Technical Overview of Consent to Release Information

HL7 Format and Electronic Sharing

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The new consent form for release of information will help enable health information exchange (HIE) and integrated care. This session will demonstrate how the new consent form can be mapped to an HL7 messaging standard. We will also explore how providers and other healthcare organizations in Michigan can coordinate data sharing by managing electronic consent documents.

- New Consent Form
- HIE Review
- HL7 Standard
- Mapping
- ECMS
- Next Steps
CONSENT TO SHARE YOUR HEALTH INFORMATION

THIS FORM CANNOT BE USED FOR A RELEASE OF INFORMATION FROM ANY PERSON OR AGENCY THAT HAS PROVIDED SERVICES FOR DOMESTIC VIOLENCE, SEXUAL ASSAULT AND STALKING. A SEPARATE CONSENT MUST BE COMPLETED.

Individual’s Name: ____________________________ Date of Birth: _________________

Individual’s ID number (Medicaid ID, SS #, other): ____________________________

Your consent is needed to share certain types of your health information including:

- Behavioral and Mental Health Services
- Referrals and treatment for alcohol and substance use disorder
- Communicable diseases such as sexually transmitted diseases and human immunodeficiency virus (HIV Infection, Acquired Immune Deficiency Syndrome or AIDS Related Complex)

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 instructions).

I. I consent to share my information among:
(Additional persons or agencies can be added at top of the next page)

1. ____________________________ 3. ____________________________
2. ____________________________ 4. ____________________________
II. I consent to share:
   □ All of my health information listed above
   -OR-
   □ All of my information listed above except:
   (list types of health information you do not want to share)

III. By signing this form I understand:
   • My information may be shared with each agency and person listed above
   • My information will be shared to help diagnose, treat, manage and pay for my health needs
   • My consent is voluntary and will not affect my ability to obtain mental health or medical treatment, payment for treatment, health insurance or benefits
   • My health information may be shared electronically
   • My physical health information may be shared without my consent for treatment, payment, operations or as otherwise allowed by law
   • The sharing of my health information will follow state and federal laws and regulations
   • This form does not give my consent to share psychotherapy notes as defined by federal law
   • I can withdraw my consent at any time. Any information shared with my consent cannot be taken back
   • I should tell all agencies and people listed on this form when I withdraw my consent
   • I do not have to sign a copy of this consent
   • I can have a copy of this form

My consent will expire on the following date, event or condition unless I withdraw my consent.
(If expiration date is left blank or is longer than one year, the consent will expire 1 year from the signature date)
I have read this form or have had it read to me in a language I can understand. I have had my questions about this form answered.

Signature of person giving consent or legal representative ____________________________ Date

Relationship to Individual

☐ Parent  ☐ Guardian  ☐ Authorized Representative

Additional persons or agencies – continued from previous page

5. ____________________________________________  8. ____________________________________________

6. ____________________________________________  9. ____________________________________________

7. ____________________________________________  10. ____________________________________________
WITHDRAW OF CONSENT

I understand that any information already shared with my consent cannot be taken back.

I withdraw my consent to the sharing of my health information:

☐ Between any of the following persons or agencies:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

-OR-

☐ For all persons and agencies

__________________________________________________________________________

Signature of person withdrawing consent or legal representative

Date

Relationship to Individual

☐ Parent  ☐ Guardian  ☐ Authorized Representative

Verbal Withdraw of Consent:
This consent was verbally withdrawn.

__________________________________________________________________________

Signature of person receiving verbal withdraw of consent

Date
Data Sharing: Physical Health

- Physical health providers may share relatively easily
- Consumer may opt-out
- All-or-nothing sharing
Data Sharing: Behavioral Health

- Consent Form
  - Signature required
  - Providers and hospital are named
    - Data OK to share
  - Lab is not listed
    - No sharing
- HIE cannot rely on paper consent form
Data Sharing: Behavioral Health

- **Goal:** HIE can verify consent and then share BH data

- **Required:** Electronic format for consent

- **Required:** Method for HIE to check consent
What is HL7?

- Health Level Seven
- Standard for exchanging information between medical applications
- Message-based: one message for one record/item of health-related information
- Examples: patient records, labs, billing
HL7 Versions

- 2.X
  - EDI-style text file
  - Sample messages: ADT, MDM (2.7)

- 3.X
  - XML text
  - Implementation guides: C-CDA R2
  - CCD Continuity of Care Document
    - Ask your EHR vendor about creating CCDs!
HL7 2.X

- Message represented in delimited text
- Each Message contains one Segment per line
  - A Segment type has a schema of Fields to simplify parsing and validation
  - Some Segments are optional for a message
  - Some Segments can be repeated to include more data
- MDM Message: Medical Document Management
MDM Example Message

- MSH|^~\&|EHR|network180.org|ECMS|vendor.com|201408011600|MDM^T02|1234-UUID-5678|D|2.7
- EVN|T02|201408011600
- PID|||012345678^^^^ECMS^SSN~66899^^^^ECMS^MRN^network180||Squarepants^Spongebob||20010101|M
- PV1||N
- TXA|1|RI|TEXT|12345-UUID-6789|AU
- CON|1|001|DCH_3927_(10/14)|1001^^^^1.2.3.4.5^ISO|<literal_text>|||PA||201408151230|201508151230|||Squarepants^Spongebob|1
- OBX|1|CWE|DYAD|1.2.3.4.5.6^ISO^1.2.3.4.5.7^ISO
- OBX|2|CWE|REVOKE^DATE|20140101
- OBX|3|ED|IMAGE^PDF|<base64 representation>
MDM Segment List

