# The Future of Electronic Consent Workshop

*Connecting Michigan for Health*

# Moderator

Shreya Patel is an attorney in Michigan, focused in the areas of healthcare and privacy. In her role as Chief Policy & Privacy Officer for Michigan Health Information Network (MiHIN), she routinely examines the effect of national and state initiatives on interoperability and participates in the national dialogue surrounding the Trusted Exchange Framework and Common Agreement (TEFCA) and Final Interoperability Rules from the Office of National Coordinator for Health IT (ONC) and Center for Medicare & Medicaid Services (CMS). Shreya is an advocate of balancing the public health interests of greater information sharing with patient privacy, and in turn, leads statewide efforts surrounding the sharing of behavioral health information and electronic consent solutions to provide healthcare consumers with the ability to receive quality, coordinated care in a secure method. In the past, she has worked with nationally recognized legal clinics, hospitals and policy centers to emphasize patient advocacy through policy initiatives.

Shreya has a Bachelor of Arts degree from the University of Michigan and a Juris Doctor from the Michigan State University College of Law.

✉ shreya.patel@mihin.org

**Shreya Patel**
**Chief Policy and Privacy Officer**

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# AGENDA

**9:00** — **Introduction & eConsent Over the Years**
*Shreya Patel—MiHIN*
*Michael Taylor—MiHIN*

**9:30** — **Panel Discussion: eConsent Community of Practice**
*Ed Daniels—Point of Care Partners*
*Mary Kratz— Interoperability Institute*
*Daniel Stein- Stewards of Change*
*David Wang, MD—Scripps Health*

**10:30** — **Electronic Informed Consent**
*Rob Berube, MD—5th Port*

**Advance Care Directives**
*Jim Kraft, PhD– MiHIN*

**11:00** — **Introduction to Breakout Sessions**
*Lisa Moon, PhD—Advocate Consulting*
*Michael Taylor—MiHIN*

**11:15** — **Break**
**Breakout Session Transition**

**11:30** — **Technical: Constructing a Statewide Solution to Integrate into HIE**
*Michael Taylor—MiHIN*

**Privacy & Legal: Balancing the Concerns that Accompany Patient Autonomy**
*Lisa Moon, PhD—Advocate Consulting*
*Shreya Patel—MiHIN*

**12:00** — Lunch Break

**12:30** — **Summary of Breakout Discussions & Closeout**
*Lisa Moon, PhD—Advocate Consulting*
*Shreya Patel—MiHIN*
*Michael Taylor—MiHIN*

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# Overview of eConsent

# eConsent Management Service (eCMS) Benefits
### Linking patients' preferences with the providers who care for them

Lets patients choose active care relationships with providers and non-providers by submitting patient preferences and consent to MiHIN

Accurately routes information to alert providers in ACRS Choices™ with patient data (e.g,. Admission, Discharge, Transfer Notifications, medication reconciliation, etc.)

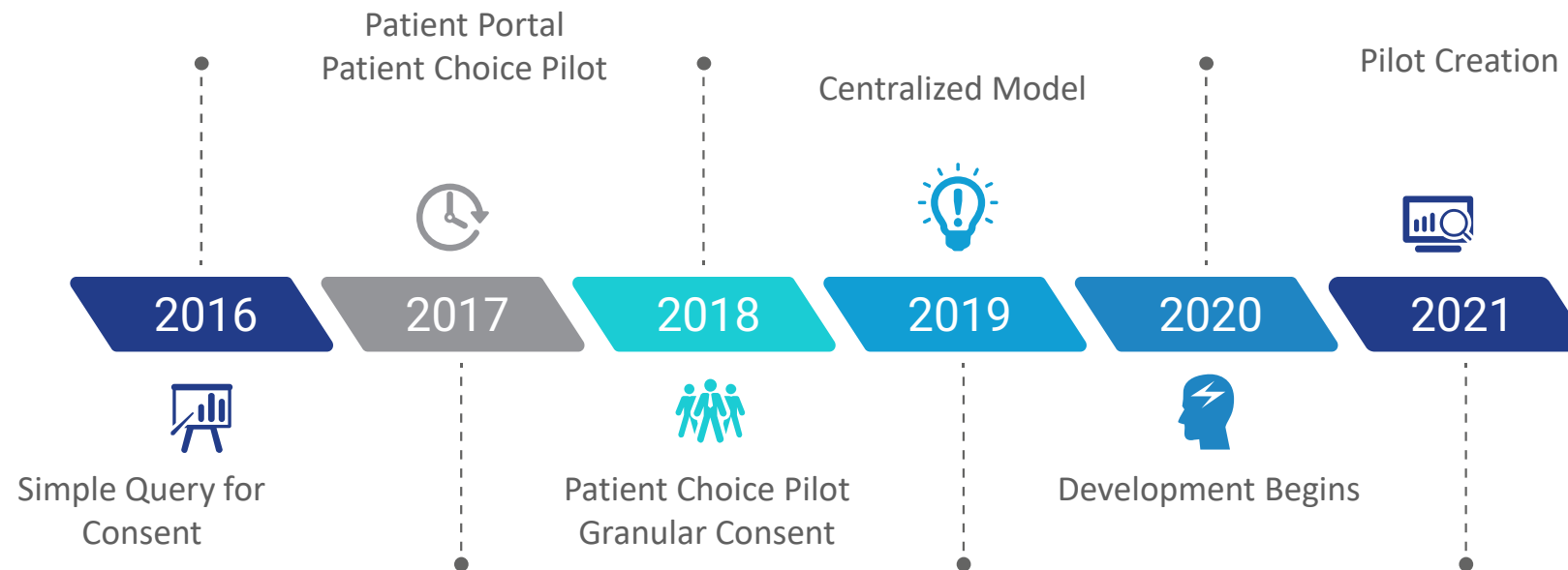Timely insight into consent related activities

