

Steering Committee

REMINDERS: please print your own hard copies of meeting materials

Meeting Date: February 13, 2008
Time: 2:00 pm to 4:00 pm
Location: 931 Spring Street, Conference Room

Committee Members: Greg Bergner, MD, John Bachman PhD, Dick Derby, Gayle Erb-Hamlin MPA, Jon Lehrman MD, Shannon Truesdell MPA RN, Chuck Wiesen

Invited Guests: Sandra Dunn MSc, Dana Davies, MPH, Maria Chaves, Peggy O'Brien-Strain, Elizabeth Coombs, Rob Quadri

<u>Topic</u>	<u>Outcome</u>	<u>Page</u>
I. Welcome		
II. Changes or additions to minutes from January 9, 2008	Vote to approve, modify or reject	Email from Sandra Jan 14
III. Staff Report - <i>Sandra, Dana</i> <ul style="list-style-type: none"> • Care Pathways Implementation • CHCF progress • Website documentation/options 	Discuss	2-4
IV. EMPI Update - <i>Maria Chaves</i> Milestones, risks, interdependencies	Understand	
V. Sphere Evaluation - <i>Peggy O'Brien-Strain & Elizabeth Coombs</i>	Review and discuss: <ul style="list-style-type: none"> • Identify achievements, barriers, opportunities 	5-7
VI. Policies and Procedures & Program Manual - <i>Sandra & Maria</i> <ul style="list-style-type: none"> • P & P HIPAA analysis • MOU Exhibit I. • Changes to Program Manual • Data Custodian vs. privacy officer role 	Vote to approve, modify or reject	8-16
VII. Funding - <i>Sandra</i> United Health/PacifiCare Grant Application	Review and discuss	
VIII. Wrap Up	Confirm follow up items and accountabilities	

Facilitator: Dana Davies
Action items from last meeting:
Next meeting: March 12, 2007, 2:00 - 4:00 PM

Staff Report

February 13, 2008

Care Pathways iREACH

- Go-live date - February 19, 2008
- Training was conducted on Western Slope (PHD, EDCCHC, Tribal Health) and South Lake Tahoe (Barton Community Clinic, Tahoe Family Physicians, Barton ER, PHD)
- Pathways - electronically active at Go-Live include
 - Securing Health Care Coverage (WS, SLT)
 - (Newborns) Securing Healthcare Coverage (SLT)
 - Obtaining a Medical Home (WS)
- Pathways that require additional work for electronic use
 - (Newborns) Utilizing a Medical Home
 - Pediatric Mental Health Pathway
- Training with Data Custodians has taken place

Notification of Privacy Practices

- Labor union has approved ACCEL technology user confidentiality agreement
- Privacy Officers and Operations leads are completing staff training, printing and distribution of NPP materials for use at registration zones
- NPP opt-outs will be tracked manually vs. in iREACH for the foreseeable future

Governance Manual

- Remaining Policies have been vetted at Policy and Security workgroup
- Final packet for e-mail review and approval will be circulated to Steering Committee members shortly for their review, approval or comments

Other Activities

- Participated in Blue Shield of CA Foundation survey of grantees
- Pacific Care / United Health Care grant work is underway
- EMPI expedited work is underway
- CHCF - Specialty Care Assessment Workshop is February 15, 2008

iREACH Training

(Trainers: **Error! Contact not defined.**, **Error! Contact not defined.**, Carol Case)

Jan. 10, 2008: SHCC

Public Health Department:

- Kirsten Rogers
- Vicki Cowley
- Andy Friend
- Arcadia Guzman
- Veronica Bernal-Strauss
- Penny Smart
- Nancy Hyzer (Partial Training)

El Dorado County Community Health Clinic

- Becky Drahmman
- Tara White

January 18, 2008: SHCC & OMH, Shingle Springs Tribal Clinic

- Dr. John Verzosa
- Terri Fox, FNP

Feb. 1, 2008: SHCC & NBSHCC, SLT

Barton Security Officer

- Kim Wells-Ball

Barton Hospital Admitting/ER

- Carole Melzer

Barton Hospital Admitting/TAR Coordinator

- Melissa Ryan

Barton Billing:

