Aligning Justice-to-Health Priority Exchanges Task Team Final Report

Interoperable information sharing alignment between the criminal justice and health-care communities has the potential to enhance public safety, improve health outcomes, and generate efficiencies in both domains.

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Global Standards Council's Justice-to-Health Services Task Team

Overview

The value of stronger communication, and, in particular, stronger interoperable electronic information sharing between the justice and health domains, has been recognized by both communities. To that end, the Global Justice Information Sharing Initiative (Global) embarked on an incremental collaborative process to identify high-priority justice-to-health interexchange opportunities that would not only provide the most beneficial use for the justice community, but also would align with the top information exchange priorities identified by the health community. This report offers a brief background and insight into how both communities derived their most pressing information exchange priorities and concludes with recommendations by the Global Standards Council's (GSC) Justice-to-Health Services Task Team (JH-STT) on (1) which interdomain exchanges to pursue initially and (2) how best to begin aligning the two domain information exchange architectures to ensure a low policy and legal risk pilot/implementation and gain additional buy-in and support from both the justice and health communities.

Purpose

The main purpose of this report is to communicate two recommendations from the JH-STT to the GSC for further consideration, consultation, and approval:

1. The first recommendation encourages the GSC, Global, and, in turn, the U.S. Department of Justice (DOJ) to place a high priority on defining the business exchange requirements, service identification, and adoption of services to support **four** priority justice-to-health information sharing field implementations.

2. The second recommendation provides technical interoperability to support the business exchanges by outlining preliminary steps Global and the U.S. DOJ should consider when deciding how best to initiate alignment of the justice community's Global Reference Architecture (GRA) with the health Standards and Interoperability (S&I) technical architectural framework.

Background

As articulated in the excerpt from the Bureau of Justice-sponsored report *Opportunities for Information Sharing to Enhance Health and Public Safety Outcomes—A Report by the Criminal Justice and Health Collaboration Project*,[1] these exchanges would benefit both communities of interest and are being promoted and encouraged nationally in both the justice and health-care business domains. Justice leaders and professionals have recognized the importance of sharing justice information, including medical records of incarcerated personnel, with the health-care industry. One particular focus has been realization of the expected benefits and the value of sharing medical records of incarcerated personnel between the two domains when the offender is released and reenters the community.

"Information sharing between the criminal justice and healthcare communities has the potential to enhance both public safety and health outcomes by reducing redundancies, enhancing continuity of care, and generating efficiencies in both domains. Used judiciously, and with the necessary legal and technical safeguards to protect privacy and confidentiality, bi-directional sharing of health information between community-based care providers and correctional institutions can be used to divert individuals from the criminal justice system (when appropriate), better provide for their health needs while under justice supervision, and prepare for a successful post-release transition to the community."

—Opportunities for Information Sharing to Enhance Health and Public Safety Outcomes—A Report by the Criminal Justice and Health Collaboration Project

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1 http://www.ijis.org/docs/Opportunities_for_Information_Sharing_to_Enhance_Health_and_Public_Safety _Outcomes_20130403.pdf.

Conversely, justice domain leadership recognizes the importance of receiving necessary medical information on persons to ensure continuity of care for offenders when they are incarcerated or on supervision. What follows is an overview of how each domain arrived at an initial list of information exchange priorities followed by the analysis and recommendations offered by the JH-STT.

Health Domain

Prior to the identification and prioritization of justice-to-health information sharing exchanges, the health domain community embarked on a similar internal effort within the Direct Project to identify, define, and prioritize the top health information sharing business scenarios—otherwise known as user stories. These health exchange user stories were developed through a project initiative sponsored by the Department of Health and Human Services (HHS), Office of National Coordinator for Health Information Technology (ONC). The goal of the project, known as the Direct Project, was to ". . . specify a simple, secure, scalable, standards-based way for participants to send authenticated, encrypted health information **directly** to known, trusted recipients over the internet."[2] In turn, a group known as the health standards and interoperability workgroup created a list of 23 Direct user stories[3] that provided direction and funding prioritization for the health community (refer to footnote 3 to view all 23 Direct user stories). Specifically, the Direct user stories

