

Patient Records and Confidentiality



WASHINGTON STATE COALITION OF
MENTAL HEALTH PROFESSIONALS AND CONSUMERS

Advocates for Ethical Mental Health Care

www.wacoalition.org

Spring 2009

Confidentiality of Patient Records in Jeopardy

Laura Groshong, LICSW, Coalition Lobbyist

There are many reasons why there are several bills pending that would impact the privacy of patient records. I thought Coalition members might be interested in the way this is evolving and the ways the Coalition is fighting to preserve privacy.

The violent deaths of several Washington citizens and two instances of multiple murders over the past year have rightly led to concern about how to protect our citizens. One of the solutions is to

allow law enforcement personnel to have total access to mental health records if a patient is charged with a violent crime (HB 1300). While the communication between law enforcement and mental health clinicians could be improved, this plan is one that could cause patients to withhold thoughts and feelings that could support the likelihood they were guilty of a violent act. As clinicians, we already have a difficult role, being in the position of determining

whether we have to report someone as a danger to others. This would increase that enforcement role.

Many mental health lobbyists have pointed out these difficulties but the enforcement mindset, fueled by the anxiety around the budget and the fact that bad economic times usually lead to an increase in violent crime, is prevailing at this point. A similar problem is the attempt to raise the right of adolescents from 13 to 18 to confidentiality (SB

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Save the Date

- SOCIAL

MAY 17 / PAGE 4
4:00 TO 6:00 P.M.

www.wacoalition.org

Coming Event

May 17
Sunday

Social

Home of
Sue Wiedenfeld
4:00 to 6:00 p.m.

736 37th Avenue
Seattle 98122
206-324-0867

See Page 4

President's Message Sue Wiedenfeld, PhD President

Dear Coalition Members,
Happy spring to all!
(Is it finally here?)

As the new administration moves forward, this will be an important time to watch for ethical issues that surely will arise as efforts evolve to streamline medical records.

Note Margaret Heldring's thoughtful article on Medical Homes, and recall Laura Groshong's article on electronic health

information and medical records in our last newsletter. Clearly, the balance between efficiency and adequate protection of records will need to be carefully monitored.

In the name of ethics, the Coalition supported and worked for the passage in 2009 of Mandatory Reporting

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5546). This move was blocked—as it has been every year for the past four years—though a new ‘surprise’ tactic had the bill presented and passed out of committee in two days instead of the usual two to four weeks. We were able to keep this bill from going to a vote in the Senate so it died in the Rules Committee.

There is confusion in our state about the way mental health clinicians help people control violent impulses, and the training and skill it takes to do so. A number of clinicians in the Regional Support Networks (RSNs) are still not licensed. Dealing with the most

disturbed and/or potentially violent people takes the most well-trained, experienced clinicians. Instead, many of these patients are being treated by new graduates with salaries that are quite low. The Coalition is working to point out the ‘penny-wise, pound foolish’ attitude behind using inexperienced clinicians to treat these patients, but since this would take increased financing of the public mental health system, the chances of success in this desperate budget crisis are very slim.

To end on a more upbeat note, it appears that the Licensed Master’s

Mental Health Clinicians (clinical social workers, mental health counselors, and marriage and family therapists) bill will pass and finally give these clinicians the legal protection of patient-therapist privilege (SB 5931). This protects records in civil court and puts the burden of need for disclosure on the court, not on the clinician to show why they should not be disclosed, as is now the case with the legal standard of confidentiality. The contradictory messages about privacy this year will need to be sorted out in a less chaotic and frantic environment than the one this Legislature is facing.

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President’s Message

(4SHB 1103) of any malpractice or unethical behavior of which any licensed clinician has direct knowledge, subject to sanctions and civil fines. Stay tuned as the Coalition watches for ways we can be involved in the support of protections to privacy and confidentiality.

In this newsletter, we are asking you to fill out a short questionnaire that will allow us to profile who we are, Coalition members. You will hear about the results in the next newsletter.

Sue Wiedenfeld
Coalition Chair



Mental Health Records and HIPAA

On January 26, Steve Feldman, PhD, JD, and Laura Groshong, LICSW, presented “Mental Health Records Revisited” in the Good Shepherd Center. It was well attended as we were reminded, once again, about important HIPAA-related issues and our records. Steve reminded us that we should make our notes assuming that others **will** read them. Steve and Laura both emphasized that we must be very careful to be HIPAA compliant if we are sending anything electronic. This includes being careful about using e-mail to set up appointments with patients or doing any kind of consultation over email. In addition, the inability to ensure confidentiality with Skype was noted.

The two-hour presentation reviewed various other legal issues such as “Who do the records really belong to?” and ways to meet legal requirements in our notes, including how the use of separate records can offer some protection. A question-and-answer period allowed attendees an opportunity to have specific questions answered.

As follow-up to this presentation, and in response to requests of those present, the Coalition is planning a nuts-and-bolts HIPAA course in the fall. This will allow all of you to get up to date with most recent requirements. Watch for more information in upcoming newsletters.

The Medical Home Model and the Role of Mental Health

by Margaret Heldring, PhD

What is a medical home? A medical home is a health care setting where individuals and families receive continuous, comprehensive health care that emphasizes prevention, addresses acute and chronic conditions, integrates behavioral health, and is provided by a multidisciplinary primary care team. A medical home is an approach to delivering primary health care through a "team partnership" that ensures health care services are provided in a high-quality, cost effective and comprehensive manner. It is a growing movement and an approach to health care delivery. It is a model that all practitioners should know about.