- Diane Roeser-Kinney

Barton Community Clinic

- Sharon Bishop
- Mona McNinch
- Pam Stoddard

Tahoe Family Physicians

- Susie Stich

Public Health Department

- Andy Friend
- Arcadia Guzman

ACCEL Website content as of May 5, 2008

	Online?		comments
	yes	no	
Steering Committee			
Committee roster	x		no contact information
Meeting Agendas	x		dial-in information deleted
Meeting Materials	x		
Meeting Minutes		x	privacy encourages candid discussion
Meeting plan	x		
Annual meeting plan	x		
Privacy & Security Workgroup			
Workgroup roster		x	Workgroup does not have own page: work output of policies and procedures is captured within the site.
Meeting Agendas		x	
Meeting Materials		x	
Meeting notes		x	
EMPI Workgroup			
Workgroup roster		x	Workgroup does not have page. Meeting notes linked on "Technology Programs" page to illustrate direction, progress
Meeting Agendas		x	
Meeting Materials		x	
Meeting notes	x		
Provider Capacity Workgroup			
Workgroup roster		x	Workgroup does not have page.
Meeting Agendas		x	
Meeting Materials		x	
Meeting notes		x	
Care Pathways			
Process flowcharts	x		need to be updated post implementation
Background and description	x		
Policies and Procedures			
	x		
Administrative/General			
Memoranda of understanding		?	
Dashboard report	x		
ACCEL Fact Sheet	x		
Barriers List		?	

Following an evaluation plan approved by AHRQ, the Year 2 ACCEL Evaluation Report uses four broad qualitative and quantitative measures to assess ACCEL's advancements in the past year. These measures and our findings are summarized below.

Expanding the Scope of the Care Pathways

The first measure captures ACCEL's efforts to expand the scope and impact of the pathways. We document that more pathways are in use and that the geographic reach of the pathways has increased. In addition, by analyzing Year 1 and Year 2 data on the number of clients served and the share of successful cases, we present the following advancements:

- **More clients are being served by the pathways.** Monthly averages of cases opened increased for all pathways. The Securing Health Care Coverage Pathway experienced the greatest increase from 42 to 67 new cases per month.
- **The share of successful cases increased for the Securing Health Care Coverage Pathway,** from 57 percent to 89 percent. Data on other pathways were inconclusive.
- **ACCEL partners agree that the Pediatric Mental Health Consult Pathway fills a community need.** However, the number of clients served and the share of successful cases continue to fall below those of other pathways.

Through this measure we also aim to assess the short-term effects of the pathways HIT, iReach, on case management efficiency. Therefore, we present benchmark data on three indicators of performance:

- **Time Community Health Workers (CHW) dedicate to the pathways.** Seven CHWs dedicate 196 hours a week to pathways activities. An increase in efficiency should lead to a decrease in time for the same share of clients.
- **Use of pathways data for reporting and policy-making purposes.** Currently, the reporting and analysis of pathways data is limited by disparate data collection systems. iReach's centralized database should permit more sophisticated analysis on more data fields.
- **Number of participating providers that generate or accept referrals.** Despite a greater willingness of providers to accept publically insured clients, their resources are underutilized. Thirteen providers contribute to the Obtaining a Medical Home Pathway, but the vast majority of cases are clustered (84 percent) within four providers.

These data will be compared to Year 3 data in the final evaluation.

Lessons Learned from the Implementation of the Care Pathways HIT

Based on interviews with ACCEL participants, the second measure describes progress made to the development and installation of iReach. The Year 2 evaluation documents that:

- **Barton Hospital's decision to host iReach was key for the project's advancement.** Barton's role as iReach's host, prompted by the hospital's commitment to public health and IT solutions, helped ACCEL bypass the county's challenging procurement processes. Continued agreements

regarding Barton's support role are essential so that no one party is charged with an excessive workload, straining resources and relationships.

- **Marshall Hospital's continued use of the paper process will limit the reach of the pathways HIT.** However, because iReach is web-based, the hospital should have no problem eventually becoming a user to the system. By continuing to engage Marshall in the process, the ACCEL team can more smoothly integrate the hospital in the future.
- **Detailed process maps have served as the main inputs for product design.** Although a lengthy process, the development of detailed and comprehensive process maps permitted the standardization of pathways activities. ACCEL staff members' unique ability to act as a conduit between the operational users and the technology specialists will ensure that the final product meets users' needs.
- **Although challenges are predicted, extensive trainings should facilitate the use of iReach.** "Train the trainer" workshops and extensive site visits to ACCEL participants should provide users with the technical support necessary to launch the product.
- **ACCEL's collaborative spirit has bridged the distance between participants and engaged them in the project's many and complex activities.** Workgroups and the Steering Committee have also allowed for the more efficient allocation and accomplishment of tasks.

