Subcommittee: HIE Operations, Compliance, and Efficiency

Chairs: Ms. Gayle Hurt

Date: October 25, 2024

Status: Final

District of Columbia Health Information Exchange Policy Board

Recommendation on the DC HIE Glossary

I. SUMMARY

The HIE Policy Board Operations, Compliance, Efficiency (OCE) subcommittee proposes an updated DC HIE Glossary. This updated listing aims to foster consistency in the use of terms when describing the DC HIE's functions and activities. The glossary is reviewed in conjunction with registered and designated entities. Each term and its respective definition are reviewed and approved by the subcommittee. The glossary is reviewed and updated on an annual basis.

II. PROBLEM STATEMENT

The HIE Final Rule identified key terms and definitions for the design and creation of the health information exchange in the District. As the DC HIE infrastructure is enhanced to meet new and evolving District needs, there is an ongoing need to identify and define terms used in the operation, function, and maintenance of the DC HIE and its various tools. Additionally, a common nomenclature was needed to align with HIE educational content and stay abreast with other national standards.

In response, the subcommittee, in collaboration with registered and designated entities, cataloged the terms used in the DC HIE's function and communication with external stakeholders (such as educational materials, website, application interfaces, and etc.).

III. SUBCOMMITTEE GOAL AND ACTIVITY

This activity can be added to the subcommittee's long-term goal of standardizing the language used in the District regarding health information exchange, consistent with the DC HIE rule.

IV. DISCUSSION

The HIE Operations, Compliance, and Efficiency (OCE) subcommittee lists out eighty (80) key terms and definitions for the DC HIE glossary. Definitions for these terms are derived from various nationally recognized sources and cited wherever appropriate. Additionally, the subcommittee also reviewed and approved updates to existing definitions. The subcommittee voted to include the terms listed below. This glossary is located in *Appendix 1* of this document.

- Notice of Privacy Practices
- Health Data Utility
- Admission, Discharge, Transfer (ADT)
- Event Notification Service (ENS)

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In developing this glossary, the subcommittee underscored that the DC HIE Glossary was not intended to be a compilation of Health IT terms – rather, the glossary aims to explain the specific ways in which terms are used. To that end, the subcommittee also discussed a set of standard questions that the subcommittee can use while reviewing terms. These include:
- Is there a standard definition (for example, within regulation) for the term?
- Do the definitions offer clarity and explain concepts in an easy-to-understand manner?
- Is the term and its definition aligned with the scope of the DC HIE functions and tools?

To ensure that this glossary remains updated, the subcommittee will review and update it annually. This review will involve updating existing definitions and the addition of any prominent terms related to electronic health information exchange. Once approved by the Policy Board, the final version of the HIE glossary will be posted on the DHCF HIE website.

V.   RECOMMENDATION(S) FOR BOARD ACTION:

The Operations, Compliance, and Efficiency (OCE) subcommittee proposes that the DC HIE Policy Board approve the DC HIE Glossary.

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The HIE Policy Board approved all terms listed in the updated DC HIE Glossary, with one new term and three amendments. The terms are listed below:

New Term
- **Notice of Privacy Practices: The HIPAA Privacy Rule and 42 CFR Part 2 require health plans** and covered health care providers to develop and distribute a notice that provides a clear, user-friendly explanation of individuals' rights with respect to their personal health information and the privacy practices of health plans and health care providers.

Amendments
- **Health Data Utility:** A Health Data Utility is a model with cooperative leadership, designated authority, and advanced technical capabilities to combine, enhance, and exchange electronic health data across care and service settings for treatment, care coordination, quality improvement, and community and public health purposes.
- **Admission, Discharge, Transfer (ADT):** An HL7 format of messaging that supports tracking and managing the event movement of patients between healthcare facilities (care settings). This includes information about when a patient enters a facility (admission), leaves the facility (discharge), or moves to a different unit or care setting (transfer). The integration of ADT data into the HIE allows for real-time updates about the patient's location and status, enabling seamless communication between healthcare providers and facilitating coordinated care services. ADT can be aggregated to analyze patient flow, identify high-risk populations, and inform public health interventions.
- **Event Notification Services (ENS):** An electronic communication sent to alert healthcare providers about a patient's status change within the healthcare system/ care setting. It is not a

complete ADT Message. For example, when a patient is admitted to a hospital or healthcare facility, an event notification is sent to inform the healthcare provider and other relevant authorized parties involved in the patient's plan of care.