> *Meaningful Use Defined[4]*
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> *Meaningful use is using certified electronic health record (EHR) technology to:*
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> - *Improve quality, safety, and efficiency while reducing health disparities*
> - *Engage patients and family*
> - *Improve care coordination, population, and public health*
> - *Maintain privacy and security of patient health information*

were used to guide and direct the meaningful-use[4] requirements as well as the funding that was being provided via the Affordable Care Act[5] for states to implement priority exchanges within the Health Information Exchange (HIE) environment. These Direct user stories were prioritized by the health community into Priorities 1, 2, and 3. The Priority 1 user stories represent those health business processes which directly map to and support the delivery of the health meaningful-use requirements. In addition, the health Priority 1 user stories represent those processes planned to be implemented earliest by the health community because policy guidance was requested and obtained. Priority 2s are high-value stories with the potential for earlier implementation that may have additional policy concerns or considerations. And Priority 3s are medium-value stories for the health community which may have additional policy concerns and/or considerations.

The health business domain then created a technical layer[6, 7] to the Direct Project to provide a secure, scalable, standards-based way to establish universal health addressing and transport for participants (including providers, laboratories, hospitals, pharmacies, and patients) to send and receive encrypted health information directly to known, trusted recipients over the Internet. The Direct Project also includes the standards and service descriptions available to address the key Stage 1 requirements for meaningful use. Direct provides a point-to-point messaging architecture[8] to enable the implementation of these priority exchanges. At the conclusion of the Direct Project, there will be one nationwide exchange approach being utilized by the organizations that have come together in a common policy framework to implement the standards and

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2   http://wiki.directproject.org/file/view/DirectProjectOverview.pdf
3   http://wiki.directproject.org/User+Stories
4   http://www.healthit.gov/providers-professionals/meaningful-use-definition-objectives
5   http://www.hhs.gov/healthcare/rights/
6   http://www.siframework.org/whatis.html
7   http://www.siframework.org/accomplishments.html
8   http://wiki.directproject.org/SMTP+Implementation+Development+Team

services. The policy guidance for the Direct Project exchange was provided by the Nationwide Health Information Network Workgroup of the Health Information Technology (HIT) Policy Committee[9] and was not decided within the Direct Project itself.

Justice Domain

Concurrent with the work of the health domain, 34 beneficial opportunities for interdomain information exchange were identified by a BJA-sponsored working group of experts from both the health and justice communities.[10] (Refer to footnote 10 to view all 34 aforementioned interdomain exchanges as compiled by the IJIS Institute and Urban Institute.) In turn, Global, via the Global Strategic Solutions Working Group (GSSWG), assembled a team of justice and health practitioners and subject-matter experts (SMEs) to review all 34 exchanges. The GSSWG team included business stakeholder representatives from the Bureau of Justice Assistance (BJA), Substance Abuse and Mental Health Services (SAMHSA), Community Oriented Correctional Health Services (COCHS), National Association for Court Management, National Center for State Courts, George Mason University, SEARCH, American Probation and Parole Association, IJIS, Pennsylvania Justice Network, Maryland State Police, and state of Alabama. In turn, the GSSWG identified and narrowed the exchanges to ten priority justice-to-health business exchanges (depicted in the table on page 6) and forwarded these priorities to its sister Global group, the Global Standards Council, for further evaluation on the technical and architectural feasibility of potentially developing information exchanges around these business requirements.

The Global Standards Council's (GSC)'s Justice-to-Health Services Task Team (JH-STT) assembled a team of justice information exchange practitioners and subject-matter experts (see Appendix A) to further explore the technical alignment of the justice priority use cases to the health Direct user stories. The JH-STT included representatives from the Bureau of Justice Assistance (BJA), Georgia Technology Research Institute (GTRI), National Criminal Justice Association (NCJA), SEARCH, IJIS, Pennsylvania Justice Network, and State of Alabama.

"Information from community-based healthcare providers can enhance the ability of corrections officials to appropriately diagnose issues associated with continuity of care and to ensure no gap in service when incarcerated.

Likewise, information from the criminal justice community—including risk assessments, correctional health records, correctional treatment history, and court dates—can support health providers in their care of justice-involved clients."

