



Patient Privacy and Confidentiality:
A Survey of Healthcare Providers in
Oregon



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Overview

Patient privacy and confidentiality is a fundamental principle underlying the delivery of health care. Sensitive health information may be inadvertently disclosed to a parent/guardian or partner through billing communication (i.e. an explanation of benefits), clinic workflows (i.e. appointment reminders), and electronic health information exchanges (i.e. online patient portals). Minors and other dependents may not seek care for reproductive health, STI/STD testing and treatment, behavioral health concerns, or domestic violence due to their sensitive nature or fear of stigma, physical endangerment, or trauma. Minors are also less likely to disclose risky health behaviors if they do not believe the information will be kept confidential.¹

The Oregon Health Authority (OHA), Public Health Division administered an online survey to healthcare providers across the state to better understand the impact of patient confidentiality concerns on provider practice and policies and practices in place to strengthen confidentiality protections.

Methods

The survey was developed by OHA staff across Public Health, Addictions and Mental Health, the Director's Office, and Health Analytics and administered online via Survey Monkey (Appendix A). The survey was a maximum of 16 questions and gathered information on provider demographics, practice type, confidentiality and billing practices, electronic health record (EHR) functionality, and clinic policies and processes related to confidentiality protections. For the purposes of this survey, no specific set of services were used to define confidential services. The survey focused on provider practices, processes and policies regarding any information a patient may want to keep confidential.

We used a snowball sampling method that targeted provider listservs, partner organizations, and professional organizations to reach a broad range of health care providers in Oregon. The survey was open between April 20 and May 2, 2015.

Results

There were 221 respondents to the survey.

Respondent demographics:

Respondent roles: Thirty-six percent (36%) of respondents identified as an Administrator/Director/Manager, 28% identified as a physician, 13% identified as other clinical staff (e.g. RN, MA), 11% identified as another type of clinician (e.g. PA, NP, CNM), 6% identified as clinic support staff (e.g. biller, front office), 5% identified as another service provider (e.g. health educator, social worker). The remaining 13% identified themselves in an 'other' role,

¹ Lehrer JA, Pantell R, Tebb K, et al. Forgone health care among US adolescents: Associations between risk characteristics and confidentiality concern. *Journal of Adolescent Health*, 2007, 40: 218e26.

including, but not limited to, care coordinator/manager, mental health therapist, and operations/privacy officer.

Service setting:

Service Setting Type (n=195)	Frequency
Private clinic	28%
Local county health department	17%
Federally qualified health center (FQHC)	16%
School-based health center (SBHC)	14%
Other	14%
Hospital system	13%
Behavioral health clinic	10%
Non-profit clinic (e.g. Planned Parenthood)	8%
University health center	5%

Other responses included residential treatment facilities, Coordinated Care Organizations (CCOs), and school settings not affiliated with SBHCs.

Services provided: Most respondents (68%) indicated their health center/practice provides primary care services and 56% indicated they provide mental health services. Additional services provided by respondents' health centers/practices include: reproductive/sexual health (46%), substance use/abuse counseling and treatment (24%), and dental health (15%). An additional 19% of respondents indicated providing a range of other services, including public health services (e.g. maternity case management, communicable disease, and immunizations), care coordination/management, emergency medical services, social services, and others.

Populations served: The majority of respondents (63%) reported that their health center/practice serves both children and youth under 18 years of age and adults 18 years of age and older. Twenty-three percent (23%) reported serving only children and youth under 18 years of age, and 14% reported serving only adults 18 years of age and older.

Confidentiality and billing:

