

Report to the Chairmen of the House Committee on Health,
Welfare and Institutions; Senate Committee on Education
and Health; Joint Subcommittee to study Mental Health
Services in the Commonwealth in the 21st Century

Policies to Improve Exchange of Offender Medical Information



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Preface

This report was written in response to legislative language:

§ 53.1-40.10. Exchange of medical and mental health information and records.

D. The Department shall develop policies to improve the exchange of medical and mental health information and records of persons committed to a state correctional facility, including policies to improve access to electronic health records and electronic exchange of information and records for the provision of telemedicine and telepsychiatry.

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Executive Summary

In March of this year, the General Assembly enacted HB2499 requiring the Virginia Department of Corrections (VADOC) to develop policies to improve the exchange of medical and mental health information and records of persons committed to a state correctional facility, including policies to improve access to electronic health records and electronic exchange of information and records for the provision of telemedicine and telepsychiatry.

Three months later, in June of 2019, the General Assembly enacted budget language to ensure inter-operability between electronic health records (EHR) at the Department of Behavioral Health and Developmental Services (DBHDS) and the VADOC. This budget language halted a three-year long procurement and business-systems analysis for an EHR at the VADOC women's facilities. VADOC cancelled the ongoing request for proposals (RFP) and began contract negotiations with Cerner on the women's facilities that originally had appropriated funds. More recently, VADOC received a pricing estimate from Cerner for the women's facilities and is currently waiting on pricing estimates for the men's facilities. The Department understands the General Assembly's intent of this legislation: to improve the exchange of medical and mental health information. Currently, VADOC does not have an EHR system in any facilities. EHR systems can be complex and require procedural changes within an agency. Thus, it would be prudent to wait until the implementation of an EHR system to develop the policies. Drafting procedures to govern a system not yet in existence would be contrary to improving the exchange of medical and mental health information. Accordingly, the Department will create procedures to govern the access and exchange of medical and mental health information within the EHR system concurrently with the development and implementation of an EHR.

The Department has developed several new practices designed to improve the exchange of medical and mental health information and records of people in our care. Although, these are not in VADOC operating procedure, these practices could still be considered our policy and reflect the intent of VADOC to respond to the legislative language, even without an EHR.

These practices include the ability to search for information in cloud hosted archived records, encrypted email software for our medical departments, a new Health Insurance Portability and Accountability Act (HIPAA) compliant release form for state agencies, the continued use of an electronic medication administration record (eMAR), which is a component of an EHR and the continued use of telehealth for medical, dental and mental health, including telehealth agreements with the University of Virginia (UVA) and Virginia Commonwealth University (VCU) for HIV, Hepatitis C, and other specialty clinics. Once VADOC has implemented the EHR system the agency will submit an updated report with policies to improve the exchange of medical and mental health information and records.



Background

The Virginia Department of Corrections (VADOC) does not have an EHR. The agency uses paper medical records. Each offender has a comprehensive medical chart that is divided into separate sections containing records from medical, mental health, dental, and outpatient visits. These medical records are stored in the facilities where the offenders are housed. Any time an offender is transferred, attends an outpatient appointment, or is seen in a medical department (e.g.; medical, dental, mental health), their chart or a summary is sent with them. Progress notes and other medical records (e.g. labs, x-rays, consults) are printed, signed, and filed in the medical chart and returned to the designated chart area within the facility. If a copy of the offender's medical record is needed, each page contained in the medical chart must be copied and then emailed, faxed, or mailed to the respective party or facility. When an offender is released, their medical record for the entire duration of their time while incarcerated must be scanned and uploaded to Cloud storage as a portable document format (PDF) file that may be referenced or sent to entities when requested. These documents that are stored in the Cloud must be manually read to find information that is requested and then it may be shared by fax, email, or mail.

The VADOC currently utilizes telehealth with university affiliate's (University of Virginia (UVA) and Virginia Commonwealth University (VCU)), medical specialty clinics and psychiatry. In addition to routine and chronic care, telehealth has been used for mental health consults with outside providers and Hepatitis C evaluations. The addition of telehealth has expanded access to subspecialties, added healthcare resources to underserved areas, and has allowed for improved recruitment of healthcare providers by allowing for a preferable work schedule and environment. Telehealth has improved upon the already extensive healthcare services that are provided in the VADOC. Specifically, telehealth assists with reduction in wait list times, allowance for temporary coverage, as well as emergency and routine consultation and reduced transportation and movement of offenders. Health record information is shared via encrypted emails or through fax from the facilities to the universities. Facility healthcare staff use valuable time transmitting the information or talking with the telehealth provider during the visits to communicate pertinent health information, because the provider on the other end does not have access to an EHR.

