OeHI
Office of eHealth Innovation

eHealth Commission Meeting

VIRTUAL CONFERENCE

December 10, 2025

December Agenda

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Title	Start	Duration
Call to Order • Roll Call and Introductions *Krystal Morwood, Vice Chair*	12:00	5 mins
Announcements • Approval of September, October, and November Meeting Minutes • December Agenda and Objectives • Remarks from Lieutenant Governor Dianne Primavera • OeHI Updates-eHealth Commission Updates • Decision Items & Action Items *Dianne Primavera, Lt. Governor and Director of the Office of Saving People Money on Health Care* *Stephanie Pugliese, Director, Office of eHealth Innovation (OeHI)* *eHealth Commission Members*	12:05	10 mins
Finding from the Consent Repository Feasibility Study *Mission Analytics* *Allie McGee, Consent Lead, OeHI*	12:15	1 hour
Public Comment Period	1:15	5 mins
Closing Items • Closing Remarks • Open Discussion • Recap Action Items • Adjourn Public Meeting *Krystal Morwood, Vice Chair*	1:20	5 mins

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OeHI and eHealth Commission Updates

- eHealth Commission Updates

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Findings from the Consent Repository Feasibility Study

Mission Analytics

Allie McGee, Consent Lead, OeHI

Consent Management Repository (CMR) Feasibility Study

Final Report

December 2025

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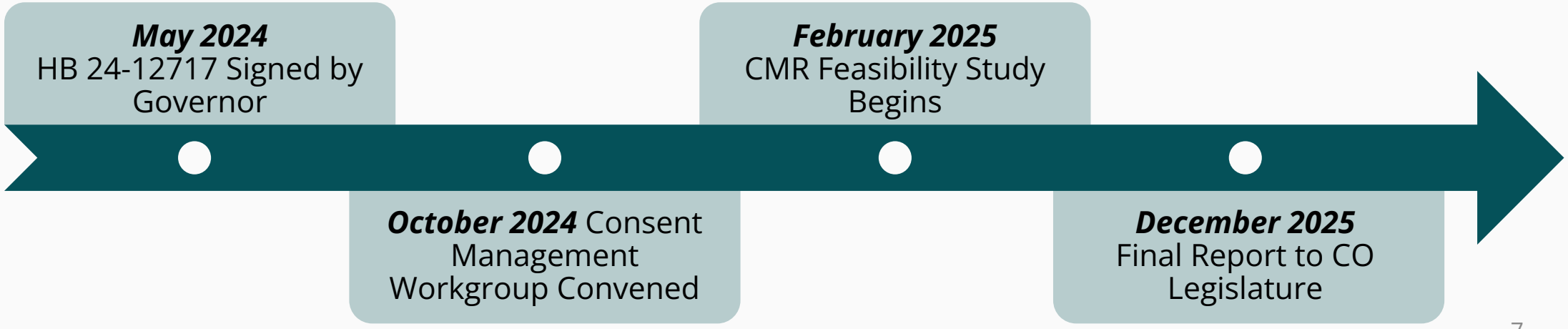
Building Trust through Consent: The Path Toward a CMR for Colorado

Contractor Team:

Why This Study Matters

- Mandated by House Bill 24-1217, Sharing of Patient Health Care Information
- Evaluates feasibility of a centralized, digital CMR
- Aims to improve data sharing, privacy, and coordination across behavioral and physical health



Why Behavioral Health?

We started our project looking at health very broadly and narrowed our focus after input from the Consent Workgroup and other stakeholders.

Behavioral health is ***linked*** to physical health

Behavioral health data is ***sensitive and fragmented***

- Additional federal and state protections
- Data sharing currently uses mixed technologies

BHASOs provide a potential infrastructure for regional coordination

What Did the Feasibility Study Entail?

Topic Areas

Background Research

- ✔ Multi-state review
- ✔ Legal/regulatory landscape
- ✔ UI and workflow review
- ✔ Emergency/vulnerable population needs

Technical Architecture

- ✔ Consent model options
- ✔ National standards (FHIR, USCDI, TEFCA, etc.)
- ✔ Technical landscape scan
- ✔ Architecture analysis
- ✔ Form standardization & digitization

What Did the Feasibility Study Entail?

