HealthShare Exchange

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Coroner/Medical Examiner's Office Use Case

Version	Approval Date	Owner
1.0	November 22, 2021	Don Reed

1. Purpose

Greater Philadelphia is home to a variety of healthcare providers including several premier universities, academic medical centers, community hospitals, large provider organizations, community health centers, Federally Qualified Health Centers, and others who contribute and share data in the course of serving over 12 million patients in our region. The data in HSX's Clinical Data Repository (CDR) represents a valuable asset that can inform the activities of Medical Examiners/Coroners, Death Investigators, and others in Medical Examiners' Offices engaged in reviewing deaths of patients in our region.

Coroners/Medical Examiners have expressed interest in access to data from HSX on decedents residing or expiring within their jurisdiction. They frequently must obtain medical records from healthcare providers to inform their death investigations, autopsies, and judgements about cause of death. Some decedents' healthcare providers may be unknown, and others may have records at multiple providers making record collection time-consuming and inefficient. While healthcare providers generally comply with coroners' record requests, they may obtain sufficient information for their purposes faster through HSX as a single source.

This use case outlines the scope of activities and the permissible uses of the data consistent with the HIPAA Privacy Rule (i.e., 164.512(g)) and other Applicable Law.

2. Scope

- Unless permitted or required by Applicable Law, only a Public Health Authority that has entered into a legally compliant agreement with HSX may be granted access to HSX's Clinical Data Repository (CDR) Data for coroner activities.

- Some coroner activities may also be public health activities covered by the Public Health Population Health Use Case.
- Patient consent is not required for the provision of HSX Data for purposes of this Use Case. However, a patient's consent generally controls dependent upon if a proper consent has been obtained, specifically stating what Data can be used/shared and for what purpose.
- In accordance with HSX policy, notwithstanding the foregoing bullet point, if a patient previously has Opted out of the HSX CDR, the Data will not be shared (unless and until the patient's personal representative should Opt back-in) unless the provision of such Data is required by Applicable Law regardless of such Opt-out.
- HSX staff will encrypt all transmissions of Personal Health Information ("PHI") in accordance with the Secretary's Guidance to Render Unsecure Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals (See Reference #6), and encryption shall be maintained throughout all storage and transmission processes.

Exceptions to the type of Data available through the use case is as follows:

- **Opt-out patients**- There shall be no access to or use of Data of patients who have opted out of HSX, except when Data is De-Identified or if required by Applicable Law regardless of such Opt-out.
- **Data Source Limitations-** Only Data from sources (i.e., Participants) that have not opted out of this Use Case will be used.
- **Part 2 Program Data** –Access to Data that is patient identifying information originating from a Part 2 program (as defined in 42 CFR Part 2) may be provided only with the patient's/representative's consent which complies with Part 2 and state law, or otherwise pursuant to an exception(s) under Part 2 and applicable state and federal laws which allows such Data to be accessed without consent.
- **Access to Data that contains "HIV-Related Information"** (as defined in 35 P.S. 7601 et seq.)**:** HIV-Related Information may be permitted only with a patient/representative signed consent which complies with state law, or otherwise pursuant to an exception(s) under state law which allows such Data to be accessed without such consent.

3. Policy

- Data provided for this use case may be used for the following purposes:
    - Identifying a deceased person
    - Informing a decision about whether to perform an autopsy
    - Informing a pathologist's decision about contributing factors to a cause of death
    - Identifying a decedent's next of kin
    - Identifying healthcare providers involved in a decedent's care
    - Conducting mortality reviews of related cases (e.g., child death review, maternal deaths, firearm fatalities)
    - Other duties as authorized by law
- When a Coroner/Medical Examiner's Office accesses Data, it is required to warrant that their environment is HIPAA compliant.
- Data provided **CANNOT** be used or provided to a third party for comparative ranking, provider or health plan benchmarking, tiering or steering. In addition, Data **CANNOT** be used for market analysis.
- HSX shall determine the fees charged for Coroner/Medical Examiner's Offices to access the data.

4. Technology Mechanisms

- From a privacy and security perspective, the mechanisms for Data sharing that HSX employs shall comply with the parameters set forth in the Scope and Policy sections of this use case.
- The primary means of accessing data on decedents will be end user direct access to the HSX CDR with lookup capability.
- Use by the Coroner/Medical Examiner's Office will be subject to all the standard user controls and auditing for security/privacy purposes to restrict access and monitor for appropriate usage.
- Data from HSX data-contributing members who opt out of this use case will be filtered at the data source level.

5. Enforcement

- In the event that HSX or an HSX Participant identifies that a Coroner/Medical Examiner's Office is misusing the Data, HSX shall follow the procedure outlined in the HSX Data Misuse Policy. HSX monitors the use of Data in accordance with the Audit and Monitoring Policy.
- HSX's Chief Security Officer and Chief Privacy Officer are responsible for ensuring compliance with this use case under the direction of the HSX President.

6. Definitions

For a complete list of definitions, refer to the *Glossary*.

7. References

Regulatory References:

1. HIPAA Privacy Rule [45 CFR 164.514]
2. Office for Civil Rights. Guidance Regarding Methods for De-Identification of Protected Health Information in Accordance with Health Insurance Portability and Accountability (HIPAA) Privacy Rule (2012). https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/coveredentities/De-identification/hhs_deid_guidance.pdf
3. U.S. Department of Health and Human Services. Guidance to Render Unsecured Protected Health Information Unusable, Unreadable or Indecipherable to Unauthorized Individuals. https://www.hhs.gov/hipaa/for-professionals/breach-notification/guidance/index.html
4. U.S. Department of Health and Human Services. Understanding Some of HIPAA's Permitted Uses and Disclosures https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/permitted-uses/index.html
5. The Office of the National Coordinator for Health Information Technology. Permitted Uses and Disclosures: Exchange for Health Care Operations 45 Code of Federal Regulations (CFR) 164.506(c)(4) https://www.hhs.gov/sites/default/files/exchange_health_care_ops.pdf
6. The Office of the National Coordinator for Health Information Technology. Permitted Uses and Disclosures: Exchange for Treatment 45 Code of Federal

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Regulations (CFR) 164.506(c)(2)
https://www.hhs.gov/sites/default/files/exchange_treatment.pdf

Policy Owner	Privacy Officer	**Contact**	Don.reed@healthshareexchange.org
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Related Documents	Audit Logging and Monitoring Policy Data Misuse Policy Glossary Public Health Population Health Use Case Use Case Governance		