—Opportunities for Information Sharing to Enhance Health and Public Safety Outcomes—A Report by the Criminal Justice and Health Collaboration Project[9]

Using only the top-ten priority justice business exchanges to "constrain" its domain alignment and recommendation work, the JH-STT analyzed, aligned, and mapped the justice use cases to the Direct user stories and also identified primary cross-business alignment with the health user stories. The team did this by first determining the high-level business alignment between the justice use cases and the Direct user stories before analyzing the priorities within each business domain. The team worked collaboratively to refine and finalize its initial analysis of high-level use case business crossover. Once the business alignment collaboration was complete, the JH-STT was able to fully analyze the business crossover and disparate priorities within the business domains.

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9   http://www.healthit.gov/facas/health-it-policy-committee
10   http://www.ijis.org/docs/Opportunities_for_Information_Sharing_to_Enhance_Health_and_Public_Safety_Outcomes_20130403.pdf

The JH-STT found it was possible for a single justice use case to align to none, one, or many different health Direct user stories. The JH-STT considered the high-priority alignments in both business domains where potential business crossover existed. These high-priority alignments were identified by mapping the Priority 1 justice exchanges onto Priority 1 Direct user stories. If it aligned, a justice use case was assigned a "yes" and if not, "no." In the table below, the Pri-1s Health depicts the final results of this analysis.

In addition, the JH-STT completed a full alignment of the ten justice use cases to each of the Direct user story priorities. If one of the ten justice user stories aligned to 0 through 3 of the Direct user stories, it was assigned a "low" alignment score; alignment to 4–6 of the Direct user stories was assigned a "medium" alignment score, and more than 6 was assigned a "high" alignment score. In the table below, the J-H Rank column depicts the results of this analysis.

The table below depicts the top-ten priority justice business exchanges with the health community as determined by the GSSWG and shows the final rolled-up analysis of the top-ranked justice use cases to the health Direct priorities.

Rank	Justice Use Case	Pri-1s Health	J-H Rank
1	Community-based service providers receive information on criminal charges and criminal justice risk assessments to assess defendants' eligibility or suitability for their programs.	No	Low
2	Community-based providers receive inmates' expected release dates to coordinate reentry planning.	No	Low
3	Correctional health records are populated with basic personal and demographic information from the facility's offender management system to reduce the time spent asking for redundant information and to eliminate duplicate data entry.	Yes	High
4	Pretrial, court-based, and post-conviction supervision programs receive status updates from behavioral health treatment providers to support compliance monitoring (e.g., program attendance, treatment adherence).	Yes	Medium
5	Health providers receive an inmate's actual date of release from a detention facility to conduct client outreach and facilitate continuity of care.	Yes	Medium
6	Returning inmates receive copies of their correctional health records upon release as a means of both information transfer to community-based health providers and personal empowerment.	Yes	Medium
7	Treatment providers receive client updates and compliance information from criminal justice supervision agencies to support the treatment process.	Yes	Low
8	Health departments receive notification about inmates with reportable communicable diseases, in accordance with public health reporting laws, to prevent disease transmission and care for the affected individual.	Yes	Medium
9	Treatment providers receive notification of upcoming court dates to promote client compliance with court appearances.	Yes	Low
10	Pretrial, court-based, or post-conviction supervision personnel receive drug testing results from treatment providers (or their laboratories) to support compliance monitoring.	Yes	High

The JH-STT team then concentrated on individually ranking the exchanges, with 1 having the greatest and 5 having the least alignment with and benefit to justice business scenarios. The team members conducted the analysis using a collaborative business-case alignment process and an emphasis on treatment and reentry areas within the justice community of interest. The analysis and ensuing discussions suggest four priority business cases, which represent the highest alignment, greatest cross-domain business benefit, and most valuable priorities for the criminal justice treatment and reentry, as well as the pretrial, courts, and supervision processes: GSSWG priority numbers 10, 4, 5, and 6.

Rank	Justice Use Case	Pri-1s Health	J-H Rank
10	Pretrial, court-based, or post-conviction supervision personnel receive drug testing results from treatment providers (or their laboratories) to support compliance monitoring.	Yes	High
4	Pretrial, court-based, and post-conviction supervision programs receive status updates from behavioral health treatment providers to support compliance monitoring (e.g., program attendance, treatment adherence).	Yes	Medium
5	Health providers receive an inmate's actual date of release from a detention facility to conduct client outreach and facilitate continuity of care.	Yes	Medium
6	Returning inmates receive copies of their correctional health records upon release as a means of both information transfer to community-based health providers and personal empowerment.	Yes	Medium

The reader may wonder why GSSWG Priority 3, which scored "yes/high," was not included in the top four recommendations by the JH-STT. This use case describes the value of moving demographic information between the inmate record management system and the prison/corrections medical system. These systems vary in implementation and adoption and typically are under the control of a prison/correction justice organization (either directly or via a third-party contract). In addition, the JH-STT believes that the data model for a patient's/offender's demographic information would be addressed in all of the use cases above; hence, by addressing these four, we would also address GSSWG Priority 3.

