

- Centers for Disease Control and Prevention
- Kentucky Department for Public Health
- Kentucky Office of Health Policy
- Kentucky Office of Vital Statistics
- Kentucky Health Information Exchange
- Kentucky Injury Prevention and Research Center
- Kentucky All Schedule Prescription Electronic Reporting (KASPER)
- Louisville Metro Policy Department
- Louisville Metro Emergency Medical Services
- Jefferson County Coroner’s Office
- Jefferson County Public Schools

Drugs

On average, 115 people in the United States are dying each day from overdose. Overdose deaths in Louisville have continued to rise since 2011.
Drugs

Regardless of drug, Louisville’s overdose death rate is more than double the national rate. As with overdoses, every part of the Louisville community is experiencing the effects of drug overdose deaths. From 2011 – 2016, there were overdose deaths in nearly every Louisville ZIP Code.

In the Kentuckiana Regional Planning & Development Area (KIPDA), which includes Jefferson County and surrounding counties, hydrocodone prescriptions were dispensed to females of all ages at higher rates than males—with the highest dispensing rate among females ages 65 and older.
Drugs

In Louisville, hospitalizations and ER visits due to severe acute drug poisoning, especially due to heroin, have skyrocketed over the past five years.

Opioid related hospitalizations were also 2.5 times higher in 2016 than in 2012.

Substance use in Louisville is a community-wide issue, affecting every neighborhood.

In 2016, Metro Emergency Medical Services (EMS) performed overdose runs in every single Louisville Metro ZIP Code, without exception.
Drugs

Opioids are in large part driving the increase in overdose deaths. The age-adjusted opioid death rates climbed from 2011 to 2016 in Louisville Metro, Kentucky as well as nationwide. In 2016, Louisville Metro's opioid death rate surpassed the rate for Kentucky.

Tobacco

It is not surprising that Louisville's average adult smoking rate from 2013 to 2016 was 24.8%; this rate is well above the national average of 17.9%. A higher rate of Black persons who smoke than White persons, as well as higher rates of male smokers than female smokers.
Tobacco

According to Jefferson County Public School’s annual Safe and Drug Free Schools Survey, smoking has been declining among students from grades 6-12, although it refers only to cigarettes and is not inclusive of e-cigarettes.
Alcohol

Binge drinking occurs throughout Louisville with heavier pockets in university areas and in the east and southeast portions of the county.

Alcohol

From January 2015 through June 2017 there were alcohol related hospitalizations in nearly every ZIP code in Louisville, with heavier concentrations in the west and southwest.
Root Causes

- Built Environment
- Education
- Food Systems
- Health and Human Services
- Housing
- Social/Cultural Capital
- Transportation
- Employment and Income
- Neighborhood Development
- Environmental Quality
- Criminal Justice
- Early Childhood Development

HOPE
1. Prevent and reduce youth substance use
2. Increase trauma informed care
3. Reduce stigma

HEALING
4. Increase harm reduction
5. Expand diversion from emergency rooms and jail
6. Improve connection to treatment
7. Measure the quality of treatment programs

RECOVERY
8. Establish guidelines for sober living houses
9. Make expungement affordable
10. Improve job placement
Overdose Detection Mapping Application Program (ODMap)

http://www.hidta.org/odmap/

Louisville Metro Data Governance

- Working Groups
  - Data Governance Planning Team
  - Data Warehouse Support
  - Data Inventory/Data Sensitivity
  - Data Standards Policy Groups:
    - Sex/Gender
    - Street Addresses
    - Race/Nationality
    - Date/Time
  - Open Data Policy Revision
  - Data Visualization
  - Sharepoint Data Integrations
Data Warehouse Application for Opioid Crisis

- Creating a system that allows for centralized data collection, analysis and sharing will ensure data drives decisions and improves the responsiveness of public health and safety sectors.
Other Resources

• Criminal Justices System Data
• Treatment Facilities Data
• School System Data
• Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) (Syndromic Surveillance)
• National Electronic Disease Surveillance System (NEDSS)

Questions?
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Q. Does HIPAA permit a healthcare provider to share PHI with a public health agency?

» HIPAA allows PHI to be disclosed to a “public health authority” and its authorized agents, without a patient’s authorization

- Must be for a public health purpose
- Must be “minimum necessary” needed for the public health purpose
- A health care provider can rely on the public health agency’s statement regarding its authority and that requested data is minimum necessary

Post-event Survey

✓ Give your feedback
✓ Suggest future topics
✓ Only 3 minutes
Thank you!

Contact

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