Electronic Consent Management System (eCMS)

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HIE Update
CIO Forum – Part of The Standards Group

- The Standards Group (TSG) formed in 2006 as a joint effort of:
  - Michigan Department of Community Health (MDCH)
  - Michigan Assoc. of Community Mental Boards (MACMHB)
  - Behavioral Health Plans (PIHPs)
  - Consumers and Advocates

- TSG was governed by a Board of 29 members
  - 3 MDCH members
  - 6 Single County Behavioral Health Plan reps
  - 14 Regions /CMHSP reps (7 from Regions, 7 from CMHSP)
  - 4 Consumers/Stakeholder representatives
  - 2 Behavioral Health Provider Reps
Incorporating Behavioral Health into HIE

In January 2013 three critical areas were keeping PIHPs, CMHSPs and providers from making meaningful connections to Health Information Exchanges. The CIO Forum began work on these at that time.

1. **Consent**. Lack of a standard statewide behavioral health consent, used and accepted by all parties.
2. **Content**. Lack of standardized data to share.
3. **Consent Infrastructure**. Lack of specific technical standards to standardize how HIEs can use consent.
Rapid Progress – as of Fall 2014

- **Consent.** Thanks to the work of many a statewide standard behavioral health consent form is now weeks from release. PA 129 is a huge advance!

- **Content.** Sept 2013 - the CIO Forum released a standardized Continuity of Care Document (CCD)

- **Infrastructure.** Aug 2014 – the CIO Forum approved and released specifications for an Electronic Consent Management System.
eCMS Overview

- Built around Michigan’s statewide consent form
- Standards Based (HL7 CDA)
- Inclusive – to the normal CIO Forum group invited Provider Alliance representatives and Michigan’s Behavioral Health Software Vendors
- Vendor Agnostic
- To provide consent specs upon which Electronic Health Record (EHR), HIE (QO and VQO) and MiHIN vendors can immediately begin programming
  - Rigid enough to provide precise functionality
  - Flexible enough to handle different methods of operation
Electronic Consent Model Supports Behavioral Health exchange through a VQO or directly with HIEs
Electronic Consent Mgt - Roles

1. Obtaining Consents
   - Consents are obtained by Behavioral Health Providers and/or any other Entity serving behavioral health patients.
   - Electronically or via Paper
   - Consents are “registered” with the Electronic Consent Management System (eCMS)

2. Holding and Managing Consents
   - Federated System of eCMS Systems
   - eCMS system(s) hold all consents, revocations, etc.
   - Each eCMS system serves a set of parties that need permission to share or release documents
3. Using the Consent

An HIE that works directly with behavioral health entities would establish a connection to an eCMS of its choice. When the HIE wishes to release behavioral health information, either *push* or *pull*, it queries the eCMS to see whether an appropriate consent exists and is still valid for the patient and providers in question. If valid, the information is released identically to physical health information.

This is just one example. Other methods exist, such as going through a VQO or performing eCMS functions “in-house.”
Some Attributes of the eCMS System

- Consents can be registered or revoked at any participating entity (behavioral health or physical health).
- Built to tie into existing choices for Health Provider Director and Master Patient Index.
- Built to support use of online patient consent portals.
- Federated registry model for flexibility. (note: MiHIN has since proposed a central role for MiHIN – a sort of consent clearing house).
Three eCMS Examples

**Example #1**

- CMH registers consents with local HIE
- Local HIE includes an eCMS in its HIE system
- When hospital asks for records or uses HIE
- Viewer the HIE checks the ECMS

**Example #2**

Similar arrangement, but HIE contracts with an external eCMS. For instance, an eCMS offered as a MiHIN shared service.
In this example the CMH releases records to a primary care provider as requested by the HIE, after checking an eCMS that is part of its EHR.

The point is, the eCMS system must accommodate different ways of structuring business.
Consent “Use Case A”

- Alice is seen by the local CMH. To better manage her coordination of care she signs a uniform consent to have information shared with her primary care physician, her Medicaid Health Plan, and her CMH.

- Whenever Alice is seen by her primary care physician, the physician signs into the local HIE “portal” and looks at the Meds prescribed by the CMH doctor. The local HIE knows that it is OK to display this information because it checks the local eCMS and sees that a consent has been given for these providers.
Consent “Use Case B”

- Marcus is seen in a Grand Rapids ER for symptoms of a heart attack.
- Marcus tells the ER staff that he is seen by a local CMH provider.
- He signs a consent form in the hospital’s EHR which is immediately registered at the local eCMS.
- Hospital staff review their HIE’s “portal” to check on CMH records. It checks the eCMS for consent, obtains permission, and then lists the psychotropic medications prescribed.
Health Information Exchange (HIE) Choices

(subtitle: what’s a poor CMH/PIHP to do?)

- HIE is a verb – the act of electronically exchanging information.
- HIE is a noun – the entities that exchange information and/or the system(s) they use

This presentation deals more with the latter concept.
The Parties in Michigan HIE

- The Individual “Sub-state HIEs” or “Qualified Organizations”
  - GLHIC - Great Lakes Health Connect
  - UPHIE – Upper Peninsula Health Information Exchange
  - JCMR – Jackson Community Medical Record
  - Ingenium – powered by AT&T
  - SEMHA – Southeastern Michigan Health Association
  - SEMHIE – Southeast Michigan Health Info Exchange

- MiHIN Shared Services (Michigan Health Information Network)
  A public-private collaboration to support exchange. Striving to be a “network of networks,” the system to help separate HIEs form a unified system.
Original vision for the Role and Purpose of Sub-State HIEs

- Instead of a statewide HIE, regional HIEs would be used to connect within local geographic areas (*medical trading areas*)

- Build sharing relationships between each region’s:
  - Hospitals
  - Laboratories
  - Ambulatory Treatment Centers
  - Behavioral Health Providers, etc.

