Managing Patient Consent to Enable Behavioral Health Exchange in Kitsap County

"We are at the stage where a patient can specify consent for providers to electronically access key components of behavioral and physical health records. This gives the patient control over their health information, enhances the provider's overall understanding of the patient, and ultimately improves the quality of care." -Ken Banks, Peninsula Community Health Services

Peninsula Community Health Services

Peninsula Community Health Services (PCHS) is a Federally Qualified Health Center (FQHC) with five clinics in Kitsap County, Washington. PCHS provides a range of healthcare services to patients regardless of insurance status or ability to pay, including primary care, dental care, and behavioral health counseling. PCHS shares nearly 800 patients with Kitsap Mental Health Services (KMH), the only behavioral health center in Kitsap County. KMH provides more intensive behavioral health care, including inpatient and outpatient services and substance abuse recovery programs. However, despite sharing a number of patients, care coordination between PCHS and KMH is limited. To improve comprehensive care coordination for their shared patients, PCHS leveraged funding from the Office of the National Coordinator for Health IT (ONC) to develop a system that would enable providers to bidirectionally exchange patient data with KMH.

Building a Comprehensive Platform for Consent-Enabled Data Exchange

PCHS's platform to support behavioral health exchange is comprised of a number of different components. Central to the system is Consent2Share, an open-source tool developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). Consent2Share provides a mechanism for documenting patient consent directives in accordance with federal regulation 42 CFR Part 2. This rule was designed to protect the confidentiality of patients undergoing treatment for substance use disorders. It requires that patients give written consent before data related to their treatment can be shared with other providers.

Patients sign consent directives in Consent2Share to specify which providers may view their protected health information. Moreover, Consent2Share is able to parse clinical records to segment out specific sensitive data types, such as data related to treatment for substance abuse or an HIV diagnosis. Through the application, patients can choose to block or share sensitive data from their records, thereby providing more control over how their data can be used.

PCHS implemented a web-based health information exchange tool and clinical document repository called Eclipse to enable PCHS and KMH providers to access Continuity of Care Documents (CCDs) and view key clinical data about a patient. CCDs include information such as diagnoses, vital signs, medications, laboratory results, allergies, immunizations, and elements of the patient's care plan

that are essential to providing a more holistic view of the patient's health and medical history. Eclipse evaluates consent directives from Consent2Share using standards-based access control and user authentication services to ensure that only providers with consent to view a patient's data can do so. Consent2Share applies preconfigured value sets to check against the CCDs stored in Eclipse when determining whether a record contains sensitive data. Eclipse can then redact that data from the provider's view based on a consent directive.

PCHS also developed two other features to support the system and increase utilization of the new technology:

1. The system can automatically extract a CCD whenever a provider closes out a patient encounter in PCHS's EHR. KMH is developing a similar tool to extract CCDs from their EHR system as well. These tools help eliminate the need for providers to add additional steps to their workflow to send patient data to Eclipse.

2. PCHS developed a technology-agnostic adapter that allows users to send CCDs to Eclipse in different ways depending on their underlying technology infrastructure. Users with more advanced EHR systems can send CCDs directly to Eclipse via the XDS specification. EHRs that don't support XDS can send CCDs via Washington's HIE OneHealthPort, or directly to Eclipse via the Direct Secure Messaging protocol. The adapter will make it easier for additional sites to join the exchange in the future.

Minimizing Disruptions to Workflow

In implementing the system, PCHS carefully considered how it could impact existing workflows. The automatic CCD extractor was one way to help providers minimize the number of steps they needed to undertake to use the system effectively. PCHS also had to determine the least impactful way for providers to access the data in Eclipse. Providers can log in to a user portal provided by Eclipse to view CCDs. Recognizing that this can add extra time in a busy clinical environment, PCHS hopes to deploy a single sign-on application that will allow providers to view both their EHRs and Eclipse in the same instance.

Another workflow related challenge involved registering patients in Consent2Share. Except for the exchange of CCDs, Consent2Share and Eclipse do not interoperate with PCHS and KMH's EHR systems. As such, administrative staff has to register patients twice between the different systems, once in the user's EHR system at the patient's first encounter and again in Consent2Share to enable the patient to send consent directives. Each registration process requires similar information about the patient, yet has to be completed separately. Moreover, patients must confirm their identity via email to complete the Consent2Share registration process. Among PCHS's predominantly low-income population, many patients do not have access to email.

Staff developed and implemented new workflows for patient registration, including helping patients set up a personal email account during the registration process. PCHS offered comprehensive training to help familiarize providers with new processes and educate staff about some of the difficulties they might encounter in registering patients and using the system. PCHS is also exploring

ways to modify the system further to enable the EHR to push registration information to Consent2Share to cut down on the time it takes to register patients.

Looking Ahead

Both PCHS and KMH are committed to increasing utilization of the system in the future. Ongoing maintenance of the system is relatively inexpensive, particularly as the benefits of more comprehensive care coordination may result in lower costs associated with treating patients. Users have noted the power of the system to save time during the release of information process and more easily fill gaps in a patient's history. Additionally, PCHS designed the system to be technology-agnostic so that it could be easily scaled to other sites. PCHS and KMH expect the number of users to grow rapidly as providers come to see the value of having more data about their patients readily available.