



October 15, 2014

Sent via email to vitalrecords@doh.wa.gov

Lauren Jenks
Health Statistics Manager
Washington State Department of Health
Lauren.Jenks@doh.wa.gov

Re: Comments on Information Presented at October 1, 2014 CHARS Rules Workshop

Dear Ms. Jenks,

Thank you for the opportunity to comment on the areas of rulemaking discussed at the Department of Health's Rules Workgroup on October 1, 2014 regarding the Comprehensive Hospital Abstract Reporting System (CHARS). We thank the Department of Health (Department) for engaging with stakeholders in the CR-101 process before issuing proposed rules and engaging in a more formal process. The Washington State Hospital Association (WSHA) supported the underlying legislation to provide greater protections for patient information and we appreciate the opportunity to work with the Department on this important matter. WSHA offers the following comments.

WSHA Supports the Department's Goal to Protect Data While Maintaining the Usefulness of CHARS

As a user of the CHARS database, WSHA appreciates the Department's stated goal to ensure that increased protections of patient data do not reduce the usefulness of CHARS data. We support the Department's creation of three "tiers" of data sets with different security levels so that different types of users can receive appropriate data.

Admission and Discharge Dates Should Be Included in the Limited Data Set

At the October 1 CHARS Rules Workshop, Department staff handed out a draft document containing a table of the variables in CHARS and indicating whether the Department proposes to include each variable in the confidential, limited, or public data set. To clarify, WSHA interprets the table to mean that every variable to be included in the public data set will be included in the limited and confidential sets, everything in



the limited set will be in the confidential set, and variables that are only in the confidential set will be excluded from the other two sets. If this is not the case, WSHA would appreciate further clarification from department staff.

WSHA generally supports the variable classification scheme, with two exceptions. WSHA accesses the limited data set under a data sharing agreement and would like the admission date and discharge date to be added to the CHARS limited data set. The discharge date helps WSHA and our hospital members understand the challenges associated with discharge planning. Poor discharge planning can correlate to higher lengths of stay, unnecessary readmissions, and pressure on hospital beds. These data elements can help determine patterns and/or bottlenecks and are important information to include in the limited dataset. Effective discharge planning could significantly improve a patient's health and reduce patient readmission. Please add the admission and discharge date variable to the limited data set.

WSHA Asks the Department to Clarify That CHARS is Not Subject to HIPAA

As confirmed in discussions with the Department, CHARS is not subject to the federal Health Insurance Portability and Accountable Act (HIPAA) regulations. WSHA requests the Department make clear that reference to HIPAA regulations (such as at the October 1 Rules Workshop) is for the purposes of describing best practices in data de-identification and protection, not because HIPAA privacy and security standards apply to CHARS data.

Those who commonly handle protected health information subject to HIPAA often become confused as to the applicability of HIPAA to the CHARS data simply because CHARS contains patient data. Further, CHARS uses some phrases that are identical to those in HIPAA, including "limited data set." Given the sensitivity to the framework of privacy and security regulations in HIPAA, WSHA encourages the Department to choose language that does not mirror language in HIPAA and to be clearer in its communications with those accessing the CHARS data that HIPAA does not apply to CHARS.

The Term "Government Agencies" Does Not Need to Be Further Defined

Department staff discussed whether the term "government agencies" should be further defined in the proposed rules. WSHA encourages the Department not to further define this term as such limiting definitions could have unintended consequences and exceed the scope of the enacting legislation.

The Department Should Not Promulgate Rules Based on One Incident



Department staff discussed a single targeted request made for CHARS data for a specific group of people from a public hospital district for a quality improvement endeavor. Staff raised the question of whether there should be rules addressing this type of targeted request. WSHA encourages the Department not to make rules or reach decisions based on a single experience or instance.

Thank you for considering our comments. Please direct any questions to Zosia Stanley at zosias@wsha.org or (206) 216-2511.

Sincerely,

A handwritten signature in black ink that reads "Jonathan Bennett".

Jonathan Bennett
Director, Decision Support

A handwritten signature in black ink that reads "Zosia Stanley".

Zosia Stanley
Policy Analyst

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