OFFICE OF
HIPAA COMPLIANCE
CENTRAL MICHIGAN UNIVERSITY

HIPAA Guidance: Epic's Break the Glass Function

This guidance document is intended for workforce members who use the Epic Electronic Medical Record System to provide guidance about Break the Glass.

What is Break the Glass?

1. An Epic feature that allows users to gain access to a restricted patient record. The act of gaining access to the restricted record is called *breaking the glass*. Selecting a restricted record in patient lookup, but not entering the record, is called *bumping the glass*.
2. This feature can be assigned to a patient chart to offer a higher level of security to their record. This feature is applied to a patient's chart in response to a patient's request, when a patient receives behavioral health or psychological services, or if the patient is labeled "VIP."

Why is this feature important?

1. The feature forces users to think twice about the patient information they are about to access and provide a reason for the access.
2. Provides additional monitoring functions to the security team and a higher level of security.

How do I Break the Glass?

1. After selecting a restricted patient record a Break-the-Glass prompt will populate, noting "This patient is restricted. To access the patient's chart, enter your password and accept the BTG warning. An In Basket message will be sent to the HIPAA Security Officer with notification of your access."
2. From there, you are provided with a list of reason codes to choose from. The reason codes and their respective use purposes are available in Attachment A on the next page.
   a. Of the options in the table, CMU workforce members will typically use **billing, coding, direct patient care, and scheduling**. If you are unsure what reason code to use, select "unspecified" and provide a description in the *further explanation* field.
3. Once you've selected a reason code, you may elect to provide further explanation for the access in the *further explanation* field. Providing context here assists with activity monitoring, especially where unique circumstances arise.
4. Finally, input your password and select "Accept" and you will be routed to the patient chart.

The Information-Security Management team audits Break the Glass events as part of the ongoing activity monitoring program and will reach out to you or your supervisor with any questions they may have.

If you have any questions about Break the Glass, please contact Healthcare Information Technology or the Office of HIPAA Compliance.

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ATTACHMENT A: REASON CODE TABLES

Most Common Reason Codes	
These reason codes should be used in most cases.	
Reasoning Code	**Use Purpose**
Billing	Used by billers when completing billing activities.
Coding	Used by coding personnel when completing coding activities.
Direct Patient Care	Used by student clinicians, clinicians, and providers when preparing for or following up on healthcare services rendered to a patient.
Scheduled patient	Used by individuals who are scheduling patients.
Unspecified	Used when no other reason code covers the use type. Additional context must be given if this reason code is used.

Other Reason Code Options	
These reason codes are used in unique cases only, or not at all as some are not applicable to CMU.	
Reasoning Code	**Use Purpose**
Chart Audit	Typically used by administrators, auditors, and compliance personnel for auditing purposes.
Core Measures	Used by administrators for access related to Core Quality Measures Collaborative (CQMC) functions.
Doctor's Request	Used by administrative personnel when completing activities at the provider's request.
Emergency	Used when a chart is accessed in emergency situations.
Employee Health	Used when providers are accessing records for employee health purposes.
Epic Reports	Used by administrators, auditors, and compliance personnel for reporting and auditing purposes.
IT Investigation Issue	Used by security personnel when investigating IT incidents.
Meaningful Use	Used by administrators for activities related to demonstrating meaningful use under the Centers for Medicare & Medicaid Services EHR Incentive Programs.
Open Order Report	Used by administrative staff and providers to review open orders.
PQRS	Used administrators and providers to conduct activities under the Centers for Medicare & Medicaid Services Physician Quality Reporting System.
Quality Collaborative/Data Registry Participation	Used by staff for activities related to quality collaboration and data registry functions, typically under agencies such as the Centers for Medicare & Medicaid Services.
Revenue Routine Processing	Used by administrative staff and billers to conduct revenue management functions.
Security audit	Used by information security personnel for auditing purposes.
Trauma Registry	Used by staff for functions related to trauma registries.
Wellcentive	Used for functions related to the Wellcentive reporting program.