Methods

- ✔ Document and website reviews
- ✔ Legal and regulatory analysis with a technical architecture review
- ✔ Review of leading consent–management models, and platform demonstrations
- ✔ Interviews and engagement with subject matter experts
- ✔ Consent Workgroup engagement

Multi-State Review

Colorado Can Learn from Other States' Journeys

MiHIN
MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

healthEconnect ALASKA

Exploration of 4 State Systems

current care®

Connie
Connecting People for Better Health

Adaptable Consent Management Practices for Colorado

Centralized, Computable Consent Repository

Example State:

Michigan

Ensures:

- Consistency
- Real-time verification
- Better interoperability

Inclusive Governance with Advisory Committees

Example States:

Michigan

Connecticut

Builds trust

Reflects community needs

Promotes equity

Consent Tools Embedded in EHRs

Example States:

Rhode Island

Connecticut

Reduces workflow friction

Improves clinical usability

Phased Rollout of Consent Models

Example State:

Rhode Island

Allows time for:

- Education
- System readiness
- Community buy-in

Adaptable Consent Management Practices for Colorado

Granular Consent for Behavioral Health and Social Determinants of Health (SDOH)

Example State:

Michigan

Gives patients control of:

- Who can access their information, when, for what purposes, for how long

Public-Facing Educational Resources

Example States:

Connecticut

Rhode Island

Improves:

- Patient understanding
- Consent engagement

Health Parity Focus

Example States:

Connecticut

Links consent management to care coordination and SDOH goals.

Use Case Factory

Example State:

