

Patient Consent Management

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Patient Consent Management

- WPC pilots provide new opportunities for data sharing
 - New partners in care coordination - housing, schools, law enforcement, transportation, food security...
 - Important to understand data workflow – what information is needed, how will it be used, what protections are needed
- Authorizations control disclosure
 - Some information may be shared without an authorization, but a signed consent/authorization provides a broad foundation for permissible data sharing
 - Once an individual gives informed consent and voluntarily signs an authorization (compliant with federal and state laws), their health information may be shared with most WPC Partners



Patient Consent Management

Review legal framework

- Are there other questions you still have?
- Is there anything you heard that is counter to what your Pilot is doing?

Federal

HIPAA

- Applies to *all* health information
- TPO without authorization

42 CFR Part 2

- Protects SUD treatment data
- Requires authorization even for TPO

State

CMIA

- Aligned with HIPAA - TPO without authorization
- Limits redisclosure

LPS

- Protects mental health data
- Data may be shared without authorization for treatment



Patient Consent Management

- Operational considerations
 - Consent workflow and management – intersection of policy, process, and technology
 - Best practices, challenges
- Policy: Consent/authorization form
 - Key components:
 - Federal and state regulations
 - Prerequisite for enrollment
 - All in / all out vs. granular consent
 - Finding the balance: comprehensive form that is usable in the field



Operational Considerations

- Process: Consent and enrollment
 - Obtaining consent should be integrated into WPC enrollment process
 - Electronic forms preferable, but if collected on paper than they should be stored electronically
- Technology: Consent management
 - Technology systems must enable consent status to be stored, accessed, and updated appropriately
 - If there is a policy decision for granular consent, then the technology system must support aligned data segmentation



Discussion Questions

- Has your pilot created a WPC consent/authorization form?
- If yes, is it a universal consent form?
- What resources did you use to develop your consent/authorization form?
- If you have not created a consent/authorization, is this a policy decision? If not a policy decision, what challenges or issues do you have?
- What is the workflow for obtaining consent from patients?
- How are consent/authorization forms stored?
- Do you electronically manage consent? In what system(s)?
- Is consent granular or all-in/all-out? If granular, what are the options for data sharing?