

The 21st Century Cures Act and Adolescent Health: *Managing Electronic Health Information for the Digital Generation*



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Image Credit:

J. Contrera & C. Gibson (2017). "The Screen Age: Generation Z"
https://www.washingtonpost.com/sf/style/2017/01/04/generation-z-landing-page/?utm_term=.dfefcb20ed27

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A few notes about today's Grand Rounds

- All lines are muted throughout the presentation.
- Please use the Q&A to ask questions or make comments.
- We will be recording the session.
- Today's recording and materials will be posted to the PHN website 3 business days following the presentation:

<https://pediatrichealthnetwork.org/>

Speakers



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Disclosures: None

Disclosures

- No conflicts of interest or commercial affiliations to report
- This presentation's content includes no off-label use of drugs or devices



Learning Objectives for Today's Talk

- Describe the role of confidentiality in adolescent health care and how access to and privacy of certain health services is protected by law
- Explain the basics of the 21st Century Cures Act (21CCA) Final Rule and how it impacts sharing of pediatric health information
- Understand the complexity and benefits of health information sharing with adolescents and young adults
- Discuss practical aspects of managing confidentiality as a precursor to information sharing

Overview

Adolescent Confidentiality 101

- The role of confidentiality in adolescent health care
- What laws matter?

Parents, Privacy & Patient Portals

- Adolescents & Patient Portals
- 21st Century Cures Act: What is the Final Rule?
- The CNH Approach

Adolescent Confidentiality 201

- Practice-level considerations
- Practice example – Woodbridge Pediatrics

Adolescent Confidentiality 101



Why is confidentiality important in Adolescent health care?

- Promotes accurate, comprehensive care
- Ensures access to certain health services when parental disclosure might be a barrier to seeking care
- Facilitates developmentally appropriate care – supported, independent interactions with health care providers is needed for health independence
- Aligns with regulations protecting minors' right to consent for certain types of health care
- **Not** about keeping secrets or undermining the role of the parent

Minor Consent & Confidentiality: Which laws matter?

- State-specific/local laws regarding minors/parents
 - Minor consent, privacy, and mandatory reporting
 - Family law explicitly detailing parents' rights/responsibilities
- Laws/regulations governing specific types of health services
 - Mental Health, Substance Abuse
 - Reproductive Health Services (eg Title X services)
- Federal Laws & regulations about health information
 - HIPAA Privacy Rule
 - 21st Century Cures Act

Minor Consent & Confidentiality

Health concerns for which minors can independently seek care:

- Sexual health (HIV & other STIs)
- Reproductive Health (Contraception, Prenatal Care, Abortion Services)
- Mental Health
- Substance Abuse

What are the rules in the DMV?

Here in the **DMV**:

Minors' Ability to Independently Consent to Health Services

	CONTRACEPTIVE SERVICES	STI SERVICES	PRENATAL CARE	ADOPTION	MEDICAL CARE FOR MINOR'S CHILD	ABORTION SERVICES	SUBSTANCE ABUSE SERVICES	OUTPATIENT MENTAL HEALTH CARE
District of Columbia	All	All	All	All	All	All	All	All**
Maryland	All*	All*	All*	All	All	Parental Notice	All	All ^ψ
Virginia	All	All	All	All	All	Parental Consent and Notice	All	All

*Providers may but are not required to notify parents

**go day service limit, can consent to medications at 16+ in emergency conditions

^ψMust be at least 16yo to consent to medications

Here in the DMV: When can providers break confidentiality?

The health professional may, but shall not be obligated to, inform the parent, parents, or legal guardian of the minor of any treatment given or needed when, in the judgment of the health professional, the following situations exist: Severe complications are present or anticipated; Major surgery or prolonged hospitalization is needed; Failure to inform the parents or legal guardian would seriously jeopardize the safety and health of the minor patient; and To inform them would benefit the minor's physical and mental health and family harmony.

§ 602.5

Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., Health-Gen. II § 20-102(f)]

A minor shall also be deemed an adult for the purpose of accessing medical records related to subdivisions 1 through 4 above; §54.1-2969. However, Virginia law also states that parents may not be denied access to the health records of their minor child, except when the minor's treating physician deems such disclosure would cause substantial harm to the minor or another person. § 20-124.6

Minor Confidentiality & HIPAA Privacy Rule

- Parents/guardians are considered the “authorized representative” of a minor child under HIPAA , with three exceptions:
 - Someone other than the parent is authorized to and has provided consent (eg, a court-appointed decision maker)
 - State or other law determines a minor can consent to a health service and the minor provides consent
 - When the parent/guardian agrees to a confidential relationship between the minor and a health care provider

When a minor may lawfully obtain health care without the consent of a parent or guardian, a parent or other personal representative may not be authorized access to the minor’s records, without the minor’s consent.

ONC 21st Century Cures Act, Final Rule* Basics

- Requires that patients be able to access their electronic health information (EHI) at no cost
- The intent is interoperability and health care transparency to improve safety and quality of health care
- Failure to provide access to EHI (“Information Blocking”) can result in penalties
- Mandate is to share EHI on request – many systems are complying by pushing EHI through a patient portal

Organizations must meet the new EHI access mandate, while protecting minors’ rights to confidential health information

Parents, Privacy & Patient Portals



WORDS BY: @BEHEROES / APPROPRIATE PODCAST

ART: @LINDSAYBRAMAN

Poll Questions

Does your practice have a confidentiality policy that is provided to AYA patients and their parents/guardians?

- a. Yes
- b. Partially/In Progress
- c. No

Does your practice provide educational materials on confidentiality to AYA patients and their parents/guardians?