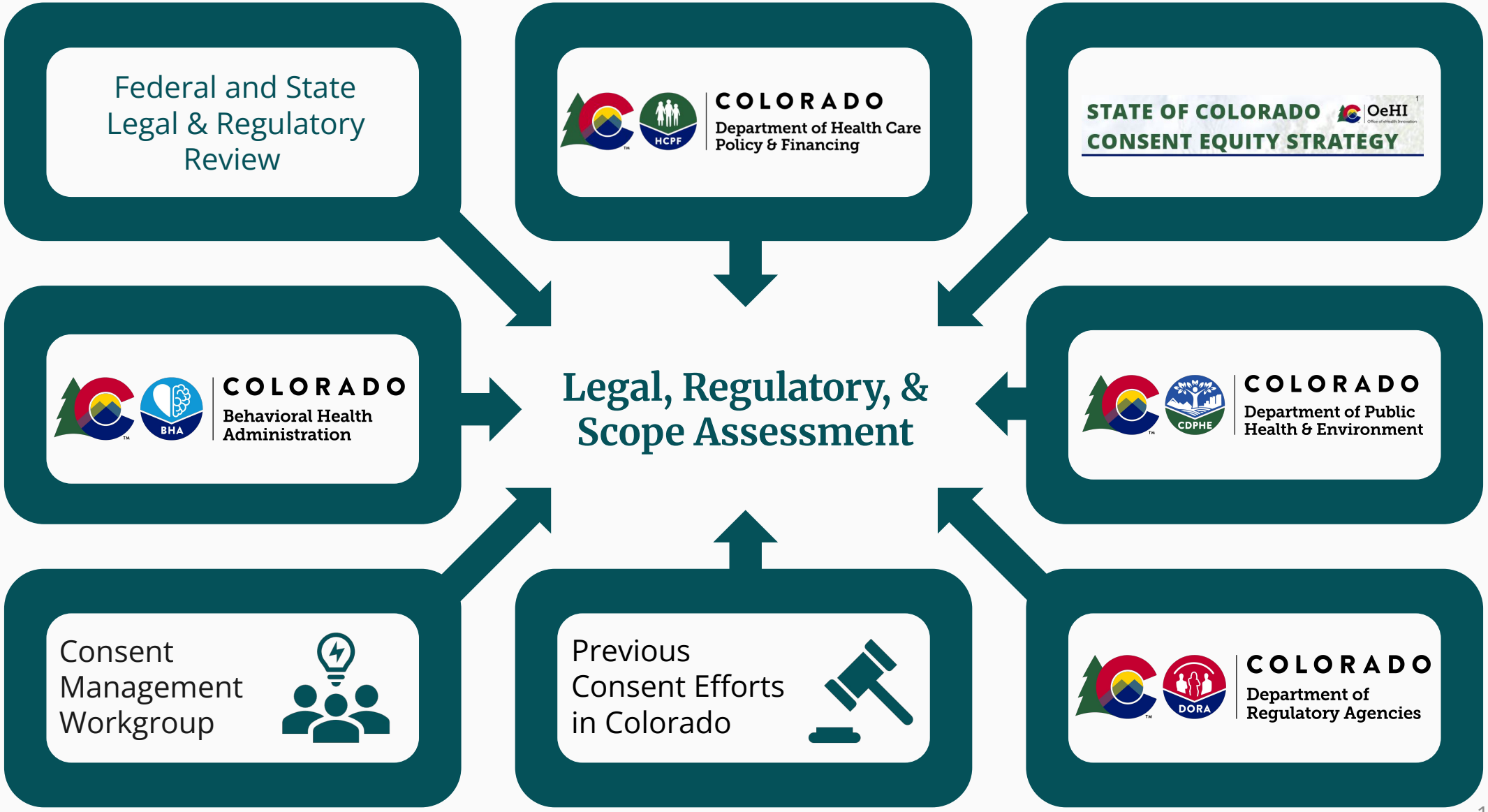
Michigan

Manufacturing-oriented methodology:

- Manages technical and legal issues
- Evaluates funding and operational readiness

