



Electronic consent management project update

January 26, 2023

Introductions

- ▶ Kelly McPherson, State HIT Coordinator
- ▶ Samantha Schrader, Management Analyst
- ▶ Jennifer Alvisurez, HIT Program Manager
- ▶ Linda Reeder, Project Manager
- ▶ Missy Sterling, Management Analyst

Agenda

Topic/Activity	Objective	Facilitator	Time
Welcome HCA Introductions (name & role)	Informational	Kelly McPherson	5 minutes
Agenda/Logistics	Informational	Samantha	5 minutes
Overview of HCA Health IT Initiatives	Informational	Jennifer Alvisurez	20 minutes
Recap of ECM Project <ul style="list-style-type: none">• Objectives and Timeline• Recap of Primary Solution Requirements• Part 2 NPRM (published 11/28/22)	Informational	Linda Reeder	20 minutes
Provider Outreach <ul style="list-style-type: none">• ECM web page & e-mail alias• SUD Guidance Document• Existing meetings to leverage• Communication preferences• Early System User Opportunity	Discussion	Samantha Schrader	20 minutes
General Q & A	Discussion	Samantha Schrader & Kelly McPherson	15 minutes
Next Steps and Recap Action Items	Discussion	Samantha Schrader	5 minutes

Objectives

- ▶ Provide overview of key HCA IT initiatives
- ▶ Provide updates on electronic consent management (ECM) project and key milestone dates
- ▶ Recap primary system requirements and approach
- ▶ Solicit input from provider community regarding:
 - ▶ Early system use
 - ▶ Ongoing stakeholder, partner, and provider engagement
 - ▶ Communications

Overview of HCA Health IT initiatives

Better Technology. Healthier Washington.

- What?
- Why?
- When?
- How?



Equitable, person-focused care

Technology updates will provide more access for more people.

- ▶ Faster access to care and resources in times of crisis
- ▶ Data to address inequities and improve health outcomes
- ▶ Better service in communities with historic barriers to care
- ▶ More access and language translations

A seamless experience

Technology updates will enable intuitive care and services.

- ▶ Easier-to-use systems help people connect to and keep services
- ▶ Accurate, secure information available instantly
- ▶ Coordinated care across providers, programs, services, and communities
- ▶ Increased efficiencies and fewer redundancies



Current obstacles
navigating health
and wellness.



Future improvements
from ongoing health
infrastructure updates.

- ✘ Marie submitted an address change to her provider, but the current tech infrastructure did not capture that change across systems. Marie never received notifications that her kid's insurance had lapsed and isn't informed until she gets to the health care office.
- ✘ This is an inconvenience, because Marie had to take time off work and now has to schedule a new appointment from a limited pool of providers.
- ✘ Although Marie has now reapplied for insurance, there is a 90-day gap in coverage. During that time, her child may not have immediate access to immunizations, behavioral health professionals, pediatricians, or the Well-Child exam that's required before the next school year.
- ✘ Marie will also have to fill out multiple applications to continue receiving Medicaid and benefits for food assistance.

- ✚ With the new technology in place, Marie's address change will be documented across systems. She will also be notified electronically.
- ✚ She is able to continue her child's coverage via a single application, which requires her to input her information once and takes about 20 minutes of her time.
- ✚ Her kids continue to be covered for vaccinations, behavioral health needs, and preventative pediatrician visits.
- ✚ Marie will also be connected to other social services for which she may be eligible, including food and cash assistance.

Learn more at HCA.WA.GOV



Automated data acquisition and management

- ▶ Improves data collection and ability to check data quality as it is being submitted to ensure it is more complete
- ▶ Provides more accurate demographics and data to state agencies



Integration and interoperability

- ▶ Serves as the glue that binds the systems together, seamlessly exchanging data so that systems function as a single entity



Fast healthcare interoperability resource (FHIR)

- ▶ FHIR standardizes data transmission between systems and improves consistency across the tech infrastructure
- ▶ FHIR is the current standard when dealing with health care data



Master person index (MPI)

- ▶ MPI creates a unique identifier for each person allowing for consistency and coordination across systems and programs to enable:
 - ▶ Improved service delivery
 - ▶ Client experience
 - ▶ Effective program coordination
 - ▶ Advanced analytics



Integrated eligibility and enrollment (IEE)

- ▶ IEE streamlines a person's application and enrollment to help them navigate the 75+ health and human services programs for which they may be eligible.



