



CurrentCare Integration Overview

April 2025



Agenda

- **Overview of Transition**
- **Transition Timeline**
- **Product Overview**
- **Data Sharing**
- **Questions**



Upcoming Changes

New Legislation

- Consent model changes from Opt-in to Opt-out of data sharing. All patients will be opted in unless they choose to opt out.
 - If a patient opts out of data sharing, healthcare providers cannot view or receive their encounter information via CurrentCare, with a few exceptions.
- Substance Use Treatment Data covered under Federal Regulation 42 CFR "Part 2" will have a separate Opt-in consent form.

New HIE Technology Vendor

- **CRISP Shared Services (CSS)** provides technical infrastructure for RI's Health Information Exchange (HIE), CurrentCare.
 - HIEs that CSS serves: MD, WV, DC, VA, CT, AK, FL, IA, DE, USVI, and SC
- **RI Quality Institute (RIQI)** RIQI will remain the State Regional Health Information Organization (RHIO) and provide operational support for CurrentCare.



Transition Timeline

- **Current:** Establishing data sharing partner integrations with CSS
- **February through April:** CurrentCare user organization onboarding & training
- **April 2025:**
 - April 1st: Go-live of new HIE technology and opt-out consent model
 - April 30th: Sunsetting of current HIE technology, including existing tools and services
- Visit: [**CurrentCareRI.org/Transition**](https://CurrentCareRI.org/Transition)



Product Overview

- High-level list of services
- CurrentCareRI.org/Services



CurrentCare

CurrentCare is the Health Information Exchange (HIE) for the state of Rhode Island.

Care teams see their patient's **Clinical Data**:

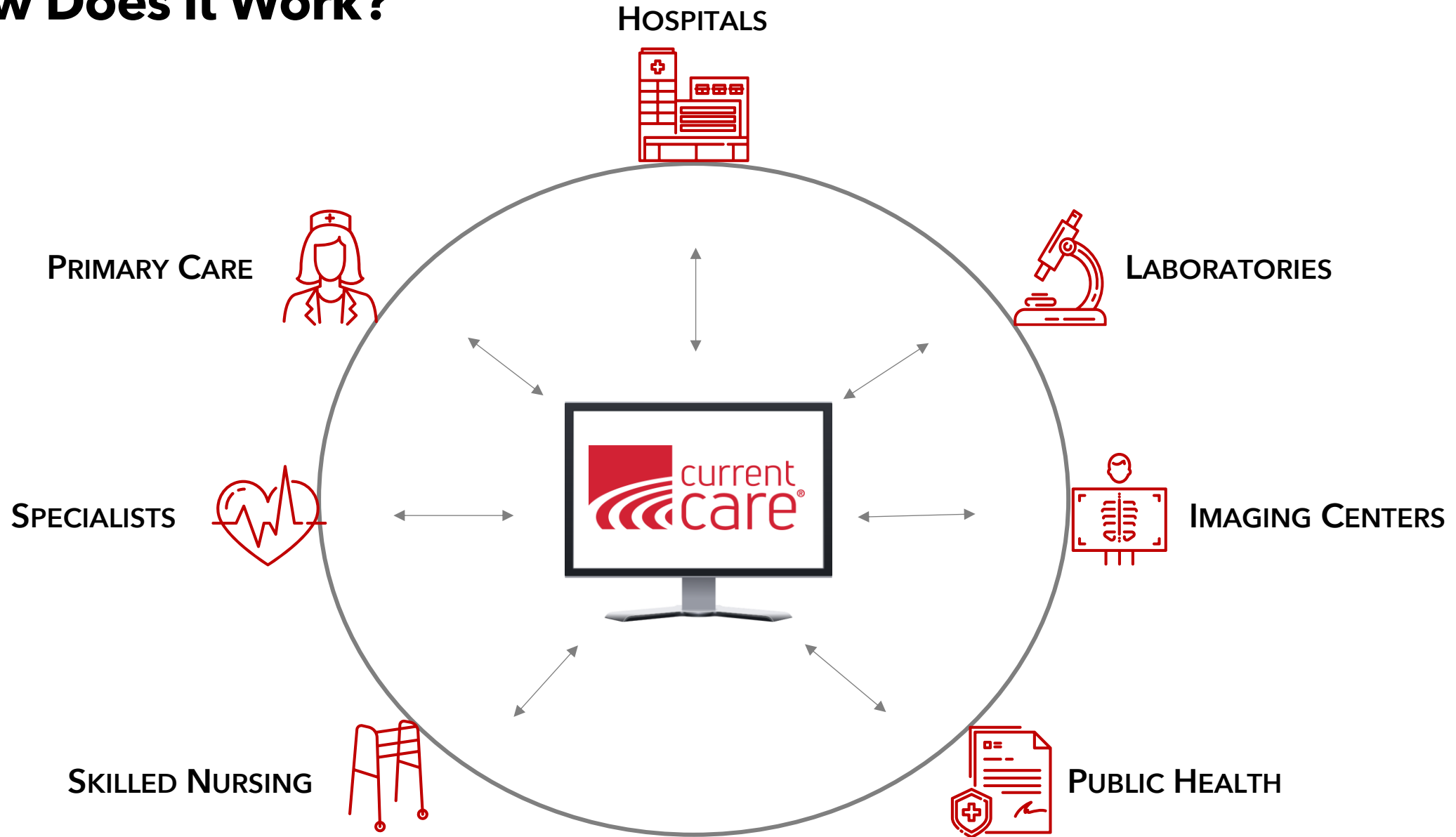
- Lab & Imaging
 - Hospital Encounters
 - Meds, problems, allergies, immunizations
 - Summary documents
- ... all in one secure place

