



Testimony Narrative

April 14, 2017

HB 2836-1: Requiring Oregon Health Authority to conduct study of effectiveness of Oregon Integrated and Coordinated Health Care Delivery System in improving health outcomes for medical assistance recipients.

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Good morning, Chairman Greenlick, Vice-Chairs Hayden and Nosse, Members of the Committee. I am Dr. Simrat Sethi, and I am a Supervising Psychiatrist at the Oregon State Hospital, otherwise known as "OSH". In that role, I treat patients and serve as Chairperson of OSH's Risk Review Panel. I also testify frequently at Psychiatric Security Review Board, or "PSRB," hearings. I am here to testify in support of HB 2836-1.

Psychiatric health records are protected from disclosure by HIPAA, as they contain sensitive, intimate and potentially embarrassing information about our patients. Most of our patients who have pled guilty except for insanity, or GEI, have long and disturbing histories, fraught with neglect, trauma, abuse and disturbing behaviors. GEI patients are considered to be the most vulnerable psychiatric patients in the state, and their OSH medical records should have the same degree of protection from disclosure they have at a medical hospital, clinic or any other community health care setting. We have always been told that, while the PSRB hearings and testimony are public, the PSRB exhibits are confidential.

Risk assessment, mitigation and management is the PSRB's core goal for managing our GEI patients at OSH and while they are on conditional release in the community. OSH does not have responsibility for GEI patients who are placed in the community, but it does have an interest in ensuring that the patients are successful, which means, among other things that they are not dangerous to themselves or others.

Risk assessment is based on a review of the patient records and detailed interviews and assessment. The patient records include intimate and embarrassing details which might not be pertinent to the risk assessment, and the disclosure of this information would be potentially embarrassing and traumatic for the patient. This process works best when a patient trusts her or his treatment team and is able to cooperate with risk assessments, mitigation and management.

The risk assessment process will be impeded if GEI patients are concerned and worried about the potential public disclosure of their most intimate or traumatic experiences to the general public. Extending the privacy protection to all PSRB exhibits which include protected health information is essential to the hospital and PSRB's ability to evaluate risk evaluation and help people transition to the community in a thoughtful and incremental manner.

Over the past six years, we have dramatically improved our partnership with the PSRB to successfully transition people to the community. We've done this through increasing the quality of our assessments and better mitigation of the risks. All of this has resulted in reduced institutionalization of patients who do not need hospital-level care and a reduction in the hospital's overall GEI population. If PSRB exhibits are no longer confidential and patients hesitate to share their life experiences, the conditional release process will once again slow down and GEI patients will potentially be forced to stay in the hospital longer than necessary.

I encourage the committee to extend privacy protection to the health information in the PSRB exhibits. It helps our GEI patients leave the hospital at the right time in a safe manner.
Thank you.