Since the VADOC implemented an eMAR (Sapphire) through the current pharmacy contract (Diamond), there have been many advancements in the telehealth process. With electronic prescribing, the telehealth provider has real time access to medication compliance and current medication regimens. The telehealth providers can also enter their own orders through the eMAR from their remote location. This one section of what is typically included in an EHR system has already enhanced the agency's telehealth process, allowing a glimpse into how an entire EHR system would further benefit the VADOC Health Services Unit. The integrated statewide EHR system would allow for expansion of telehealth services, as well as integration with other agencies. Practices and Procedures that have been implemented to improve the exchange of medical and mental health records include adding optical character recognition software to scanning of archived records, utilizing encrypted emails, and creating a unified HIPAA release form.



Optical Character Recognition

Optical character recognition (OCR) is the process of electronically converting images of typed, handwritten, or printed text, such as from a PDF file, into machine-encoded text. This method of digitizing printed texts allows them to be electronically edited and searched, among other functions. Implementation of OCR for records being scanned in after an offender is no longer incarcerated greatly improves the ability of staff to search medical records that are stored on the Cloud. The records are then kept for 10 years from the date of the offender's release. All paper records that are scanned in going forward are done so utilizing OCR and staff will be able to respond to archived medical record requests with more precision and with a faster turnaround time. OCR allows VADOC staff to release requested information much faster than before.

Encrypted Email

Virtru is a third party company that utilizes interoperable, open standard Trusted Data Format (TDF) to provide end-to-end email encryption and access controls to ensure only intended recipients have access to email content and attachments. It is easily downloadable onto any Gmail account. The VADOC has allowed all medical employees to install Virtru. Retrieved information may be sent immediately to any qualified person who has requested data and the transmission is documented simultaneously. This drastically reduces the time to send the records by eliminating or decreasing the need to print, fax, and mail the requested information. This manner of sharing information will improve the ability of VADOC to provide partners with the information they requested.

Unified HIPPA Release

In response to a March 2019 request from the Joint Commission on Health Care, VADOC collaborated with DBHDS, and the Virginia Compensation Board to create an "Authorization for Use/Disclosure/Exchange of Protected Health Information" form. Once their respective representatives at the Office of the Attorney General approve the form, it will replace the standard releases used by these agencies. The new form incorporates current state and federal rules governing the use of personal health records. The proposed release form is located in Appendix 1. When approved this form will be added to VADOC operating procedure.

Electronic Health Record Requirement

In response to the 2019 Virginia Acts of Assembly, Chapter 854, Item 475, Section S.1, VADOC contacted the vendor Cerner in an effort to move forward with the EHR contract. VADOC was also directed to expand their project to include the men's facilities. VADOC has collected, organized, and documented EHR system requirements for the men's facilities. The VADOC EHR Project Team has visited multiple men's facilities. The target date for Cerner to deliver a pricing estimate for the men's facilities is currently unknown, however VADOC has pricing estimates for the original women's facility project.

Conclusion

The VADOC is currently exchanging medical and mental health records as requested by our external partners or other authorized entities as expeditiously as possible. The VADOC continues to utilize both telemedicine and telepsychiatry and shares needed records for those appointments. As outlined above, VADOC has implemented or will implement new practices and procedures



for searching archived records. VADOC sends encrypted emails if they contain patient health information, and has created a unified HIPAA release form in conjunction with other state agencies. VADOC is committed to providing quality healthcare for those in the agency's care and part of that is to provide medical records and related information as quickly as possible. VADOC will continue to look for ways to improve our process while diligently working to implement EHR.