Lessons Learned from the Implementation of the Health Information Exchange (HIE)

As a third measure, the evaluation also examines advancements made to the implementation of the HIE. Based on interviews with ACCEL participants, we present the following information:

- **The HIE has advanced less during Year 2, partly because of its complexities and the channeling of ACCEL resources to the pathways.** However, once iReach is firmly in place, the ACCEL technical team will gradually transition over to the HIE, facilitating greater progress during the grant's third year.
- To avoid getting overwhelmed by the complexities of the HIE and its many decision points, **ACCEL is focusing Year 3 efforts on the development of the Electronic Master Patient Index (EMPI),** a data repository that will store and match the demographic data of clients who are seen by providers throughout the county. The technology's vendor and host have been selected.
- **ACCEL participants are carefully weighing the advantages and tradeoffs of the fields that could be used to match client demographic data within the EMPI.** "Unclean data" could result in an incomplete picture of a client's medical history or treatment plans based on incorrect information.
- **ACCEL still has not decided if it will opt for a central or federated model for the sharing of clinical data.** The central model would rely on a data repository where providers deposit and access data, while the federated model would facilitate access to data located at provider sites.
- **Type of data to be shared will likely be influenced by providers' internal systems.** El Dorado providers have varying capabilities of storing electronic medical data. As more providers store more information electronically, the HIE can increase its scope.
- **Complex privacy and security issues have slowed implementation, but are being resolved.** Concrete advancements have been made regarding client consent forms and a client's ability to opt-out of having certain data shared.

- **Consensus building is lengthy, yet essential.** Although ACCEL participants concede that a participatory approach might sometimes be frustrating, they recognize that many HIE initiatives have failed because complex issues were not discussed and resolved before systems were implemented.

Changing Trends in Pediatric Emergency Department Visits

A fourth measure captures ACCEL's goal of reducing the number of pediatric emergency department (ED) visits by connecting El Dorado's children with health insurance and primary care physicians. To measure this outcome, we analyzed aggregate data on ED visits from Barton and Marshall during two periods of time: the year prior to launching most of the pathways (July 2005 through June 2006) and the following year (July 2006 through June 2007). The evaluation documents that:

- **Barton pediatric ED visits decreased by 7 percent** (from 3,877 visits to 3,591).
- **Marshall pediatric ED visits increased by 35 percent** (from 1,221 to 1,887 visits).
- **A much larger portion of Marshall clients relied on Medi-Cal for payment in 2006/2007** (76 percent) than in 2005/2006 (40 percent). The increase represents both a greater absolute number of people insured by Medi-Cal and a shift from commercially insured clients to publically insured clients.

As we do not believe that this increase reflects a failure of ACCEL, we will incorporate El Dorado's changing socio-economic demographics in the pediatric ED visit analysis for the final evaluation.

Next Steps: Provider Take-Up of ACCEL and Client-Level Pathways Data

The scope of the final evaluation will also be expanded through a fifth measure, representing the availability and willingness of providers to serve publically insured clients and share clinical data. Through surveys and interviews, we will capture providers' perceptions of ACCEL, reasons for participating or not participating in the pathways and/or the HIE, willingness to provide and receive referrals, and ability to share medical data electronically.

Additionally, pathways client-level data on demographic characteristics, service utilization, referrals, barriers to care, insurance coverage, and medical home status will be analyzed in the final evaluation. SPHERE is currently in the process of securing a Data Use Agreement with the County.

