Electronic consent management solution information for early system users

Current gaps in consent management contribute to disparities in access and create challenges for coordination of care, particularly in times of crisis or urgent need. To address this challenge, the Health Care Authority (HCA) launched the electronic consent management (ECM) effort. So far, HCA has convened an interagency workgroup, published a [substance use disorder (SUD) data sharing guide](#), benchmarked with peer agencies across the country and met with providers and tribal partners to better understand their overall consent needs.

1. **What is electronic consent management?**

   Electronic consent management (ECM) is a system which will support equitable access to integrated care by enabling patients and providers to obtain, update, and manage client consent. ECM should lower administrative burden for providers by maintaining one "source of truth" consent record for a client that is complete and up to date. The system will store the consents. However, the actual exchange of sensitive information will continue to follow current processes (e.g., US mail, fax, secure e-mail, and electronic exchange between providers).

2. **What is the issue HCA is trying to solve?**

   Access to client data in times of crisis is crucial to address substance use disorder (SUD) issues. ECM is a technology solution to manage consents, enabling data exchange that will be compliant with 42 CFR Part 2 and other relevant statutes. This will increase the efficiency and accessibility of the consent and data exchange process. The goal is to have a solution that works with most electronic health record (EHR) systems and will adapt to changing technologies while easing the financial burden of providers.

3. **Why should ECM be used?**

   Providers face significant administrative challenges managing consents due to time and cost. The main objectives of the ECM effort are to:

   - Reduce provider administrative burden related to consent.
   - Reduce the number of incomplete, noncompliant, and redundant consents.
   - Break down barriers for providers who provide vital services to Washington's most vulnerable residents.
   - Assist providers with the interpretation and application of relevant statutes.
   - Deploy a consent solution that will be adaptable and sustainable, yet flexible throughout its lifespan.
   - Decrease the time it takes to share relevant information between providers.

4. **What are the benefits of using ECM?**
ECM will foster more complete and coordinated care. This will lead to fewer redundancies and increased efficiencies across organizations and providers. It will ensure better care for patients, decrease administrative burden, and reduce health care costs for both public and private entities.

5. **Which providers would benefit most from being early system users?**
HCA is looking for behavioral health providers and others that serve SUD clients or exchange SUD data to become early system users. HCA is prioritizing data exchange for Apple Health (Medicaid) clients. Users will have access to the ECM system via a standalone portal; therefore, a fully deployed EHR is not required.

6. **What are opportunities for early system users?**
Electronic consent solution users can expect to have access in November 2023 when the system is scheduled to go live. HCA will have more information in spring 2023 when the vendor is selected and deployment work has begun. HCA anticipates providers using the ECM solution will have a small time commitment for training and onboarding providers and clients. Depending on the organization's size, providers should identify 1-3 staff as main points of contact with HCA. These contacts act as "SuperUsers" to help their staff when the system is live.

There may be an opportunity for a provider to assist HCA with some final details as implementation progresses. HCA will know more in spring 2023 once the solution vendor is onboard. These sessions are not required. If providers participate, they would provide input as requested and review materials, but would not have leading roles.

Participating providers would:

- Attend 1-3 final workflow and configuration sessions with HCA and the vendor in late spring or summer 2023.
- Assist with some end user testing in late summer or fall 2023.
- Review training materials and provide suggestions in fall 2023.
- Provide feedback and lessons learned to HCA in preparation for expanded solution work through 2024.

There are no costs to providers or organizations using the ECM solution. All meetings and trainings will be online.

7. **What data will be shared or stored?**
Health records will not be stored by HCA or the ECM vendor. The system will only store the consent documents, which can be updated or revoked as needed.

8. **Is this system only for substance use disorder (SUD) consents?**

   Consents allowing substance use disorder (SUD) data exchange will be the first type supported. However, Washingtonians with substance use disorders, mental health conditions, and other sensitive conditions need their health information exchanged securely among a diverse care team in a manner with which they can understand and participate. In the expanded solution, HCA will include consents to enable the exchange of other types of sensitive data such as advance directives, mental health records, genetic testing data and sexual health records.

9. **How do we get started or find more information?**

   If you are interested in being an early system user, email HCA at econsent@hca.wa.gov. We can schedule a follow-up call with your organization to discuss this further and address any additional questions.

   Other resources:

   - Electronic consent management webpage
   - Frequently asked questions