VIEWPOINT

Coordinating care

Minnesota is one of the best states for health care in the country. However, we are lax in one area in particular—coordinating care, in particular the transfer of data from one physician/clinic/hospital to another. And the reason for this is a Minnesota law.

Currently, we are one of only two states with health privacy laws that are not aligned with the Health Insurance Portability and Accountability Act (HIPAA). Passed by Congress in 1996, HIPAA was designed to protect patient privacy while allowing the limited sharing of health data by physicians and other providers to ensure the efficient and safe provision of care. HIPAA also supports the levying of fines and even criminal charges if private health information is not appropriately protected.

Clearly, physicians must obtain patient consent prior to providing treatment. This is a good thing because it gives patients the right to control their health decisions. However, the Minnesota law that prohibits the sharing of patient data for accepted health operations without patient consent is making it very difficult to provide the best, most efficient care for that patient and to do so in a coordinated fashion.

Here’s an example of how the current law is causing problems: Let’s say a primary care physician refers a patient for psychiatric care and the psychiatrist prescribes medication. If the patient does not share that information with his or her primary care doctor, the physician won’t know if there any potential harmful drug interactions.

If Minnesota made clinically relevant health information easier to share with a patient’s other physicians and providers, this would not happen. We can do a much better job sharing data while safeguarding a patient’s privacy. Patients already expect that we do this. They believe that the care they receive from one physician will be shared with their primary physician. Unfortunately, that’s not the case.

Lawmakers need to change Minnesota law so it aligns with federal HIPAA requirements. This will improve the ability of Minnesota physicians to provide coordinated patient care and ultimately achieve the Triple Aim.

The MMA is working closely with the Minnesota Hospital Association and the Minnesota Council of Health Plans to make this happen. If we are going to effectively adopt innovative health care delivery models such as medical homes, accountable care organizations and total cost of care structures, we need to be able to share data more efficiently while carefully guarding patient privacy.

You might expect this confusion and duplicative efforts in other parts of the country. But this is Minnesota, where we are continually the vanguard for health care reform, quality and patient safety. It’s time we fix the data privacy law so that we can coordinate care optimally.