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Five Questions: Data-Source Analysis Helps With Information Blocking Rule

By Nina Youngstrom

A hospital thought it had seamlessly produced copies of a patient's imaging tests going back a decade because its medical imaging database is integrated with the electronic health records (EHRs), but the patient complained that an MRI she had elsewhere was missing. It may have seemed like the hospital didn't have to include the MRI, but the information blocking rule says otherwise because the physician had incorporated it into his treatment decision.^[1]

"We do have to give her that," said Jennifer Vessels, director of compliance and privacy services at Erlanger Health System in Chattanooga, Tennessee. "If the physician relied on information from another facility, that's part of the decision-making process and it should be part of the medical records. If she doesn't get what she wants, that opens us up to penalties."

The theme of the information blocking rule, which took effect in April 2021, is that "patients own their data and providers can't be a roadblock to that data," Vessels said at a Feb. 2 webinar sponsored by the Health Care Compliance Association. "You have to be able to produce the information that's requested." It requires providers to identify possible sources of electronic health information (EHI) inside their organization, assess risks they may pose under the information blocking rules and mitigate the risks, said Vessels, who asks five questions to animate the process.

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