- a. Yes
- b. Partially/In Progress
- c. No

The Open Notes Movement: Transparent Communication in Health Care

“Transparent notes will require transparent doctoring.” - Dr. Sigall Bell



Research & Initiatives ▾ For Patients ▾ For Healthcare Professionals ▾ News ▾ About ▾



Everyone on the Same Page

OpenNotes is the international movement promoting and studying **transparent communication in healthcare**. We help patients and clinicians share meaningful notes in medical records. We call these **open notes**.

— Patients report important clinical benefits from reading notes

Patients who read notes report that they:

- have improved understanding of their health and medical conditions
- recall their care plan more accurately
- are better prepared for visits
- feel more in control of their care
- take better care of themselves¹
- take their medications as prescribed more frequently²
- have more successful conversations and stronger relationships with their doctors



And keep in mind: Reminding patients that notes are available and providing clearly marked patient portals are both important for engaging patients in a practice that is new to them, as well as to most clinicians.

The Evolution of the Electronic Health Record in Pediatric Primary Care

Wasserman RC. The patient record and the rise of the pediatric EHR. *Curr Probl Pediatr Adolesc Health Care*. 2021 Dec 9:101108. doi: 10.1016/j.cppeds.2021.101108.

The patient record and the rise of the pediatric EHR

Richard C. Wasserman

Medical documentation arose as individual case reports written for teaching purposes. Documentation for patient care later occurred in physicians' personal daybooks and only evolved into the individual patient record in the early 20th century. Dr. Lawrence Weed improved the utility of the patient record by introducing a problem-oriented/subject-object-assessment-plan structure and he and other innovators transformed the patient record into electronic form. Pediatricians built on these innova-

tions to create a child health electronic health record (EHR) for primary care. An American Academy of Pediatrics task force formally specified the child-specific needs of the EHR, but much work remains to integrate the EHR into the pediatric primary care of the future.

Curr Probl Pediatr Adolesc Health Care 2021; 000:101108

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Curr Probl Pediatr Adolesc Health Care 2021; 000:101108

Introduction

Today's electronic health record (EHR) has a 2000+ year lineage. Medical documentation began with case reports and evolved over time into *patient records*, here defined as ongoing repositories of individuals' health-related information.¹ After briefly reviewing this pedigree, this paper traces the development of the patient record from early 20th

centuries and into the 21st century. The patient record, largely for didactic purposes, in the succeeding centuries.² By the 17th century, with the application of natural science categorization to clinical medicine, Thomas Sydenham and others used case histories to help define disease entities.³ Going forward and through the nineteenth century, physicians and surgeons routinely recorded experiences of everyday practice in daybooks, diaries, or casebooks.^{4,6} However, the chronicling of clinical information with the intent of both documenting and facilitating each individual person's care did not appear until the 20th century.

The individual patient record

Dr. Henry Plummer and his assistant Mabel Wood implemented a dossier record model at the Mayo

Individual patient record a transformative innovation for the first time providing longitudinal data on clinical encounters and test results in a single location.

Clinic in 1907, creating numbered, *individual patient files* for the serial recording of clinical information.⁷ The individual patient record was a transformative innovation, for the first time providing longitudinal data on clinical encounters and test results in a single location. Over the 20th century, the model was adopted widely and millions of paper patient charts filled file cabinets in practices, clinics, and hospital medical record rooms around the U.S. An entire discipline – health information management⁸ – emerged to deal with this proliferation. However, in spite of efforts at

Who uses the Pediatric Patient Portal?

LeLaurin JH, et al. Disparities in Pediatric Patient Portal Activation and Feature Use. JAMIA Open. 2021 Sep 29;4(3):ooab086.

- Data extracted from EHR of a large academic medical center from 9/12-7/20
- Patients with activated accounts were more likely to be AYA patients; female, white, non-Hispanic, privately insured, and have low socioeconomic vulnerability index

Patient Age Group (years)	% Activated Accounts
0-11	36%
12-17	41%
18-21	62%
All ages	39%

n= 52,713 unique patients

Who uses the Pediatric Patient Portal?

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Table 2. Ever use of patient portal features by age group among patients with activated accounts

Functionality	Younger children 0–11 years (N = 13 902)	Adolescents 12–17 years (N = 4329)	Young adults 18–21 years (N = 2104)	Total (N = 20 335)
Records access and management	10 291 (74.0%)	3525 (81.4%)	1942 (92.3%)	15 758 (77.5%)
Appointment management	8993 (64.7%)	3083 (71.2%)	1850 (87.9%)	13 926 (68.5%)
Messaging	8409 (60.5%)	2357 (54.4%)	1621 (77.0%)	12 387 (60.9%)
Visit/admission summaries	3909 (28.1%)	1228 (28.4%)	1047 (49.8%)	6184 (30.4%)
Interactive feature use	9738 (70.0%)	2998 (69.3%)		
Any feature use ^a	12 243 (88.1%)	4039 (93.3%)		

Teens were more likely to use the portal for accessing health records and managing appointments

^aDefined as use of any of the four features studied.

AYA and Patient Portals: Youth Centered Implementation

Lee JA, Holland-Hall C. Patient portals for the adolescent and young adult population: Benefits, risks and guidance for use. *Curr Probl Pediatr Adolesc Health Care*. 2021 Nov 11:101101.