Status of ACCEL Policies and Procedures and how they meet HIPAA Requirements

HIPAA Requirement			Accel Pathways Policies addressing requirement(s)
Standard v. Addressable	Category	Description	
<i>Standard</i>	Access management	Implement policies and procedures for authorizing access to electronic protected health information (EPHI) [(45 CFR 164.308(a)(4)]	<ul style="list-style-type: none"> • User Set Up Policy • User Access Policy which includes physical security of ACCEL System • Data Custodian Roles and Responsibilities • Security Awareness and Training Policy • Unique User Identification and Password Management Policy • Firewall Use Policy - under Authorization
<i>Standard</i>	System activity review	Implement procedures to regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports (45 CFR 164.308(1)(ii)(D))	<ul style="list-style-type: none"> • Audit and Reporting Policy • Information System Activity Review and Reporting Policy
<i>Standard</i>	Workforce security	Implement policies/procedures to ensure that all members of its workforce have appropriate access to EPHI, and to prevent those workforce members who do not have access from obtaining access to EPHI [45CFR 164.308(3)(ii)]	<ul style="list-style-type: none"> • User Set Up Policy • User Access Policy • Data Custodian Roles and Responsibilities • Security Awareness and Training Policy • Unique User Identification and Password Management Policy
<i>Addressable</i>	Authorization and/or supervision	Implement procedures for the authorization and/or supervision of workforce members who work with EPHI or in locations where it might be accessed [164.308(3)(ii)(A)]	<ul style="list-style-type: none"> • User Set Up Policy • User Access Policy • Data Custodian Roles and Responsibilities • Security Awareness and Training Policy • Unique User Identification and Password Management Policy
<i>Addressable</i>	Workforce clearance procedures	Implement procedures to determine that the access of a workforce member to EPHI is appropriate [164.308(3)(ii)(B)]	<ul style="list-style-type: none"> • User Set Up Policy • User Access Policy • Data Custodian Roles and Responsibilities

HIPAA Requirement			Accel Pathways Policies addressing requirement(s)
Standard v. Addressable	Category	Description	
<i>Standard</i>	Access control	Implement technical policies and procedures for electronic information systems that maintain EPHI to allow access only to those persons or software programs that have been granted access rights as specified in §164.308(a)(4) [164.312(a)(1)]	<ul style="list-style-type: none"> • Firewall Use Policy - under Authorization • Information System Activity Review and Reporting Policy • Risk Analysis Policy - under Internal Vulnerability Analysis
<i>Standard</i>	Unique user identification	Assign a unique name and/or number for identifying and tracking user identity [164.312(a)(2)(i)]	<ul style="list-style-type: none"> • Unique User Identification and Password Management Policy
<i>Standard</i>	Emergency access	Establish procedures for obtaining necessary EPHI information during an emergency [164.312(a)(2)(ii)]	
<i>Standard</i>	Audit controls	Implement hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use EPHI [164.312(b)]	<ul style="list-style-type: none"> • Audit and Reporting Policy • Information System Activity Review
<i>Standard</i>	Integrity	Implement policies and procedures to protect EPHI from improper alteration or destroyed in an unauthorized manner [164.312(c)(1)]	<ul style="list-style-type: none"> • Data Back Up Policy • Data Integrity and Authentication Control Policy • Protection from Malicious Software Policy
<i>Addressable</i>	Mechanism to authenticate EPHI	Implement electronic mechanisms to corroborate that EPHI has not been altered or destroyed in an unauthorized manner [164.312(c)(2)]	<ul style="list-style-type: none"> • Data Back Up Policy • Data Integrity and Authentication Control Policy
<i>Standard</i>	Person or entity authentication	Implement procedures to verify that a person or entity seeking access to EPHI is the one claimed [164.312(d)]	<ul style="list-style-type: none"> • User Access Policy • User Set Up Policy • Data Custodian Roles and Responsibilities • Data Transmission Security Policy - "...Authorized Users must take reasonable precautions to ensure that the receiving party is who they claim to be and has a legitimate need for the EPHI requested."

HIPAA Requirement			Accel Pathways Policies addressing requirement(s)
Standard v. Addressable	Category	Description	
<i>Standard</i>	Transmission security	Implement technical security measures to guard against unauthorized access to EPHI that is being transmitted over an electronic communications network [164.312(e)(1)]	<ul style="list-style-type: none"> • Data Transmission Security Policy
<i>Addressable</i>	Integrity controls	Implement security measures to ensure that electronically transmitted EPHI is not improperly modified without detection until disposed of [164.312(e)(2)(i)]	<ul style="list-style-type: none"> • Media Re-Use Disposal • Protection from Malicious Software Policy
<i>Addressable:</i>	Encryption.	Implement a mechanism to encrypt PHI [164.312(e)(2)(ii)]	<ul style="list-style-type: none"> • Data Transmission Security Policy

ACCEL
MEMORANDUM OF UNDERSTANDING
Regarding
PARTICIPATION IN CARE PATHWAYS PROGRAM

Exhibit 1

Description of ACCEL, the Program and Care Pathways Services

ACCEL is a county-wide health collaborative dedicated to improving El Dorado County residents access to and quality of health care, in part by building transparent patient program linkages cross agencies.

