

Description:

In the Technical Breakout Session for the eConsent Workshop, facilitator and Senior Product Marketing Manager Michael Taylor will discuss Constructing a Statewide Solution to Integrate eConsent into an HIN. This session will contemplate timely issues such as:

- **Constructing a Solution.** How eConsent will be gathered, updated, and managed, and stored.
- **Integration into HIN.** Why HINs are uniquely situated to handle eConsent. It will also discuss how the HIN can work with providers and health systems so they can improve on their existing processes.
- **Data Segmentation.** To what extent should granular consent and data segmentation be utilized in a consent model
- **Technical Challenges.** What challenges still exist from a technical perspective, and how can we work together to solve them?

Discussion Questions:

- What is the need for a centralized consent solution?
- How is a HIN/ HIE specially situated to facilitate the collection, updates, and storing of eConsent?
- How does a centralized consent solution interact with existing consent structures (e.g. a provider's method for collecting consent, paper consent forms, etc)?
- To what extent have additional consent forms been contemplated for eConsent?
- To what extent has granular consent been contemplated?
 - What are the advantages and disadvantages of granular consent?
- How does data segmentation come into play?
 - TEFCA and certain federal rules discuss utilizes data segmentation to remove specially protected information for which consent is not given.
 - Could this be positive?
 - Could this result in fragmented medical records?
- How are HL7 Security Labels, or Privacy Tags, at play in the eConsent framework?
 - Could these labels be used for segmentation?
- What technical challenges are in place for organizations that would like to participate in eConsent?
 - How can we resolve these?

Notes:

- What's going on in orgs regarding consent?
 - Tina McConnell – Family Healthcare
 - Negotiating credentials for staff via approx. 40 different portals.
 - Providers see lots of patients across multiple health systems.
 - Looked into MiGateway as a possible solution.
 - How do we streamline access to patient data?
 - Telehealth allows for verbal consent on the phone, then their record is flagged and next time the patient in the office they are asked to fill out and sign the consent form.
 - Mike Taylor
 - We tried to come up with a way to automate the consent process, but not everyone can access this or navigate the process.
 - Sharing SPI in MI
 - Tina McConnell
 - Current process is to collect the consent on paper and then record it in their EHR. A statewide process for this would definitely be welcomed.
 - Ian Dodoo – DC Dept of Healthcare Finance
 - What is the consent tool we've built?
 - Mike Taylor – resides in MiGateway portal.
 - Can be used by providers to collect consent as an alternative to logging into multiple portals.
 - MiGateway and the eConsent process can be embedded into apps and portals.
 - Haven't necessarily focused on telehealth for this and currently isn't supported in this format.
 - Forest White
 - MiHealth Link – dual enrollment tool for Medicare/Medicaid
 - As care plan is being formulated, a CCDA is shared. The CCDA has eConsent embedded into it allowing PHI exchange between two different orgs.
 - How can MiHIN's tools benefit both sides?
 - Intelligent Query Broker Service allows for eConsent verification.
 - Simply query whether or not an individual has approved or denied consent.
 - Will this also work for behavioral health?
 - It technically can, but there could be hesitancy from providers.
 - It all boils down to trusting the organization that provides the consent service.
 - It's our hope that MiHIN can provide this service.

- Thomas Myers
 - Is there any active discussion around expanding the scope of the term "consent" to also include permissions/authorization structure for "feeds" flowing from providers to partners (like the HIE) rather than just limited to patient scope? Is this being handled elsewhere or called something else already?
 - MiHIN has delivery preferences that allow for better delivery of consent/PHI. A provider can define parameters for the messages they actually receive.
- Are there better ways we can leverage MiHIN eConsent services in ways we haven't thought of? What about specifically in MI?