**Patient portals for the
adolescent and young adult
population: Benefits, risks and
guidance for use**

Jennifer A. Lee^{a,b,c,d,*} and, Cynthia Holland-Hall^{c,e}

Patient portals are the primary means by which electronic health information (EHI) is shared with patients and families. The use of patient portals increased during the COVID-19 pandemic and may continue to rise with the implementation and enforcement of the 21st Century Cures Act that encourages facilitation of access to EHI and prohibits information blocking. Research on the use of patient portals by adolescents and their families is limited. Potential benefits of portal use to adolescents include increased engagement in their own health care, direct communication with their health care clinicians, and facilitation of transition of care to new clinicians in adulthood. Clinicians need to educate adolescents on the functions available through the portal, appropriate use and expectations for messaging

through the portal, and the pros and cons of viewing EHI such as test results independently. Parental proxy access to the adolescent's portal should be carefully and thoughtfully implemented, because it poses a potential breach to confidential care via disclosure of sensitive or protected information. Adolescents who choose to deny their parents proxy access to the portal should be supported in that decision. It is important that all clinicians understand portal functionality and have strategies to optimize use within their practice. This paper provides the reader considerations and tips for portal use within this population.

Curr Probl Pediatr Adolesc Health Care 2021; 000:101101

AYA and Patient Portals

- Potential benefits
 - Enhanced communication, patient engagement and experience
 - Facilitates confidential communication
 - Tool for developing health literacy and health independence
- Potential risks
 - Breaches of confidentiality
 - Appropriate messaging/communication
 - Anxiety about health information (eg if abnormal results viewed without appropriate support)

AYA and Patient Portals

- Unique barriers to implementation
 - Verification of user identity for enrollment
 - Concerns about breaches in confidentiality
 - Emerging health independence and health literacy
 - Proxy access for caregivers
- And what about...?
 - Disparities in access augmenting healthcare disparities
 - Youth with developmental or cognitive disabilities
 - Youth with complex or chronic health conditions

AYA and Patient Portals: Youth Centered Implementation

- Real time enrollment
- Developmentally appropriate education for youth
 - Confidentiality and limits to confidentiality
 - Portal functionality and use
 - Appropriate use of portal versus other communication options
- Caregiver Education
 - Confidentiality and limits to confidentiality
 - Proxy portal functionality

Sample documents: CNPA Foggy Bottom



Teen Patient Portal Access

For teenagers 13 - 17 years*

Let us know who will have access to your Portal account!

Return to front desk staff. Must be scanned to Patient Imaging.

Today's Date _____

Teen Name _____

Teen Cell Phone _____

Teen Date of Birth _____

I don't have a cell phone yet.

I don't have an email yet.

After you turn 13, appointment reminders by phone can go to you or to your parent (see "Teen Patient Portal Access" form).

After you turn 13, you may sign up for our "Patient Portal" to view your chart, vaccine record, lab results, etc. online. Only you will have access to this Portal, but you can share access with a parent/guardian upon your consent.

Your doctor or nurse practitioner will discuss how you want to handle your Portal Access on a regular basis.

An informed teen is a healthy teen.

Appointment reminders? (Select one)

My Parent/Guardian Both

For appointment reminders, enter parent/guardian phone as Home Phone, patient phone as Cell Phone)

Patient Signature _____

Guardian Signature _____

Agree with your provider*

Options:

My parents/guardians and I can view my Portal account)

Patient Signature _____

Guardian Signature _____

I want someone else other than myself can view my Portal account)

I authorize my parents/guardians access to my Portal account. (Access will be terminated if my parents/guardians)

Patient Signature _____

Guardian Signature _____

My parents/guardians and I do not agree on my sole access to my Portal account. My access to the patient's Portal account will be terminated within 24 business hours.)

*Note: Medical records can still be requested via a Medical Records Request form.

My parents/guardians and I do not agree on my sole access to my Portal account. (Access will be terminated for both patient and parents/guardians)

Patient Signature _____

Parent/Guardian Signature _____

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*Does not apply to patients with special needs.

CP&A Staff: Intergy Pt Person # _____

Implementing the ONC 21st Century Cures Act

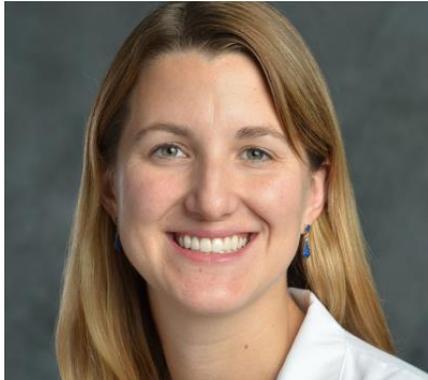
- The Interoperability Final Rule applies to all clinicians, practices and health systems that maintain electronic health information (EHI)
- EHI must be shared in a timely manner on request
 - Patients cannot be charged
 - Must be transmitted securely if shared electronically
 - Is not required to be pushed through a portal
- Facilitates access to health information to which individuals already have legal access
 - Defers to existing local, state, and federal laws as to WHAT health information can be accessed by individuals, including caregivers

ONC 21st Century Cures Act, More on the Final Rule

- 21CCA includes 8 Information Blocking Exceptions detailing “reasonable and necessary” practices in which electronic health information (EHI) might be withheld
 - Privacy Exception – Disclosure of EHI should not violate state or federal privacy laws (includes laws protecting minor confidentiality)
 - Preventing Harm Exception – EHI can be withheld if access poses a substantial risk of harm
 - Infeasibility Exception – Practical challenges may limit organizations’ ability to grant full access to EHI (e.g., technology limitations)

21st Century CURES Act: The Children's National Hospital Approach

ACKNOWLEDGMENTS:



Jessica Herstek, MD
Chief Medical Informatics Officer



Tova Ronis, MD
Medical Director of Informatics -
Ambulatory

21st Century CURES Act: The CNH Approach

Major Guiding Principles

- Provide secure access to electronic health records to which parents/patients already have legal access, while also being compliant with laws governing health information privacy
- “Open Notes” is the default standard - healthcare transparency and meaningful communication improve patient-provider collaboration and thus quality and safety
 - Everything is shared EXCEPT those elements of EHI flagged as confidential