Benefits:

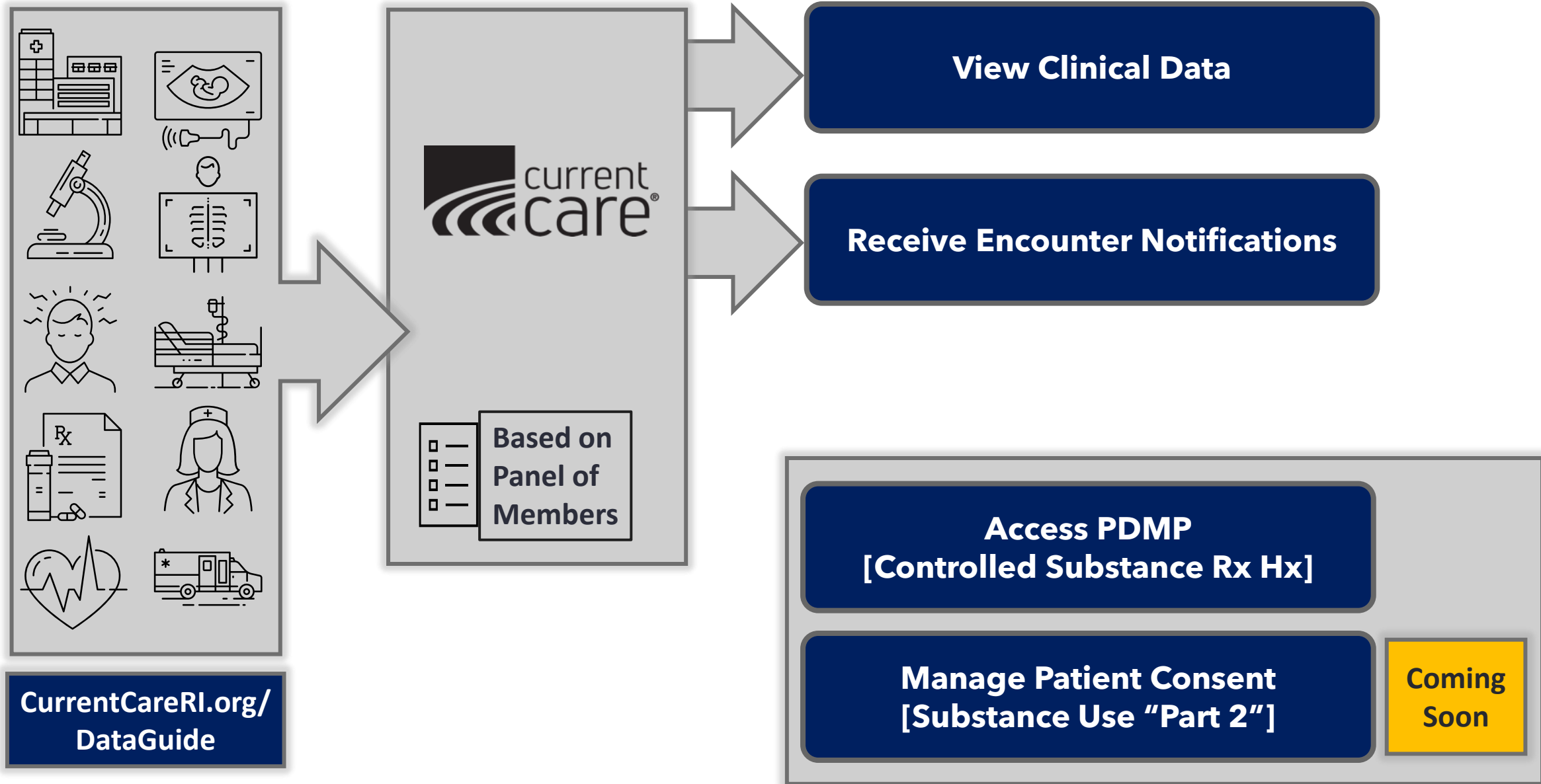
- Improve patient care
 - Save staff time
 - Better care coordination
 - Reduce readmissions
- ... and more!