The Program. Care Pathways is a cross-agency case management program to ensure that a residents needs are attended to throughout many encounters in the health access and delivery process. Each pathway defines the problem to be addressed, the desired positive outcome, and the key intervention steps required to achieve the outcome. The program provides a standardized accountable structure to shift the focus towards defined, outcomes. It is a patient-centric process that addresses one health care issue at a time. As work steps are completed, they are defined by a measurable outcome.

Pathways can address administrative access or clinical issues. To date, five Care Pathways have been implemented: Securing Health Care Coverage, Obtaining a Medical Home, (Newborns) Utilizing a Medical Home Appropriately, (Newborns) Securing Health Care Coverage, and Pediatric Mental Health Consult. Community Health Workers (CHW) assists and monitors the person/patient progress through a Pathway. Care Pathways were developed as a paper process to enable clear cross-agency patient referrals with ‘transparent’ interactive work process definition. Automation of the paper processes was always envisioned to increase efficiencies, accurate timely communication and improved patient outcomes. ACCEL Participants automation of the paper processes will occur over time. Therefore it is expected that Care Pathway paper process for one ACCEL Participant will continue for the foreseeable future.

Although the Care Pathways electronic solution (iReach) will be accessible by Participant users at different sites and organizations, it is a stand alone product that does not exchange information with any other systems. The implementation of a county-wide Master Patient Identifier (EMPI) used with the Care Pathways electronic solution will support Participants exchange and update of demographic patient information and provide a match on patients at the different Participant delivery stations.

Care Pathways Services.

- Attachment I: Securing Health Care Coverage
- Attachment II: Obtaining a Medical Home
- Attachment III: (Newborns) Utilizing a Medical Home Appropriately
- Attachment IV: (Newborns) Securing Health Care Coverage
- Attachment V: Pediatric Mental Health Consult

Attachment I: Securing Health Care Coverage

The Securing Health Care Coverage Pathway works to provide health insurance to children (infants through 18 years of age) from families of moderate to low income. Several insurance options are

available, Medi-Cal, Healthy Families, Healthy Kids, California Kids, and Kaiser. Client determination of the appropriate insurance option is based upon meeting pre determined qualifying criteria. Client referrals to this ACCEL Care Pathway come from various agencies throughout the county, including but not limited to hospitals, clinics, County Mental Health Department, schools.

Community Health Worker's (CHW) assist clients in assessing the appropriate insurance option, completing the application packet, and compiling the necessary documents to ensure a successful insurance coverage outcome. This pathway is considered successful when the child has obtained health care coverage.

1. Once the initial referral has been received, the CHW is responsible for and utilizes iREACH for scheduling, interviewing, coaching the client in collecting necessary documents, compiling the Health Care Coverage documents to be sent into the insurance companies that the client is best suited for, and monitoring for a successful insurance coverage status. The CHW also is involved in overcoming barriers, such as transportation and the ability to make appointments, that may otherwise prohibit the client from a successful outcome.
2. The pathway is closed when the application status is known, at which point iREACH triggers the CHW to schedule the opening of a Renewal pathway for 10 months later.
3. Insurance type and effective dates are made available to referring providers, such as Marshall Hospital and Barton Hospital.

Attachment 2: Obtaining a Medical Home

This ACCEL Care Pathway is designed to assist families in obtaining a Medical Home, otherwise known as having their own doctor / clinic to receive ongoing primary care. Through a countywide partnership, this pathway is able to offer families a “permanent” doctor / clinic for their child, when they would otherwise use the Emergency Room for their Medical Home. The ER refers children to ACCEL who present at the ER for non-urgent care and who do not have a primary care physician. The CHW initially assesses if the child has Health Care Coverage, routes them through the Securing Health Care Coverage Pathway if necessary, and then pairs them with doctors based on client location, insurance type, and preference. Meanwhile the CHW seeks to provide education to the client on the benefits to a consistent medical home, preparing for a physician visit, while also identifying and working through any barriers that might inhibit the client from successfully establishing their own medical home.