Empowers patients to make informed, knowledgeable decisions

Increases confidence and trust in the informed consent process

Enables access to critical information providers may not have been able to view before

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# eConsent Over the Years

Patient Portal
Patient Choice Pilot

Centralized Model

Pilot Creation

**2016** **2017** **2018** **2019** **2020** **2021**

Simple Query for
Consent

Patient Choice Pilot
Granular Consent

Development Begins

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# 2016 – Simple Query for Consent

- Database that stores if a patient has filled out MDHHS 5515

- Sending organization queries MiHIN to see if consent is on file

- MiHIN returns "yes/no" response to sending organization

- Sending organization sends SPI if consent is on file and does not if we return "no" response

# 2017 – Patient Portal

- Created patient portal where individuals could log on and
  - Confirm or Contest their Active Care Relationships
  - Fill out an electronic version of MDHHS 5515
  - Print out a PDF version
- This was all for a demo only

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# CONSENT TO SHARE BEHAVIORAL HEALTH INFORMATION FOR CARE COORDINATION PURPOSES

Michigan Department of Health and Human Services

**This form cannot be used for a release of information from any person or agency that has provided services for domestic violence, sexual assault or stalking. A separate consent form must be completed with the person or agency that provided those services.** (See FAQ at www.michigan.gov/bhconsent to determine if this restriction applies to you or your agency.)

**First Name**

Aiden

**Middle Initial**

M

**Last Name**

Jones

**Date of Birth**

01/08/2016

**Individual's ID Number (Medicaid ID, Last 4 digits of SSN, other)**

XXXX

Under the Health Insurance Portability and Accountability Act (HIPAA), a health care provider or agency can use and share most of your health information in order to provide you with treatment, receive payment for your care, and manage and coordinate your care. However, your consent is needed to share certain types of health information. This form allows you to provide consent to share the following types of information.

- Behavioral and mental health services
- Referrals and treatment for an alcohol or substance abuse disorder

This information will be shared to help diagnose, treat, manage and get payment for your health needs. You can consent to share all of this information or just some information. (See FAQ at www.michigan.gov/bhconsent)

**I. I consent to share my information among:**

MiHIN ℹ️

BRADLEY TORRES

DANIELLE ESTRADA

HOWARD ZIMMERMAN

JAVIER KAISER

JULIE MERRITT

TARA SANTIAGO

**+ Add**

# 2018 – Complete Patient Choice Phase Three Pilot

- Used Patient Portal to accommodate Granular Consent
- Patients could ad providers and select which pieces of information to share with which providers
- Only allows a few categories
- Criticism –
  - Fragmented medical record
  - Gaps during care coordination

Manage My Care Team

✔ Give Consent

💉 Request Immunizations

📋 Caregiver Contact Information

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**First Name**

Alice

**Middle Initial**

K

**Last Name**

Vargas

**Date of Birth**

05/10/1990

**Individual's ID Number (Medicaid ID, Last 4 digits of SSN, other)**

66543523

Under the Health Insurance Portability and Accountability Act (HIPAA), a health care provider or agency can use and share most of your health information in order to provide you with treatment, receive payment for your care, and manage and coordinate your care. However, your consent is needed to share certain types of health information. This form allows you to provide consent to share the following types of information.

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**I. I consent to share my information among:**

MiHIN ⓘ

Wood Hollow Health Center

**+ Add**

**II. I consent to share:**

☑ All of my behavioral health and substance use disorder information

MiHIN Consumer Portal
Shared Services

avargas@mihin.org

Manage My Care Team

Give Consent

Request Immunizations

Caregiver Contact Information

Delivery Preferences

## Robin Harper

Use this tool to choose which parts of your health information you want to share with the provider you selected.
Just click on the circles to make your choices.

### Transitions of Care
"Transitions of Care" mean you have checked in or checked out of a provider's office or a care facility like a hospital or an urgent care clinic. When you choose to share Transition of Care information with your providers, they receive notifications every time you check in or check out (so they can know if you are having an emergency).

◉ Share Information
○ Do Not Share

### Medical Visit Information
When you visit a provider or healthcare facility like a hospital, they record the details of your visit, including your condition when you arrive, their diagnosis, a treatment plan that can include new medications, and other information. You can share the full record of your visit with the provider you just selected, or you can choose to share only information on changes to your medications.

◉ Share All Medical Visit Information
○ Share Only Medication Information for Medical Visit
○ Do Not Share

### What Information Should I Share?
Sometimes it can be hard to decide what information to share. You may want your primary care provider to know about everything you have done at other care facilities, but you may not want other providers to know everything. You should work with your providers to decide what information they really need and want to see.