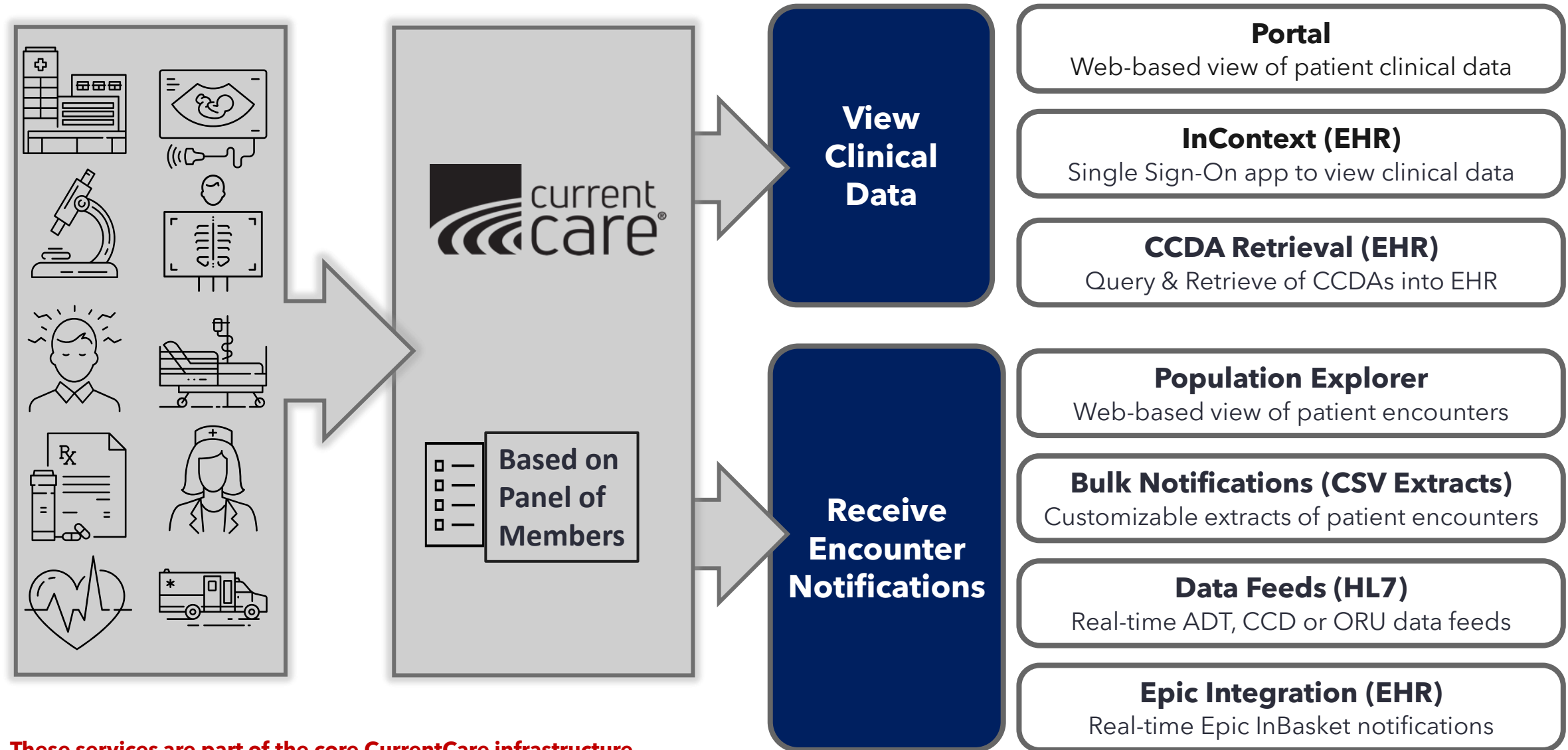
How Does it Work?