Community information exchange

- ▶ Electronically capture and manage personal data across social service organizations so providers have a more complete picture of a person's individual health care needs.



Behavioral health crisis response system

- ▶ Sends out mobile response teams to people in crisis, particularly those in historically underserved populations, and identifies where they can receive relevant care in their region.



Electronic health record (EHR)

- ▶ EHR shows a person's:
 - ▶ Medical history
 - ▶ List of current medications
- ▶ EHR ensures:
 - ▶ A person's records travel with them from environment to environment
 - ▶ Continuation of care



Electronic consent management

- ▶ ECM facilitates the exchange of sensitive health information by electronically documenting and increasing accessibility to a person's consent to share their protected health information (PHI) for authorized purposes by authorized users.

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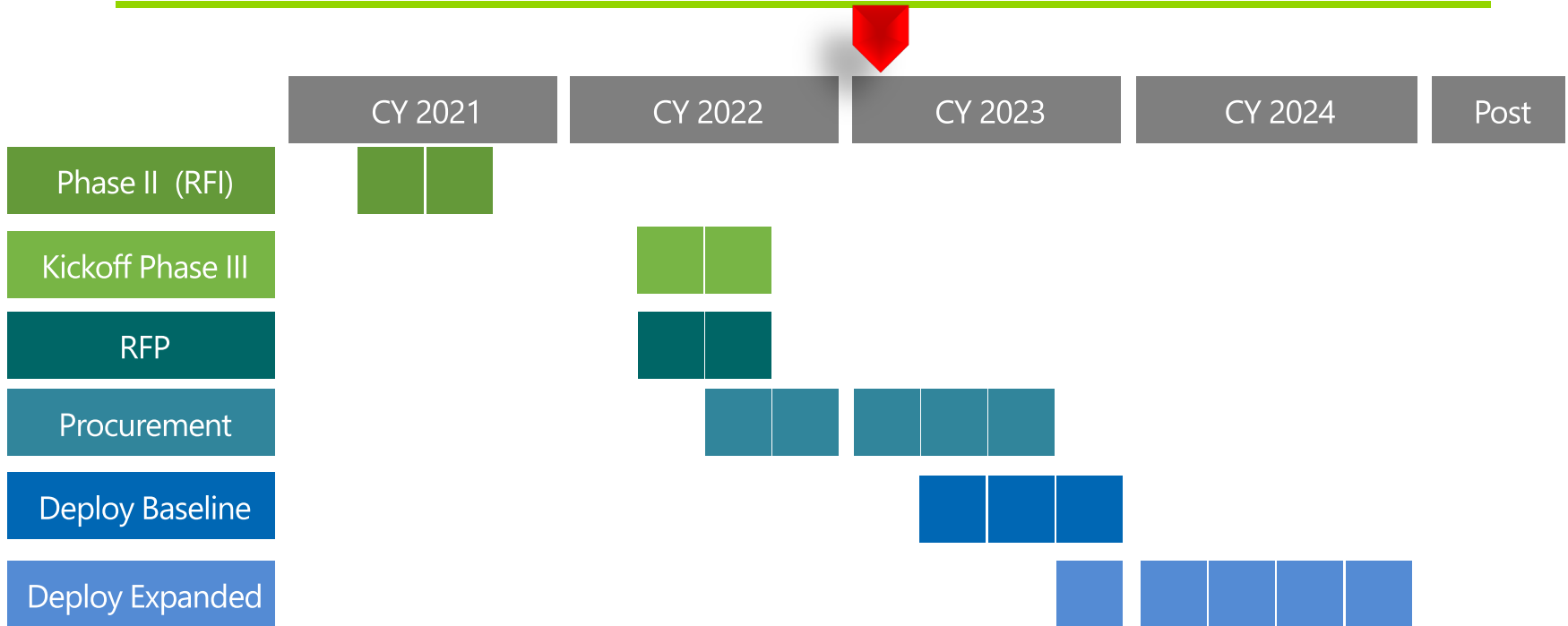