Appendix 1: Unified HIPAA Release

AUTHORIZATION FOR USE/DISCLOSURE/EXCHANGE OF PROTECTED HEALTH INFORMATION

Agency Name

Telephone #/Contact:

Fax:

Individual's Name: Last, First, MI <input type="text"/>	DOB: <input type="text"/>
SSN: <input type="text"/>	Consumer ID/DOC ID #: <input type="text"/> (circle one)

Extent or nature of use/disclosure is limited to: (Check or list all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> History & Physical | <input type="checkbox"/> Assessment Information/Diagnosis |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Physician Orders |
| <input type="checkbox"/> Lab Work | <input type="checkbox"/> Consultations | <input type="checkbox"/> Treatment Plan |
| <input type="checkbox"/> HIV/AIDS Information | <input type="checkbox"/> Substance Use Information * | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Medication(s) | <input type="checkbox"/> Medicaid/Medicare Records | <input type="checkbox"/> Other: List All <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> Criminal Justice Records | <input type="checkbox"/> Educational/Employment Records | |

Specified purpose or need for use/disclosure is: Diagnosis/Treatment Discharge Planning Other, Specify

*For Disclosure Related to Substance Use Information: Describe the type of information to be released Assessments Progress Notes
 Discharge Summary Drug/Alcohol Screens-Labs Treatment Plan Diagnosis Participation in SUD Services Medications for SUD
 All Substance Use Information Other, Specify:

Permission is hereby given to: (Agency and/or Individual Name)	
<input type="checkbox"/> To disclose information to OR <input type="checkbox"/> To exchange information with: (Must include name of specific individual and/or organization AND must check one of the boxes)	<input type="checkbox"/> Third Party Payer <input type="checkbox"/> Treating Provider <input type="checkbox"/> Non-Treating Provider <input type="checkbox"/> Individual
Phone/Fax #	Phone: <input type="text"/> Fax: <input type="text"/>

I also authorize the recipient to use the information received pursuant to this authorization.

As the person signing this authorization, I acknowledge that I am giving my permission to the above-named person/class of persons to disclose and use protected health information. I further acknowledge that:

- I may refuse to sign this authorization.
- Agency Name cannot condition the provision of treatment to me on my signing of this authorization.
- The original or a copy of this authorization shall be included with my original records.
- I have the right to revoke this authorization at any time, except to the extent that action has been taken in reliance on it, by delivering the revocation in writing or verbally (pursuant to 42 CFR part 2 only) to the provider who is in possession of my health care records.
- There is a potential for any information disclosed pursuant to this authorization to be subject to re-disclosure by the recipient and, therefore, no longer protected by the provisions of the HIPAA Privacy Rule. If this information is being disclosed from records protected by the Federal substance abuse confidentiality rules (42 CFR part 2), the Federal rules prohibit the recipient from making any further disclosure of this information unless further disclosure is expressly permitted by your written authorization or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. If Substance Use box is checked above, then I hereby specifically consent to the release of any and all alcohol/substance use or drug records under the conditions outlined in this form. Per COV §32.1-36.1, if the box is checked above, then I am expressly permitting the specific release of HIV/AIDS related information.
- I hereby release all parties from any and all legal liability that may arise from the release of this information to the party named above. This is informed consent for the release of records.
- A photocopy of this original shall be deemed as valid as the original.

If not previously revoked, this authorization will expire in:	<input type="checkbox"/> 90 Days	<input type="checkbox"/> One Year	<input type="checkbox"/> On (specify date or event)
The information may be disclosed effective:	<input type="checkbox"/> Immediately	<input type="checkbox"/> (specify date) <input type="text"/>	
This authorization <input type="checkbox"/> does <input type="checkbox"/> does not extend to information placed in my record after the date I signed this form.			

Please also complete Relationship and Date Signed

SIGNATURE of Individual (if adult) or Authorized Representative	Relationship	Date Signed
SIGNATURE of Witness		Date Signed



FOR AGENCY USE ONLY

Full Printed Name of Individual: _____

AUTHORIZATION HAS BEEN:

- Revoked in entirety
 Partially revoked as follows:

NOTIFICATION THAT AUTHORIZATION WAS REVOKED WAS BY:

(This must be done in writing for information pursuant to HIPAA but can be done verbally for information pursuant to 42 CFR part 2 only)

- Letter (Attach Copy) Telephone In Person

DATE REQUEST RECEIVED: _____

AGENCY REPRESENTATIVE RECEIVING REQUEST:

(AGENCY REPRESENTATIVES FULL NAME AND TITLE)

(AGENCY ADDRESS)

(PHONE NUMBER)