

Michigan's Vision for Improving Physical and Behavioral Health Integration through Information Sharing



Sharing health information among providers, health plans, and patients is a crucial part of delivering high quality health care services.

Sharing information helps providers coordinate effectively with each other and helps patients make informed decisions about their care by using a person-centered approach. This is particularly important for coordinating physical health and behavioral health services, which have historically been separated. Michigan is making strides to integrate care and ensure necessary information is flowing among these key partners. The overall goal is to improve outcomes for people with behavioral health needs by increasing access to evidence-based, integrated, and recovery-oriented interventions.

It is essential that all parties that share patient information do so in a manner that supports holistic care for the individual while protecting individual privacy, to minimize the potential for stigmatization or discrimination. Federal and state laws exist to strike the balance between facilitating information sharing and safeguarding personal health information. Laws such as (1) the federal Health Insurance Portability and Accountability Act (HIPAA), which governs all health care information sharing; (2) 42 CFR Part 2 (Part 2), which governs substance-use specific information; and (3) state laws and regulations, such as the Michigan Mental Health Code, are intended to protect the confidentiality of specific types of personal health information while allowing information to flow when needed for patient care.

Recent Policy Developments that Facilitate Behavioral Health Information Exchange

The sharing of behavioral health information has historically been constrained by stringent laws and regulations and technical limitations. However, recent technological and policy developments have emerged that will facilitate health care providers and health plans securely sharing health information to effectively deliver and coordinate care. These changes include:

Public Act 129, which passed in 2014 and authorized the Michigan Department of Health and Human Services (MDHHS) to adopt a standard consent form for sharing behavioral health information. Prior to the law, providers often developed their own consent forms, which could differ significantly from one practice to the next; now providers must accept and honor the standard form, creating a more streamlined process for information sharing.

Public Act 559, which passed in 2016 and amended the Michigan Mental Health Code to enable the sharing of mental health records without patient consent for the purposes of payment, treatment, and coordination of care. The new law makes it easier for providers and

health plans to share information and improve services to individuals with mental health needs.

Updates to 42 CFR Part 2 in early 2017, which modernized requirements around sharing substance use disorder information. The regulation has been updated to facilitate the inclusion of substance use disorder services in new integrated care models and the electronic sharing of substance use disorder information through health information exchanges (HIE).

The establishment of the Michigan Health Information Network (MiHIN), which allows providers and payers in different places to exchange health records electronically. MiHIN has been conducting a pilot with several partners to test different approaches for electronically managing consent across different health care organizations.

Collectively, federal and state changes will make it easier for providers and health plans to share information and coordinate care for individuals with behavioral health needs while continuing to protect patient privacy.

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Next Steps

The Michigan health care community has made significant progress in improving the sharing of behavioral health information over the last few years, and the community continues to build upon this progress to achieve better health outcomes for Michigan residents. MDHHS is working with stakeholders to build a framework for sharing health information which would operate under the following set of principles.

- Information is available where and when it is needed to support care coordination and effective service delivery.
- Individuals are fully informed of their privacy rights and can exercise meaningful control over the sharing of their health information.
- Providers, plans, and health information organizations can seamlessly and securely exchange health information using common privacy and security standards.

To develop this shared framework, MDHHS is:

- Collaborating with stakeholders to create and continually update educational materials which can help individuals, providers, and health plans better understand how information can be shared under federal and state law.

- Conducting outreach events with providers, health plans, consumers, and families to understand their concerns and address misconceptions about information sharing.
- Collaborating with providers, plans, and health information organizations to enable the electronic sharing of behavioral health information across the health care system. This effort builds upon the statewide infrastructure that is already being used to share physical health information.
- Engaging with broader community-based partners to enable information sharing across systems. Community-based partners may include schools, safety net providers, faith-based groups, correctional facilities, and others who may provide services to individuals with behavioral health needs. This effort will seek to integrate information on social determinants that impact an individual's health and well-being into service delivery.

The ultimate goal of MDHHS efforts is to improve ease and efficiency of health information sharing while minimizing potential for unnecessary disclosure, which will improve service delivery and lead to better health outcomes for Michiganders.

Michigan Progress Towards a Shared Privacy Framework