Recommendation and Motion

The JH-STT formally presents the following recommendation and motion for consideration:

Motion: *That the Department of Justice place a high priority on defining the business exchange requirements and adoption of services to support the field implementations of the following justice use cases, which represent high justice business value, are highly aligned with the Direct health use cases, and promote cross-domain business value.*

- IJIS/Urban Institutes Report Use Case Number 26 (GSSWG Ranking Number 10). This use case identifies two different data sources: the medical provider and the laboratory. GSC would be able to implement exchanges only from the provider, since the labs use an interoperability standard different from that used by the continuity-of-care document.

- IJIS/Urban Institutes Report Use Case Number 31 (GSSWG Ranking Number 4)

- IJIS/Urban Institutes Report Use Case Number 10 (GSSWG Ranking Number 5)

- IJIS/Urban Institutes Report Use Case Number 22 (GSSWG Ranking Number 6)

The second task accomplished by the JH-STT was to review and determine how to begin aligning the Global Reference Architecture (GRA) with the health Standards and Interoperability (S&I) technical architectural framework. The JH-STT recognized that in order to begin alignment of the GRA and the National Information Exchange Data Model (NIEM) with the S&I technical framework and Health Level 7 (HL7), we would need (1) an interoperable cross-business domain data model and (2) one or more service interaction profiles that could be used interoperably between the justice and health business domains. The JH-STT recognized that both the data model and the service interaction profile would be required to complete a functional pilot implementation of the prioritized and highly aligned justice exchanges, as accomplished in our first task.

Since the health S&I framework provides support for Direct via a point-to-point, push-based messaging model as one of its interaction profiles (similar to the service interaction profiles [SIPs] in GRA terms); and since the Direct Project push model has resolved the great majority of legal and privacy issues of the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2, and general patient consent with its point-to-point, push-based exchange of patient information; and since this SIP is being widely implemented across the nation, the JH-STT recommends that the GSC focus on defining justice elements and placing them into the Continuity of Care Document (CCD) data model as official justice extensions to facilitate an interoperable justice extension within the existing interoperable S&I health frame. Therefore, the JH-STT formally presents the following recommendation and motion for consideration:

Motion: *"That the Department of Justice (DOJ) identify one or more specific exchange scenarios that would require (1) extending NIEM to meet the requirements that have already been levied against CCD by Meaningful Use Stage 2 and/or (2) adding one or more CDA templates to create a justice-based CCD; that DOJ create technical artifacts corresponding to the identified scenarios; and that DOJ cross-walk each technical artifact to identify potential additional data elements for inclusion in the other."*

Conclusion: Building upon the top justice exchange priorities as determined by the GSSWG, the team feels that the two motions presented properly reflect both the highest-priority justice business/information exchange needs and the technology architecture requirements to deliver cross-business domain value between justice and health. The JH-STT now feels it would be beneficial to create a cross-business and technical task team to determine the business processes and services necessary to support the use cases identified in this report. This Global task team also should review the IJIS corrections advisory work to determine which services can be reused to support the business use cases outlined in this work and which data model changes will be necessary to harmonize and support the technical recommendations advanced in this report.

Appendix A—Justice-to-Health Services Task Team Members

Team Chair

Mr. James Dyche
Justice Network (JNET) State of Pennsylvania

Members

Ms. Becky Goggins
State of Alabama

Mr. Robert Greeves
National Criminal Justice Agency

Dr. Mark Kindl
Georgia Tech Research Institute

Mr. Bob May
IJIS Institute

Mr. Mark Perbix
SEARCH, The National Consortium for Justice Information and Statistics

Dr. Scott Seirch
IJIS Institute

Mr. Chris Traver
Bureau of Justice Assistance, U.S. Department of Justice