



May 1, 2013

Access to NeHII for Authorized Public Health Personnel: Top Three Use Cases

The Douglas County Health Department (DCHD) is requesting access to NeHII for authorized disease investigators and public health nurses to view individual patient medical records in order to conduct disease investigations. Disease investigators currently access this same information by requesting it from laboratories, health care providers, and facilities by phone, fax, and mail.

Following are our “top three use cases” that describe the public health functions for which we would like to use NeHII. All information to be collected from NeHII is currently being collected in various other ways. Access to NeHII would increase the efficiency of the investigation process and reduce the information retrieval burden on health care providers and laboratories.

The mission of Public Health is to protect and promote the health of the population based on the scientific principles of the practice of public health. To fulfill this essential role, the Douglas County Health Department needs the ability to:

- rapidly detect, respond, and efficiently prevent threats and
- implement policies and evidence-based practices to promote population health.

Public health investigations are covered by Nebraska confidentiality laws that are stricter than HIPAA:

- The reports and resulting investigations are privileged, confidential and not subject to subpoena in a court of law
- can only be discussed with the reporting health care provider, reported to the state and to the CDC lacking identifiers;
- Breach of confidentiality under this statute is a Class III misdemeanor
- Reports and investigation results cannot be released to a third party, even with client consent

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Use Case #1. Public health case investigation of reportable conditions

Nebraska local health departments receive individual, identified reports of communicable disease from laboratories and health care providers. The list of reportable conditions can be found at:

http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-173/Chapter-1.pdf All reports are investigated in order to:

1. confirm that the condition meets state and National public health surveillance case definitions in order to monitor risk factors and occurrence of outbreaks
2. ensure that public health control measures, such as treatment (when appropriate), isolation, and prevention recommendations, are given in order to limit further spread of the disease.

A disease investigator performs the following tasks as necessary:

1. Contact the reporting laboratory to:
 - a. obtain more information about the patient (if not enough information was included in the report to locate the patient).
 - b. verify the result of the laboratory test if necessary
 - c. obtain other results if needed to confirm the status of the illness
2. Contact the health care provider to:
 - a. Obtain clinical information about the case
 - b. Ensure appropriate treatment that is relevant to prevention of further spread (e.g. to inform the recommendation of how long a patient should be isolated or restricted in work duties)
 - c. Educate the provider about current public health recommendations if appropriate
3. Interview the patient to:
 - a. Ask about symptoms to assess exposures from and to other people
 - b. Educate about the illness and how to prevent further spread
 - c. Isolate or restrict from certain activities as appropriate
 - d. Identify contacts that may need evaluation or prophylactic measures to prevent illness
 - e. Identify others that may need to be notified of an exposure
4. Contact the hospital if patient was hospitalized to:
 - a. Obtain clinical records such as history and physical, discharge summary, laboratory results, diagnostic procedures results, medications given
 - b. Discuss case with infection prevention program and ensure that proper precautions are taken
 - c. Assess severity of case

Use case #2. Fetal Infant Mortality Review (FIMR) development of case summaries for the Nebraska Child Death Review Team (CDRT)

Fetal Infant Mortality Review (FIMR) is a national best practice model aimed at improving service systems and resources for women, infants and families. The FIMR process brings a community team together (known as the Case Review Team or CRT) to examine confidential, de-identified cases of fetal-infant deaths.

The FIMR public health nurse requests access to individual records of all prenatal and post-partum visits and care of the identified infant who died for review by the Nebraska Child Death Review Team (CDRT). See figures 1 and 2 for a copy of the letter and HIPAA fact sheet sent by the FIMR nurse to request medical records concerning the infant death under review.

Case summaries are developed by the FIMR nurse using information from medical records and a home visit with the mother of loss. The purpose of the case summary reviews (by CRT) is to understand how a wide array of local, social, economic, public health, educational, environmental and safety issues relate to the tragedy of infant loss.

Having gained a comprehensive understanding of these issues from the case summary reviews, a community collaborative known as the Baby Blossoms Collaborative (BBC) develops a community action plan aimed at improving services and resources in the community. This cycle of improvement is ongoing, with CRT being the engine that drives the process. Every 2 years a new community plan is put into place by BBC based on recommendations from CRT (derived from data of individual cases) in addition to pertinent population-based data.