21st Century CURES Act: The CNH Approach

- EHI is shared through a secure patient portal, which required modifications for compliance with the Final Rule
- CNH's Cerner-based portal includes inpatient records, outpatient specialty records, ER records, CNH diagnostic studies (laboratory, radiology)
- EHI is accessible ("always shared") through the portal unless flagged as "confidential"
 - "Never Shared" – certain categories of clinical documentation (eg, HIV services, CAPC, social work) or diagnostic data protected by minor confidentiality law (eg STI labs, substance abuse testing)
 - "Sometimes Shared" – Providers can switch to a confidential note type if confidential information is disclosed, or provide documentation/results securely through the portal on the portal user's request

21st Century CURES Act: The CNH Approach

- Provider Outreach & Education
- Changes to the Patient Portal
 - Parent account deactivated at 18 (instead of 13)
 - Enrollment <18yo is by invitation, self enrollment for 18+ (instead of all self enrollment)
 - Parent users cannot see confidential information at any age
 - Teen portal:
 - Can enroll without parent consent
 - Do not have access to confidential information (yet) but can request information securely
 - Can securely message medical team

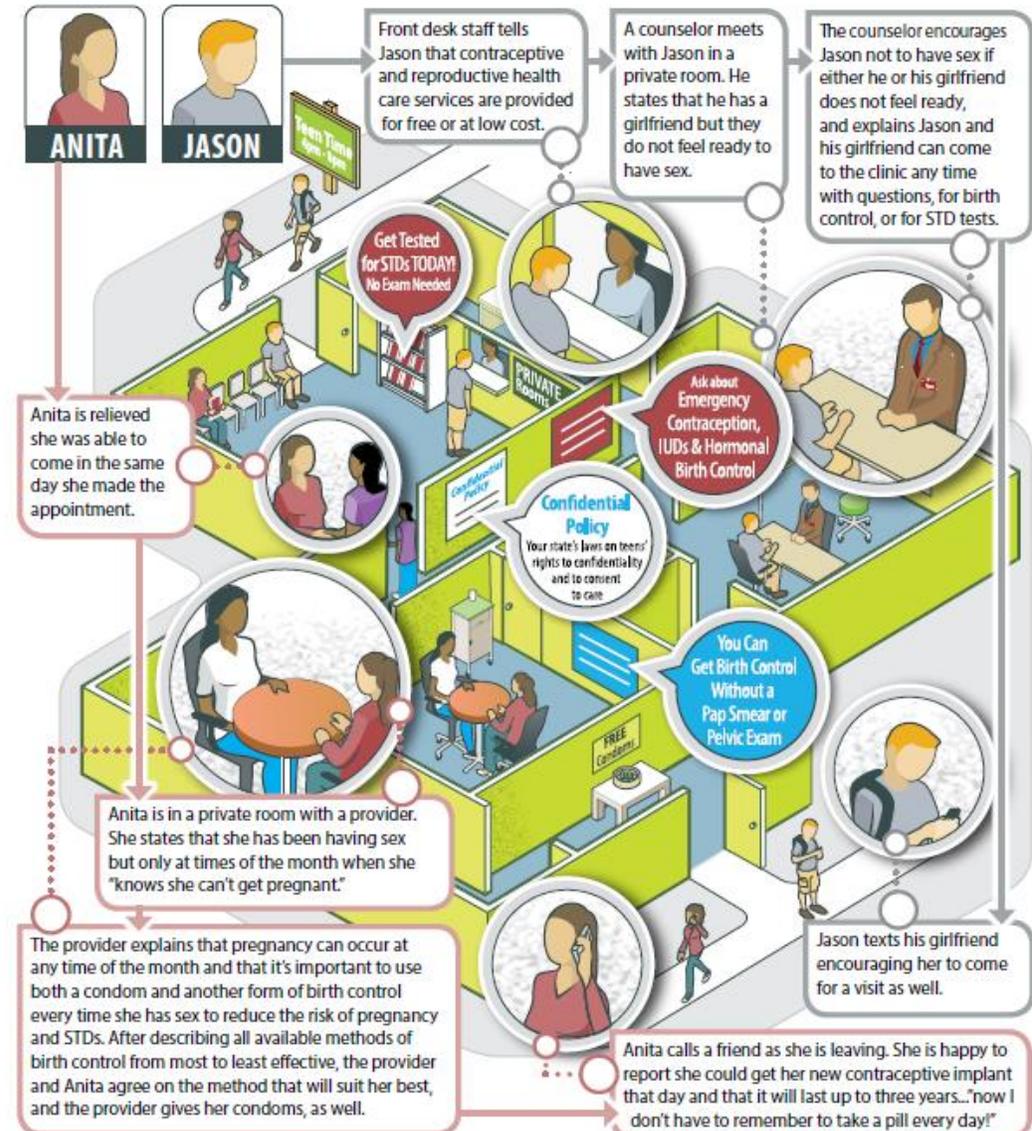
Adolescent Confidentiality

201

Adolescents must be supported as independent users of care at all points of contact

A Teen-Friendly Reproductive Health Visit

Two teen-friendly reproductive health visits: one for a sexually active female, and one for a male not yet having sex.



Learn more at www.cdc.gov/TeenPregnancy/TeenFriendlyHealthVisit.html

Pediatric Health Network

Children's National.