OK

Consent Questions

# 2019 – Centralized Model

- Collect and store consent with a Centralized Model

- Integrate into HIN

- Ability to stand alone or be used within existing portals

- eConsent conundrums –
  - How to receive consent
  - Updates to consent form
  - How to handle paper consents with electronic
  - Identity verification

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# 2020 to Present Day – Development Continues

- Expand beyond behavioral health to any instance of tracking patient preferences –
  - Advance care directives
  - Research
  - Informed Consent
- Update from Michael Taylor

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# Phases of eConsent Directives

- Privacy Directives (you are here)
  - Admission-Discharge-Transfer (ADT) notifications containing SPI tags
  - Sending patient consent data
  - Continuity of Care Documents containing SPI tags

- Research Consent Directives

- Medical Treatment Consent Directives

- Advanced Care Consent Directives

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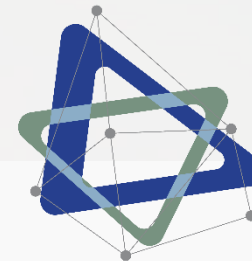
Thank you!

# Bio

Michael Taylor is a Senior Product Marketing Manager at the Michigan Health Information Network Shared Services (MiHIN) where he oversees products and serves as a subject matter expert for Social Detemininants of Health, Provider Data Management, Direct Secure Messaging, Electronic Consent Management, Patient Care Documents, and Single Sign-On. He has experience ranging through development, Direct Secure Messaging, Master Data Management, HL7 messaging, CDA documents, interface engine implementation, provider directories, Master Person Indexes, and standards adherence.

His work in the provider information and quality measurement spaces has been visible in the State of Michigan, the Centers for Medicare and Medicaid Services (CMS), the Office of the National Coordinator (ONC), the Centers for Disease Control (CDC), the Oregon Health Authority (OHA), and the Health Information Management Systems Society (HIMSS). Michael has also presented on many panels, seminars, and conferences.

**Mike Taylor**
**Senior Product Marketing Manager**

# eConsent Overview

**Michael Taylor**
Senior Product Marketing Manager

# eConsent Product

eConsent Portal

**The Tool**

Patient Choices & eConsent Management Service (ACRS Choices™)

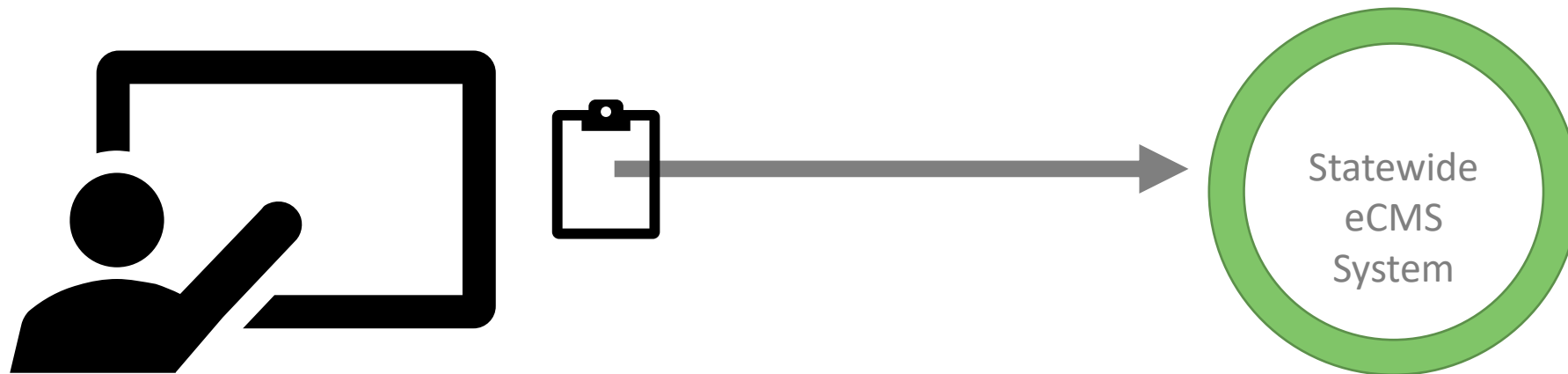**The Shared Service**

eConsent Use Case

**The Use Case**

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Let's Follow a Business Story

# Step 1: Patient fills out consent form
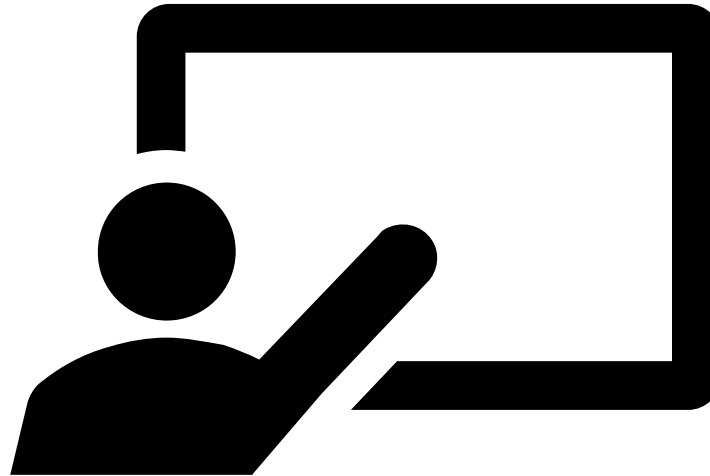
# Step 2: Consent form is stored in statewide eCMS system



