U.S. Department of Health and Human Services
Office of the National Coordinator for Health Information Technology

Privacy and Security Tiger Team
Health Information Technology Policy Committee

Consumer Choice Technology Hearing
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CMBHS
Written Public Testimony
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1) Describe how the technology implements the patient's consent and the granular choices given to the patient.

In CMBHS (Clinical Management for Behavioral Health Services), the discloser provider (owner of clinical records) can fill in a consent form working with the patient. The patient can decide the receiving provider, type of clinical documents, document date range, and the expiration date.

2) How did your system adopt the approach it has taken to patient consent and what was the motivation for doing so?

The CMBHS consent model is designed based on our BHIPS (Behavioral Health Integrated Provider System) consent model. During the BHIPS product design, we had a business need to support continuity of care between our state funded substance abuse providers. We knew that 250 licensed substance abuse providers (with one or more treatment facilities) in Texas will use our electronic health records. To reduce treatment cost and improve quality of care, we needed a legal way to share electronic health records between our treatment providers.

3) How long has the technology been in use?

Over ten years.

4) How do the providers who use your system handle granular consent? Does it alter the way they view a patient's health record when they receive it?

The patient works with the discloser provider to release specific components of clinical records. The patient can decide which components or activities are permissible to release to other providers.

No. The receiving provider can see disclosed activities in read-only mode.

5) What are the advantages to your approach to obtaining patient consent?

It is easy to use. The consent form is integrated with the electronic health records system. The requested information is released immediately.

6) Is the technology scalable so that small and medium-sized providers could implement it?

Yes.

7) Is the consent technology interoperable with other systems? (i.e. can the patient's consent preferences be passed to other systems within an HIE?)

We are working on HITSP consent directive (TP 30). We think it is possible to pass the information collected in our consent form using the HITSP transaction. However, patient signature can be an issue with exchanging the consent form. We have not worked with our legal team to verify the concept.

8) If the consent is not interoperable, what technological change would be needed to make it interoperable?

It is technically interoperable. However, we have to work with our legal team to make sure that our consent model is acceptable from a legal point of view.

9) What resources are necessary to implement the consent system in its current form? What further resources would be necessary to offer increased granular consent choices?

It all depends on the scope of work. Our system is provider driven. We do not allow a patient to login to our system to fill in the consent form. However, the consent component can be abstracted and hosted as a web site for patients to fill in the consent form. To offer more granular consent choice, we have to identify the specific group of health information that can be released separately.

10) How many systems or users are currently implementing or adopting this technology?

We have about 6,000 BHIPS/CMBHS users. But, we are not exchanging consent form with any other IT systems at this point.

11) How many unique consumers are covered by the technology that is implementing the consumer choice system?

550,000 consumers approximately.