Medical homes, or health care homes, fundamentally are tools to improve the quality of primary care. During the last two decades, primary care has been losing

ground to almost all other medical specialties. Several metrics provide evidence: reimbursement rates, match rates for residency training, and growing use of emergency departments as primary care. Now, the American Academy of Family Medicine, the American College of Physicians (Internal Medicine), the American Academy of Pediatrics, and the American Osteopathic Association have dusted off an old idea about medical homes that originated in 1967 in pediatrics, given it new luster and updated definition, and issued a joint statement of principles about the indisputable advantages to every child, adult, and family in having such a home.

Core descriptors of the medical home approach include health care that is:

- Accessible
- Comprehensive
- Family centered

- Coordinated
- Compassionate
- Culturally effective

The medical home movement aspires to stress preventive care and to control costs in health care. Providers aim to provide the right care at the right time. The AAFP is currently running a national pilot project known as TransforMED. It also identifies six key aspects to a medical home:

- Mindful clinician-patient communication
- Patient engagement
- Provider/patient partnership
- Culturally sensitive care
- Continuous relationship
- Whole person care

Access to care includes the possibility of e-visits and assurance of same-day appointments. There is an updated emphasis on

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A medical home is an approach to delivering primary health care through a "team partnership" that ensures health care services are provided in a high-quality, cost-effective, and comprehensive manner.

In a medical home the child or youth, his or her family, primary care physician, and other health professionals develop a trusting partnership based on mutual responsibility and respect for each other's expertise. Partners share complete information with each other.

Together, families, health care professionals, and community service providers identify and access all medical and non-medical services needed to help the child and family.

Medical homes are especially important for children with special health-care needs and their families. However, all children and adults benefit from coordinated, family-centered care.

Supported by:

Washington State Department of Health, Children with Special Health Care Needs Program

Washington State Medical Home Leadership Network

US Maternal and Child Health Bureau, Division of Services for Children with Special Health Needs

National Center of Medical Home Initiatives for Children with Special Health Care Needs

Learn more at
<http://www.medicalhome.org/>

Social

The Washington State **Coalition of Mental Health Professionals and Consumers** invites **YOU!!**

Coalition Social

Sunday, May 17

4:00 to 6:00 p.m.

Home of Sue Wiedenfeld

Coalition Chair

736 37th Avenue

Seattle, WA 98122

206-324-0867



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Medical Homes

practice management that ranges from physical design of the home to substantially greater use of health information technology. Medical homes integrate some principles of public health as their mission involves population management and wellness promotion. It seems a new iteration of community-oriented primary care where the health of the community as well as the health of individuals and families is seen as part of the mission. Acute and chronic health services,

quality and safety, evidence-based practice, and provider leadership are features of medical homes.

Where does behavioral and mental health fit? And why is this important?

We know that the primary health-care system, as it were, is the first line mental and behavioral system in the U.S. Comprehensive care, whole-person care, coordination—each of these principles points to the need to meet the mental and behavioral care needs of patients and families. Medical homes understand

this. They recognize that prevention and wellness promotion require attention to the lifestyle and social determinants of health. Therefore, the good news is that the understanding and commitment are written into the principles and aspirations. What is less clear is who provides these services, how, and when.

Medical homes clearly have a commitment to continuity, culture, quality, community, and comprehensive care. There is growing support for this movement, and it stands to become a cornerstone of a reformed health-care

delivery system. It advocates a basket of services that includes behavioral health and a team approach to prevention and care. This is a good time for the mental and behavioral health community to learn about this movement and work together to help shape the aspects of it where we have expertise.

For a brief overview, see
<http://www.aafp.org/fpm/20070900/38them.html>

WHO ARE WE???

We are already well into 2009, a year of changes for so many of us. In fact, the word "change" itself is used so much these days that it has become almost cliché (along with "downturn," "recession," "buy-out," and "stimulus package"). Most of us would be hard pressed to find something that hasn't changed, is about to change, or should be changed. One thing that hasn't changed is the Coalition's commitment to supporting mental health practitioners and consumers in our community. Since 1994 the Coalition has dedicated its efforts to rights of privacy, confidentiality, choice of provider, and many other issues that impact the quality of psychotherapy.

The Coalition continues to work toward a health-care system in which mental-health benefits are a vital component. In support of our mission, the Coalition is politically active, with a strong voice (and ears) in Olympia and beyond.

What has (or may be) changing are the interests and needs of our membership.

Our membership represents a broad range of professional disciplines and specialties at various stages in their careers.

We'd like to get a better idea of who you are and how to best meet your needs.

Please take a few minutes to complete the enclosed survey (we've kept it as short as possible). Feel free to add additional

comments/suggestions as you see fit. We will collect, summarize, and **provide you with the results in an upcoming newsletter.** We will also plan a meeting early summer (see social details on page 4) to see what is most important to you as a clinician and Coalition member. We would love to hear what "change" you would like to see in our future.

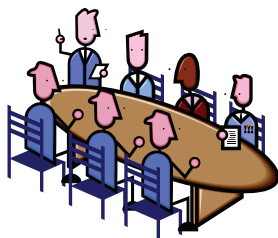
Come to the meeting/ social, and we will have a relaxing visit by the fire (if it is still cold) or visit on the deck (if we finally have spring/summer!).



Join the Coalition
Dues

Member	\$65
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Organization	\$125

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Who Ya Gonna Call !?!?!?!?

Coalition Helpline:
206-444-4304

Who's My Legislator:
1-800-448-4881
(State and Federal)

Legislative Hotline:
1-100-562-6000

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- ~~~~~
- Laura Groshong, Lobbyist.....206-524-3690

IF YOU ARE NOT GETTING E-MAILS ABOUT OUR EVENTS, please E-mail us with your **CURRENT E-mail address:** wacoalition@verizon.net. This is the best way to get Coalition news.

The Coalition of Mental Health
Professionals and Consumers
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Seattle, WA 98113-2087

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