Care Quality Network
Information Exchange
User Guide

March 4, 2021
What is the Care Quality Network Information Exchange? P3
What information is shared? P4
What information is excluded? P5
What is the benefit of reviewing external documents? P6
When to look for external information p8
Is a separate consent required? p9
Roll out p10
Recommendations p11
Talking points p12
Consent form p13
How do clients opt out p14
Notice of Information Exchange flyer p15
Opt out form p16
How do I search for external information?
  External Documents Console p17
  External Documents Widget p19
  Console Widget Viewer p20
  Sample contents p21
  Save to chart p22
  Viewing in Chart View p23
Q and A p26
How does this look in Epic? p27
Resources p31
Care Quality Information Exchange is a mechanism for sharing client healthcare information in a secure and structured manner. It is made up of a network of Implementers, which include EHR vendors, HIEs, & clearinghouses. Care Quality utilizes a nationwide governance structure with clear technical and policy requirements.

Who is a part of the Care Quality Network? There are hundreds of members, but here are notable ones in San Francisco: SFDPH (Epic), Dignity Health, Chinese Hospital, Golden Gate Pediatrics, Noe Valley Pediatrics, Saint Francis Hospital, St. Mary’s Hospital, and UCSF.

If you want to see if a specific agency is part of the network, please visit the site below:
https://carequality.org/active-sites-search/
Information that will be shared is contained on the CCDA (Continuity of Care Document) including the following:
- Care team members
- Medications
- Allergies
- Labs
- Immunizations
- Vitals
- Problem List
- Dates of encounter
What information is excluded?

- Clinical content of Behavioral Health notes
- Clinical content of the Behavioral Health assessments
- Information that requires specific authorization to release under federal law including Substance Use Disorder Treatment will be excluded.
What is the benefit of reviewing External Documents?

Reviewing external documents:

• Gives you a more well-rounded picture of your clients

• Helps you better coordinate between care team members

• Reduces redundant labs

• Allows for more informed prescribing practices

• Assist you to see recent psychiatric inpatient and PES services

• Counts towards productivity (if entered as ADM99)

• Can be billable (see next slide for details)
What is the benefit of viewing External Documents?

When can review of documents be billable?

DHCS IN 17-040, states that "record review is reimbursable when performed as part of the following services and service activities: assessment, plan development collateral rehabilitation, therapy, targeted case management, medication support services and crisis intervention."

Additionally, if a provider reviews a chart in preparation for a session, but the client is a no show- the time for chart review is still reimbursable, "as long as the provider documents the circumstances of the beneficiary no-show, the time spent to review the chart in preparation for the beneficiary's appointment is reimbursable. The provider may submit another claim for chart review prior to the beneficiary's next appointment, as long as the time is reasonable and in preparation for the beneficiary's appointment."

The new guidelines for E/M codes based on total time now includes non-face-to-face work related to the visit including preparing to see the patient (eg, review of tests), obtaining and /or reviewing separately obtained history. (Source - AMA)
When to look for External Documents?

The relevance of reviewing external documents may depend on your role as a practitioner and client circumstances.

“If you have been made aware that your client has recently been admitted to PES or Psych Inpatient, you can review external documents to see their visit history and reason for visit”

“As a prescriber, I would use Carequality to get information about a patient’s medical conditions, list of meds (for med reconciliation, potential interactions with psych meds), labs (to prevent redundant ordering), medical appointment dates.”
Is separate consent required?

- No. According to HIPAA, information for the purposes of treatment or coordination of care can be shared without express consent from the client.

- BHS is adopting the same implementation guidelines as San Francisco Department of Public Health (SFDPH) Primary Care where all clients are opted-in the information exchange unless the client specifically opts out.

- Treatment services that are covered by 42CFR (substance abuse treatment services) are excluded from this exchange.
• **New Clients:** The Consent for Treatment Form has been updated to include language about information sharing
  
  • For all new clients who are opened after 4/30/2021, use the new Consent for Treatment Form.

• **Existing clients:** Each clinic can decide how to handle informing existing clients. Below are some options:
  
  • Review new consent form as part of the annual review
  • Verbally review the ability to opt out
  • Post the Opt out flyer in your clinic
Recommendations

• If you already use Epic CareLink to view information in Epic, you should continue to do so as CareLink provides more detailed and actionable information. Note that other information (e.g.: St Francis/St Mary’s) may only be available through Care Quality.

• If you do not have Epic CareLink, then use Care Quality to view external information.

• BHS strives to improve notifications of when clients go to PES or the ZSFGH Psychiatric Inpatient Unit. To this end, we hope to make modifications to the current inpatient widget. If you receive notification that your client has had a crisis visit, it is highly recommended that you review external documents.

• Currently BHS is not mandating the review of external documents. However, this information is vital to client care and may be reviewed in the event of an unusual occurrence.
Here are some possible talking points you may consider when speaking with your clients about information sharing:

"Our behavioral health services is committed to your maintaining your good health, both mentally and physically. To do this, we selectively share medical information with your doctors so they can make the best decisions about your medical care."