Figure 1. Letter requesting medical records



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Midtown Campus, 1111 South 41st Street, Omaha, NE 68105

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(402) 444-7471
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(402) 444-7216

Epidemiology
(402) 444-7214

Food and Drink
(402) 444-7480

Health Data
(402) 444-7213

Health Promotion
(402) 444-7475

Lead Prevention
Program
(402) 444-7825

Sanitation Control
(402) 444-7481

Sanitary Engineering
(402) 444-7485

Vital Statistics
(402) 444-7204

WIC
(402) 444-1770

Public Health Clinic &
Immunizations
(402) 444-8183

Laboratory Services
(402) 444-7496

STD Control
(402) 444-7750

Travel Clinic
(402) 444-7207

Date: January 29, 2013
From: Carol Isaac, RN, BSN, MA
Douglas County Fetal Infant Mortality Review
Douglas County Health Department
1111 South 41st Street
Omaha, NE 68105
Phone: 402-444-7219
Fax: 402-444-7424

To: Medical Records –
Fetal Infant Mortality Review (FIMR) requesting records

The Nebraska Child Death Review Team (CDRT), established by the Unicameral in 1993, is charged with undertaking a comprehensive integrated review of existing records and other information regarding each of these tragic events. The purposes of the team include developing an understanding of the incidence of child deaths and advising the Governor, Legislature, and the public on changes to reduce preventable deaths. To this end we have been granted the authority to obtain medical records directly from your facility (Neb. Rev. Stat. Article 34, §71-3410).

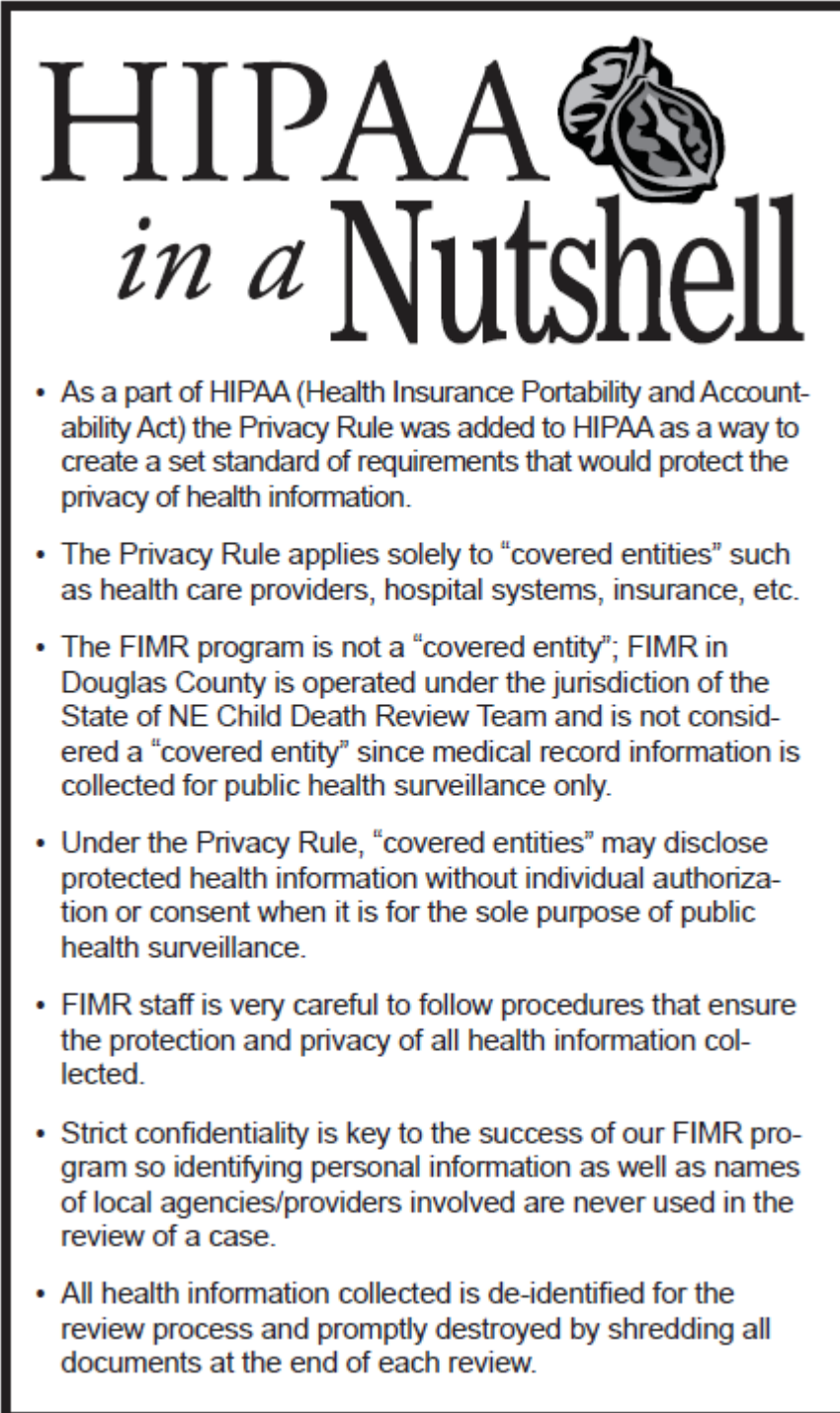
The CDRT has contracted with the Douglas County Fetal and Infant Mortality Review project (FIMR) to review fetal and infant deaths occurring in Douglas County, NE. This contract extends to FIMR the CDRT's statutory authority to obtain medical, social services, law enforcement and other records related to the fetus, infant and/or his/her parents, as well as statutory protections and responsibilities against disclosure and discoverability.