1. The Pathway is closed as successful after:
 - a. A child under 5 years of age has been to two appointments, and
 - b. A child over 5 years old has been to one appointment in which medical issues have been successfully managed.
2. The Pathway is closed as unsuccessful if:
 - a. The CHW has attempted to reach the guardian three times with no return contact by the guardian.
 - b. If the client has two “no-shows” for scheduled appointments.

Attachment III. (Newborns) Using Medical Home Appropriately

Maneuvering through newborn checks, immunizations, and common illnesses can be daunting. This ACCEL Care Pathway strives to come alongside mothers of newborns on Medi-Cal, and assist them in a successful first year of life for their child. For eight months, the CHW assists in: establishing a medical home for the newborn, providing health education to the mother, and overcoming barriers that may inhibit the mother from accessing appropriate medical care for her child. Well Baby checks and immunizations schedules are monitored by the CHW, who reminds the mother of appointments and problem solves with the mother when appointments are missed.

1. The CHW ensures that the newborn has a scheduled first appointment with a physician within the first 72 hours of life, problem-solving with the mother any barriers that might prevent this appointment. She maintains this role over the next 8 months, assisting the mother to succeed in obtaining all the required CHDP infant immunizations and well-baby checks that are logged in iREACH.
2. The Community Health Worker plays a pivotal role in the next 8 to 12 months in providing health education to the mother regarding the importance of infant immunizations, well-baby visits, and the general health of the baby. The CHW also communicates regularly with the assigned PCP referral specialist, to verify that medical appointments were made for the infant, and that they were kept.

Attachment IV. (Newborns) Securing Health Care Coverage

This ACCEL Care Pathway is designed to assist mothers whose births were funded through Medi-Cal in adding their child to the mother's Medi-Cal coverage. Through this ACCEL Care Pathway, a relationship is forged between a CHW and mothers of newborns. Together they call the mother's Medi-Cal worker and ensure that the child is enrolled through his/her first year of life. At one year of age, the CHW will reassess what type of health care coverage the child is eligible for and begin the Securing Health Care Coverage Pathway for the child.

1. In SLT the Medi-Cal mothers are identified at pre-natal visits at Tahoe Family Physicians, who shares information with the Public Health Department and Barton Community Clinic. The CHW calls the mother to introduce himself to the mother prior to delivery. If the mother does not utilize pre-natal visits, Barton Community Clinic catches the child at the 72 hour bilirubin check and registers the infant into iREACH quick registration.
2. On the Western Slope, the Public Health CHW visits Marshall Hospital OB unit daily, where a referral log of all Medi-Cal insured mothers is kept by the unit secretary. When the CHW visits the OB unit, she attempts to visit the mothers in the hospital, and if that is not possible, schedules an appointment to visit them at home.
3. Within 72 hours of delivery, the CHW teleconferences the mother with the Medi-Cal worker to inform them of the child's birth and enroll the child in Medi-Cal. Within 2-4 weeks, the CHW contacts the mother again to confirm their newborns Medi-Cal enrollment, documenting effective date and insurance number which is entered into iREACH
4. At newborn Medi-Cal confirmation, the CHW, through iREACH, will schedule an appointment to open the Renewal pathway in 10 months for the newborn.

Attachment V: Pediatric Mental Health Consult

This ACCEL Care Pathway allows primary care physicians (family physicians and pediatricians) to make direct referrals to the County Mental Health Department for Medi-Cal or Healthy Families children. The Mental Health Department provides an assessment, and if necessary, treatment for the child. Both the Mental Health Department's primary assessment and final assessment are sent to the referring physician. The Community Health Worker plays the unique role of advocate for the child, interceding between the physician's office, the Mental Health Department, and the client - reminding the client of appointments, informing the different entities of client barriers, or provider delays.

1. Providers (physicians & mid levels) initiate all pediatric referrals, using an ACCEL consult form. It will be completed within iREACH (w/ an e-mail alert to EDC Dept. of Mental Health) or faxed to the EDC Dept. of Mental Health. A referring provider (&/or his

designee) completes the top third of a consult form (imbedded in iREACH Pathways application) or completes the paper consult form & faxes. The middle part of the form is a patient consent, signed by patient/parent while in the Provider's office. The bottom third of the form is completed by Mental Health after the patient's psychiatric evaluation. The completed form is faxed by Mental Health to referring Provider not using iREACH. For clinics using iReach they will receive an e-mail alert to access iReach, be able to read, print & place a copy into the Patient's chart of the completed form and psychiatrist dictated report (scanned into iReach). E-mail alerts do not contain patient specific information & are not encrypted.