National Center for Chronic Disease Prevention and Health Promotion
Division of Reproductive Health



CS246240

Protecting Confidentiality: Practice-Level Considerations

- Consider confidentiality in all workflow processes where information is shared internally or externally
- Educate staff, providers, patients and parents about confidentiality laws and practice policies
- Set clear roles, rules and expectations, including limits to confidentiality
- A specific confidentiality policy is useful for educating staff, patients and their families

Templates for a practice confidentiality policy and patient/parent education materials will be available through PHN!

Role of the Provider (and other Health Care Staff)

- Offer a private space to identify confidential concerns, and to collect an accurate and comprehensive history
- Be non-judgmental, honest, and guarantee privacy with clearly stated expectations
- Support adolescent growth and development, including transition to adulthood and health independence
- Partner with caregivers to support adolescent patients

Confidential notes will require confidential doctoring

Role of the Adolescent

- Begin to take ownership of their healthcare
- Learn to express their concerns
- Learn and express their own and their family's medical history
- Learn to navigate the health care system independently
- Develop as medical decision makers using appropriate resources and supports

Role of the Parent/Adult Caregiver

- Still a central member of the healthcare team
- Remain a critical support in their teen's life
- Recognize the value of privacy in helping their teen share and reflect on their behaviors
- Agree that information disclosed in a healthcare setting should be met with strategies for safety, not punishment

Protecting Confidentiality: Practice-Level Considerations

Appointment Management

- Can minors make appointments independently and confidentially?
- Are automated reminders sent? Can they be turned off?
- Are post-visit surveys sent?

Telephone Services

- Are staff providing telephone services aware of the confidentiality policy?
- Is there a clear process for internally communicating adolescent's consent to share sensitive information with others?

Protecting Confidentiality: Practice-Level Considerations

At the Visit

- Does the check-in process support adolescent patients' confidentiality and right to present for confidential care?
- How are adolescent patients screened for confidential concerns?
- Is there a separate area for parents/guardians to facilitate independent time with the adolescent patient?
- How are confidential lab collection and specimen handling managed?

Protecting Confidentiality: Practice-Level Considerations

Medication Reconciliation

- What is the process and how are confidential medications reconciled?

Lab and Referral Tracking

- How are confidential lab results reported?
- How are referrals for confidential health issues managed?

Billing Processes

- Are EOBs sent which would potentially compromise confidentiality?
- Are alternate payment schemes available to support confidential care?

Protecting Confidentiality: Practice-Level Considerations

The EHR

- Is contact information for the adolescent patient recorded to enable confidential communications?
- Do after-visit summaries include confidential information on the problem list, order set, or medication list?

Patient Portals

- Are potentially confidential information types included?
- Do different access levels exist that would limit guardians' access to confidential information?
- If only one access level exists, is it possible to redact confidential information?

Limits of Confidentiality

Confidentiality is necessarily limited in cases of:

- Risk of harm to self or others
- Child abuse or sexual assault
- Reportable disease

Are limits to confidentiality clear?

- To patients and their families
- To all staff

The intent of confidentiality is to remove access barriers and facilitate care. If maintaining confidentiality becomes a barrier to patient health and safety, consider involving a parent or trusted adult.

**Confidentiality in
Practice:
Woodbridge Pediatrics
Dr. Kathleen Bekhit**



Confidentiality in Practice

- If a teenager has a confidential concern, how do you manage and document that concern?
 -during a well visit?
 -during a sick visit (for another complaint?)

Admin | **Practice** | **Progress Notes**

Test, Kid, D., 18 Y, M | Info | Hub | Allergies | Billing Alert

123 Kid Street
Woodbridge, VA
M: 720-225-3511
DOB: 08/13/2003
@bekhit@woodbridge
eHX Status: 00

Wt: 50 lbs. (on 03/27/20)
App(L): 12/27/21(KB)
PCP: BEKHIT,
Language: English
Translator: Na

Ins: Self Pay
Acc Bal: \$0.00
Quan: 104 Test
Cr Bal: \$0.00
Res: BEKHIT,

CLICK TO EDIT | SECURE NOTES | Hub | OCMR Hub

Medical Summary | CDSS | Labs | DI | Procedures | Growth Chart | Imm/T.Inj | Encounters | Patient Docs | Worksheets | Notes

SF [dropdown]

Progress Notes | Scribe | Orders | Quick Search

Patient: Test, Kid, D | DOB: 08/13/2003 | Age: 18 Y | Sex: Male
 Phone: | Primary Insurance:
 Address: 123 Kid Street, Woodbridge, VA-22191
 Account Number: 141006 Encounter Date: 12/27/2021 | Provider: Kathleen C. Bekhit, M.D.
 Appointment Facility: Woodbridge Pediatrics

Subjective:
Chief Complaint(s):
 • test
HPI:
 Teen visit
 Concerns:
 Risk Assessment
 Home: ---,
 Eating: ---,
 Drugs / Alcohol: [Confidential] ---,
 Tobacco Products: [Confidential] ---,
 Safety: ---,
 Sex: [Confidential] ---,
 Suicidality / Mental Health: [Confidential] ---,
 Other Notes: [Confidential] ---,
Current Medication:
Medical History:
Allergies/Intolerance:
Surgical History:
Hospitalization:

Identifying confidential information in the record –
 Flagging information as confidential is a necessary step for keeping it confidential, through electronic or other means

For well visits, the HEADSS exam is part of the template. For sick visits, the confidential risk assessment can be merged into the sick visit template (“Other Notes” for free text.

Confidentiality in Practice

- How do you keep medications confidential?
 - Prescribing and picking up medication?
 - On medication lists or for medication reconciliation?
 - Addressing possible breaches of confidentiality if risk is high?

- How do you keep labs confidential?
 -collecting labs? What about blood specimens?
 -reporting results?