Electronic consent project objectives and timelines

Purpose

- ▶ To define and deploy an electronic consent management solution that:
 - ▶ Facilitates patient-authorized exchange of sensitive data
 - ▶ Is scalable, secure, sustainable, and meets provider needs
- ▶ First use case
 - ▶ Consent to enable exchange of substance use disorder (SUD) data

Project overview and timeline



Approach

▶ Baseline solution

- ▶ Deploy essential functionality such as creation, modification, and revocation of consents
- ▶ Basic navigation, compliance with all applicable laws, alerts, tracking, dashboards, and reports
- ▶ Deliver value to providers to enable SUD data exchange
- ▶ Support for CMS certification

Approach (cont.)

▶ Expanded solution

- ▶ Deploy a more complete solution to address:
 - ▶ Additional use cases
 - ▶ Client populations
 - ▶ Modes of system access
 - ▶ Interoperability with other systems or functional components
- ▶ Determine priorities with providers, state agencies, solution vendor, partners, and other stakeholders

Essential technology

- ▶ A flexible architecture solution that is scalable and accommodates future state business needs
 - ▶ Cloud-based system
 - ▶ Support role-based access
 - ▶ Interoperable with many systems and solutions (e.g., EHR) using standards-based technology
 - ▶ Comply with all state, federal, and industry-standard security protocols and laws
 - ▶ Operational reporting and analytics