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Appendix 1: DC HIE Glossary

DC HIE Glossary

This glossary is intended to provide definitions for key terms that are used in the operations and maintenance of the DC Health Information Exchange (HIE). Click on the term for the source and additional information.

21st Century Cures Act: Enacted by the 114th United States Congress and signed into law by President Obama on December 13, 2016, the 21st Century Cures Act includes a number of provisions that enhance electronic health information sharing and promote greater interoperability. The ONC Cures Act Rule, finalized in June 2020, implemented interoperability provisions that supported the exchange, access, and use of electronic health information.

42 CFR Part 2: Federal regulation on The Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2 (Part 2), that protects any information obtained by a "federally assisted" substance use treatment program that can directly or indirectly identify an individual as receiving or seeking treatment for substance use. This can include information beyond treatment records, such as name, address, or social security number. Part 2 applies to any individual or entity that is federally assisted and holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment or referral for treatment (42 CFR § 2.11). Most drug and alcohol treatment programs are federally assisted. When one regulation imposes a stricter standard than the other, the covered entity must follow the stricter standard. Generally, 42 CFR Part 2 imposes more strict standards than does HIPAA. 42 CFR Part 2's general rule places privacy and confidentiality restrictions upon substance use disorder treatment records.

~~**Admission, Discharge, Transfer (ADT):** An event that occurs when a patient is admitted to, discharged from, or transferred from one care setting to another care setting or to the patient's home. For example, an ADT event occurs when a patient is discharged from a hospital. An ADT event also occurs when a patient arrives in a care setting such as a health clinic or hospital.~~

Admission, Discharge, Transfer (ADT): An HL7 format of messaging that supports tracking and managing the event movement of patients between healthcare facilities (care settings). This includes information about when a patient enters a facility (admission), leaves the facility (discharge), or moves to a different unit or care setting (transfer). The integration of ADT data into the HIE allows for real-time updates about the patient's location and status, enabling seamless communication between healthcare providers and facilitating coordinated care services. ADT can be aggregated to analyze patient flow, identify high-risk populations, and inform public health interventions.

ADT Message: A type of Health Level Seven® (HL7®) message generated by healthcare systems based upon Admission, Discharge, Transfer (ADT) events and the HL7 "Electronic Data Exchange in Healthcare" standard. The HL7 ADT message type is used to send and receive patient demographic and healthcare encounter information, generated by source system(s). The ADT messages contain patient demographic, visit, insurance, and diagnosis information.

Advance Care Planning: Involves learning about the types of decisions that might need to be made, considering those decisions ahead of time, and then letting others know—both one's family and one's health care providers—about preferences. These preferences are often put into an advance directive or other types of forms (e.g., MOST, MOLST, POST, POLST), a legal document that goes into effect only if the individual is incapacitated and unable to speak for themselves.

Advance Directive: A written document stating how a person wants medical decisions to be made if they lose the ability to make them for themself. It may include a Living Will and a Durable Power of Attorney for health care.

Authentication: The process of establishing confidence in user identities electronically presented to an information system.

Authorization: Has the meaning provided in 45 CFR § 164.508

Authorized User: A person identified by a participating organization or a HIE entity, including a health care consumer, who may use, access, or disclose protected health information through or from a health information exchange for a specific authorized purpose and whose HIE access is not currently suspended or revoked.

Breach: The meaning provided in 45 CFR § 164.402

Break-the-Glass: A term used when a health care provider, in the case of an emergency, gets access to a patient's records without the patient's consent. The Designated HIE entity routinely audits all emergency access activity.

Business Associate: The meaning provided in 45 CFR § 160.103

Certified Electronic Health Record Technology (CEHRT): In order to efficiently capture and share patient data, health care providers need an electronic health record (EHR) that stores data in a structured format. Structured data allows health care providers to easily retrieve and transfer patient information and use the EHR in ways that can aid patient care. CMS and the Office of the National Coordinator for Health Information Technology (ONC) have established standards and other criteria for structured data that EHRs must meet in order to qualify for use in the Promoting Interoperability Programs.

Claims Data: The most prevalent source for structured health data. Paid claims can help providers understand which services were rendered in a specific care setting. Claims may also reduce duplication of services. Two key types of information recorded on claims forms are (1) one or more procedure codes describing specific services the patient received, and (2) one or more diagnosis codes describing the problem that was being treated. The focus of the claims form is on the services delivered for payment, and so the diagnosis codes recorded on the claims form are not intended to be a comprehensive

description of the patient's health problems and other characteristics, but to describe the reasons for delivering the service for which payment is being sought.

