Expanding Behavioral Health Information Exchange for Providers in Washtenaw County, Michigan

“As behavioral health providers, it is significant to have access to patient physical health information. With access to data like lab results, medications, and treatment plans, we can ultimately provide a better quality of care for our patients.” Mike Harding, Deputy-Director, Washtenaw County Community Mental Health

Washtenaw County Community Mental Health

Washtenaw County Community Mental Health (CMH) is the primary mental health services provider for more than 5,000 children and adults living with serious mental illness, developmental disabilities, or emotional disturbances in Washtenaw County, Michigan. To improve care coordination with healthcare and social services providers in the area, CMH and other mental health agencies and community partners, spearheaded the development of an electronic consent (eConsent) management system with funding from the Office of the National Coordinator for Health IT (ONC).

Capturing Patient Consent

The Health Insurance Portability and Accountability Act (HIPAA) permits healthcare providers to freely share almost all patient data to support treatment, payment, and operational needs. However, HIPAA does not apply to information related to treatment for substance use disorders. Federal regulation 42 CFR Part 2 requires providers to obtain patient consent before sharing information about treatment for substance use disorders with other providers. Moreover, Michigan state laws require a patient to consent before providers can share any information related to their mental or behavioral healthcare. As such, behavioral health providers in Michigan have had to develop processes for obtaining and sharing patient consent for care coordination.

For many years, Michigan’s behavioral health organizations created their own consent forms to address the state and federal laws, leading to a patchwork system that proved confusing to both providers and patients. In 2014, Michigan’s legislature passed a law establishing a standardized consent form compliant with HIPAA, 42 CFR Part 2, and Michigan’s Mental Health Code that all entities in Michigan have to accept.

Instead of relying on a paper-based process, CMH sought to develop a mechanism for electronically capturing the information on Michigan’s standardized consent form. CMH collaborated with Michigan-based health information technology developer PCE Systems to create an eConsent Management System. The system functions as a gateway to a behavioral health information exchange called PIX. PIX uses common health information exchange (HIE) standards and application programming interfaces (APIs) to connect and provide consent-managed data exchange among users of PCE’s electronic health record (EHR). The PIX system can also connect and share with external systems from other developers that have implemented compatible standards. Through PIX, users can search for patient records from
other implementations of the EHR across Michigan. PIX enables providers to find information about a patient’s care team, treatment plan, appointments, problem list, medications, vitals, lab results, and other clinical documentation such as medication reviews and clinical assessments.

The consent form available through the eConsent Management System includes:

- A section for listing all of the entities who have consent to view the patient’s records (patients can select from a pre-filled list of participants in PIX or fill in information themselves)
- A disclaimer about the patient’s rights and what their consent means
- An option for specifying an expiration date (cannot exceed one year)

Patients can sign the consent form digitally, using a signature pad or touchscreen, or sign a paper copy that can be scanned and uploaded into the system. By providing consent through the system, a patient agrees to make all of their health data available to each of the entities listed on the consent directive. CMH and partners decided not to depend on potentially unreliable data segmentation techniques when developing the system; patients cannot use the system to specify which data they want to share with other providers. However, patients can revoke their consent at any time.

**Connecting Community Partners**

Prior to developing the eConsent Management System, CMH already had a relatively mature health information technology infrastructure. In addition to using PCE’s EHR and participating in PIX, CMH was also a member of the regional health information exchange Great Lakes Health Connect (GLHC). Through GLHC, CMH providers can find key clinical data about their patients from primary care providers in the region. CMH developed single sign-on capabilities with the GLHC Virtual Integrated Patient Record (VIPR) so that providers could access GLHC’s data from within their EHR.

However, CMH shares many patients with other local community and health service providers that do not have the same level of technological maturity:

- **Packard Health** – a primary care practice that also offers integrated behavioral health services
- **The Shelter Association of Washtenaw County** – provides a range of health and social services to the homeless population, including an onsite health clinic
- **Avalon Housing** – offers housing and support services for individuals struggling with homelessness

These organizations represent an important set of safety net resources in Washtenaw County, but lacked access to the breadth of data available to CMH providers.

To help improve access to patient data for care coordination throughout the community, CMH, PCE, and other community stakeholders collaborated to create a standalone portal called MI Care Connect. All three community partners have access to PIX through the portal, giving them insights into the behavioral health care of their clients. The portal presents information from PIX in a clear and concise format, with separate tabs for key data elements:
Providers have already noted the clinical benefits of the system, including the ability to obtain a patient’s information more quickly. Consents are often already in the system, which means providers can access the information immediately instead of waiting to process a new consent form. CMH is exploring how increased access to data may be reducing the number of duplicative diagnostic tests providers are ordering. In addition to gaining a more holistic view of a patient’s health, providers also appreciate having information about the patient’s care team for follow-up questions and care coordination.

Familiarizing Users with eConsent Management

Every new technology implementation runs the risk of disrupting existing workflows and processes. During an earlier pilot with the University of Michigan to test eConsent Management and exchange data, CMH found that its providers were not fully utilizing the system. Although they wanted access to primary care data from the University of Michigan, the mechanism for accessing the data was not well integrated into their workflows. CMH ultimately developed single sign-on capabilities to GLHC as a result, which helped increase utilization of the system. CMH also learned an important lesson about the need to design workflows to support new technologies.

Consequently, CMH partnered with Altarum Institute, a health systems research and consulting organization, to train the three community partners on using eConsent Management System. Altarum staff analyzed existing workflows to understand when and how to integrate the eConsent Management System effectively. Altarum held multiple in-person sessions to introduce the system to staff at each site, as well as more in depth trainings with end users like case managers that would use the system most frequently.

CMH also employed a variety of strategies to educate patients about the new system. For example, CMH runs a clubhouse program that focuses on fostering recovery, competency, and social supports, as well as vocational skills and opportunities for those that participate. CMH staff presented at clubhouse program events about the importance of sharing health information. CMH has also created a tip sheet for front desk staff and case managers to use to help guide their conversations with patients about
CMH emphasized the importance of telling a story about information exchange that resonated with patients, such as what would happen if the patient were in crisis and had to remember all of the medications or treatments they had. CMH’s approach to patient engagement has resulted in most patients opting to consent to sharing their health information.

**Looking Ahead**

Because of the project, healthcare providers in Washtenaw County can now access comprehensive clinical data about their patients, and patients can outline their preferences for how their health information is shared among providers. CMH has now turned its attention to onboarding new community partners, including the local corrections system. CMH is also developing a standardized consent form for use among social service organizations to expand access to health information in Washtenaw County further.

**More about Washtenaw County Community Mental Health’s (CMH) Project:**
Washtenaw is committed to furthering the advancement of holistic health through one unified integrated system of health care and social services for all. If you would like to know more about the WCCMH project feel free to contact Michael Harding at hardingm@ewashtenaw.org.

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