

ALASKA MENTAL HEALTH TRUST AUTHORITY

HEALTH INFORMATION TECHNOLOGY and  
AKAIMS ADVISORY COMMITTEE MEETING

Teleconference

July 30, 2012  
10:00 a.m.

Taken at:  
The Frontier Building  
3601 C Street, Suite 880  
Anchorage, Alaska 99503

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**OFFICIAL MINUTES**

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Trust staff:

Katie Baldwin-Johnson

Others participating:

Melissa Stone, DBH; Christine Sheehan, Sea View Community Services; Shane Welch, YKHC; Dan Kantak, FMS-IT; Karin Schaff, Volunteers of America; Mike Strasser, FMS-IT; Chanda Aloysius, Southcentral Foundation; Frances Maier, Southcentral Foundation; Jerry Jenkins, Anchorage Community Mental Health; Mark Haines-Simeon, DBH; Kelly Shanklin, Fairbanks CMHC; Carey Edney, Anchorage Community Mental Health; Bill Hardy, KIC; Paul Cartland, HCS-HIT; Michael Walker, DBH; Kate Burkhart, ABADA (via telephone); Kelly Henriksen, State Department of Law (via telephone); Steve Sundby, Cordova Community Medical Center (via telephone); Becky Kinney, FEI Systems (via telephone); Tony Piper, DBH/ASAP (via telephone).

**PROCEEDINGS**

MS. STONE welcomes all and begins by going around the room with introductions.

MS. BALDWIN-JOHNSON asks all to review the minutes of May 11, 2012 and asks for any comments or questions. There being none, she moves on to the next item on the agenda, reflection on the last meeting. She asks Ms. Stone to revisit the goals and objectives of the group.

MS. STONE states that the group came together as a result of behavioral health providers expressing concern specifically about the use of AKAIMS for the management information system. Within that context, she notes that it made sense to look at bigger issues relative to the

role of AKAIMS in the requirements for reporting, for exchanging information. Some of those requirements being from the State; some existing Federal requirements; and new changes that are coming as a result of health care reform. She reviews the goals: First, to identify Federal and State policy that defines and/or requires solutions involving information technology for behavioral health; second, to share information about the grantee business, management and clinical environment and practice needs and examine current electronic application capacity; third, evaluate the effectiveness of the DBH information technology resources to support grantee provider business, management and clinical needs and develop strategies for enhancement; fourth, to implement a mechanism for transparent communication on electronic application issues of maintenance, enhancements and systems development; and fifth, to identify agency best practices of data-driven business management that optimizes data collection, reporting, analysis, and application to inform and modify business and clinical practices. She adds that right now a groundwork of information is being laid in order to stimulate people and see what will have a mutual understanding of the environment. She asks for any comments on the goals.

MR. WELCH states that he is encountering lots of resistance from the clinical staff on the need for all this information.

MS. ALOYSIUS asks to look at the impact of the Indian Health Care Improvement Act as approved in ACA and how that plays into this, because a document specifically states that the tribal agencies do not have to have State approval. She also asks if the IT people need to be included in these group meetings.

MS. STONE replies that the need is to wait and see how this group evolves. She asks Ms. Aloysius for help on the Indian Improvement Act and how to get that on the agenda.

MS. BALDWIN-JOHNSON moves ahead to a focus on privacy and health information technology. She asks Mr. Kantak to begin this part of the discussion.

MR. KANTAK states that he is the HIPAA privacy officer for the Department and works out of FMS-IT. He continues that HIPAA impacts everything, plus the regulations involved with appropriate sharing and storing of information. He adds that HIPAA involves two things: A privacy role, which is basically the policies, procedures and the legal aspects of use, treatment and operations; and the security role, which pieces that together. He states that the idea of getting solid policies and procedures written from the high level on down to direct how to use the protected health information and how to disclose is very important. Along with that is establishing the security, infrastructure and how that works. He explains the HITECH Act and how it applies to business associates. He continues that Health & Human Services, in Washington, oversees HIPAA through the OCR, Office of Civil Rights, and explains the accounting of disclosures.

DR. EDNEY states that she is the privacy officer at Anchorage Community Mental Health and is a psychologist. She adds that "HIPAA Plain and Simple, a Health Care Professional's Guide to Achieve HIPAA and HITECH Compliance," published by the American Medical Association,

gives a brief overview and history and is pretty good. She states that OCR is involved because privacy of health-care information is a basic civil right, and goes through the background of how President Bush and his team developed this and that the Obama Administration was responsible for bringing funding to this. She talks about the privacy rule, the security rule, and the breach notification rule that came out with HITECH, and adds that a privacy officer will be needed that is trained in the 143 things that have to be implemented. She continues that the privacy officer will need to be provided with resources, education and authority. She states that the HIPAA law requires that anyone who does anything with records in the agency be trained in what the policies are. She continues that an internal risk assessment needs to be done and get an attorney who is an expert in HIPAA HITECH and have that person available to assist in the development of legal, updated privacy practices, and all the requirements needed.

MS. BALDWIN-JOHNSON thanks Ms. Carey and asks Ms. Burkhart to speak on 42 CFR Part 2.