Clinical Data: Is most commonly exchanged in HIEs via Continuity of Care Documents (CCDs), which provide a common, structured format to share clinical data from the EHR. Elements of a CCD include structured information on vitals (e.g. BMI or blood pressure), lab test results, and medications. Two key types of information in clinical data are the types of services that a patient receives and the types of health problems a patient has. Clinical data generally have information about more services and more health problems than are available from claims data, since they will include services that are not eligible for individual payment and therefore are not described on claims forms, and they will also include information about health problems that were not explicitly treated by the clinician and may not be recorded on a claims form.

Clinical Decision Support: Clinical decision support (CDS) provides clinicians, staff, patients or other individuals with knowledge and person-specific information, intelligently filtered or presented at appropriate times, to enhance health and better health care. CDS encompasses a variety of tools to enhance decision-making in the clinical workflow. These tools may include, but are not limited to –

- Computerized alerts and reminders to care providers and patients based on patient specific data elements, including diagnosis, medication, and gender/age information as well as lab test results
- Clinical guidelines/established best practices for managing patients with specific disease states
- Condition-specific order sets
- Focused patient data reports and summaries
- Documentation templates
- Diagnostic support
- Contextually relevant reference information

CMS Interoperability and Patient Access Rule: Promulgated in 2020 as part of the Trump Administration's MyHealthEData initiative, this final rule is focused on driving interoperability and patient access to health information by liberating patient data using CMS authority to regulate Medicare Advantage (MA), Medicaid, CHIP, and Qualified Health Plan (QHP) issuers on the Federally-Facilitated Exchanges (FFEs). This final rule establishes policies that break down barriers in the nation's health system to enable better patient access to their health information, improve interoperability and unleash innovation, while reducing burden on payers and providers. **The final rule is linked here.**

Chesapeake Regional Information System for our Patients (CRISP) DC: CRISP DC is the designated health information exchange (HIE) serving the District of Columbia sharing health information among participating doctors' offices, hospitals, care coordinators, labs, radiology centers, community-based organizations, managed care organizations and other healthcare providers through secure, electronic means.

Consent: In the context of privacy, consent is the ability of a data subject to decline or consent to the collection and processing of their personal data. Consent can be explicit, such as opting-in via a form, or

implied, such as agreeing to an End-User License Agreement, or not opting out. Under many data protection laws, consent must always be explicit.

Consent Management: Consent management is a system, process, or set of policies that enables patients to choose what health information they are willing to permit their healthcare providers to access and share. Consent management allows patients to affirm their participation in electronic health initiatives such as patient portals, personal health records (PHR), and health information exchange (HIE). Electronic Patient Consent Management is an attempt to balance the risks to patient privacy with the benefits of health information exchange and interoperability.

Continuity of Care Document (CCD): A harmonized format and interoperable standard for exchanging clinical information (including patient demographics, medications and allergies) among providers to improve patient care, enhance patient safety and increase efficiency.

Core elements of the Master Patient Index: The minimum elements that are:
   a) Required for an HIE entity to identify a particular patient across separate clinical, financial, and administrative systems; and
   b) Needed to exchange health information electronically.

Community Resource Inventory (CRI): The DC Community Resource Inventory is a District-wide publicly available directory of resources reflecting regional programs and organizations in the community.

Data Use Agreement (DUA): This is a specific type of agreement that is required under the HIPAA Privacy Rule and must be entered into before there is any use or disclosure of a Limited Data Set (defined below) from a medical record to an outside institution or party for one of the three purposes: (1) research, (2) public health, or (3) health care operations purposes. A Limited Data Set is still Protected Health Information (PHI), and for that reason, HIPAA Covered Entities or Hybrid Covered Entities like University of Colorado must enter into a DUA with any institution, organization or entity to whom it discloses or transmits a Limited Data Set.

DC HIE: The District's statewide health information exchange, an interoperable system of registered and designated HIE entities that facilitates person-centered care through the secure, electronic exchange of health information among participating organizations supported by a District-wide health data infrastructure.

Designated HIE: An HIE entity that has applied for and received designation from the Department of Health Care Finance in accordance with Chapter 87, District of Columbia Health Information Exchange, of Title 29, Public Welfare, of District of Columbia Municipal Regulations.