We are interested in receiving records on:

Mother's name: Mother's DOB:
Infant's name: Infant's DOB: Infant's DOD:

Please send us all medical records related to the prenatal and post-partum visits and care of infant. This includes but is not limited to prenatal, delivery, and post-partum care, hospital admissions, ER visits, radiology including ultrasounds, lab work, H and P, discharge summaries, doctor and nurses notes, doctor's orders, electronic and computer records, flow sheets and teaching sheets. This also includes autopsy and toxicology reports. **Please provide this information within 5 working days.** If you do not have any information on the mother or child, please let me know. Contact the Douglas County Health Department, Fetal Infant Mortality Review, if you have any questions (444-7219), or call the NE CDRT Coordinator, Dr. Debora Barnes-Josiah at 402-471-9048. Thank-you for your assistance!

Figure 2. HIPAA fact sheet relative to the FIMR program



The graphic is a fact sheet titled "HIPAA in a Nutshell". The word "HIPAA" is in a large, bold, serif font. To its right is a detailed illustration of a nut with its shell cracked open, showing the nutmeat inside. Below "HIPAA" is the phrase "in a Nutshell" in a smaller, elegant script font. The entire title is enclosed in a thin black rectangular border. Below the title, there is a list of eight bullet points, each starting with a small black dot. The text is in a clean, sans-serif font.

HIPAA

in a Nutshell

- As a part of HIPAA (Health Insurance Portability and Accountability Act) the Privacy Rule was added to HIPAA as a way to create a set standard of requirements that would protect the privacy of health information.
- The Privacy Rule applies solely to “covered entities” such as health care providers, hospital systems, insurance, etc.
- The FIMR program is not a “covered entity”; FIMR in Douglas County is operated under the jurisdiction of the State of NE Child Death Review Team and is not considered a “covered entity” since medical record information is collected for public health surveillance only.
- Under the Privacy Rule, “covered entities” may disclose protected health information without individual authorization or consent when it is for the sole purpose of public health surveillance.
- FIMR staff is very careful to follow procedures that ensure the protection and privacy of all health information collected.
- Strict confidentiality is key to the success of our FIMR program so identifying personal information as well as names of local agencies/providers involved are never used in the review of a case.
- All health information collected is de-identified for the review process and promptly destroyed by shredding all documents at the end of each review.

Use case #3. Tuberculosis disease investigation and case management

The services the Tuberculosis (TB) Program provides are surveillance, case management, bacteriology services through Nebraska Public Health Laboratory (NPHL), tuberculosis education, medical consultation, follow-up on Class B1 and B2 immigrants and refugees, and technical assistance.

The following are some functions of our TB surveillance and control personnel:

1. Investigate suspected cases of tuberculosis by working closely with health care providers to:
 - a. confirm TB disease by assessing patient history, clinical records, laboratory results, and diagnostic procedures
 - b. order, check for accuracy, and deliver medications to active case-patients
 - c. ensure that patient attends follow up visits
 - d. provide interpretation services to non-English speaking patients
 - e. assist health care provider to access national guidelines and expertise
2. Ensure appropriate isolation of communicable patients
3. Conduct contact investigation of appropriate close-contacts to determine communicability of patient and make recommendations for follow up of exposed persons. Work with employers, schools, and universities as appropriate.
4. Monitor medication compliance by conducting mandated directly observed therapy
5. Conduct nursing assessments of patients on anti-TB therapy to assess clinical improvement and monitor for adverse effects of drugs
6. Act as the TB resource for the community, which includes conducting training and education when necessary.