Statewide eCMS System

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# Step 3: Providers are informed that consent is on file



Statewide eCMS System

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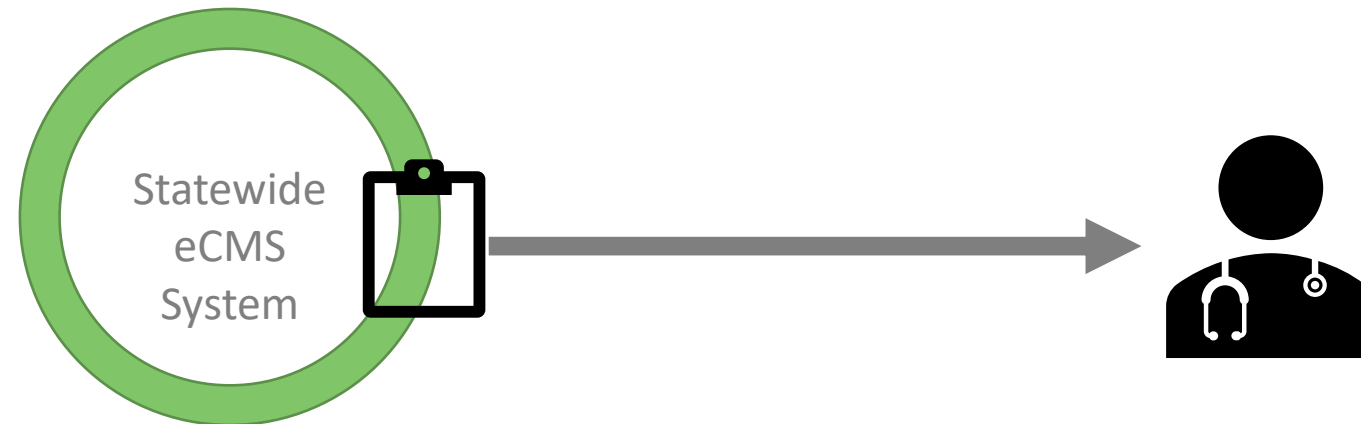
# Step 4: Consent check before routing messages containing Specially Protected Information (SPI)
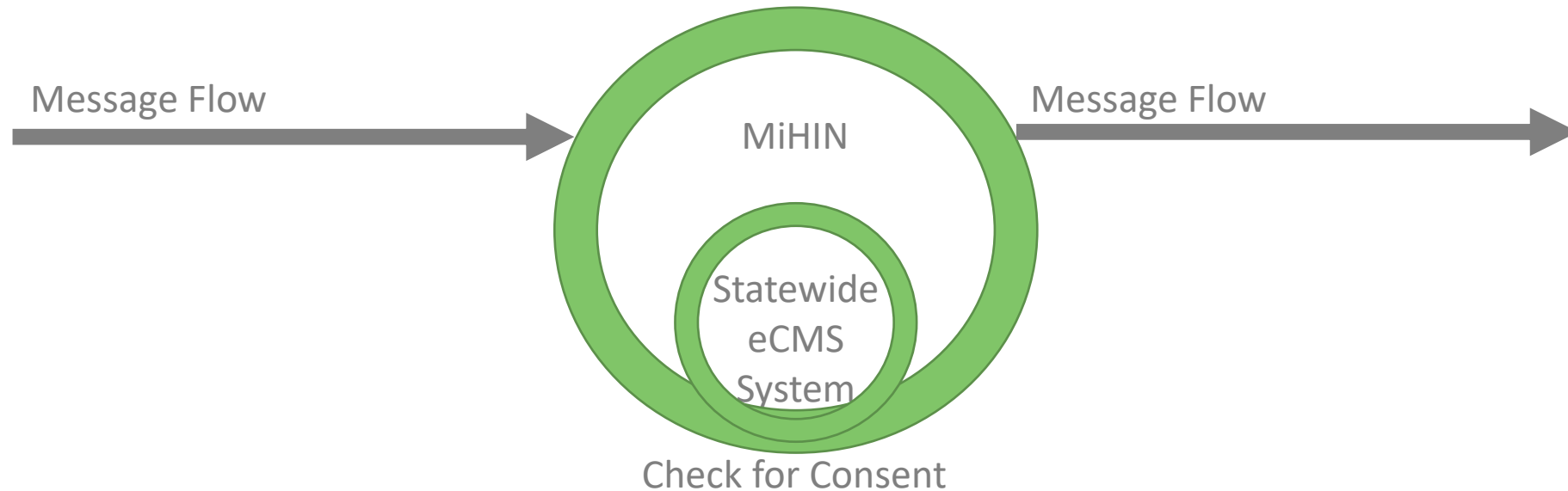
Message Flow

MiHIN

Statewide eCMS System

Message Flow

Check for Consent

The eConsent Tool

# The eConsent Tool



< Back to Client Search

**Bruce Campbell**

Address: 123 Cabin
Flint, MI 49930
DOB: 01/01/1950
Gender: Male
Phone: 517-898-8741
E-Mail: grant.smith@mihin.org

Update Client Co

**Select Provider and Practice Related to Form**

Provider: --Provider--

Practice: --Practi

**Select Consent Form Pop**

Choose only one option:

○ Client to use personal mob

## Getting Your Client Started

Search by Client's name on file.