Digital Health: Digital health is a broad scope of categories that include mobile health (mHealth), health information technology (Health IT), wearable devices, telehealth and telemedicine, and personalized medicine.

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Direct Secure Messaging: Providers use a Direct address to exchange health information with each other over the internet in a standardized, secure manner. In general, "Direct" is a technical standard for exchanging health information between health care organizations. Direct is similar to email, but different in important ways. For example, Direct messages are authenticated and encrypted in a specific way to ensure that data are sent and received only by authorized parties.

Disclosure: The release, re-disclosure, transfer, provision, access, transmission, communication, or divulgence in any other manner of information in a medical record, including an acknowledgment that a medical record on a particular health care consumer or recipient exists, outside the entity holding such information.

District Automated Treatment Accounting (DATA): A performance monitoring system in development by the Addiction Prevention and Recovery Administration (APRA) based on the Web Infrastructure for Treatment Services (WITS)

eClinical Quality Measure (eCQM): A standard for quality measures from electronic health records (EHR) and/or health information technology systems to measure health care quality. The Centers for Medicare & Medicaid Services (CMS) use eCQMs in a variety of quality reporting and incentive programs. eCQMs are an improvement over traditional quality measures because if the EHRs are not used, the work to gather the data from medical charts, e.g. "chart-abstracted data," is very resource intensive and subject to human error.

Electronic Health Record: An electronic record of health information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. The EHR can automate and streamline a clinician's workflow, ensuring that all clinical information is communicated. It can also prevent delays in response that result in gaps in care. The EHR can also support the collection of data for uses other than clinical care, such as billing, quality management, outcome reporting, and public health disease surveillance and reporting.

Event Notification Services (ENS): An electronic communication sent to alert healthcare providers about a patient's status change within the healthcare system/ care setting. It is not a complete ADT Message. For example, when a patient is admitted to a hospital or healthcare facility, an event notification is sent to inform the healthcare provider and other relevant authorized parties involved in the patient's plan of care.

Fast Healthcare Interoperability Resources (FHIR): A standard that defines how healthcare information can be exchanged between different computer systems regardless of how it is stored in those systems. It allows healthcare information, including clinical and administrative data, to be available securely to those who have a need to access it, and to those who have the right to do so for the benefit of a patient receiving care. The standards development organization HL7® (Health Level Seven®) uses a collaborative approach to develop and upgrade FHIR.

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FHIR endpoint: Also known as a FHIR Service Base URL, these endpoints describe the technical details of a location that can be connected to for the delivery/retrieval of information. API users require these endpoints to interact with an API. The Office of the National Coordinator for Health Information Technology (ONC) maintains the *Lantern* tool – an open-source tool that monitors and provides analytics about the availability and adoption of FHIR API service base URLs (endpoints) across healthcare organizations in the United States. Lantern also gathers information about FHIR Capability Statements returned by these endpoints and provides visualizations to show FHIR adoption and patient data availability.

Firewall: An inter-network connection device that restricts data communication traffic between two connected networks. A firewall may be either an application installed on a general-purpose computer or a dedicated platform (appliance), which forwards or rejects/drops packets on a network. Typically, firewalls are used to define zone borders. Firewalls generally have rules restricting which ports are open.

Health Care Consumer: Any actual or potential recipient of health care services, such as a patient in a hospital.

Health Care Provider:
   a) A person who is licensed, certified, or otherwise authorized under District law to provide health care in the ordinary course of business or practice of a profession or in an approved education or training program;
   b) Government agencies involved in the provision of health or social services;
   c) A facility where health care is provided to health care consumers or recipients; or
   d) An agent, employee, officer, or director of a health care facility, or an agent or employee of a health care provider.

~~**Health Data Utility**: A standards-based and governance-led, interoperability-first strategy is key to integrating care because it makes certain that care partners are: 1) digitally connected to each other; 2) able to view the same information regarding the individuals that they collectively serve; and 3) using the same "language" regarding symptoms and therapies. This strategy enhances communication of data between stakeholders on the health care continuum and/or those involved in the delivery of care, with the goal of advancing disease control, treatment efficacy, and health equity.~~

Health Data Utility: A Health Data Utility is a model with cooperative leadership, designated authority, and advanced technical capabilities to combine, enhance, and exchange electronic health data across care and service settings for treatment, care coordination, quality improvement, and community and public health purposes.

Health information: Any information, whether oral or recorded in any form or medium, that:
   a) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and

b) Relates to the past, present, or future physical or mental health or condition of a person, the provision of health care to a person, or the past, present, or future payment for the provision of health care to a person.