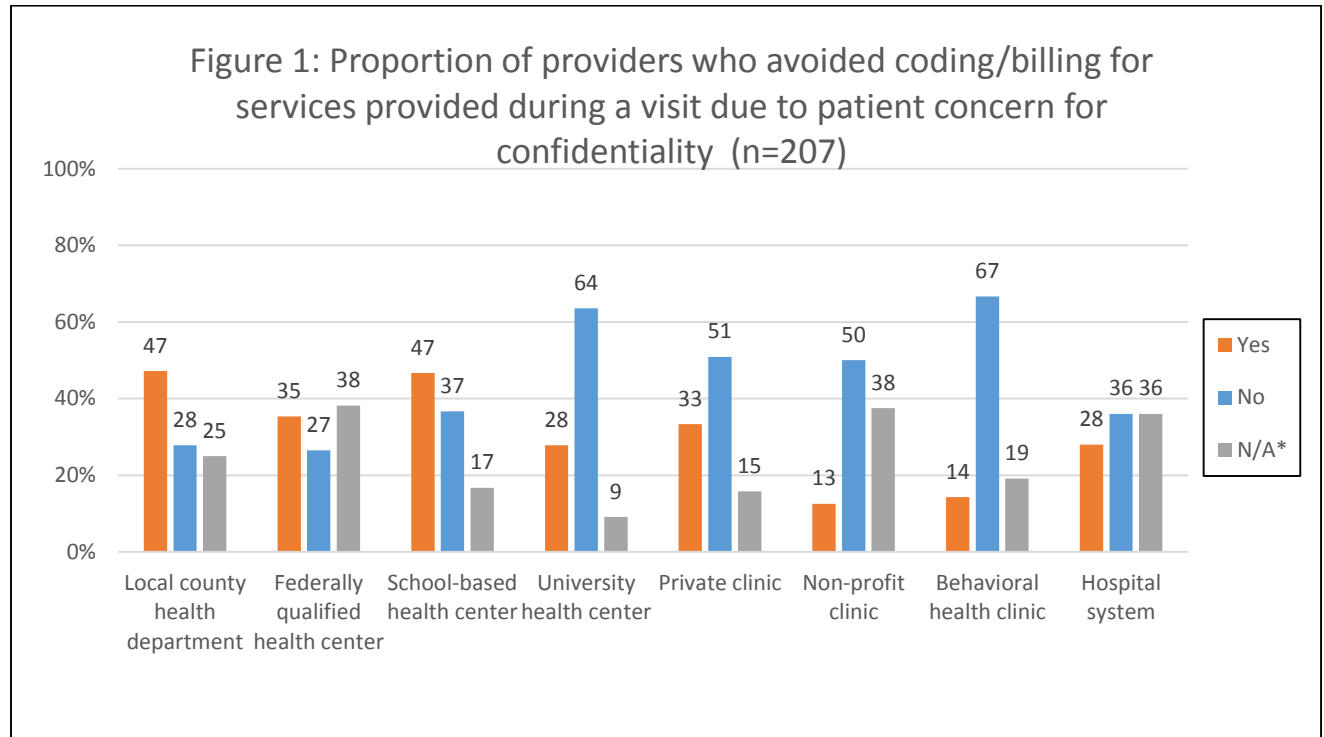
Respondents were asked how a patient's concern for confidentiality impacts their clinical and billing practices.

Nearly one-third (32%) of respondents reported redirecting care to another provider or setting (i.e. a local public health department or Planned Parenthood) due to patient concerns about confidentiality.

Among respondents responsible for billing/coding clinic visits, 38% reported avoiding coding and/or billing for services provided during a visit due to patient concerns about confidentiality.

Forty-one percent (41%) of respondents reported a financial impact on their health center/practice because they cannot or do not bill a patient’s insurance (either commercial or Oregon Health Plan [OHP]) for services a patient wants to be kept confidential.

Compared to other service settings, more respondents from SBHCs and local county health departments reported avoiding coding and/or billing for services provided during a visit due to patient concerns about confidentiality. See Figure 1 below for responses across all service settings.



*'Not applicable' (N/A) represents those respondents who are not responsible for coding or billing.

More respondents from SBHCs (30%) and local county health departments (27%) reported a major financial impact on their health center/practice due to not billing a patient's insurance (commercial or OHP) for services deemed confidential, compared to other service settings which ranged from 4%-19%. (n=189)

Avoiding coding or billing for a service deemed confidential was more common among providers serving children and youth under 18, compared to provider who serve primarily adults. (n=207)

- Forty-two percent (42%) of respondents from service settings that primarily serve children and youth under 18 years of age reported avoiding billing and coding for services compared to 30% of providers who serve both children and youth under 18 and adults and 8% of respondents serving primarily adults 18 and over.