* First Name [ ] = *   * Last Name [ ]

* Gender --Gender--   * Date of Birth mm/dd/

* ACRS File SUNNYSIDE

[ Search ]

OR

Sign a client up.

[ Sign Up ]

**Back to Client Search**

## Client Account Set Up

Client ID [ ]

First Name [ ]   MI [ ]

-- Gender -- [ ]   mm/dd/ [ ]

Address Line 1 [ ]

Address Line 2 [ ]

City [ ]   -- State/Region/Province -- [ ]

Phone Number [ ]   E-Mail Address [ ]

[ Add Client ]

This form is used to share information about your:

Diagnosis, referral, and treatment for alcohol or substance use disorder. This will be referred to as "substance use disorder" throughout this form.

This information will be shared to help diagnose, treat, manage and pay for your health needs.

By filling out the electronic form I am giving permission to share treatment/medical information in regards to Substance Use Disorder(SUD) treatment records maintained by my providers (including but not limited to, medication and doses, lab test results, clinic visits, diagnostic information, discharge summary, etc.)
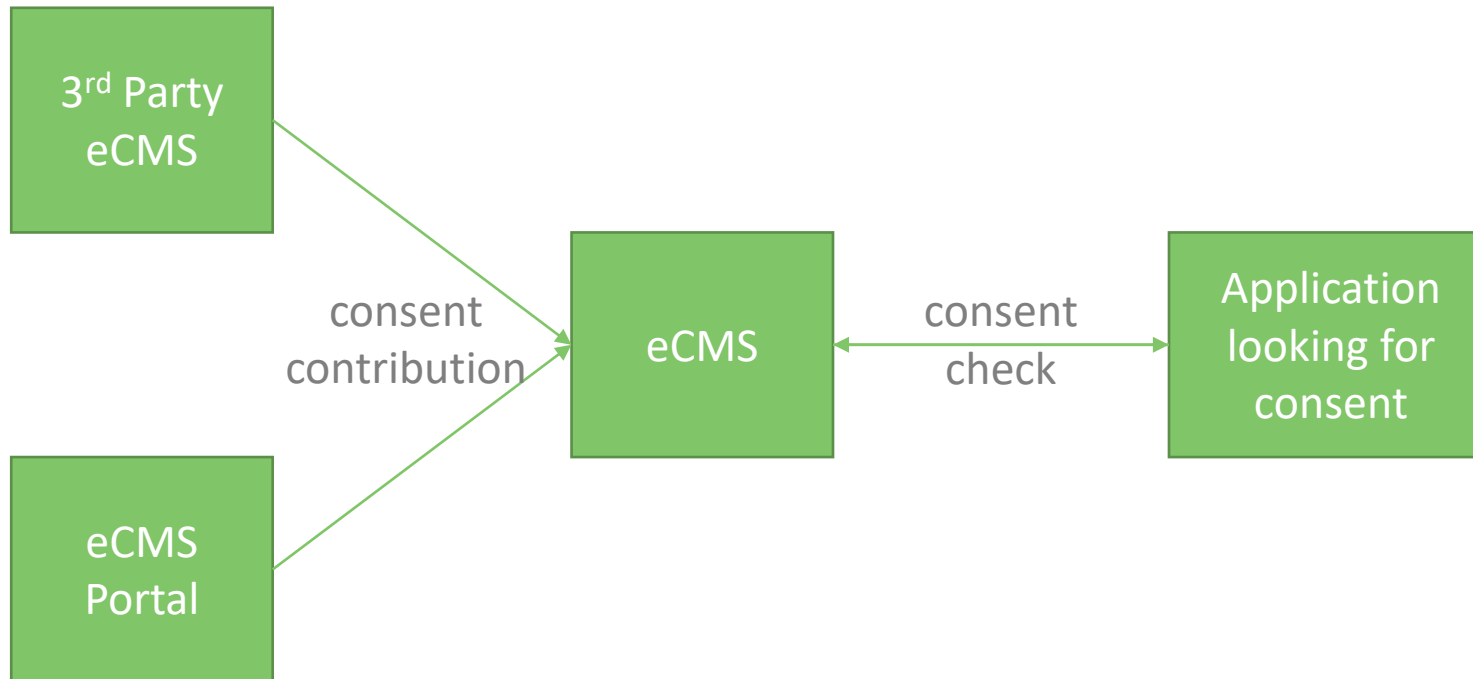
### Begin the Form