- **MSH** = Message Header (required for any HL7 message)
- **EVN** = Event Type
- **PID** = Patient Identification (patient matching)
- **PV1** = Patient Visit
- **TXA** = Document Notification
- **CON** = Consent (summary of consent)
- **OBX** = Observation (consent details; repeated segment)
### MSH Segment: Message Header

- **MSH|^~\&|EHR|network180.org|ECMS|vendor.com|201408011600||MDM^T02|1234-UUID-5678|D|2.7**

- **MSH-1**: Field delimiter | (bar)
- **MSH-2**: Other delimiters
  - Subfield ^ (caret)
  - Repeating field ~ (tilde)
  - Escape character \ ... Sub-subfield &
- **MSH-9**: Message type = MDM^T02
  - Subfield trigger T02 for ‘Original doc notification and content’
- **MSH-12**: Specific HL7 version is 2.7
PID Segment: Patient ID

- **PID-1**: Patient Identifier List
  - [ID-value]^^^ECMS^[ID-type]^^[ID-type-detail]
  - ID types: Medicaid, Medicare, SSN, Driver’s License
  - MRN for Medical Record Number, with issuing org as detail
  - Ideally, a statewide Master Patient Index identifier

- **PID-3**: Patient Name

- **PID-5**: Patient DOB

- **PID-8**: Patient Gender
CON Segment: Consent

- CON|1|001|DCH_3927_(10/14)|1001^^1.2.3.4.5^ISO|
- <literal_text>||||P|A||201408151230|201508151230|
- Squarepants^Spongebob|1

- CON-2: Type of consent (001 = release information)
- CON-3: Consent Form Version
- CON-4: Unique consent document ID
- CON-5: Literal text of the complete consent (optional)
- CON-14,15: Effective/expiration date of consent
- CON-24: Consenter ID
- CON-25: Relationship to Subject (1=Self)
OBX Segment: Details

- OBX|1|CWE|DYAD| |^1.2.3.4.5.6^ISO|^1.2.3.4.5.7^ISO
- OBX|2|CWE|REVOKE^DATE| |20140101
- OBX|3|ED|IMAGE^PDF| |<base64 representation>

- OBX-3: Data Definition (what is contained in OBX-5)
- OBX-5: The actual data

Example: An OBX segment with IMAGE^PDF can be used to store a scan of the whole consent form, or just the signature
Every pair of providers who are allowed to share can be listed.

Every individual provider is identified with a globally constant Object ID.

Ideally, a statewide Healthcare Provider Directory will make it easier to understand how various providers are related.
OBX Segment: Revoking

- OBX|1|CWE|REVOKE^DATE| |20140101
- OBX|2|CWE|REVOKE^OID| |^1.2.3.4.5.6^ISO

- Revoking by date cancels all consent documents prior to the listed date.
- Revoking an Object ID cancels any dyad/pair links that include that Object ID, but leaves other existing links intact.
MDM Example Message

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☐ For all persons and agencies

-OK-

Signature of person withdrawing consent or legal representative

Date

Relationship to Individual

☐ Parent

☐ Guardian

☐ Authorized Representative

Verbal Withdraw of Consent:

This consent was verbally withdrawn.

Signature of person receiving verbal withdraw of consent

Date
Vision

- Consent can be collected by any provider, and the form will be considered valid by any other provider.
- A provider can obtain consent to enable sharing throughout a consumer’s care team.

- Electronic formats take this further ...
  - An uploaded consent document can allow sharing through an HIE, and it takes effect immediately
  - Providers can check to see if they already have consent to obtain or share information
Organizing Consent Docs: ECMS

- Electronic Consent Management System
- Database to store forms and log revocations
  - Stores HL7 MDM messages
- Interface to query database
  - Responds to queries
ECMS: Responding to Queries

- HIE’s primary, automated question
  - Can data from org A be shown to org B for consumer X?

- Provider
  - What consent documents already exist for consumer X?
  - Which orgs may I exchange data with, for consumer X?

- ECMS talking to another ECMS
  - Does consumer X have a registered consent with you?
  - Have any consumers recently revoked consent?
What should CMHs/PIHPs do?

- Start using the new consent form in your intake processes
- Talk within your IS department and to your EHR vendor
  - Can we export CCD documents?
  - Can we have a digital version of the new consent form?
  - How can we link up with other organizations to share data?
- Consider forming a relationship with MiHIN and/or a substate HIE
  - How will the relationship(s) help you share behavioral health data with primary care and with physical health in general?
Videos and Resources

  - Note: you don’t need an interface engine right now.
- CIO Forum documents
  - “An Electronic Consent Management Architecture to Support Behavioral Health Information Exchange in Michigan,” 8/21/2014
  - Behavioral Health CCD Attachments 1 and 2, 9/2013
For Further Information

... or for copies of the CIO Forum docs.

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