MS. BURKHART states that she prepared a series of brief handouts to refresh everyone's recollection about the protections provided by 42 CFR Part 2 and the Health Insurance Portability and Accountability Act. She adds that it seemed appropriate to try to discuss the implications of those laws and regulations when it comes to health information technology. She points out that there is a lot of guidance available from the Office of Civil Rights and the Centers for Medicare and Medicaid Services and SAMHSA. She states that 42 CFR Part 2 has been around for 30-plus years and was enacted to promote access to addiction treatment by overcoming stigma and fear of prosecution. She explains that any provider of alcohol or drug diagnosis treatment or referral, as long as the provider is federally assisted, is covered under 42 CFR Part 2. She adds that pretty much everybody, except for-profit centers for treatment, would fall within the description of who is subject to 42 CFR Part 2. She states that the uses permitted under 42 CFR are pretty narrow because of the general rule that nothing that could identify a client could be released. She continues that the exceptions are medical emergencies, which includes mental health emergencies and sharing information internally for the purposes of providing treatment. She explains how 42 CFR Part 2 and HIPAA fit together, and the importance of training staff on policies and procedures so that everyone is doing it the same way.

A short discussion ensues.

MS. STONE adds the following thoughts to the discussion: Are there concerns relative to privacy issues in terms of a big picture; and are the agencies ready?

The discussion continues addressing the issue.

MS. SCHAFF states that people seem to have a really good working knowledge of the day-to-day aspects of 42 CFR and HIPAA, but it is difficult to get good clear guidance and technical assistance on the finer details. She adds that the Legal Action Center as a resource is no longer available and that it would be helpful to keep up and figure out how to do things appropriately at all times.

MS. STONE states that there should be a way to provide resources to providers without providing advice.

MS. HENRIKSEN states that monitoring Health News can help in knowing when new stuff is coming down and the actual HHS Web site has a lot of information. She adds that Carolyn Heyman-Lane is a great local attorney that represents a number of entities on HIPPA and is an expert.

MS. STONE states three possibilities for follow-up: Working on what will be done for changes in the fall; working with putting something out to all of the providers with some of these key elements; and working on a role for the professional organization to provide some structure around these topics.

MS. SCHAFF asks about the de-identification requirements and what the provider responsibility is.

MS. ALOYSIUS asks if AKAIMS is 42 CFR-protected for those that score positive on the Alaska Scrutiny Tool.

MS. BALDWIN-JOHNSON asks if AKAIMS is meeting the privacy requirement for 42 CFR. She moves on, asking Mr. Haines-Simeon to introduce Becky.

MR. HAINES-SIMEON states that the Division has a contract with a developer of the WITS platform which is the program which AKAIMS is based upon. He continues that the contractor and developer is FEI, Inc., and the primary point of contact is Becky Kinney.

MS. KINNEY states that the WITS system is the underlying system for AKAIMS and is an open-source, collaboratively owned software package of which the State of Alaska is a partial owner. DEI is the servicer and does some development and service, as well as hosts the WITS application for most of the customers. She continues that AKAIMS meets all the requirements for 42 CFR, making it 42 CFR-compliant. She states that she sent a security and privacy overview document and adds that it is purely from an application software standpoint. She goes through the document, explaining as she goes along.

DR. EDNEY states that there are recommendations from the National Institute of Standards and Technology and levels in types of encryption with standards for destruction of material and how to know if it is really destroyed. She adds that this is required done under HITECH.

A discussion ensues on encryption and providing adequate protections as required.

MS. STONE states that further conversation is needed.

MR. WALKER suggests beginning by describing and defining what has to be done and then examine it.

MS. BALWIN-JOHNSON states that this goes back to the need to flesh out the matrix that shows user type and how folks are using it, and then the different levels of issues around the levels of privacy and security.

The discussion continues.

MS. BALWIN-JOHNSON asks for any final comments from Ms. Kinney before she signs off.

MS. KINNEY states that she can give some background about how other states have dealt with the concerns about access to the data at a later time and signs off.

MS. STONE introduces Chris Sheehan, stating that she works at Sea View, which is an electronic health record user of AKAIMS.

MS. SHEEHAN gives a general overview of the kinds of things that a provider faces on a day-to-day basis in regard to security in an agency. She goes through her presentation and the different security issues.

A discussion ensues on the security issues.

MS. SHEEHAN shares a handout on all the policies that come down for all of the employees to try to keep up with and how to handle confidential and restricted confidential information within the agency.

MS. BALDWIN-JOHNSON thanks Ms. Sheehan, and states that the issue of security will be readdressed at the next meeting. She continues that they are looking at the last week of September for the next meeting.

MS. STONE states that a lot of discussion was generated that may be relative to the agenda for next time.

MR. STRASSER adds that this agenda will keep generating questions, and if it can be talked about again, maybe some solutions will come about.

MS. STONE asks for any questions or comments, and adds that it was a productive day.

MS. BALDWIN-JOHNSON states that it was discussed to set up a Web site that could host all of the materials and information and minutes related to the committee's work which would be accessible to everybody.

(Health Information Technology and AKAIMS Advisory Committee meeting adjourned at 1:08 p.m.)