Legal & Regulatory Landscape Review

Legal and Regulatory Review: Inputs

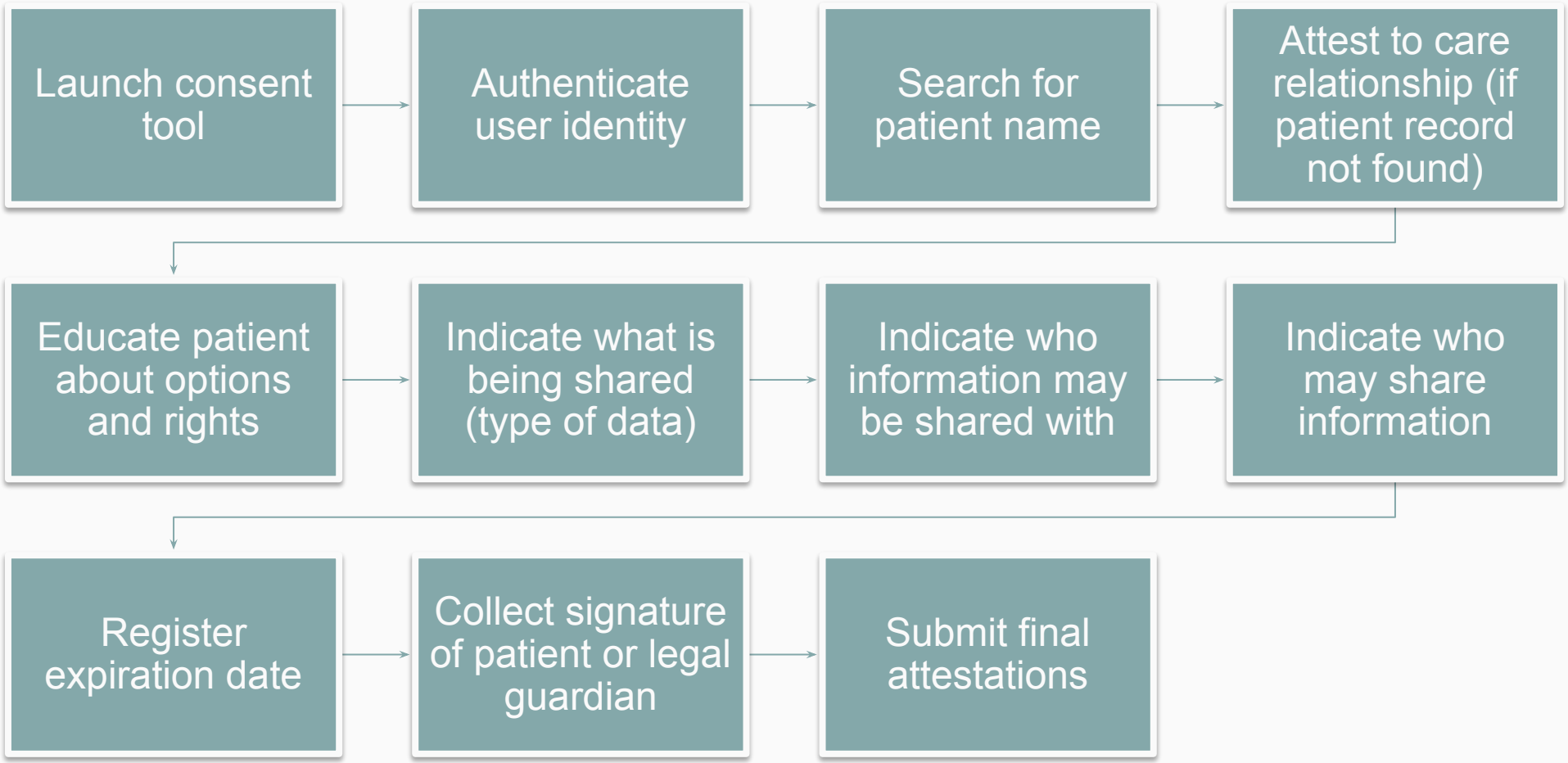


Key Legal and Regulatory Frameworks

Two–Layer Legal & Regulatory Framework	
FEDERAL LAYER	**STATE LAYER**
HIPAA	Colorado Privacy Act
42 CFR Part 2	Behavioral Health Confidentiality Law
Title X Confidentiality Regulations	Mental Health Practice Act
CMS Medicaid Privacy Regulations	

User Interface (UI) & Workflow

UI & Workflow


Launch consent tool
Authenticate user identity
Search for patient name
Attest to care relationship (if patient record not found)
Educate patient about options and rights
Indicate what is being shared (type of data)
Indicate who information may be shared with
Indicate who may share information
Register expiration date
Collect signature of patient or legal guardian
Submit final attestations

UI & Workflow: Personas & Use Cases

Personas = *who*, defined in terms of *role* or *goal* -- e.g:

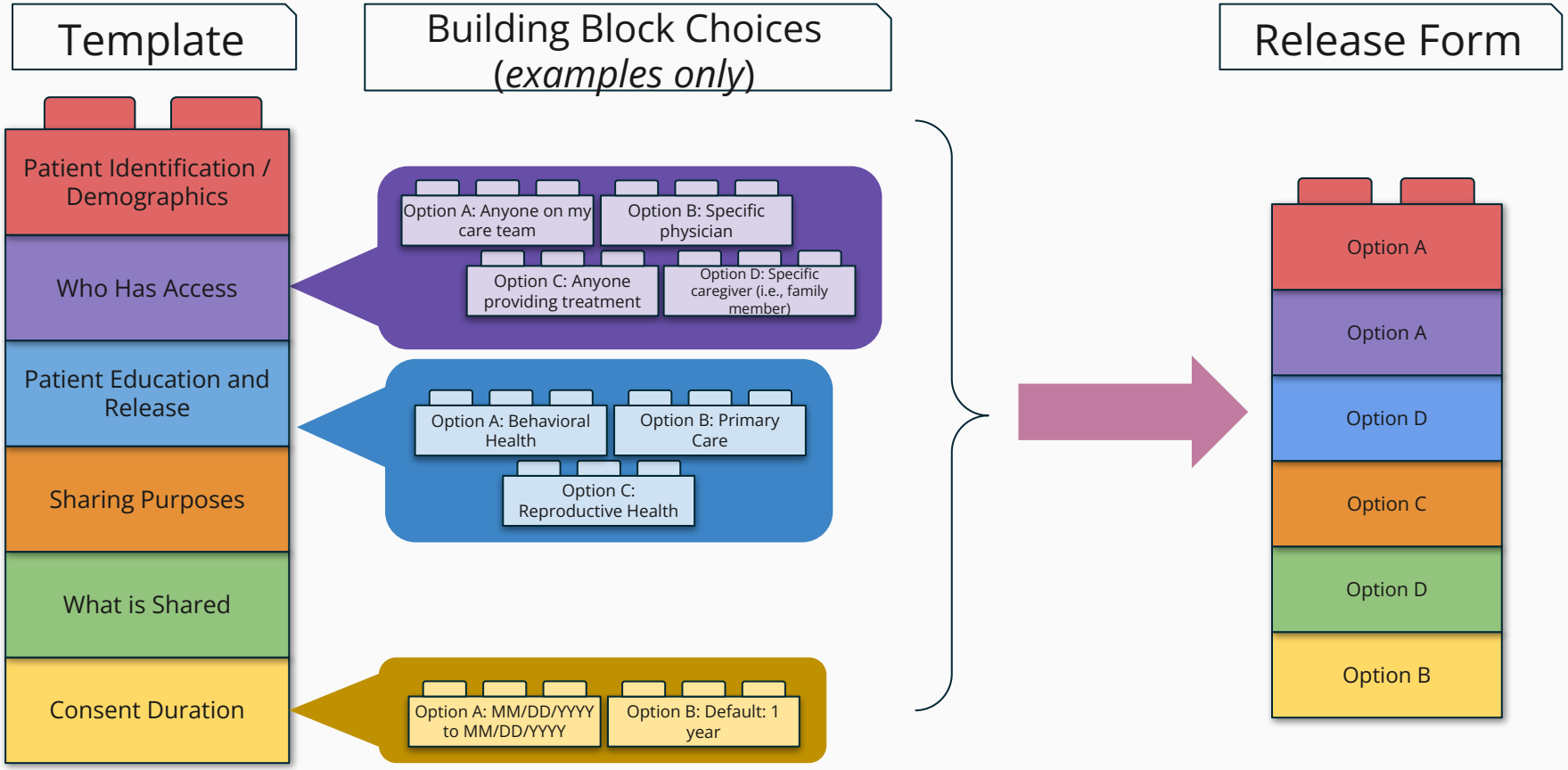
- Provider
- Patient
- Caregiver

Use case <u>story</u> = *what* the individual (or team) wishes to accomplish