Health Information Exchange (HIE): A system that facilitates person-centered care through the secure electronic exchange of health information among approved, qualifying partners in support of health data infrastructure according to nationally recognized standards.

Health Information Technology (Health IT): The programs, services, technologies and concepts that store, share, and analyze health information in order to improve care.

HIE Entity: An entity that creates or maintains an infrastructure that provides organizational and technical capabilities in a system to enable the secure, electronic exchange of health information among participating organizations not under common ownership.

HIPAA: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Pub.L. No. 104-191, 110 Stat. 1938 (1996)). HIPAA is a series of regulatory standards that outline the lawful use and disclosure of protected health information (PHI).

HITECH Act: The Health Information Technology for Economic and Clinical Health Act (Pub. L. No. 111-5, Title XIII, 123 Stat. 226 (2009)). Enacted as part of the American Recovery and Reinvestment Act of 2009, HITECH was signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology. It also addresses the privacy and security concerns associated with the electronic transmission of health information, in part, through several provisions that strengthen the civil and criminal enforcement of the HIPAA rules.

Home and Community-Based Services (HCBS): Types of person-centered care delivered in the home and community, rather than institutions of other isolated settings. A variety of health and human services can be provided. HCBS programs address the needs of people with functional limitations who need assistance with everyday activities, like getting dressed or bathing. HCBS are often designed to enable people to stay in their homes, rather than moving to a facility for care. HCBS programs generally fall into two categories: health services and human services. HCBS programs may offer a combination of both types of services and do not necessarily offer all services from either category.

Incident Response Plan: The documentation of a predetermined set of instructions or procedures to detect, respond to, and limit consequences of a malicious cyber-attacks against an organization's information system(s).

Information blocking: In general, information blocking is a practice by a health IT developer of certified health IT, health information network, health information exchange, or health care provider that, except as required by law or specified by the Secretary of Health and Human Services (HHS) as a reasonable and necessary activity, is likely to interfere with access, exchange, or use of electronic health information (EHI). The official definition within regulation is listed in 45 CFR 171.103.

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Interoperability: As cited in section 4003 of the 21st Century Cures Act health information technology that— "(A) enables the secure exchange of electronic health information with, and use of electronic health information from, other health information technology without special effort on the part of the user; "(B) allows for complete access, exchange, and use of all electronically accessible health information for authorized use under applicable State or Federal law; and "(C) does not constitute information blocking as defined in section 3022(a)."

Master Patient Index (MPI): A database that maintains a unique index identifier for each patient whose protected health information may be accessible through an HIE entity and is used to cross reference patient identifiers across multiple participating organizations to allow for patient search, patient matching, and consolidation of duplicate records.

Medical Orders for Scope of Treatment: A documented provider's order that helps patients keep control over medical care at the end of life. In DC, the Medical Orders for Scope of Treatment (MOST) program provides a more comprehensive approach, empowering terminally ill patients the right to make decisions on their end-of-life care options, in consultation with their DC-licensed authorized healthcare provider (Physician (MD/DO) or Advanced Practice Registered Nurse (APRN) only).

Multi Factor Authentication (MFA): Multi-factor authentication is a layered approach to securing data and applications where a system requires a user to present a combination of two or more credentials to verify a user's identity for login. MFA increases security because even if one credential becomes compromised, unauthorized users will be unable to meet the second authentication requirement and will not be able to access the targeted physical space, computing device, network, or database.

Non-HIPAA Violation: The acquisition, access, use, maintenance, or disclosure of health information in a manner not permitted under District or federal law:
   a) which compromises the security or privacy of the health information; and
   b) is not a HIPAA violation.

Notice of Privacy Practices: The HIPAA Privacy Rule and 42 CFR Part 2 require health plans and covered health care providers to develop and distribute a notice that provides a clear, user-friendly explanation of individuals' rights with respect to their personal health information and the privacy practices of health plans and health care providers.

Opt-In: When an individual makes an active indication of choice, such as checking a box indicating willingness to share information with third parties such as an HIE.

Opt-Out: A health care consumer's election not to participate in the HIE, so that the HIE entity shall not disclose such health care consumer's protected health information, or data derived from such health care consumer's health information, except as consistent with this chapter.

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Participating Organization: An entity that enters into an agreement with an HIE entity that governs the terms and conditions under which its authorized users may use, access, or disclose protected health information by the HIE entity.