Lab Results TEST, Kid D - Aug 13, 2003(18 yo M) - Acc No. 141006 *

Quick Search

Patient
Test, Kid, D
DOB:8/13/2003 Age:18Y
Sex:M
Tel:
Acct No:141006, WebEnabled:
Yes

Status: Open Reviewed
Provider: BEKHIT, KATHLEEN C High Priority
Facility: V
Assigned To: E

Don't publish to Web Portal

Confidential Labs – Can indicate in individual results screen “Don’t publish to Web Portal”

Lab Information

Lab CHLAMYDIA TRACHOMATIS CULTU **Order D** 12/27/21
Reason **Interface Sta** Ordered Fasting

Specimen

Source	Description	Collection Volume	Units
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Results

Received Date 12/27/2021 Result

Order Date	Coll. Date	SOURCE:	RESULT:				
12/27/2021							

Assessments:

Notes:

Lab Results TEST, Kid D - Aug 13, 2003(18 yo M) - Acc No. 141006 *

Patient **Status:** Open Reviewed

Test, Kid, D
DOB: 8/13/2003 Age: 18Y
Sex: M
Tel:
Acct No: 141006, WebEnabled:
Yes

Provider: BEKHIT, KATHLEEN C High Priority
Facility: Woodbridge Pediatrics In-House
Assigned To: BEKHIT, KATHLEEN C Future Order
 Cancelled

Don't publish to Web Portal

Lab Information

Lab: CHLAMYDIA TRACHOMATIS CULTU Order Date: 12/27/2021 Collection Date: 12/27/2021 Time: 1:
Reason: Interface Status: Actual Fasting: Not Recorded Ordered Fasting

Specimen

Source: Description: Collection Volume: Units:

Results

Received Date: 12/27/2021 Result:

Order Date	Coll. Date	SOURCE:	RESULT:
12/27/2021			

Assessments: **Notes:**
BEKHIT, KATHLEEN C 12/27/2021 3:18:00 PM >

Clinical Info: **Internal Notes:**

Confidential Labs – Use internal notes to indicate confidentiality and results handling

Confidentiality in Practice

- Any tips for how to support other office staff in maintaining a youth-friendly environment, and confidentiality of care?
- What are the most important steps a practice can take?

Summary

- The 21st Century Cures Act guarantees patients access to their electronic health information (EHI)
- This poses significant challenges for critical aspects adolescent health care, that depend on confidentiality of care and health information.
- Implementing 21CCA requires a careful look at how confidential care is handled at all points of workflow
- We can use patient portals to improve care deliberately support youth to become responsible, independent managers of their own health need
- Information sharing can be a tool for improving quality and safety in health communications, and may require a culture change in how we document care

Further Reading & Resources



Resources: CNH Clinical Informatics

The screenshot shows a web browser window displaying a SharePoint site. The address bar shows the URL: <https://cnmc.sharepoint.com/sites/clinicalinformatics/SitePages/Newsletters.aspx>. The browser's address bar also shows several tabs and bookmarks, including 'Apps', 'Slack', 'Amion', 'For Families - Teleh...', 'CTSI REDCap Indepe...', 'Other bookmarks', and 'Reading list'. The SharePoint site header includes the 'Children's National' logo, a 'SharePoint' search bar, and a 'Search this site' field. The main content area features a dark blue banner with the text 'Clinical Informatics Resources'. Below the banner, there are three main sections: '21st Century Cures Act', 'Quick Bytes', and 'Clinical Informatics Updates'. The '21st Century Cures Act' section includes a brief description and two links: 'Cures Act Overview' and 'Frequently Asked Questions'. The 'Quick Bytes' section includes a description of 1-5 minute videos and a list of topics: 'AutoText tips', 'Introduction to First Dose STAT feature', and 'Using confidential note types'. The 'Clinical Informatics Updates' section includes three links: 'Spring 2021', 'December 2020', and 'August 2020'.

Clinical Informatics Resources

21st Century Cures Act
A new federal law in effect as of spring 2021 gives our patients greater access to their health data.

- [Cures Act Overview](#)
- [Frequently Asked Questions](#)

Videos (less than 5 minutes)

- [Confidential Note - what is it?](#)
- [Confidential Note - how to use it](#)

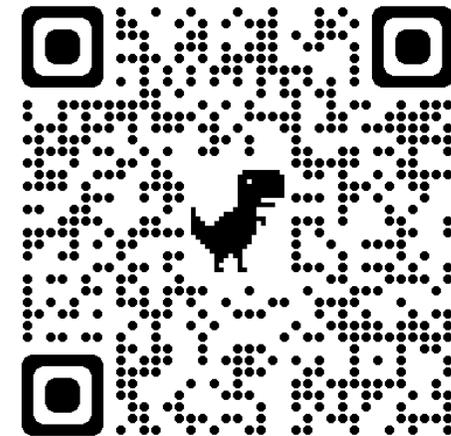
Clinical Informatics Updates

- [Spring 2021](#)
- [December 2020](#)
- [August 2020](#)