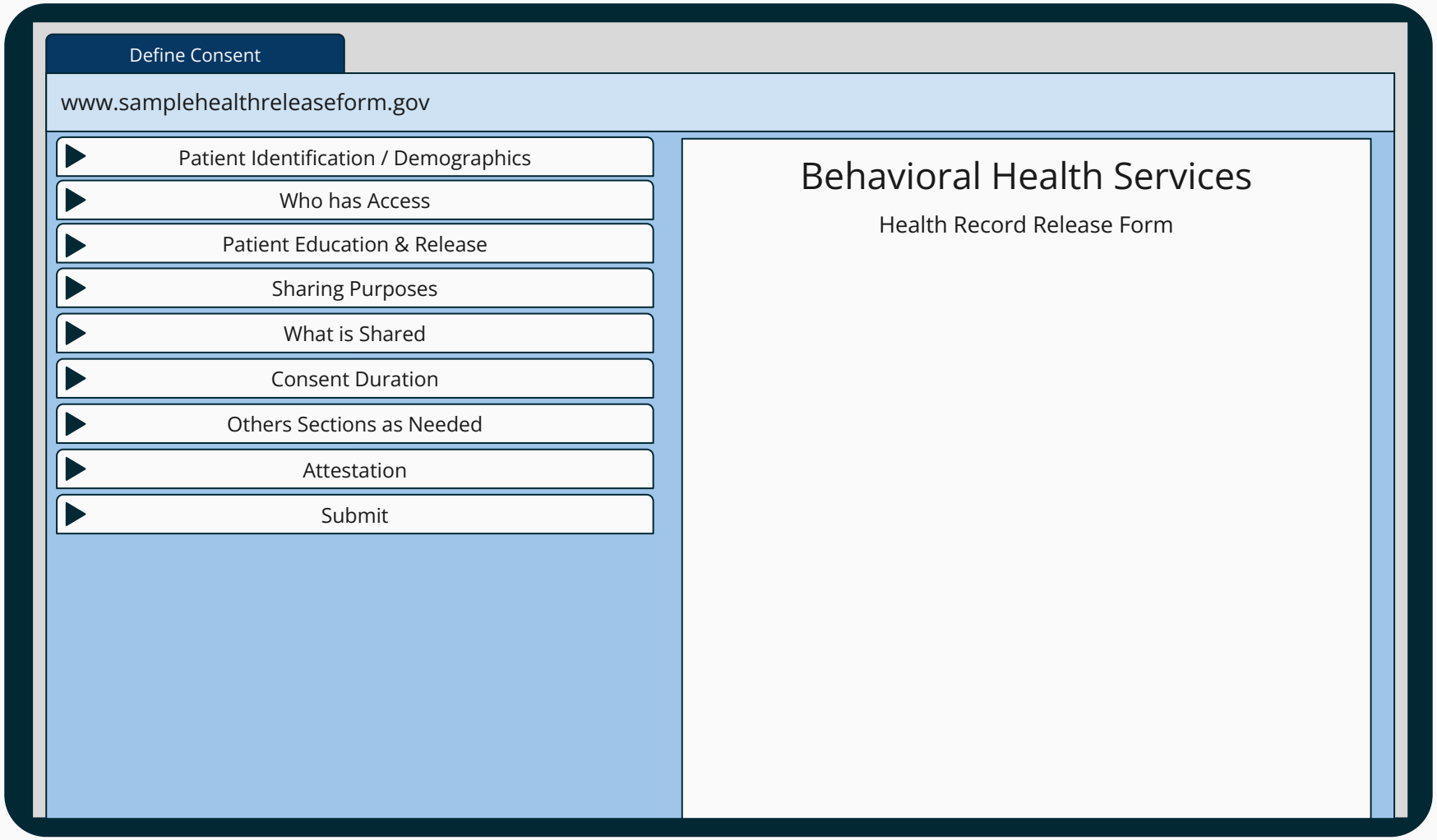
Use case <u>scene</u> = *how* the individual (or team) will accomplish their goal(s)