To begin filling out the Consent to share Behavioral Health Information for Care Coordination form, please scan the provided QR code with your personal mobile device. If you do not have a mobile device or prefer to fill out the form at another time and location, please let the office staff know and they will coordinate with you so that you can access the form from your client portal.
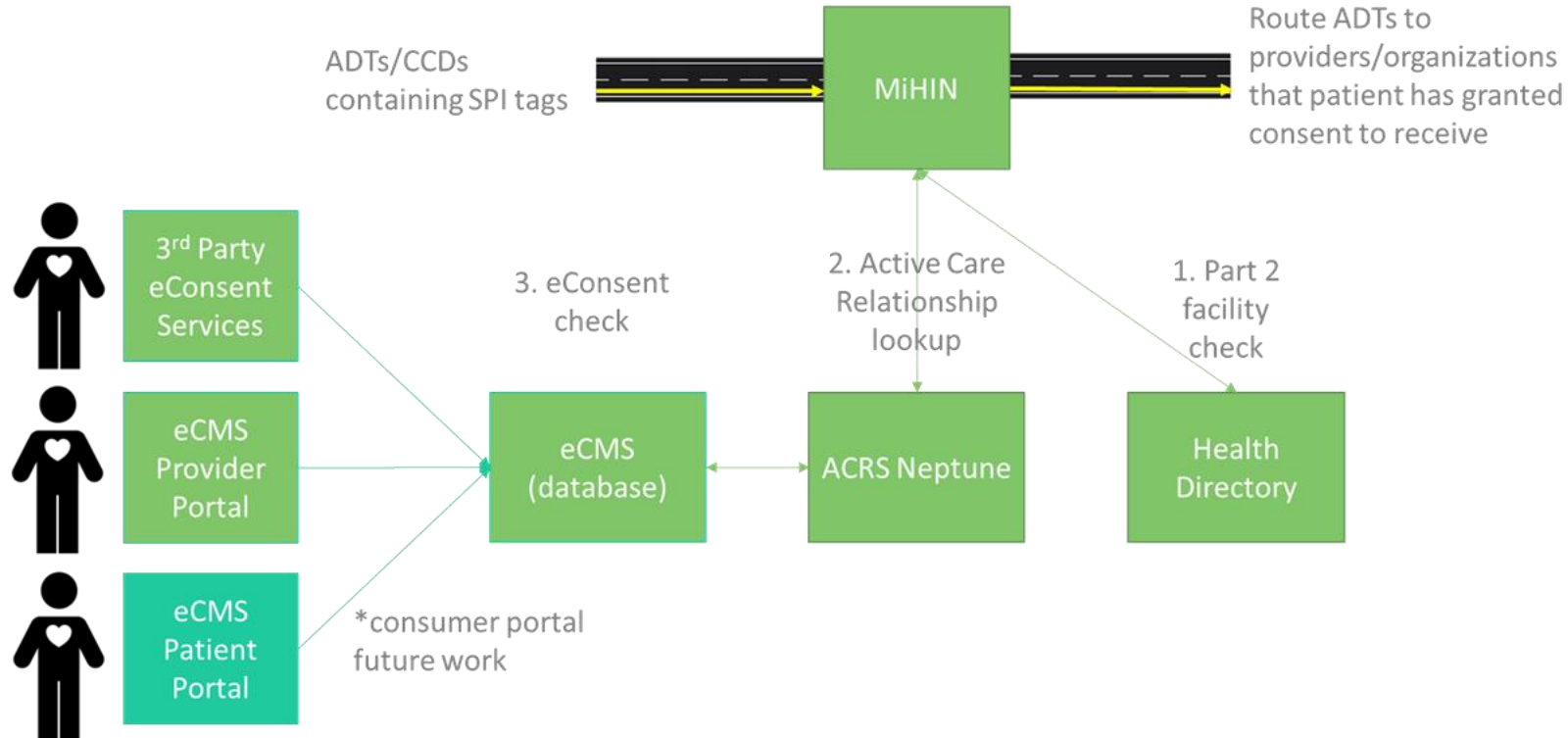
10:36   (833) 655-1...
Mobile

Today 10:36 PM

1 Unread Message

Electronic Consent Management Service Verification Code: 460657

This code expires 30 minutes from the time it was requested. We will never call you and request this code.

Type a message...

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# Technical View

# eCMS Centralized View



3rd Party eCMS

eCMS Portal

consent contribution

eCMS

consent check

Application looking for consent

# eConsent Data Flow (ADTs)



ADTs/CCDs containing SPI tags

MiHIN

Route ADTs to providers/organizations that patient has granted consent to receive

3rd Party eConsent Services

eCMS Provider Portal

eCMS Patient Portal

3. eConsent check

2. Active Care Relationship lookup

1. Part 2 facility check

eCMS (database)