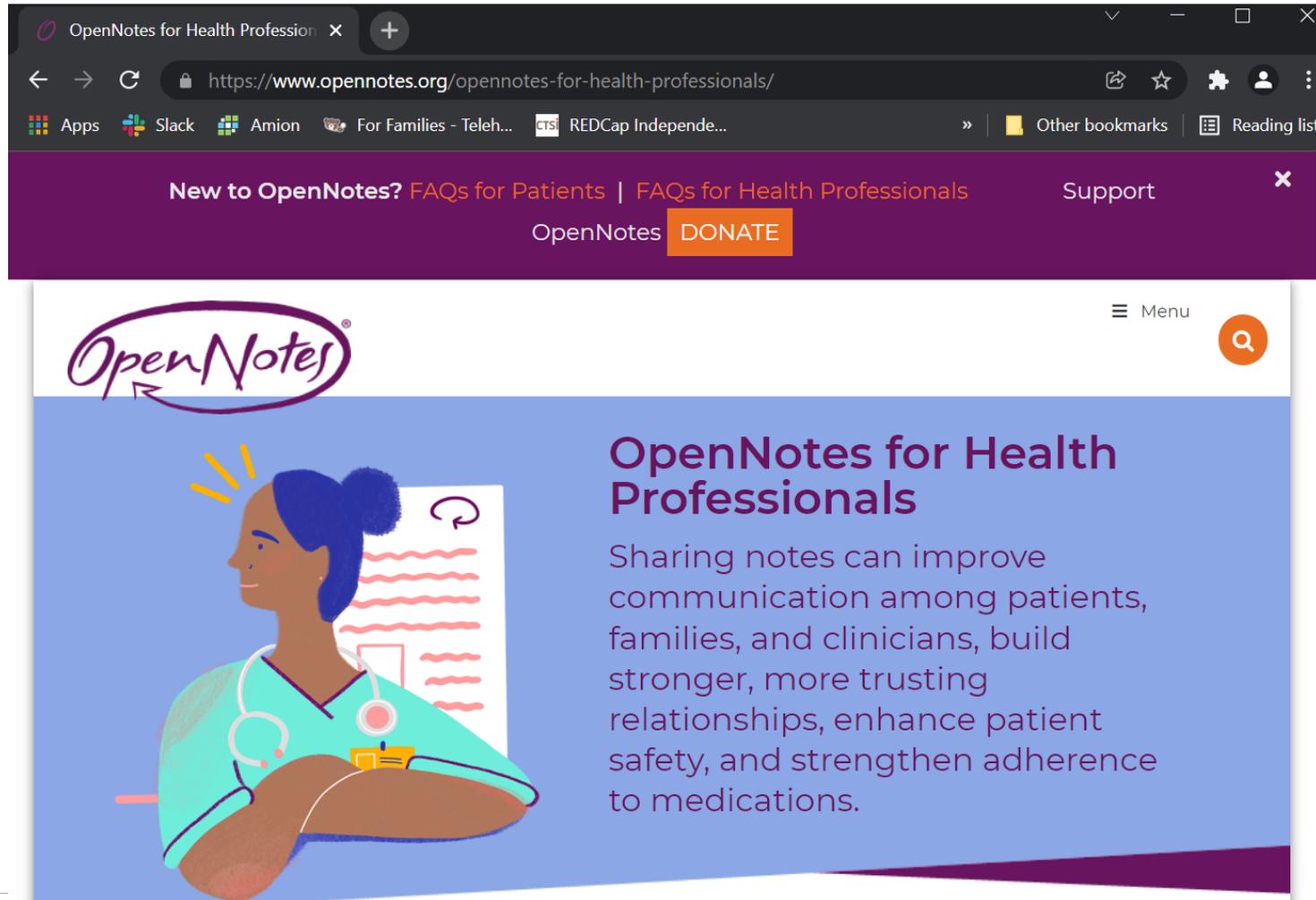
Quick Bytes
1-5 minute videos taught by the Clinical Informatics team. Offering tips, tricks and strategies to optimize use of medical record and related technologies. View the series [here](#) or within Cerner eCoach.

Some of the topics covered include:

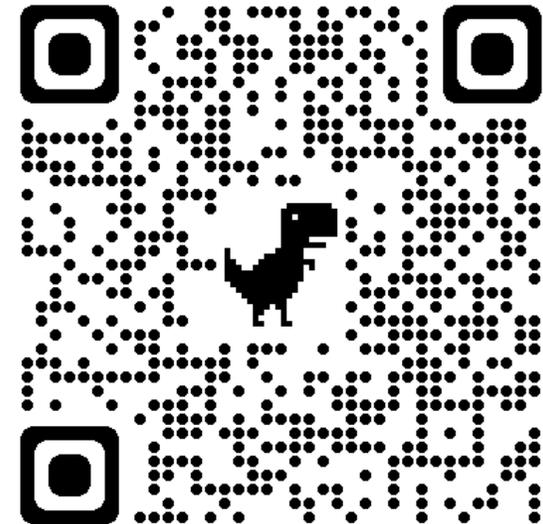
- AutoText tips
- Introduction to First Dose STAT feature
- Using confidential note types



Resources: www.OpenNotes.org

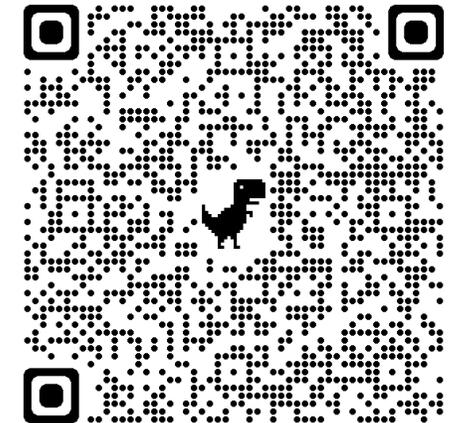


The screenshot shows a web browser window with the URL <https://www.opennotes.org/opennotes-for-health-professionals/>. The page features a purple navigation bar with links for "New to OpenNotes?", "FAQs for Patients", "FAQs for Health Professionals", and "Support". A prominent orange "DONATE" button is visible. The main content area has a blue background and includes the OpenNotes logo, a search icon, and a menu icon. An illustration of a healthcare professional in teal scrubs holding a tablet is on the left. To the right, the text reads: "OpenNotes for Health Professionals" followed by a paragraph: "Sharing notes can improve communication among patients, families, and clinicians, build stronger, more trusting relationships, enhance patient safety, and strengthen adherence to medications."