Patient Panel: For every organization that participates in the DC HIE (such as a hospital, clinic, etc.), a patient panel is a list of patient names and demographics in that organization that is used to document an <u>ACTIVE</u> patient/provider treatment relationship.

Point-to-Point Transmission: A secure electronic transmission of PHI, including, but not limited to, records sent via facsimile or secure clinical messaging service, sent by a single entity that can be read only by the single receiving entity designated by the sender.

Population Health Management: The activities that a clinician or care team performs to provide care management for a group of patients for which they are accountable, sometimes referred to as a "patient panel." Health IT assists providers by giving them a high-level view of defined health trends and needs across the patients in their practice through analytic tools. Specific functions include list creation and health registries that catalogue patients with a condition that requires action, as well as analytics tools that help providers monitor quality of care.

Program Eligibility and Participating Data: Provides information on eligibility and participation in programs that support individual health and wellness (e.g., case management, supportive housing, food assistance, and transportation).

Protected Health Information (PHI): A subset of health information that has the same meaning as given in 45 CFR § 160.103 and includes sensitive health information.

Psychiatric Advance Directives: A legal instrument that may be used to document a competent person's specific instructions or preferences regarding future mental health treatment. Psychiatric advance directives can be used to plan for the possibility that someone may lose capacity to give or withhold informed consent to treatment during acute episodes of psychiatric illness.

Public Health: Public health activities assess and develop interventions to improve the health of all residents who share a specific geography, condition, or other characteristic. Health IT allows data from providers across the District to be efficiently and electronically shared, analyzed, and acted upon to design timely and effective interventions to improve the health of District residents.

Qualified Service Organization Agreement: A two-way agreement between a Part 2 program and the entity providing the service. The QSOA authorizes communication only between the Part 2 program and QSO.

Registered Resident Agent: An agent of an entity who is authorized to receive service of any process, notice, or demand required or permitted by law to be served on the entity.

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Registered HIE: An HIE entity that has applied for and received registration from the Department of Health Care Finance in accordance with Chapter 87, District of Columbia Health Information Exchange, of Title 29, Public Welfare, of District of Columbia Municipal Regulations.

Secondary Use: Is the use, access, or disclosure of health information through the registered HIE entity that is not for a Primary Use; subject to any limitations under HIPAA or federal law.

Sensitive Health Information: A subset of PHI, which consists of
   a) 42 CFR Part 2 information; or
   b) Any other information that has specific legal protections in addition to those required under HIPAA, as implemented and amended in federal regulations.

Self-Reported Data: Includes information, such as health status, collected directly from individuals. This data has proven highly reliable and can be predictive of key health outcomes.

Single Sign-On (SSO): The functionality that allows a user to sign on to multiple related, yet independent software systems with a single user identification and password.

Social Determinants of Health (SDOH): The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Substance Use Disorder: This means a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems such as impaired control, social impairment, risky use, and pharmacological tolerance and withdrawal. This definition does not include tobacco or caffeine use.

Systems Administrator: An individual employee within a participating organization (or an individual employed by a contractor to the participating organization) who is designated by the participating organization to manage the user accounts of specified persons within the participating organization in coordination with an HIE entity.

Trusted Exchange Framework and Common Agreement (TEFCA): Published by the Department of Health and Human Services Office of the National Coordinator for Health IT (ONC), the overall goal of TEFCA is to establish a universal floor of interoperability across the country. The Common Agreement will establish the infrastructure model and governing approach for users in different networks to securely share basic clinical information with each other—all under commonly agreed-to expectations and rules, and regardless of which network they happen to be in. The Trusted Exchange Framework describes a common set of non-binding, foundational principles for trust policies and practices that can help facilitate exchange among health information networks.

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Telehealth: The delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via telecommunications and digital communication technologies.

Third-Party System: Hardware or software provided by an external entity to a participating organization, which interoperates with an HIE entity to allow an authorized user access to information through the HIE entity and may include an electronic health record system.

Unqualified Opinion: A written statement by an auditor that financial statements fairly reflect the results of the business organization's operations and its financial position according to generally accepted accounting principles.

Unusual Finding: A finding that there was an irregularity in the manner in which use, access, maintenance, disclosure, or modification of health information or sensitive health information transmitted to or through an HIE entity should occur that could give rise to a breach, a violation under this chapter or a violation of other applicable privacy or security laws.

User: The meaning in 45 CFR § 164.304. User means a person or entity with authorized access.