Form Standardization & Digitization

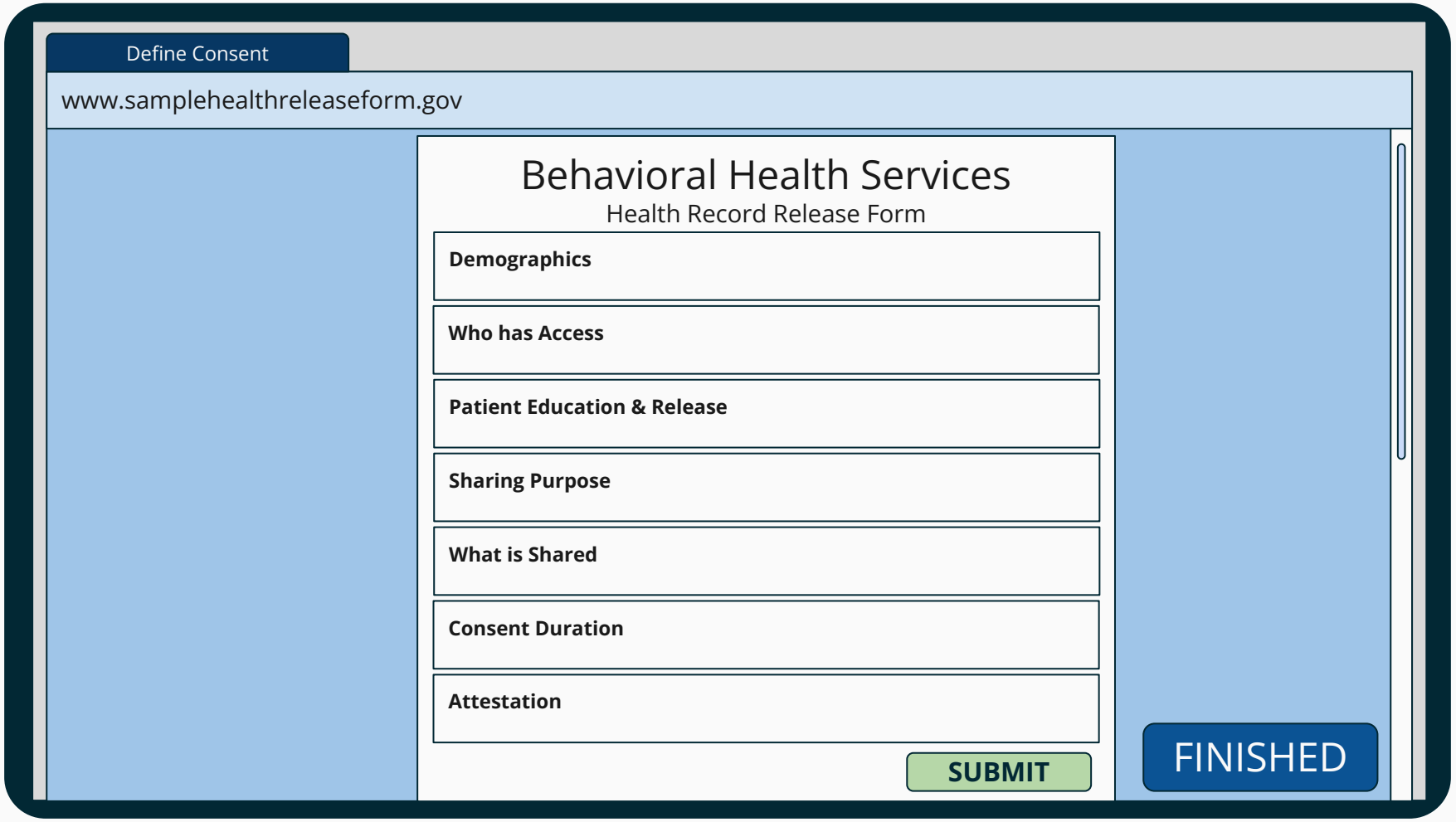
Form Standardization & Digitization: Conceptual Diagram for Building a Release Form



Form Standardization & Digitization: Hypothetical Builder



Form Standardization & Digitization: Hypothetical Finished Consent Form (High-Level)



Benefits for Providers and Patients

Providers

- Minimize burden
- Integrate with certified EHRs
- Emulate existing systems such as DocuSign

Patients

- Provide plain language
- Forms available in multiple languages
- Mobile-friendly/Universal Design

Emergency Access & Vulnerable Populations

Emergency Access & Vulnerable Populations: Legal and Regulatory Concerns

Legal Considerations for Emergencies or Natural Disasters

Law	Emergency Flexibility?	Notes
HIPAA	✅ Yes (with waiver)	HHS can temporarily waive some provisions; sharing with public health and family is more flexible
42 CFR Part 2	⚠️ Yes, **only for bona fide medical emergencies**	Must document and limit to emergency personnel
	⚠️ Yes, for public health purposes	MH/SUD data still require consent in most cases

Legal Considerations When an Individual is Deemed to Have Diminished Capacity

Law	Can Disclose to Surrogate?	Conditions
HIPAA	✅ Yes	If MDPOA, guardian, or best interest (with limitations)
42 CFR Part 2	⚠️ Only in “bona fide emergency”	Otherwise, only with patient consent or court order
MHPA	✅ Yes (for MH/SUD)	Only to legally recognized surrogate; disclosure must be deemed medically necessary