Resources: AAP Practice Management Tools

The screenshot shows a web browser window with the URL <https://www.aap.org/en/practice-...>. The page header includes navigation links: AAP Home, Policy, Advocacy, More, shopAAP, Create Account, and Login. The main header features the American Academy of Pediatrics logo and the tagline "DEDICATED TO THE HEALTH OF ALL CHILDREN®". A search bar labeled "Search All AAP" is visible. The main content area has a blue background with the article title "What Pediatricians Need to Know About the 21st Century Cures Act Interoperability Final Rule" in white text. Below the title is a breadcrumb trail: Home / Practice Management / Health Information Technology / What Pediatricians Need to Know About the 21st Century Cures Act Interoperability Final Rule. A vertical "Provide feedback" button is on the right side of the article header.



The information below highlights what pediatricians need to know about the 21st Century Cures Act Interoperability Final Rule.

AAP Reporting Tool: Information Sharing Consequences in Pediatric Care

Information Sharing Consequences in Pediatric Care

AAP is collecting stories of real-world scenarios involving your organization or patients/families that may demonstrate unintended consequences of information sharing and/or the 21st Century Cures Act Interoperability Final Rule.

Please note that this is an information-collecting tool. This is not intended as a technical assistance/guidance request. Any follow-up from AAP will be for the purposes of clarification. If you need assistance in implementing the Cures Act Final Rule, please email your questions to CHIC@aap.org.

OK



SAHM: Policy & Position Statements



Journal of Adolescent Health 58 (2016) 374–377



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JOURNAL OF
ADOLESCENT
HEALTH

www.jahonline.org

Position paper

Confidentiality Protections for Adolescents and Young Adults
in the Health Care Billing and Insurance Claims Process



The Society for Adolescent Health and Medicine and the American Academy of Pediatrics

https://www.adolescenthealth.org/SAHM_Main/media/Advocacy/Positions/Confidentiality-Position-Statement.pdf

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SAHM: Policy & Position Statements

Journal of Adolescent Health 54 (2014) 487–490



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JOURNAL OF
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www.jahonline.org

Position paper

Recommendations for Electronic Health Record Use for Delivery of Adolescent Health Care

The Society for Adolescent Health and Medicine

<https://www.jahonline.org/article/S1054-139X%2814%2900053-6/fulltext>

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SAHM
SOCIETY FOR ADOLESCENT
HEALTH AND MEDICINE

SAHM: Policy & Position Statements



Editorial

NASPAG Position Statement • www.naspag.org



NASPAG/SAHM Statement: The 21st Century Cures Act and Adolescent Confidentiality



In 2020, the Office of the National Coordinator for Health Information Technology (ONC) issued a Final Rule to implement specific requirements of the 21st Century Cures Act. The goal of the Final Rule is to increase access, use, and exchange of electronic health information. The North American Society for Pediatric and Adolescent Gynecology (NASPAG) and the Society for Adolescent Health and Medicine (SAHM) agree that sharing health information with patients and families allows for improved medical care. We believe it is equally important to recognize the right of adolescent minors to access confidential care, which is protected to some degree in every U.S. state.^{1,2} As experts in the care of adolescents, NASPAG and SAHM are in a unique position to inform institutional policies around the release of information for this population.

information blocking. These exceptions include an “Infeasibility Exception,” as well as two others that are particularly important in the care of adolescents and the management of their health information: the “Preventing Harm Exception” and the “Privacy Exception”.⁶

Adolescent Confidentiality Background

The confidentiality of adolescents’ health information is protected by a combination of state and federal laws.⁷ Although laws vary by state, in each state, adolescent minors have the right to consent to some health care services; also, some adolescent minors are allowed to consent for all or most of their own care.⁸ For example, with regard to sexual and reproductive health care, all states allow minors to have access to screening and treatment for sexually



[https://www.adolescenthealth.org/Advocacy/Advocacy-Activities/2019-\(1\)/NASPAG-SAHM-Statement.aspx](https://www.adolescenthealth.org/Advocacy/Advocacy-Activities/2019-(1)/NASPAG-SAHM-Statement.aspx)

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State Specific Resources

DC

<https://www.networkforphl.org/resources/d-c-laws-regarding-minor-consent-to-health-care/>

Maryland

<https://www.peoples-law.org/youth-health-law>

Virginia

<https://centerforethicalpractice.org/ethical-legal-resources/virginia-legal-information/legal-opinions-rights-virginia-minors/virginia-minors-legal-rights-right-to-consent-to-treatment-access-to-disclosure-of-confidential-records-of-outpatient-treatment/>



Thank you for caring for youth.



[https://www.instagram.com/covid and beyond/](https://www.instagram.com/covid_and_beyond/)

Pediatric Health Network



pkapunan@childrensnational.org

CME

6 easy steps

to claim credit with Inova CME

Questions? Please contact us at cme@inova.org.



Six easy steps to claim credit with Inova CME



✓ CME must be claimed within **90 days** of event!

Coming up at PHN...

Next month's Grand Rounds will provide an important update on newly published STD guidelines.

In March, PHN will launch an MOC-eligible learning collaborative focusing on Adolescent Care in the Medical Home. In conjunction, we have compiled a Resource Library that will be posted along with this webinar on our website. Resources include:

- a template for your office's confidentiality policy
- educational materials about confidentiality for patients and parents/guardians

Thank you

PHN@childrensnational.org