

# Health Information Exchange Consent Policy Influences

## Emergency Department Patient Data Accessibility

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### INTRODUCTION

The New York Clinical Information Exchange (NYCLIX) has implemented a health information exchange (HIE) capability across multiple New York City emergency departments (EDs). Many states require affirmative patient consent for providers to access clinical data via an HIE. NYCLIX initially implemented a “dual consent” model, which required 1) patients to consent at each site prior to data disclosure to the HIE by that site and 2) patients to consent at the point of care for data access via the HIE. New York State policy now recommends a “single consent” model (1), which only requires patient consent at the point of care for providers to access data via the HIE, eliminating the need for patients to give a separate consent at each disclosing site. We hypothesized that, because consent is obtained by manual processes in NYCLIX facilities, the dual consent model presented a substantial hurdle to data availability through the HIE in the ED. We sought to determine the extent to which inconsistent consent capture hinders access to data.

### METHODS

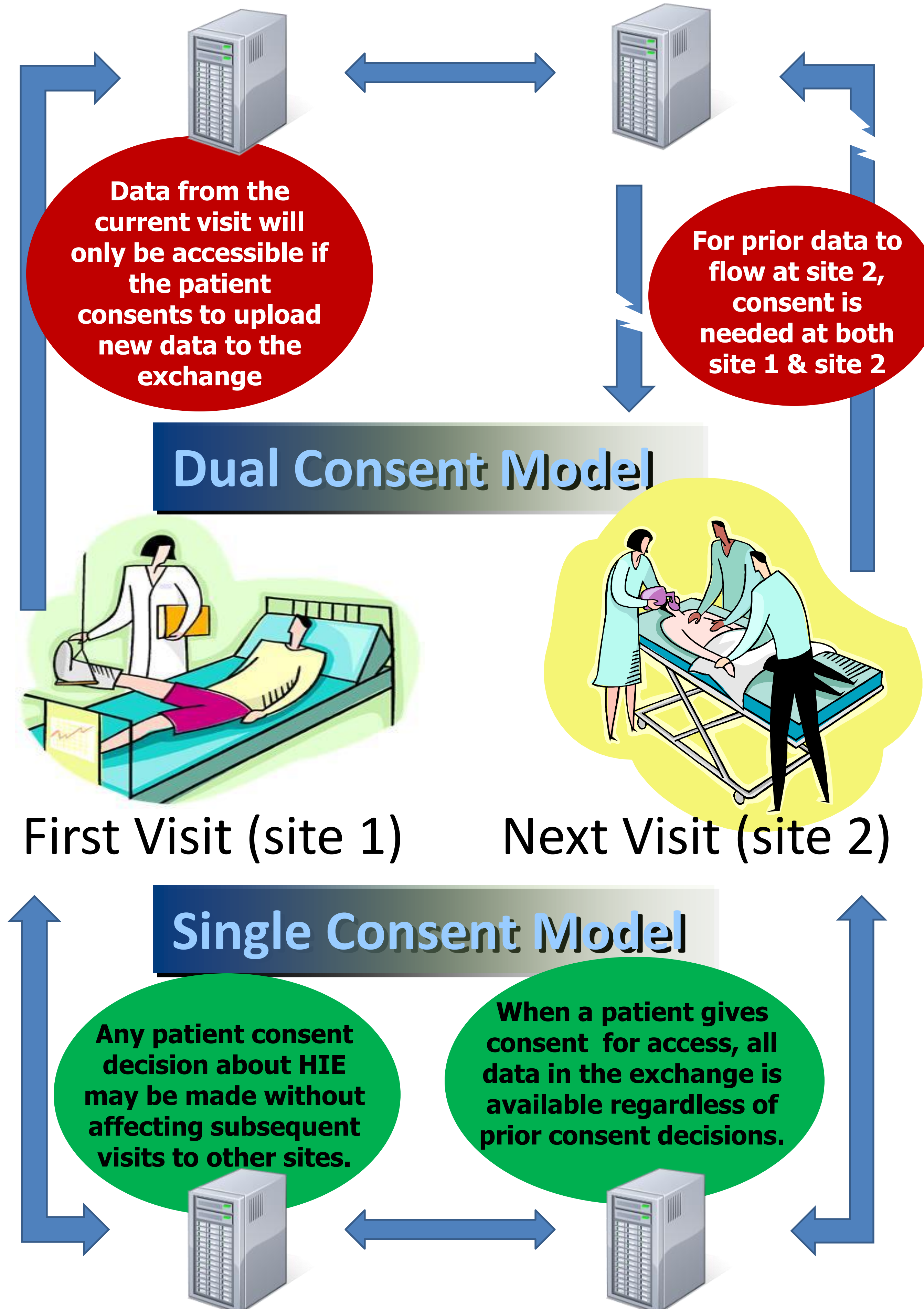
Patient visits at individual NYCLIX EDs from July 20-27, 2009 were analyzed to determine consent status and previous NYCLIX site visits. Visits in which consent was not sought were tabulated, and the fraction of visits in which HIE data would be available to ED physicians under both dual and single consent models was calculated., among those with prior visits as well as all comers. Student’s t-test was used to calculate p-values.

### RESULTS

NYCLIX Site	% of patient visits in which consent was not sought	among patients with prior visits, what % had available HIE data?		increase in available data upon <i>single</i> consent model	among all ED patient visits, what % had available HIE data?	
		Dual	Single		Dual	Single
1	16.1%	28.3%	100%	3.5x	2.79%	9.83%
2	70.2%	24.2%	100%	4.1x	1.93%	7.98%
3	47.9%	24.4%	100%	4.1x	2.97%	12.2%
4	13.7%	19.1%	100%	5.2x	2.06%	10.8%
5	69.0%	24.4%	100%	4.1x	1.54%	6.31%
<b>weighted average</b>	<b>46.7%</b>	<b>24.8%</b>	<b>100%</b>	<b>4.1x</b>	<b>2.26%</b>	<b>9.13%</b>

student's t-test: p < 0.0001

p < 0.0002



### RESULTS

Weight-averaged by ED volume, 46.7% of patients were not offered the chance to provide consent to health information exchange access or sharing. Among patients with prior NYCLIX visits, only 24.8% of all data potentially available from outside facilities through the HIE was actually available to clinicians under the dual consent model (due to lack of an affirmative consent at the disclosure site). With a single consent model this number would rise to 100%, a fourfold improvement.

Among all ED patients during the study period, those with data accessible from another site would rise from 2.26% to 9.3% under the single consent model (This number takes into account all patients, including those with visits to only one site). By early 2010, we found the latter number had climbed to 19%, consistent with the NYCLIX HIE’s overall growth.

### CONCLUSIONS

While the dual consent model was intended to offer more protection to patients, their privacy and the security of their data, in practice, nearly half of patients entering NYCLIX facilities were not given an opportunity to consent, likely due to the substantial operational burden imposed by the dual consent model’s requirement that the patient consent be implemented at all registration points. This led to low adoption of the dual consent model at some sites and, in effect, prevented bedside access to patient data by clinicians in emergency situations, even when patients wanted to grant access. As a result of these data, NYCLIX changed most of its sites to a single consent model in July, 2009, increasing data accessible to clinicians during ED visits and empowering patients to allow access to all of their HIE data at the point of care in the ED.

### Bibliography / Acknowledgements

1. New York eHealth Collaborative. *The Statewide Collaborative Process: Privacy and Security Policies and Procedures for RHIOs and their Participants in New York State*. Version 1.1. Accessed August 11, 2009.

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