ACRS Neptune

Health Directory

*consumer portal future work

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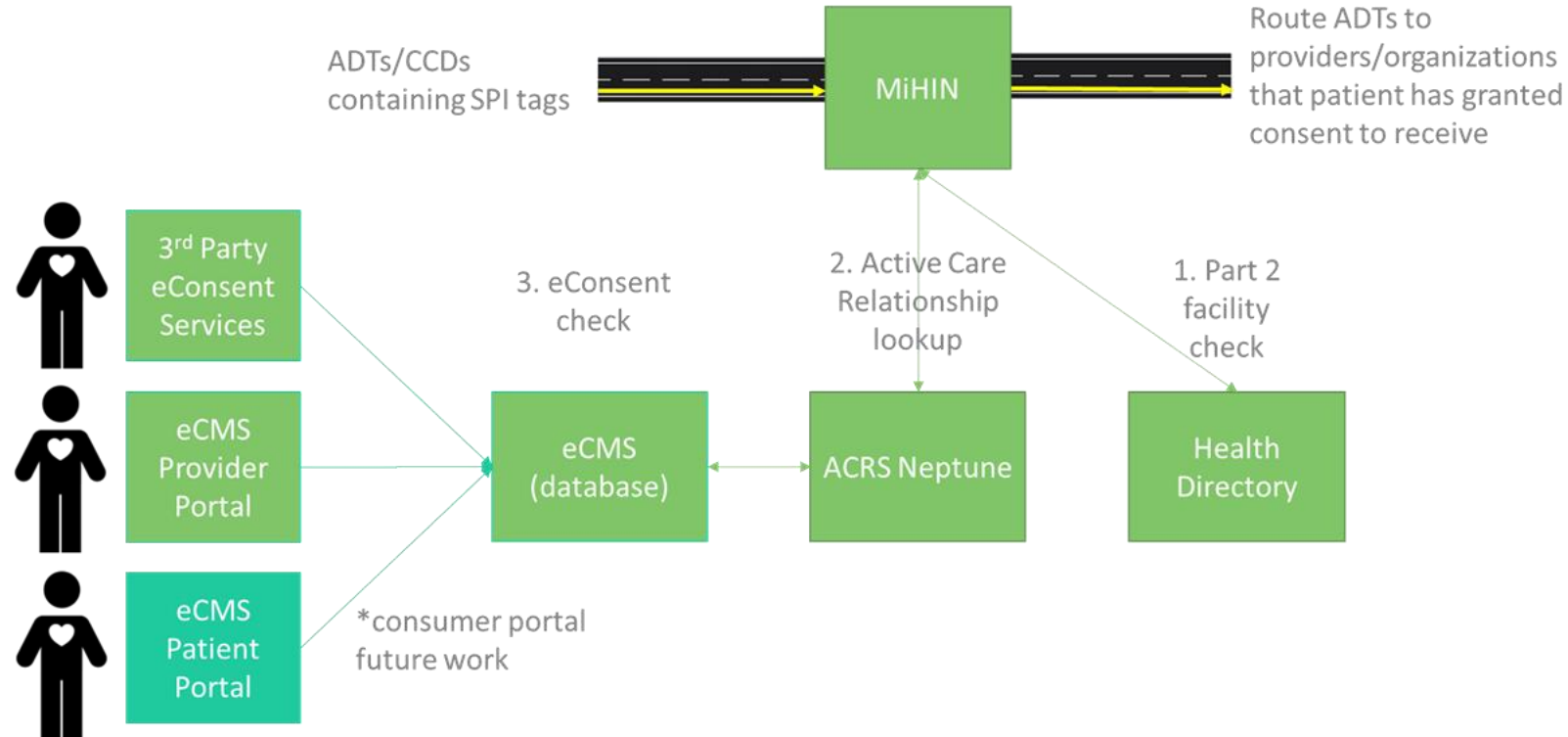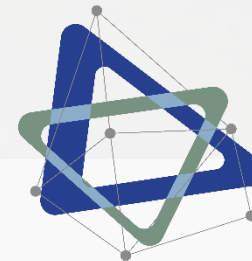for health and more

