Preamble

Every year, older adults in Baltimore City suffer over 4,000 serious falls that require a visit in the emergency department or an inpatient hospitalization. These falls frequently lead to death, disability, or loss of independence. Even those who partially recover may find themselves trapped in a cycle of decline. Nationally, falls among older adults are recognized as a major public health challenge. According to the Centers for Disease Control and Prevention, falls are the leading cause of injury death among older adults, exceeding motor vehicle accidents, poisonings, and fires put together.[1]

Many falls by older adults are preventable. It has been estimated that improved nutrition, home modification, social engagement, and other community interventions can prevent a large proportion of falls.[2] Special programs targeted to high risk seniors have prevented approximately one-third of falls.[3] These efforts complement effective individual interventions, such as medication review, strength and balance exercise programs, and yearly vision screening.[4]

To prevent injuries and suffering and to promote independence of older adults in Baltimore, the city together with many community partners have launched the B'FRIEND initiative. B'FRIEND stands for Baltimore Falls Reduction Initiative Engaging Neighborhoods and Data. Through B'FRIEND, public and private agencies that support older adults are working together to reduce falls that require inpatient

---

[1] Centers for Disease Control and Prevention. Important Facts about Falls. 20 January 2016. Available online at http://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html.

[2] Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people living in the community. Cochrane Database Syst Rev. 2012 Sep 12;9:CD007146.

[3] Tinetti ME, Baker DI, McAvay G, Claus EB, Garrett P, Gottschalk M, Koch ML,Trainor K, Horwitz RI. A multifactorial intervention to reduce the risk offalling among elderly people living in the community. N Engl J Med. 1994 Sep 29;331(13):821-7.

[4] Gielen AC, McDonald EM, Shields W. Unintentional home injuries across the life span: problems and solutions. Annu Rev Public Health. 2015 Mar 18;36:231-53.

hospitalization or emergency department care by one third in three years in Baltimore City. Initial funding for the B'FRIEND effort has been provided by the Robert Wood Johnson Foundation.

A key aspect of B'FRIEND is the use of data to better understand serious falls by older adults in order to design innovative prevention efforts, implement them in the right places, and monitor their effectiveness. The best and most timely source of data about serious falls among older adults are records of emergency department visits and hospital admissions that are available through the state's designated health information exchange.

Legal authority. The Baltimore Health Code, §2-104 Commissioner's Charter Powers, states:

"Under Article VII, §56 of the City Charter, the Commissioner has the general care and responsibility for: (1) enforcing all laws for the preservation of the health of the inhabitants of the City; (2) the study and prevention of disease, epidemics, and nuisances affecting public health; and (3) establishing and implementing policies for: (i) treating and preventing physical and mental illnesses; and (ii) educating the public about environmental, physical, and mental health."

The Commissioner "may adopt and enforce rules and regulations to carry out" these responsibilities." §2-106. The Health Insurance Portability and Accountability Act, which protects the confidentiality of medical records, provides for access to medical records by public health agencies authorized by law.[5] To support B'FRIEND, the Baltimore City Health Department is proposing specific uses of the Health Commissioner's authority under the City Charter to use data from the state's designated health information exchange to prevent falls among older adults.

---

[5] 45 CFR 164.512(b). The U.S. Department of Health and Human Services states: "The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability." See: DHHS. Disclosures for Public Health Activities. Available at: http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-public-health-activities/index.html.

The Maryland Confidentiality of Medical Records Act is consistent with the foregoing Md. Code Ann., Health-General, 4-301 et seq.

With this proposed regulation, the Health Department, as part of the B'FRIEND initiative, is specifying the authority to request that the state's designated health information exchange use Protected Health Information, as defined in the Privacy Rule ("PHI"), lawfully available to it, to perform the two types of analyses set forth below and to provide the resulting analysis, which may include Protected Health Information, to the Health Department:

1) Analyses to better understand serious falls among older adults in Baltimore, including geographic patterns and other risk factors. These analyses may then be used to advise partners and internal programs (through the use of aggregate, anonymized data sharing) in order to locate exercise programs, housing improvements, pharmacy-based education, health education, and other programs in specific areas of Baltimore where falls occur. The Health Department will not release any confidential or identifiable information related to these analyses.

2) Analyses to identify individuals who have suffered a serious fall or are determined to be at high risk for a fall in order to offer the individuals specific services to prevent serious falls. Only Health Department outreach workers will offer the services to older adults who are identified as able to benefit through these analyses. These services could include housing improvements, physical therapy, exercise programs, referrals to medical care, referrals to nutrition programs, referrals to hubs of services for older adults in the city, engagement with programs affiliated with senior centers, and review of medications. Older adults will be able to choose to accept or refuse any services offered.

The Health Department is committed to openness and transparency in key efforts to reduce suffering and improve health in the city. In the final part of the regulation, the Health Department is proposing to post an update on this effort on a quarterly basis, on the Department's website.

Regulation Text

1. The health commissioner has the authority, for public health purposes, to request the following surveillance and analyses be provided by the state's designated health information exchange, using data and methodologies reasonably and lawfully available to it:

   1.1. Surveillance and analysis of falls leading to emergency department visits or inpatient hospitalizations among older adults in Baltimore City, based on an accepted protocol for falls identification.

      1.1.1. The Health Department may not release any confidential or identifiable information related to this surveillance and analysis.

      1.1.2. This surveillance and analysis may include:

         1.1.2.1. geographic patterns;

         1.1.2.2. non-identifiable statistical analyses to identify risk factors for falls among older adults in Baltimore, based on data available to the health information exchange or the Health Department.

      1.1.3. The Health Department may use this surveillance and analysis for the following purposes:

         1.1.3.1. To local services such as exercise programs;

         1.1.3.2. To focus housing improvements;

         1.1.3.3. To locate pharmacy-based education and interventions to reduce falls; or

         1.1.3.4. To inform health education efforts to empower people to prevent falls.

      1.1.4. These analyses may include specific addresses and other identifying information to the extent needed to best accomplish the intended purpose above.

   1.2. Analyses to identify older adults who are residents of Baltimore who have suffered a serious fall or are determined to be at high risk for a fall.

      1.2.1. The Health Department may use these analyses for the following purposes:

1.2.1.1.   Outreach, by the Health Department, to offer the following services to

older adults who are identified as likely to benefit:

1.2.1.1.1.   Referrals for housing improvements,

1.2.1.1.2.   Referrals to physical therapy,

1.2.1.1.3.   Referrals for exercise programs,

1.2.1.1.4.   Referrals to medical care,

1.2.1.1.5.   Referrals to nutrition programs,

1.2.1.1.6.   Referrals to hubs of services for older adults in the city,

1.2.1.1.7.   Referrals to programs affiliated with senior centers,

1.2.1.1.8.   Referrals for medication review

1.2.2.   Older adults will be able to choose to accept or refuse any services offered.

1.3.   The Health Department shall post quarterly updates on the aggregate results of key

analyses and outreach efforts on the Department's website.