

DHIN Launches Patient Consent Tool

New Feature Added to Personal Health Record, Health Check Connect

Patients who have been or are currently in treatment for a substance use disorder (SUD) can now choose which healthcare providers may access those records. As a natural extension of its personal health record platform, Health Check Connect, Delaware Health Information Network (DHIN) has launched a personalized consent tool giving patients the ability to set – and change – their preferences at a granular level.

While healthcare practitioners can view their patients' clinical records through DHIN's Community Health Record, SUD information is not included. As a result, a provider may not know a patient was being treated for SUD—a fact that could be problematic if the provider were to prescribe medication that would be contraindicated in someone with substance use disorder. It is critical that providers have complete visibility into treatment within this space to avoid putting patients at risk.

It is also important that patients get to choose who has access to their SUD treatment records. Previously, the patient had to consent to share information with a healthcare team and that decision was binding until the time period expired. With this new feature, patients can update their consent as often as they wish, and automated reminders will notify enrollees to renew their selections prior to the consent expiration.

"This tool is embedded in the Personal Health Record, giving patients the ultimate control," said **Dr. Jan Lee**, Chief Executive Officer. "This benefits patients on two levels: 1) It gives them direct, immediate, and real-time ability to make decisions and change their minds as often as they choose; and 2) It gives them the ability to choose with whom their information is shared." She added, "If patient data was viewed at any time, we need to be able to see that it was covered under the patient's consent at the time it was viewed."

Most people are familiar with the patient protections surrounding the Health Insurance Portability and Accountability Act of 1996 (HIPAA). There is no obligation to share some conditions as spelled out in the HIPAA privacy law, although HIPAA does specify certain conditions under which protective health data may be shared *without patient consent*.

Certain sensitive information, however, falls under stricter rules than HIPAA. For example, the Code of Federal Regulations (CFR) 42 Part II (known as "Part 2")—the Confidentiality of Substance Use Disorder—goes to great lengths to protect the privacy of those who have been treated for substance use disorder. It states that Part 2 data may not be shared with anyone except to save a life unless a patient affirmatively grants consent to share.

Delaware's Division of Substance Abuse and Mental Health plans to be the first participating provider in DHIN's consent registry. Other partnerships are in the works, given the robust nature of this patient consent tool that ensures privacy and provides flexibility.

Two New Faces Join the Team

Please welcome **Dawn Garland** as DHIN's manager of health data analytics. Her extensive experience in data analysis, most recently on the hospital side, coupled with her Master's in Optical Science makes her a tremendous asset to the team. An Albuquerque resident, when she's not in front of a computer, you'll find Dawn gardening or hiking.



Kevin Carlin, a long-suffering Miami Dolphins fan (!), has joined DHIN as an integration engineer. Based in Orlando, Kevin has more than a decade of experience with integrations and is fluent in HL7, Cloverleaf and soon-to-be Mirth. Karaoke, hiking and spending time with his nine nieces and nephews keep him busy!



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New Report Connects Opioids Use and ED Visits

Over the past decade, Delaware has dedicated extensive resources to combat drug abuse, particularly the opioid epidemic. The implementation of these prevention and treatment programs has helped to reduce the availability of opioids and aid those struggling with abuse.

An analysis of data from Delaware's Health Care Claims database indicated that these efforts likely helped mitigate the three major waves of the opioid epidemic, which were fueled predominantly by prescription opioids, heroin and fentanyl, respectively.

Carter English, a University of Delaware Professional Science Master's Degree candidate and intern at DHIN, collaborated with members of DHIN's analytics team on this report, which relied on claims data from 2016 – 2020.

Some of the prominent findings of the report included:

- Opioid prescriptions decreased by 40% during the time period studied
- Emergency department (ED) events appeared to have slowly declined since 2018
- Those who received opioids by prescription comprised up to 70% of all opioid-related ED events
- Males aged 30-39 were most likely to have an opioid-related ED event if they had an active opioid prescription
- Patients aged 20-29 typically had more ED events, but appeared to have been more careful with their opioid prescriptions than other age groups

To learn more, view the report [here](#).

Getting in Touch

DHIN Business Relationship Managers

To better support our practices and data sending organizations, the DHIN Business Relationship team has restructured. Hospital and hospital-based practices should reach out to the assigned Business Relationship Manager below, while private practices and other data sending organizations should contact DHIN's Service Desk.

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