Respondents reported the following when asked how their health center/practice handles bills for patients' outstanding charges for services deemed confidential by the patient (n=187):

- Forty-two percent (42%) reported they did not know how their health center/practice handles billing for this situation
- Sixteen percent (16%) stated that their billing processes for outstanding charges were the same, regardless of need for confidentiality;
- Twelve percent (12%) indicated having a modified billing process for services deemed confidential by the patient;
- Twenty-three percent (23%) indicated they do not send bills for outstanding charges for confidential services;
- Seven percent (7%) reported other. Other responses included handling the bill on a case-by-case basis and requesting that the patient pay out of pocket for the service.

More respondents from local county health departments and SBHCs (67% and 50%, respectively) reported they do not send bills to patients for outstanding charges for confidential services rendered compared to other service settings, which ranged from 0% in hospital systems to 38% in federally qualified health centers.

Electronic health record (EHR) functionality

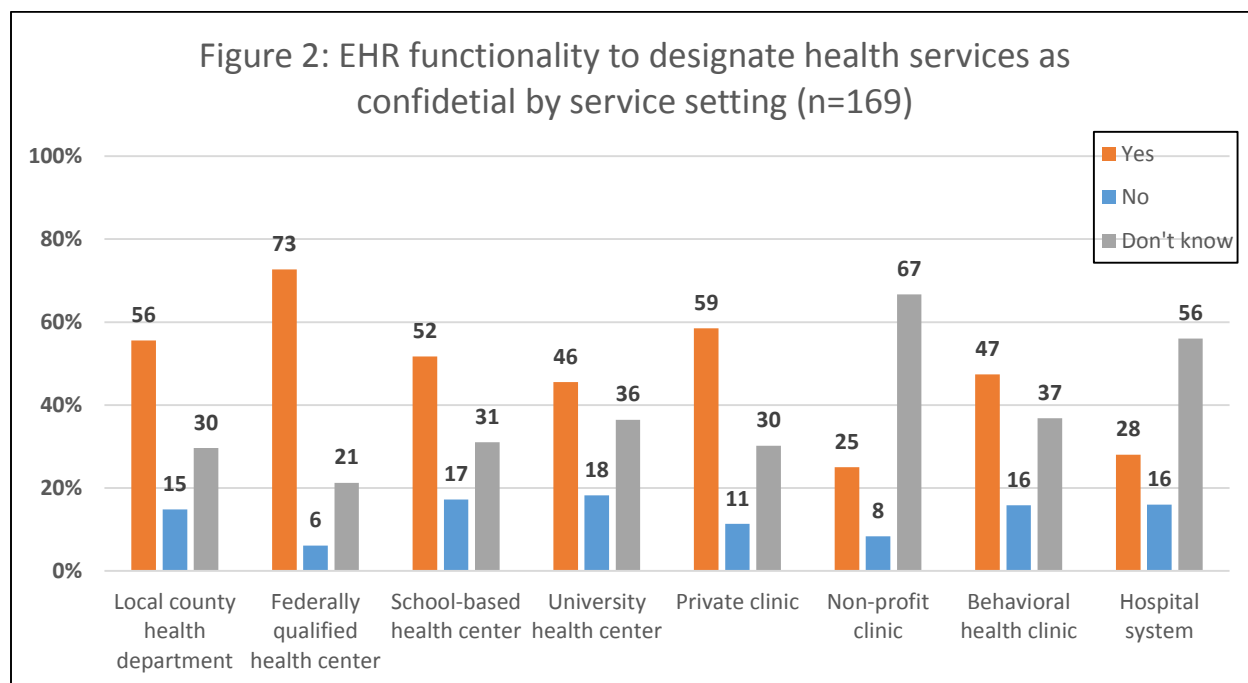
The vast majority (89%) of survey respondents indicated having an EHR in place. The remaining respondents were either in the process of adopting an EHR (4%) or did not have an EHR (7%).

