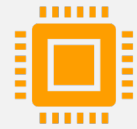


**21ST CENTURY CURES ACT:
INFORMATION BLOCKING
RULE**

Module Content:



What is the rule?



How will it impact me?



Conclusion and where to direct questions.

What is the rule?

21st Century Cures Act & Information Blocking Rule

The 21st Century Cures Act is a health care law enacted Dec. 16, 2016.

Regulations under the Cures Act include provisions to **promote interoperability** and **prohibit information blocking**.

Information blocking is business, technical, or organization practices that interferes with, prevents, or discourages access to electronic health information (EHI).

What is the rule?

Examples of information blocking

- Internal policies or procedures that require staff to obtain an individual's written consent before sharing any of a patient's EHI with unaffiliated providers for treatment purposes, even though obtaining an individual's consent is not required by state or federal law.
- A provider has the capability to provide same-day access to EHI in a form and format requested by a patient or a patient's health care provider but takes several days to respond.
- A provider restricts the release of a lab result when there is no legal requirement to do so and the information presents no risk of harm to the patient.

Exceptions to the Information Blocking Rule

The final rule outlines eight reasonable activities that do not constitute information blocking, provided certain conditions are met (referred to as “exceptions”).



HHS Office of the National Coordinator of Health IT, <https://www.healthit.gov/topic/information-blocking>

Exceptions to the Information Blocking Rule

- Asante does not expect workforce members to determine if an exception applies.
- If a workforce member has a question regarding if an exception applies, they should reference Asante policy - *Information Blocking Review & Exception Process 400-COMP-0042* and reach out to Compliance@asante.org for more information.

What is the deadline for compliance with the rule?

- **Compliance date for Cures Act information blocking rule was April 05, 2021**



What does this mean for patients?

Transparency in the clinical care journey.

Engages patients in their care.

Provides patients with tools to more easily access and understand their health information.

How does this impact me?

Now your documentation can more easily be read by the patient in their MyChart.

- **Inpatient notes released to MyChart at discharge**
 - Asante already has been releasing some outpatient notes for the past two years.
- **Lab/imaging results**
 - Internal providers: Employed and Community Connect all automatically release labs and images.
 - External providers: Local referring providers (not Community Connect) lab delay seven days, images auto released to adhere to the ORS 438.430.
- **Sensitive notes/document type NOT released:**
 - Sexual Assault Nursing Examiner (SANE) examination notes
 - Psych Notice of Mental Illness and Notice of Release
- For some clinical users- the use of Restricted Note functionality

For lab & imaging: prepare the patient in advance since they may see the results before they have a chance to discuss them with you.

See next two slides for more details

Note types release changes as of April 13, 2021

Note Category	Current	April 13, 2021
Clinical care notes, Outpatient and Urgent Care	Immediate release	Released at signing
Clinical care notes, Emergency Department	Not released	Released at discharge
Clinical care notes, discharge summary, H&P, inpatient & operative report	Not released	Released at discharge
Clinical care notes, sensitive/legal SANE	Varies	Not released Note that if the patient requires treatment for an injury, the Emergency Department encounter and clinical notes will be released.
Clinical Care notes, Behavioral Health	Not released	Released at discharge
Laboratory results	Varies	Released once final
Lab results: High risk genetic (i.e., Huntington's disease)	Not released	Released once final
Lab results: Low risk genetic (i.e., factor V)	Not released	Released once final
Lab results: Neonatal screens, cytogenetics	Varies	Released once final
Pathology results: Cytology results	Varies	Released once final
Radiology results: Plain film, ultrasound, including fetal results	Varies	Released once final
Radiology results: CT/MRI/mammogram results	Varies	Released once final

How does this
impact me?

Restricted Note- *Risk
of Harm exception*

- As covered in earlier slides, there are some exceptions to information blocking. One exception applies to when the author holds a reasonable belief that restricting the release of the clinical note will substantially reduce the risk of harm or death to the patient or another person.
- Asante considers the use of the Risk of Harm exception to be a clinical determination and must only be made by a **physician, physician assistant, nurse practitioner, social worker, licensed clinical social worker, discharge coordinator, case manager, utilization review/case manager, or nurse navigator.**
- For more details, see Asante Policy: **Restricting clinical notes due to Risk of Harm exception/Patient requested restriction of clinical notes to MyChart** *400-COMP-0040*

How does this
impact me?

We recognize this is a lot of new information.

To help the workforce navigate this rule, Asante has created new policies and procedures for ongoing reference.

New policies include:

- *Risk of Harm Exception/Patient Requested Restriction of Clinical Notes to MyChart 400-COMP-0040*
- *Information Blocking 400-COMP-0040*
- *Information Blocking Review & Exception Process 400-COMP-0042*

These materials will be available on *myAsanteNET* after April 13, 2021.

Where do I ask questions?

We are here to help!

If you have questions related to the Information Blocking Rule or receive potential complaints about an information blocking practice:

Please contact

compliance@asante.org