CurrentCare Services



CurrentCare Services



**These services are part of the core CurrentCare infrastructure.
CurrentCare does not charge one-time or ongoing fees for these services.**

Data Sharing

- **Regulations**
- **Data Types**
- **Next Steps**



Data Sharing (Overview)

Data Types

- **CCDA** (HL7)- (Continuity of Care Documents – Structured Documents)
 - Document about each episode of care, containing data: meds, problems, allergies, etc.
 - Typically excludes clinical notes
- **ADTs** (HL7)- (Encounters – Admit, Discharge, Transfer)
 - If possible, a notification that an encounter occurred
 - Can be used to create a panel of members/clients
- **ORUs** (HL7):
 - Laboratory
 - Radiology
 - Clinical Notes
- **Part 2 Data**
 - Discuss with organization whether they have & will send substance use disorder (SUD) data, covered under 42 CFR Part 2 (multiple options available)

Preferred Connectivity

- HL7 recommendation for is VPN
- CCDA recommendation is generally HTTPS for majority of EHRs (other options available)

Agreements must be executed before deployment to production.

Data Sharing Partner Requirements (Technical)

Connectivity & Planning

- **Certificates** (For HTTPS)
 - **PnR:** Organization to provide a Certificate Signing Request (CSR) to enable TLS connectivity
 - **QnR:** Able to utilize the same certs
- **VPN form** required for VPN Connectivity (RIQI/CSS to provide)
- **Questionnaires**
 - CSS to provide HL7 questionnaire for Organization to complete
- **Samples** are required for each interface

Interface Build & Validation

- Integrations Team is Agile based, works in two-week sprints
- Timing - Expect 3-6 weeks

Deployment to Production

- Enable Production interfaces
- Monitor, transition to CSS Interface Support

Data Sharing Partner Requirements (Regulations)

- When entering into a treating relationship with a provider participant or no later than six (6) months after a provider begins submitting records to the HIE, individuals will be clearly informed of their opportunity to opt-out in a distinct written document, whether paper, electronic, or web-based. The notification may be contained within a document detailing other privacy practices, but the HIE shall be specifically discussed. The notification shall include an explanation that due to his or her provider's participation in the HIE, at a minimum, their protected health information may be disclosed to:
 - a. Health care providers that care for them in emergencies, on a temporary basis;
 - b. Public health authorities in the process of carrying out their functions, pursuant to R.I. Gen. Laws § 5-37.7-7(b)(2); and
 - c. Health plans where information is necessary for care management, quality, and performance measure reporting
- Individuals shall be notified by provider participants of their opportunity to opt-out of participation in the HIE a minimum of sixty (60) days prior to optout policies going into effect ("go live"). This notification shall include all components specified in § 6.3.1(A)(3) of this Part, as well as clearly outline the methods available to complete an opt-out form as specified in § 6.5.1(A)(4) of this Part.
- RI.gov website to access HIE Regulations: <https://rules.sos.ri.gov/regulations/part/216-10-10-6>

*More information about the HIE state regulations can be found at:

CurrentCareRI.org/providers (see Requirements & FAQs)

Next Steps



Next Steps & Questions

Next Steps

- RIQI to send legal agreements
- Organization to decide if they want to participate in sharing data with CurrentCare. If yes:
 - Sign and return agreements
 - Begin connectivity and requirements gathering with CSS
 - Review the new RI state regulations pertaining to opt-out Data Sharing Partner provider requirements (CurrentCareRI.org/Providers)
 - Begin internal discussions how to notify individuals of their opportunity to opt-out of HIE a minimum of 60 days prior to go-live
 - Example: Update Notice of Privacy Practices (NPP)

Questions?



thank you