Flagging confidential information: The ability to designate sensitive information in an EHR as confidential is one way to strengthen confidentiality protections for patients. Survey respondents with EHRs in place were asked whether their system has the functionality to designate some or all of the following as confidential: problems, medications, visit notes, laboratory and radiology results, genetic testing and social and family history. Among respondents with an EHR in place (n=169):

- Nearly half (48%) stated their EHR system did have the functionality to designate these items as confidential.
- Fourteen percent (14%) stated their EHR did not have the functionality to designate any of the items as confidential.
- Approximately 38% of respondents did not know if their EHR had this type of functionality.

The extent to which providers could flag certain pieces of the medical record varied. Some respondents noted being able to mark the entire chart or patient as "confidential," while others noted they could flag specific visit notes as confidential. Some respondents noted specific functions such as 999C "confidential workflow" and "break the glass" functionality that can be placed on certain visit types to indicate a confidential visit.

More respondents from FQHCs (73%) reported their EHR has functionality to designate certain health services as confidential, compared to other service settings which ranged from 28% in a hospital system to 58% in a private clinic (see Figure 2 below).



Proxy access: Providing or limiting proxy access to a patient’s chart is another way to protect sensitive health information, particularly for adolescent patients. For example, some EHRs allow adolescents aged 13-17 years full access to their chart, with parents/guardians able to view only non-confidential information. Among respondents with an EHR system in place:

- Approximately 32% of respondents reported their EHR did allow for different levels of access to information for parents and adolescents.
- One-fifth (21%) reported their EHR did not allow for patient proxies.
- Nearly half (48%) did not know if their EHR allowed for patient proxies.

Having EHR functionality that allows for different levels of proxy access was more common among respondents in service settings that primarily serve children and youth under 18.

- Forty-one percent (41%) of respondents from service settings that served primarily children and youth under 18 years of age reported having an EHR that allows for different levels of access to information for parents and adolescents, compared to:
 - Thirty-two percent (32%) of respondents who serve both children/youth under 18 years of age and adults and,
 - Nineteen percent (19%) of respondents who serve primarily adults 18 years of age and older.

Several survey respondents noted that they have “turned off” the patient proxy function in their EHR because it is “too difficult to control access without turning off access to parents who want to be able to request refills and/or email questions”.

Flagging confidential information across providers: Being able to share patient information across multiple care providers is critical for coordination of care. However, provider-to-provider information sharing may also result in inadvertent breaches in patient confidentiality.

Respondents were asked if their EHR is able to flag confidential information when sharing patient information across providers. Among respondents with an EHR system in place (n=180):

- Approximately 32% reported their EHR has the functionality to ensure confidential information is flagged when sharing across providers.
- Fifteen percent (15%) reported their EHR could not flag information as confidential when sharing across providers.
- Over half (53%) did not know if their EHR had this type of functionality.

Many survey respondents noted that the ability to indicate patient information as confidential depended on the type of provider the information was being shared with, and the type of EHR system used by that provider. Some respondents indicated the ability to grant permission to view patient information by role, while others were only able to identify the chart as confidential but not limit what information is shared.

Clinic policies and workflows related to confidentiality

Respondents were asked how a patient’s request for confidential services was documented. Over half (57%) stated the request was indicated in the EHR/EMR; 8% recorded the request via paper in the medical file and 2% reported maintaining a separate file. Nearly one-quarter (23%) did not know how a patient’s request for confidential services was documented.

The vast majority of survey respondents indicated having some clinic workflows in place to assure confidentiality as it related to patient communication and billing practice. The most commonly identified workflows were focused on staff in the health center/practice:

- Procedures for front desk staff (70%)
- Procedures for clinicians (69%)
- Procedures for billing staff (63%)

The next most commonly reported workflows were related to billing and EHR systems:

- 46% had workflows for asking patients whether they have insurance that can be billed
- 41% had procedures for flagging all or part of the EHR as confidential

The least reported policies/workflows were:

- Asking patients whether they had concerns about their insurance (commercial or OHP) being billed (22%)

- Having clear policies on parental proxy access to EHR patient portals (21%)
- Six percent (6%) of respondents reported having no established workflows or clinic policies related to confidentiality.

Respondents were also asked about systems in place when notifying/contacting patients about sensitive lab/test results (such as STI or pregnancy test results).