# eConsent Data Flow (capturing consent)
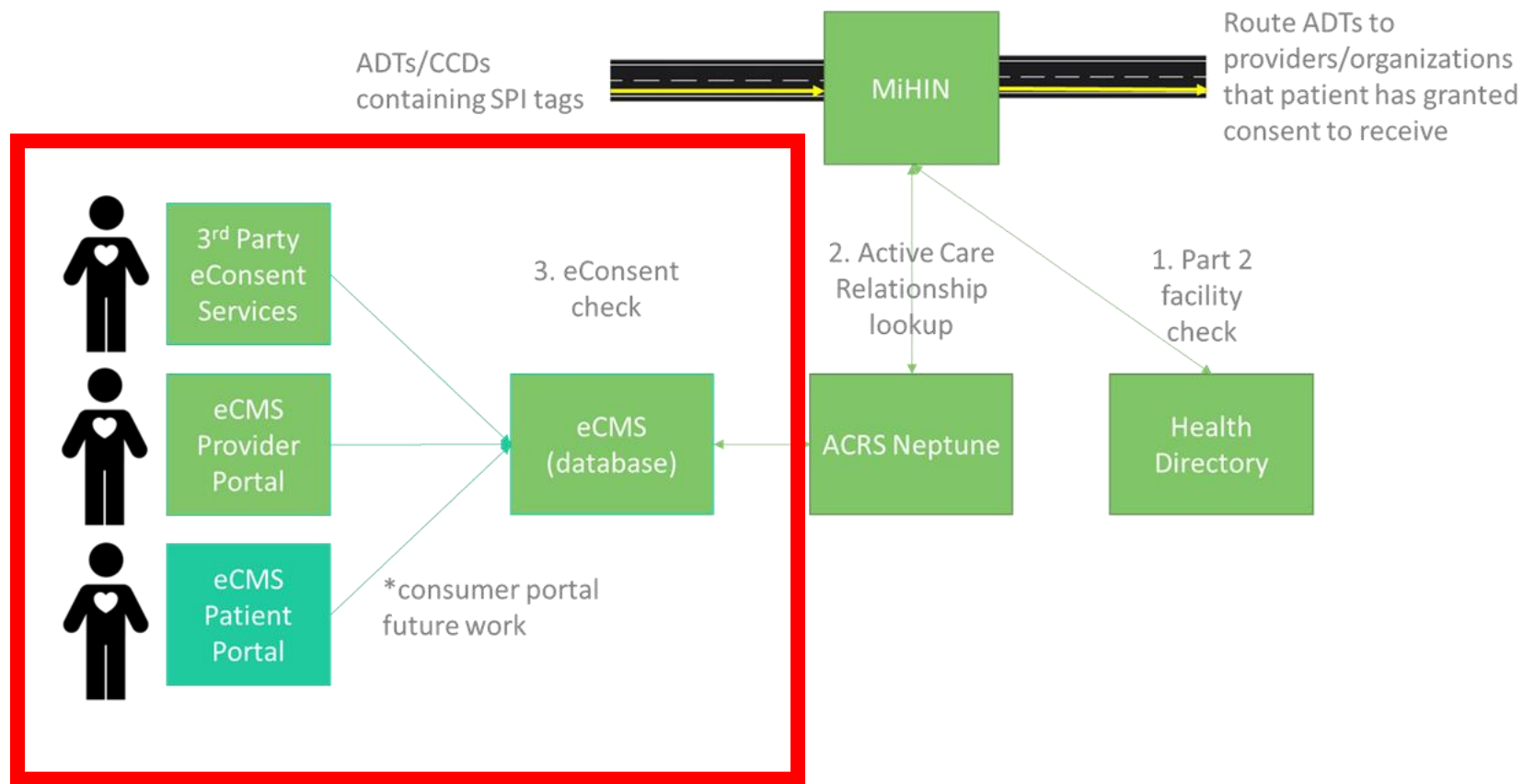
# eConsent Data Flow (using consent)
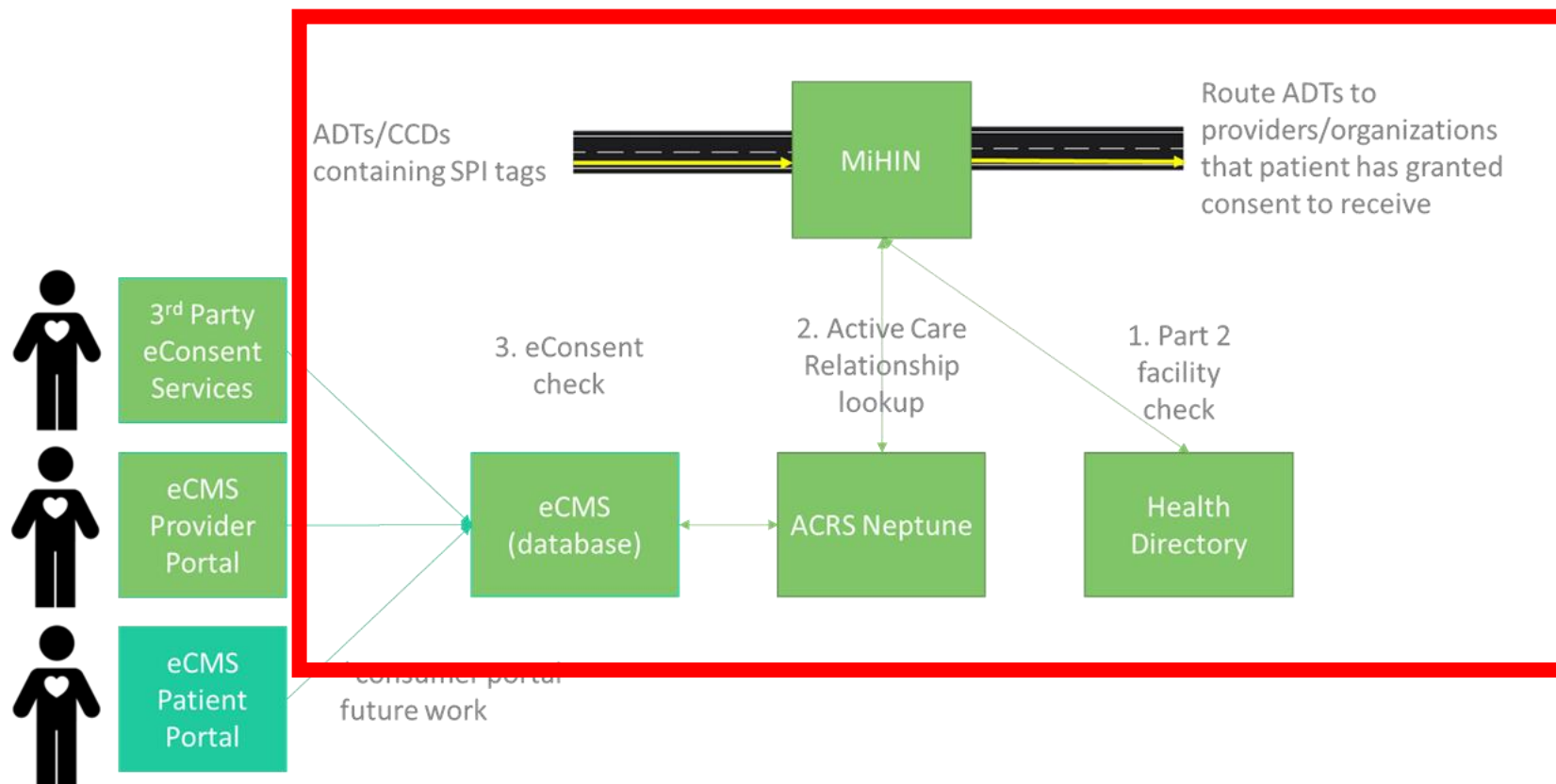
# eConsent Data Flow

# Thank you!

**Michael Taylor**
Senior Product Marketing Manager
Michael.taylor@mihin.org