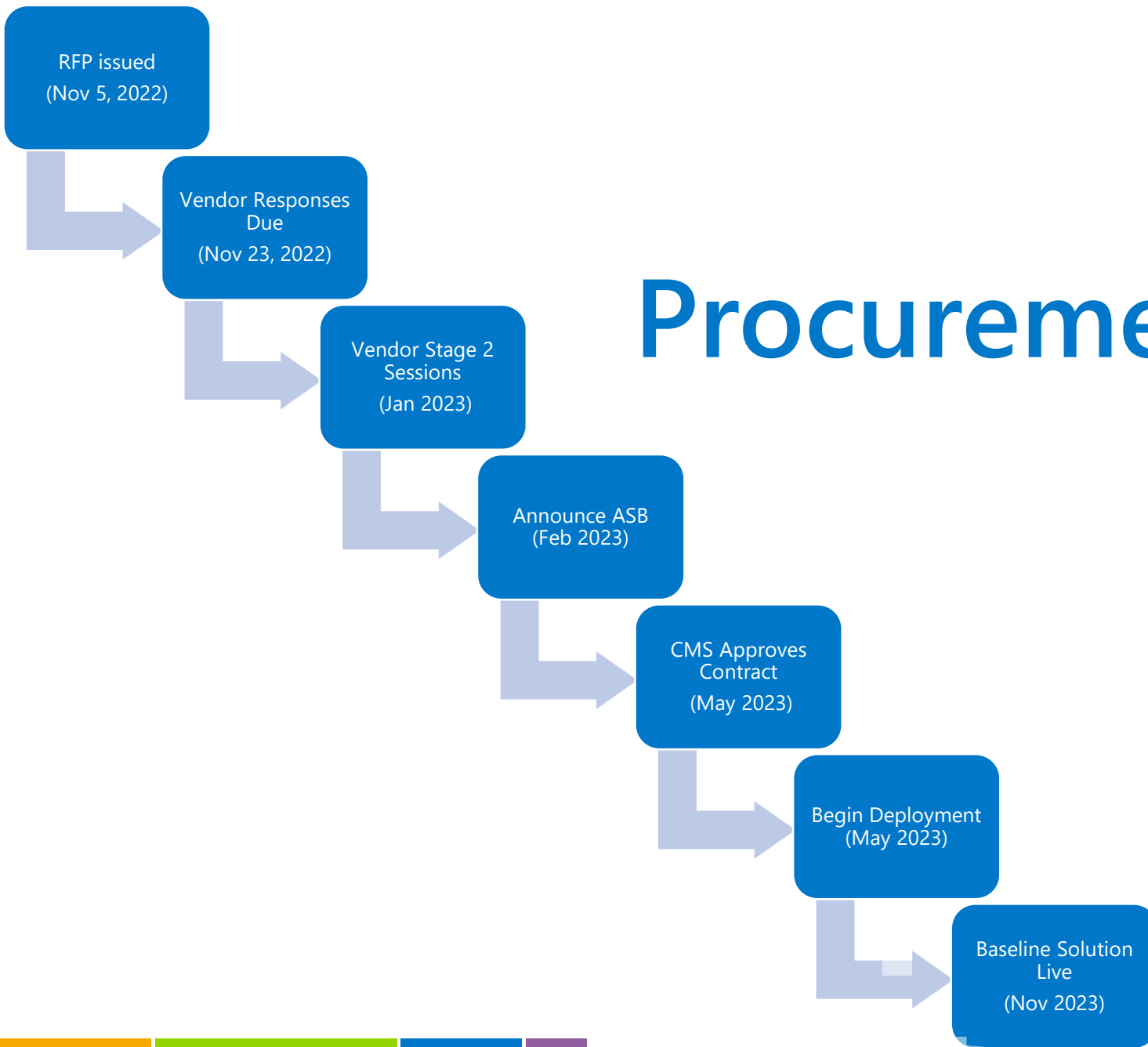
Primary solution requirements

- ▶ Consent creation, modification, revocation, and version history
- ▶ Electronic signature for client and third party, guardians, and parents if indicated
- ▶ Intuitive navigation, fourth grade reading level, interactive HELP, end user documentation
- ▶ Search capability based on multiple criteria
- ▶ Reports and dashboards for HCA and providers

Primary solution requirements (cont.)

- ▶ Alerts (e.g., consents expiring in the next month)
- ▶ Audit functionality (e.g., logins)
- ▶ Ability to pass OCIO security design review and CMS certification process
- ▶ Acceptable data retention policies
- ▶ Client consent self-management may be optional for baseline solution

Procurement



Part 2 NPRM feedback

- ▶ Notice of proposed rulemaking (NPRM) to revise 42 CFR Part 2 issued November 2022 by HHS/OCR and SAMHSA
- ▶ Comments to proposed rule due January 31, 2023
- ▶ NPRM would implement provisions of Section 3221 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act
 - ▶ Requires HHS to bring Part 2 in greater alignment with certain aspects of HIPAA

Part 2 NPRM resources

- ▶ NPRM: [federalregister.gov/documents/2022/12/02/2022-25784/confidentiality-of-substance-use-disorder-sud-patient-records](https://www.federalregister.gov/documents/2022/12/02/2022-25784/confidentiality-of-substance-use-disorder-sud-patient-records)
- ▶ Part 2 fact sheet: [hhs.gov/hipaa/for-professionals/regulatory-initiatives/hipaa-part-2/index.html](https://www.hhs.gov/hipaa/for-professionals/regulatory-initiatives/hipaa-part-2/index.html)

Provider, partner, and other stakeholder engagement

- ▶ ECM webpage
 - ▶ hca.wa.gov/about-hca/programs-and-initiatives/clinical-collaboration-and-initiatives/electronic-consent-management
- ▶ ECM email address
 - ▶ econsent@hca.wa.gov
- ▶ SUD consent management guide
 - ▶ hca.wa.gov/billers-providers-partners/program-information-providers/substance-use-disorder-sud-consent-management-guidance
- ▶ Communication preferences
- ▶ Questions or concerns about being an early system user

Early system user opportunity

- ▶ No cost to providers or other system users
- ▶ ECM solution will go live November 2023
- ▶ Training will be available all system users
- ▶ Providers will work with HCA and the solution vendor for staff access
- ▶ Contact econsent@hca.wa.gov for a 1:1 call
- ▶ Possible opportunity to help with final workflow discussion and training (TBD)



Questions?

Email: econsent@hca.wa.gov

Next steps

- ▶ Announce apparently successful bidder (ASB) and complete procurement
- ▶ Monitor updates to 42 CFR Part 2
- ▶ FAQ updated by February 14
 - ▶ hca.wa.gov/about-hca/programs-and-initiatives/clinical-collaboration-and-initiatives/electronic-consent-management
- ▶ Continue partner, stakeholder, and provider engagement