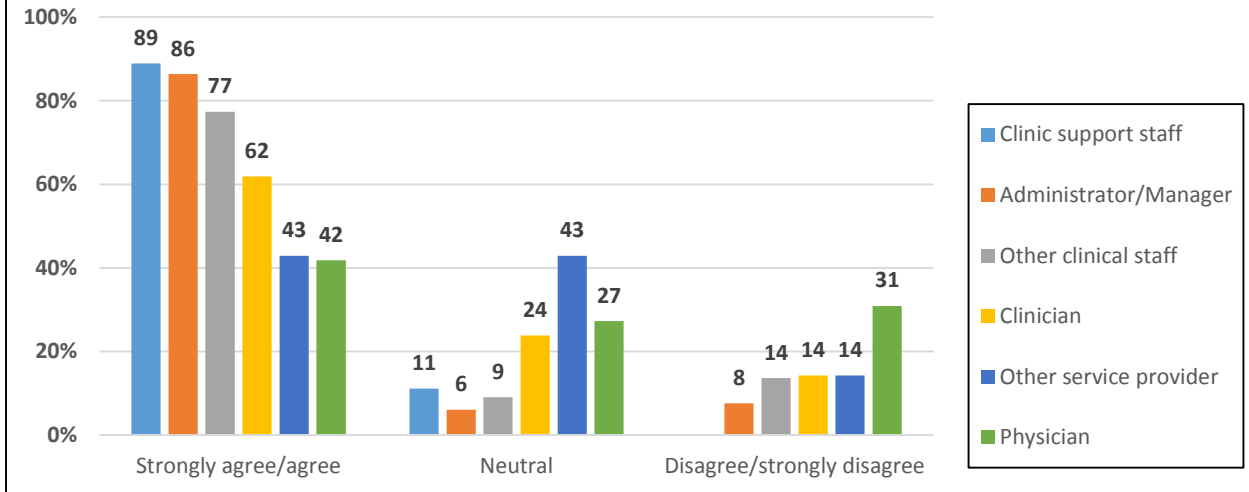
- Approximately 75% of providers reported having some system in place such as:
 - Verifying contact information at check-in (52%)
 - Collecting multiple modes of contact (e.g. email, mailing address, cell phone) (46%)
 - Provider/clinician verifying patient contact information at the time the test is performed (50%)
- Approximately 10% did not have any clinic-wide system in place.

Need for additional training and education

Sixty-five percent (65%) of respondents felt they understood their health center/practice's policies and procedures related to confidentiality and insurance billing, and over three-quarters (76%) felt confident their health center/practice has policies and procedures in place to protect patient confidentiality.

However, respondents' level of understanding regarding policies and procedures varied greatly depending upon their role in the health center/practice. Nearly 90% of clinic support staff (e.g. biller, front office) agreed or strongly agreed with the statement "I understand my health center/practice's confidentiality and insurance billing policies and procedures" compared to only 42% of physician (e.g. MD, DO) respondents. See Figure 3 below detailing responses by staffing role.

Figure 3: Understanding of health center/practice's confidentiality and insurance billing processes by respondent role (n=163)



Over half of respondents agreed or strongly agreed that they need additional education or training on providing confidential services. The greatest need identified by survey respondents was to better understand the policies of the health plans they contract with regarding how members can request confidential communications.

Conclusions and Limitations

This survey has several limitations. First, using a snowball sampling method targeting known provider listservs, community partners, and professional organizations may result in selection bias. Respondents were not selected randomly from all providers in Oregon, so the results are not representative of all providers in the state. Further, providers who view patient confidentiality as a challenge may have a heightened awareness of the issue and could have been more likely to participate in the survey.

Even with the noted limitations, the survey findings shed light on an important issue. It provides preliminary data that reinforce anecdotal evidence and national literature that show concerns for patient confidentiality pose a challenge for providers and could impact patient care, billing, and in extreme circumstances, financial solvency of the clinic. Further, as the OHA continues to work toward the Triple Aim of better health, better care and lower costs and track quality metrics that rely on claims data, it is critical that clinic staff can accurately code and bill for services provided while also maintaining patient confidentiality.

Contact Information

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