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At Valley Hope we support the principles of 42 CFR Part 2 and the protections it affords current and future chemically dependent patients. Valley Hope also supports the participation of the chemical dependency treatment field in the emerging national system of electronic health information exchange. We believe that both results are achievable. An example of how both results can be achieved has been provided by The Software and Technology Vendors Association (SATVA at satva.org).

The SATVA initiative partly consists of developing a standardized electronic consent directive. When implemented this electronic consent mechanism will function within the framework intended for electronic HIE without additional burdens. Fully implemented it will have the ability to comply with not only 42CFR Part 2 but any other state or federal regulation applicable to privacy or confidentiality as well. The success of this initiative depends on national acceptance of a standardized consent directive that can be communicated electronically.

The National Association of Addiction Treatment Providers (NAATP) as well as the Mental Health Corporations of America (MHCA) are trade organizations representing and supporting the behavioral healthcare community and both of these organizations have publicly supported the need for a standardized electronic consent.

It is my belief that failure to adopt a national standard for electronic consent will result in years of chaos for those of us who provide addiction treatment. Our programs will suffer, but not as much as the addicted persons we serve.

If you would like to learn more, please go to the SATVA web site at satva.org. I hope you do. It matters.



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In growth industries you have to work overtime to kill business. In a mature industry, such as behavioral healthcare, effective customer service is defined by a business that is growing. If your organization isn't growing than you can start growing it by improving customer service. This isn't some theory!

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What People are Saying about WinPIMS "The Origins organization searched far and wide for a web-based EHR platform that would meet our needs and scale with the fast growth we are experiencing. After exhaustive due diligence, Valley Hope's WINPIMS software was the clear winner. WINPIMS was built by CD people for CD people - it accounts for the documentative nuances of chemical dependency treatment in a way only custom-built software can. More efficient charting has translated into increased time between our therapists and patients and improved continuity through information-sharing across our medical and clinical disciplines. Origins proudly trusts WINPIMS with our patient data."

Benjamin A. Levenson
Chief Executive Officer
Origins Recovery Centers
www.originsrecovery.com



I purchased software from Valley Hope to use in the two chemical dependency treatment centers I own in Minnesota. Valley Hope sent a team to our facilities to train the staff on how to use the system. It is so wonderfully efficient to have progress notes, treatment plans, discharge summaries, intakes—everything our counselors need to chart on clients in one system. Another perk is that we have Valley Hope take care of the accounts receivables from insurance companies. This has proven to benefit my company as Valley Hope Staff helped pull my company out of a financial crisis. In a nutshell utilizing the services of Valley Hope is one of the best investments I have made as a business owner. I highly recommend their software & other value added services to anyone in the chemical dependency treatment field.
Susan Tostevin
Chief Executive Officer
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The Short End of the Stick

John Leipold
Executive Vice President / COO, Valley Hope Association
Chair, Software and Technology Vendors Association



Electronically sharing health information is coming. For those of us in addictions treatment this has great implications. State and federal initiatives promoting electronic interoperability of health information affect us directly. This is especially true for those of us providing addiction treatment where privacy and confidentiality for covered programs is regulated by a federal law known as 42 CFR Part 2.

The privacy and confidentiality protections and the restrictions on sharing patient data articulated in 42 CFR Part 2 are critical to ensuring addicted persons are willing to seek help for their disease. Without the assurances of privacy and confidentiality, addicted persons just won't seek treatment. The addicted persons we serve through our treatment programs will once again get the short end of the stick if sharing electronic health information undermines these protections. It could happen.

There is no current standard for electronically exchanging 42 CFR Part 2 protected health information. Health information exchanges that already exist are finding it difficult to comply with the requirements of 42 CFR Part 2. Some exchanges are treating 42 CFR Part 2 as if it permits electronic disclosure without patient consent. Other exchanges are asserting it is too difficult to comply with 42 CFR Part 2 and are excluding addiction treatment from their networks. Either way, addicted persons lose.

Regional Health Information Organizations (RHIOs) and other health information networks are emerging all over the country. While these health information exchanges (HIE) are largely focused on publically funded healthcare for now, there is no doubt the day is coming when participating in electronic health information exchange will become a requirement to participate in health care at all.

Addiction treatment providers need to participate because sharing patient information will improve health outcomes. We just need to do it in full compliance with the privacy and confidentiality requirements of 42 CFR Part 2. It is therefore critical to demonstrate a 42 CFR Part 2 compliant methodology for sharing records electronically.

Addressing the 42 CFR Part 2 requirements for electronic health information exchange requires an integrated electronic mechanism running on health information networks that communicates the required consents and notices and manages the disclosure limitations of 42 CFR Part 2. This would result in electronic HIE fully compliant with 42 CFR Part 2. Such a privacy mechanism would not only protect addiction treatment patients' privacy and confidentiality but this mechanism could also fully enable immediate "break the glass" access to health information in emergency circumstances. Continued pg 2.....