- Use HIE technology to:
  - Exchange data within the region
  - Provide a central portal for practitioner lookup
  - Allow patient lookup of his/her records

- Connect to other regions to allow data to flow anywhere in the State.

Source: Michigan Conduit to Care
Original vision for the Role and Purpose of State Government

- Legal Interpretation and Consensus
- Standard Setting and Technical Support
  - Advocate for the use of national standards (e.g., for interoperability)
  - Provide a forum for regional input to national standard setting bodies
  - Promote the development of statewide master patient and provider indices and a record locator service (RLS)
- Statewide HIE Coordination by creating a “MiHIN Resource Center”
- Fund-Raising
- Education and Marketing
Original vision for the Role and Purpose of MiHIN

Originally

- Leverage MiHIN Resource Center workgroup structure for HIE & HIT advisory needs
- Provide resources to Michigan’s HIT Commission
- Encourage regional HIEs to move toward the exchange and interoperability of clinical data

Over the years the role has morphed, adding:

- Provide “shared services” infrastructure to the HIEs, such as Master Patient Index and Health Provider Director
- This represented a reasonable shift from promotion of common standards for the HIEs to actual operation of infrastructure - a “network of networks”
Further Changes for MiHIN

- Original grant funding reduced and project-based funding has increased.
- Increased numbers of projects, such as the “Use Case Factory”, security services, Direct Routing, role in the *Integrated Care Bridge* and others
- Expansion of role with additional parties
  - QOs – Qualified Organizations (the original HIEs)
  - VQOs – Virtual Qualified Organizations
  - PQOs – Payor/Plan Qualified Organizations
- For some data the only way to submit data to the State
- Increasing Relationship with BCBS (*payment incentives*)
Integrated Care Bridge Record (ICBR) for the “Duals Project”

The MDCH/MiHIN Vision

- A system to integrate benefits, rules and payments for dual Medicaid/Medicare
- Pilot project with 4 Regions and 7 Health Plans
- A portal run by the ICO?
- Data: issues, labs, meds, assessments, integrated care & supports plan (IICSP)
- Requires “qualified data sharing organization agreement” with MiHIN
Meanwhile HIEs have Changed too

- Some are out of business, not really viable, or more of a shared EHR than an exchange
- And GLHIE and MHC merged to form *Great Lake Health Connect* – a strong statewide HIE
  - “Touching 50-60% of primary care provider organizations, 3200+ provider participants”
  - 124 Hospitals with 80% of beds and almost all the major hospitals throughout Michigan
  - Behavioral Health, FQHCs, Health Plans, Labs, Long Term Care, Universities, etc.
  - Master Person Index of over 6 million people
- UPHIE appears strong, and maybe others
Is the MiHIN/HIE partnership as strong as it needs to be?

A strong MiHIN/Sub-State relationship is needed for a quality statewide system. Each party has an important role.

This presenter’s subjective interpretation...

- Some concerns HIEs could have.
  - Wondering if MiHIN will take customers away from HIEs.
  - MiHIN changes to broaden its Board structure lessened HIE influence on MiHIN mission and policy.
  - A risk that MiHIN could price data transfer services some day above the cost of a direct HIE-to-HIE connection.
  - MiHIN literature tends to read as if HIEs are only one cog in the wheel – as opposed to an equally important partner in the statewide network.
Is the MiHIN/HIE partnership as strong as it needs to be?

This presenter’s subjective interpretation...

- Some concerns MiHIN could have.
  - Sub-state HIEs reluctant/slow to send new types of data to MiHIN
  - Sub-state HIEs hesitant to build MiHIN-requested joint exchange structures even with monetary incentives.
  - Circumvent MiHIN’s goal of being a “network of networks” via a desire to maintain individual person and provider indexes, and a possible desire to exchange directly instead of through MiHIN
So What’s a CMHSP/PIHP to Do?

- PIHPs – you’ll need to be part of the ICBR (MiHIN)
  - but will this get information to the physician down the street, or sent for non-Dual consumer? You may want the “local” HIE to do this

- CMHSPs
  - Work with the ICBR if your PIHP sees a role for you there
  - Meanwhile consider connecting soon to a local HIE so you can connect your EMR and begin getting labs, med information, ADTs, etc. now

HIEs have the “Ground Game” (providers, hospitals, patients)
MiHIN has better tie to MDCH and important Payors
So What’s a CMHSP/PIHP to Do?

- Recognize that future products are often hyped, and can take longer than predicted to reach their expected results.
- Connect EMRs where possible. Keep one foot in each camp and initiate/maintain good HIE/MiHIN relationships in multiple areas.
- Recognize the players and the hype – as always, interpret information in light of possible bias of the entity providing that information.
- If not already attending, join the CIO Forum.
- Encourage MiHIN and Sub-State HIEs to work cooperatively!!
Electronic Consent and HIE Update

The End

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