"We are committed to maintaining your total health--both mentally and physically. To help your doctors make the best decisions (about your medical care), we share limited information with them."
CONSENT for Community Behavioral Health Services
Mental Health/Drug and Alcohol Treatment Programs

Client’s Name
I consent to treatment services provided by San Francisco’s Community Behavioral Health Services (CBHS) at ______________________.

I understand that any proposed treatment will be explained to me by my (your dependent’s) provider, including the risks, benefits, and reasonable alternatives. I understand that I will have an opportunity to ask questions and have my questions answered.

I understand that CBHS programs provide clinical experiences for a variety of behavioral health trainees. I understand that these individuals, who are under the direction of the supervising clinical staff, may provide treatment to me (your dependent).

I understand my health information may be shared via secure network to authorized health care providers/organizations for the purpose of providing treatment, coordinating care, and for quality improvement. The behavioral health information may include, but is not limited to: care team members, medications, allergies, current and past lab results, immunizations, vital signs, and dates of encounters. This excludes SUD Treatment covered by 42 CFR Part 2. I understand that I may opt out at any time.

Aside from authorized health care providers outlined above, I understand that my (your dependent’s) treatment records are confidential and may be disclosed only as outlined in the DPH Summary Notice of Privacy.

I understand CBHS providers are mandated to report to the appropriate authorities, as required by state and/or federal laws, when (1) my provider believes that I (your dependent) may hurt myself (him/herself) or someone else, or (2) my provider suspects child, dependent adult, or elder abuse. I have read this consent, received a copy, and accept its conditions. I also understand that I can withdraw my consent and stop receiving services from this program at any time.

Signature or Signature or Mark:______________________

client/parent/conservator/other legal representative

Date:__________________ Time:______________ A.M./P.M.

If signed by someone other than the client, please state your legal relationship to the client:

Witness 1:________________________ Signature:________________________ Print Name & Title:________________________

Witness 2:________________________ Signature:________________________ Print Name & Title:________________________

If a minor is either 1) emancipated, or 2) 12 years old or older and qualifies for services under Family Code section 6924 and/or 6929, he/she may consent to services and sign this form on his/her own behalf.

If the adult client is unable to provide his or her full signature and does not have a legal representative, his or her mark must be witnessed by two people.
How do inform clients of the ability to opt out?

- Clients have the ability opt out by submitting the opt out form to BHS Medical Records.
- As with all new clients, review consent for treatment, which includes how information can be shared and their ability to opt out.
- For existing clients, review the consent for treatment at their annual review (anniversary).
- Flyer/poster regarding how to opt out is available.
- The Opt Out form will be posted online.
- If the client wants to opt out, clinicians should provide the Opt Out form. You may want to review the benefits of Care Quality along with the risks of not participating.
- You can help the client fax the form to DPH BHS HIM at (415) 252-3001.
- Let the client know to allow five (5) business days for DPH BHS HIM to process that request.
Notice of Care Quality Network Information Exchange

What is Care Quality Network Information Exchange? The Care Quality Network is a secure way of sharing your health information electronically with authorized doctor’s offices, hospitals, labs, and other health care providers.

What is the benefit of sharing information? The benefit of allowing electronic information sharing is to ensure that providers involved in your care have the most updated and comprehensive information when coordinating and making decisions with you about your care.

What information is included? Behavioral Health information may include, but is not limited to care team members, medications, allergies, current and past lab results and dates of encounters.

What information is not included? The contents of notes and assessments written by your BHS treatment providers or information that requires your specific authorization to release under federal law including Substance Use Disorder Treatment.

Who can see my records? Only health care providers who are involved in your treatment who have specific access to the Care Quality Network will be able to view your records.

Are there risks to opting out? Yes. The goal of the information sharing is to allow your providers to more quickly share your behavioral health and physical health information. By opting out of this exchange of information, your providers will have less information about you when making decisions about your healthcare and when making decisions about your care with you.

I don’t want to Participate, How do I Opt out? Please request the Opt Out form from your treatment provider. You can fax the form or ask your treatment provider to fax the request to DPH BHS HIM at (415) 252-3001. Please allow five (5) business days for DPH BHS HIM to process that request. Your choice to opt-out will not affect your ability to access care. You can change your mind about participating or not at any time.
Opt Out/Rescind Out Of Care Quality Network Information Exchange

This form is to be used to indicate that you do not wish to participate in the secure electronic sharing of information between Behavioral Health Services and other treatment providers involved in your care. You can also use this form to rescind a previous decision to opt out. Please read the following information carefully before submitting this form.

What is Care Quality Network Information Exchange? The Care Quality Network is a secure way of sharing your health information electronically with authorized doctor’s offices, hospitals, labs, and other health care providers.

What is the benefit of sharing information? The benefit of allowing electronic information sharing is to ensure that providers involved in your care have the most updated and comprehensive information when coordinating and making decisions with you about your care.

