

Developing a Plan for How Clinical Data Can Be Better Used to Address the Opioid Crisis in Maine

i. Background

HealthInfoNet (HIN) is an independent, nonprofit organization using information technology to improve patient care quality and safety. The organization's core service line is the management of a secure computer system, called a health information exchange (HIE), for health care clinicians to share important health information and improve patient care. The HIE system links medical information from separate health care sites to create a single electronic patient health record, then allows authorized providers to see that record to support patient care. In an emergency, this helps providers quickly and more accurately diagnose and treat patients. In non-emergency situations it can decrease ordering of repeat tests and give providers a more complete picture of their patients' care. HIN is currently connected to over 790 organizations across the state of Maine with this number growing on an annual basis.

In 2011, Maine law enabled HIN to receive state protected mental health information from health care provider participants of the HIE. This data is accessed with consent by patients statewide. Since 2015, HIN has been actively receiving mental health data from community based mental health agencies and patients with Severe Mental Illness. A majority of these patients, over 17,000, largely insured by Medicaid, have chosen to have their mental health information accessible in the HIE for their treating providers.

In February 2018, the federal Substance Abuse and Mental Health Services Administration (SAMSHA) provided new guidance regarding the federal law that addresses the confidentiality of substance use disorder (SUD) information (42 CFR Part 2) to support sharing of SUD information between providers, specifically via HIE methods. This represents the most significant change in this rule in the past 30 years and provides a practical opportunity for Maine to leverage our comprehensive HIE for making clinical data available to support more effective treatment and care management of people with SUD. This guidance allows that, for patients who have provided consent to share their information with the HIE, authorized providers are able to access clinical information for care rendered in all settings of care, including SUD programs.

ii. Project Goals

HIN has been awarded funding from MeHAF & Betterment Foundation to support a statewide convening effort and information gathering necessary to support the development of strategic recommendations for SUD-HIE integration. Our goal is to work with local health care providers that have been addressing the integration of SUD treatment, such as hospitals, mental health and primary care providers, EMS, etc., as well as recovery specialists and other relevant stakeholders, in order to better understand how HIE services can support "data informed" integrated care workflows for persons with SUD across the state.

The convening and creation of a statewide "SUD Information Exchange Strategic Implementation Plan" will focus on four measurable outcomes including:

1. Strategies and legal requirements for supporting provider organizations in changing their data exchange position with the HIE to incorporate SUD treatment data.

2. Strategies and workflows to engage patients in consenting to share SUD treatment data for care coordination.
3. Data-driven workflows where SUD data can be used to support prevention, treatment, and recovery.
4. Technical recommendations as to how organizations can share SUD data with the statewide HIE.

The successful delivery of these outcomes will establish the foundation for a broader statewide implementation plan that aligns with other established programs in addressing SUD information availability to support treatment and recovery; and long-term strategies to address the crisis.

iii. **Project Timeline**

- January: Planning
 - i. Determine planning committee organization attendees and stakeholders
- April/May: Convening
 - i. Convene South/West planning committee
 - ii. Convene East/North planning committee
- May through August: HIN Data Collection
 - i. Host stakeholder interviews/focus group sessions
- September/October: Convening
 - i. Convene South/West planning committee
 - ii. Convene East/North planning committee
- October through November: Recommendation development
- December: Release recommendation