2. A second ACCEL referral form, allowing a Public Health Department (PHD) Community Health Worker to call & support the patient's appointments with Mental Health, currently is signed in the Provider's office & faxed to Public Health. It is retained in the Provider's Patient file.
3. The preponderance of PMHC patient work occurs between the referring Provider and the EDC Department of Mental Health. The Public Health Department Community Health Worker (CHW) is notified, acts as tracker of Care Pathway progress & captures barriers to PMHC successful completion. CHW also becomes engaged with the patient should difficulties arise with the patient showing up for an appointment, transportation, etc.
4. At pivotal milestones along the Pathway work flow, electronic e-mail alerts are sent to the targeted ACCEL Participant agent as a trigger to go into the iREACH system to initiate next work step for a PMHC patient and/or to print out for the referring Provider the completed patient consult report.

Category:	Policy Number:
Original Effective Date:	Current Revision Effective Date:

ACCEL may change (amend, repeal, or replace) the approved Policies and Procedures in the Program Manual at any time as deemed necessary.

Development and Dissemination of Changes

ACCEL is solely responsible for the development of the Policies and Procedures, and may amend, repeal or replace them at any time with approval from the ACCEL Steering Committee. ACCEL shall provide notice to all Participants of any changes to Policies and Procedures with at least (30) days prior to the effective date of change. (COMMENT – assuming these are reviewed by the SC, who else needs to be notified?)

However, if the change is required in order for ACCEL or Participants to comply with applicable laws or regulations, ACCEL may implement the change within a shorter period of time as ACCEL determines appropriate under the circumstances. (COMMENT: Who will approve this and how?) ACCEL shall notify Participants immediately in the event of a change required to comply with applicable laws and regulations.

Participant Request for Reconsideration

Each Participant has the right to request reconsideration of a change. If a Participant objects to a change that has been approved by the Steering Committee, that Participant may, within (30) days following the ACCEL notice of change make a request to Steering Committee for reconsideration, noting the reasons for the objection. During this period, the disputed change is not required to be implemented by the Participant requesting reconsideration.

TITLE: Data Custodian Roles and Responsibilities

Category:	Policy Number: ____
Original Effective Date:	Current Revision Effective Date: Current Review Date:

The Participant Data Custodian performs a critical link between the Participant, its Authorized Users, the Barton IS Help Desk, and ACCEL. The Data Custodian has the following roles and responsibilities:

- Manage the User Set Up process according to the policy:
 - Review the Authorized User Confidentiality Agreement with the Requesting User and Confidentiality of Patient Information Policy and clarify any questions.
 - Assist the Participant Requesting User to fill out the ACCEL User Set Up Application.
 - Confirm that:
 - the Requesting User has a legitimate affiliation with the Participant (employee or agent ie contractor, trainees, and volunteers) whose responsibilities require access to ACCEL systems; and
 - the security level requested is appropriate given the Requesting User's responsibilities.
 - Transmit the ACCEL User Set Up Application to the Barton Help Desk.
 - Receive the Authorized User's Unique Identification Code and Password from the Barton Help Desk and then communicate it to the Authorized User.
 - Retain originals of the following User Set Up forms:
 - ACCEL User Set Up Application
 - Signed Authorized User Confidentiality Agreement
- Manage User Access according to the policy:
 - Maintain a current master list of all Data Custodians and Authorized Users for their Participant/Agency and Unique Identification Codes.
 - Validate the Participant's master list with the Barton IS Help Desk and ACCEL quarterly.
 - Notify the Barton IS Help Desk for any status changes of Participant's Authorized Users.
 - Oversee that Authorized Users are using patient information obtained from ACCEL appropriately and within ACCEL's policies and procedures.
- Depending on the assessment of the Barton IS Help Desk and/or the Barton IT Director, the Data Custodian may be the first line of contact for ACCEL System issues.
- Receive reports of potential compromise of User Identification Code(s) from Participant's Authorized Users, investigate as needed, and report outcomes to the Barton IS Help Desk.
- Ensure that Authorized users receive appropriate training on ACCEL Care Pathways, EMPI and associated privacy and security policies.