What information is included? Behavioral Health information may include, but is not limited to: care team members, medications, allergies, current and past lab results and dates of encounters.

What information is not included? The contents of notes and assessments written by your BHS treatment providers or information that requires your specific authorization to release under federal law including Substance Use Disorder Treatment.

Who can see my records? Only health care providers who are involved in your treatment who have specific access to the Care Quality Network will be able to view your records.

Are there risks to opting out? Yes. The goal of the information sharing is to allow your providers to more quickly share your behavioral health and physical health information. By opting out of this exchange of information, your providers will have less information about you when making decisions about your healthcare with you.

I don’t want to Participate. How do I Opt out? Your health information will be visible to your service providers unless you complete and fax this form to DPH BHS HIM at (415) 252-3001. Please allow five (5) business days for us to process that request. Your choice to opt-out will not affect your ability to access care. You can change your mind about participating or not at any time.

☐ Opt-Out: I do not want my Behavioral Health information to be shared electronically with other treatment providers.

☐ Cancel Opt-Out: I cancel my previous decision to opt-out. I allow my Behavioral Health information to be accessible to my other treatment providers.

Signature: __________________ Date: __________________

Relationship if other than the client: __________________

Note: Federal and state regulations allow your behavioral health and physical health information to be shared verbally and in writing between providers giving you care. For more information about how your healthcare information is shared and your rights, see the "Notice of Privacy Practices." You signed a receipt of this Notice on the first day that you received services at DPH. You can ask your provider for a copy.
External Documents Console
Select the client

You can highlight a client from “My Clients” or “Recent Clients”
You can also enter client name (search by Last Name, First Name) or enter the BIS #
The External Document widget will be populated with viewable documents.

You can change the width of the columns by clicking and dragging the vertical white lines. You can pop the widget out and expand it by clicking the curly arrow. Click “View” to see the contents of the document.
You can determine how many sections to view by clicking “4,8, or 12 sections” The system will default to showing ALL sections.
Sample Sections you may see

- Sections to show
- Demographics
- Active Problems
- Additional Health Concerns
- Encounter Details
- Goals
- Interventions
- Related Goals and Interventions
- Treatment Plan
- Resolved Problems
- Reason for visit
- Progress Notes
- Miscellaneous Notes
- Social History
- Visit Diagnosis

What you see depends on the type of documentation done by that clinic. For example, an immunization clinic may not have Treatment Plan.
Saving the External Document

You can save the external document for later viewing the Client’s Chart View.
Reviewing in Chart View

Open the Client’s Chart View by double clicking on the client’s name. A new section will appear that lists the Continuity of Care Document.

Click the word to see the details.
Select the Document and click View
How does this show up in CareLink (this is Epic’s provider portal)? The information will show up in CareEverywhere. See next slides.

Who can see BHS information in CareEverywhere (this is Epic’s vendor Health Information Exchange)? The named partner with whom we share information is SFDPH. As such, other Epic users like Kaiser would not be included.

Can external providers be able to re-release information from Avatar? Epic users should not re-release information from Avatar.

Can we re-release external documents that were not created within Avatar? Avatar users should not re-release information from Epic.
Epic Care Everywhere

Care Everywhere Outside Records

San Francisco Department of Public Health - Behavioral Health Services
San Francisco DPH

New Info Received: 2/12/2021
Last Request: 2/12/2021
Available Information
Documents

Share Everywhere: 7/16/2020
Documents
Epic Care Everywhere
Outside Records

Care Everywhere Outside Records

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Dept. Specialty</th>
<th>Providers</th>
<th>Document Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/12/2021</td>
<td>Outpatient Evaluation A.</td>
<td>General Medicine</td>
<td>TESTING - MyChart A</td>
<td>San Francisco ORH (San Francisco Department of Public Health - Behavioral)</td>
<td>Share Everywhere</td>
</tr>
<tr>
<td>1/14/2020</td>
<td>External Communication</td>
<td></td>
<td>TESTING - MyChart A</td>
<td>Share Everywhere</td>
<td></td>
</tr>
<tr>
<td>1/21/2020</td>
<td>External Communication</td>
<td></td>
<td>Rochell Smith</td>
<td>Share Everywhere</td>
<td></td>
</tr>
</tbody>
</table>

COVID-19: Unknown
Infection: CRE, Rule out influenza

Provider Not In System
PCP - General
Primary Cvs: Medicare/Part A...

Social Determinants

Pharmacy: SFH OUTPATIENT
PHARMACY - SAN FRANCISCO, CA - 1001
PITFIRKO
SSN: 000-00-0001

Wt: 73 kg (161 lb)
BMI: 25.27 kg/m²
If you would like to view a complete list of providers and partners who are members of the Care Quality Network, click the link below

https://carequality.org/active-sites-search/

Click below to learn more about information exchange

https://carequality.org/

If you do not see the External Document console on your home page, contact the Avatar Help Desk

avatarhelp@sfdph.org