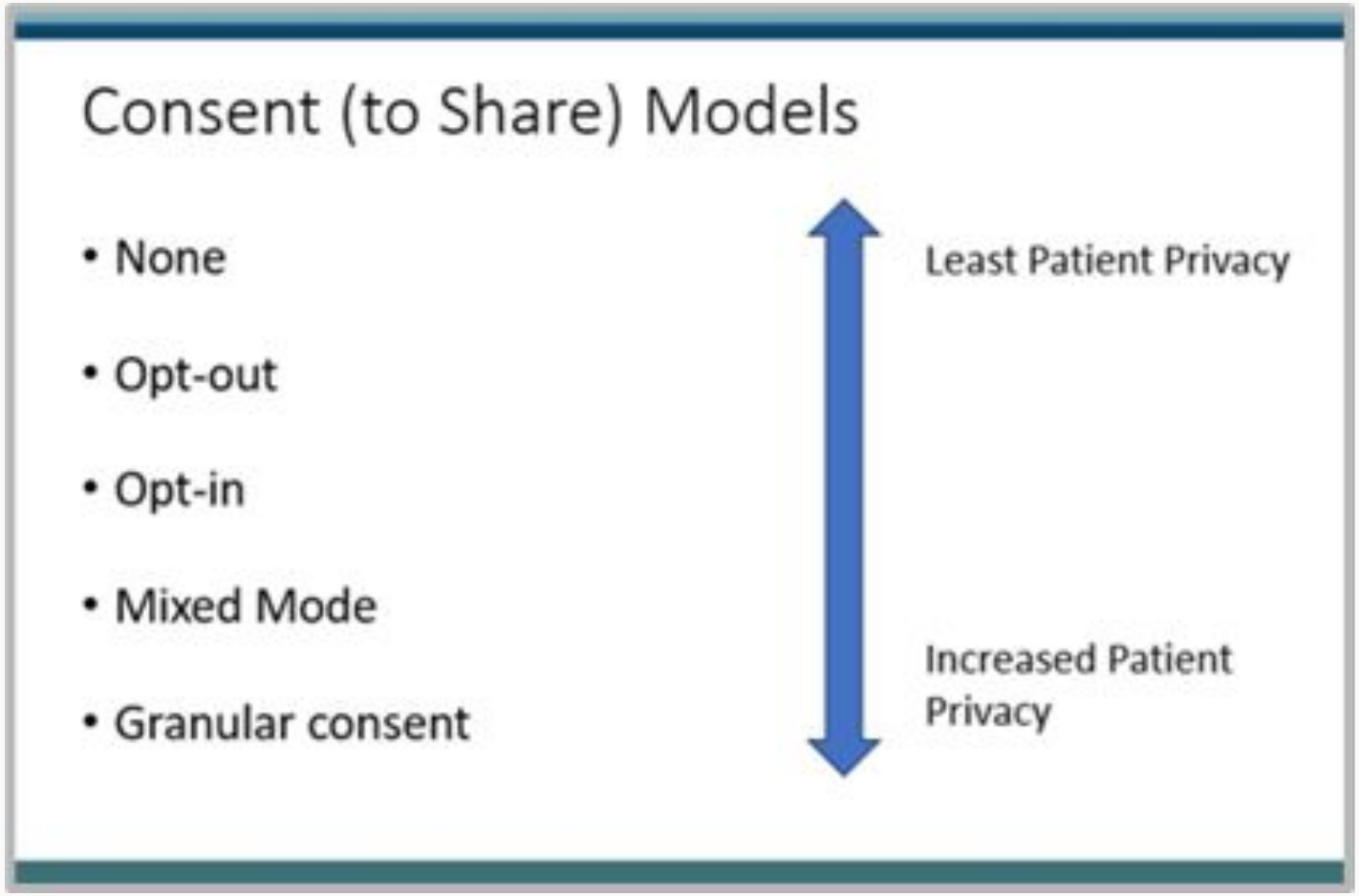
Emergency Access & Vulnerable Populations: Considerations

- Get input from different provider types.
- Be alert to setting-specific concerns (e.g., mobile crisis teams).
- Provide accessible plain-language materials in multiple languages.
- Ensure mechanisms are in place to inform patients rapidly if their PHI has been accessed.

Models of Consent to Share

Models of Consent to Share Vary by Level of Privacy Control

Different individuals will have different preferences about how their PHI is shared



Consent Sharing Patterns: Granularity

"Consent sharing patterns" reflect real-world needs and are central to building a person-centered, privacy-focused, operationally feasible system

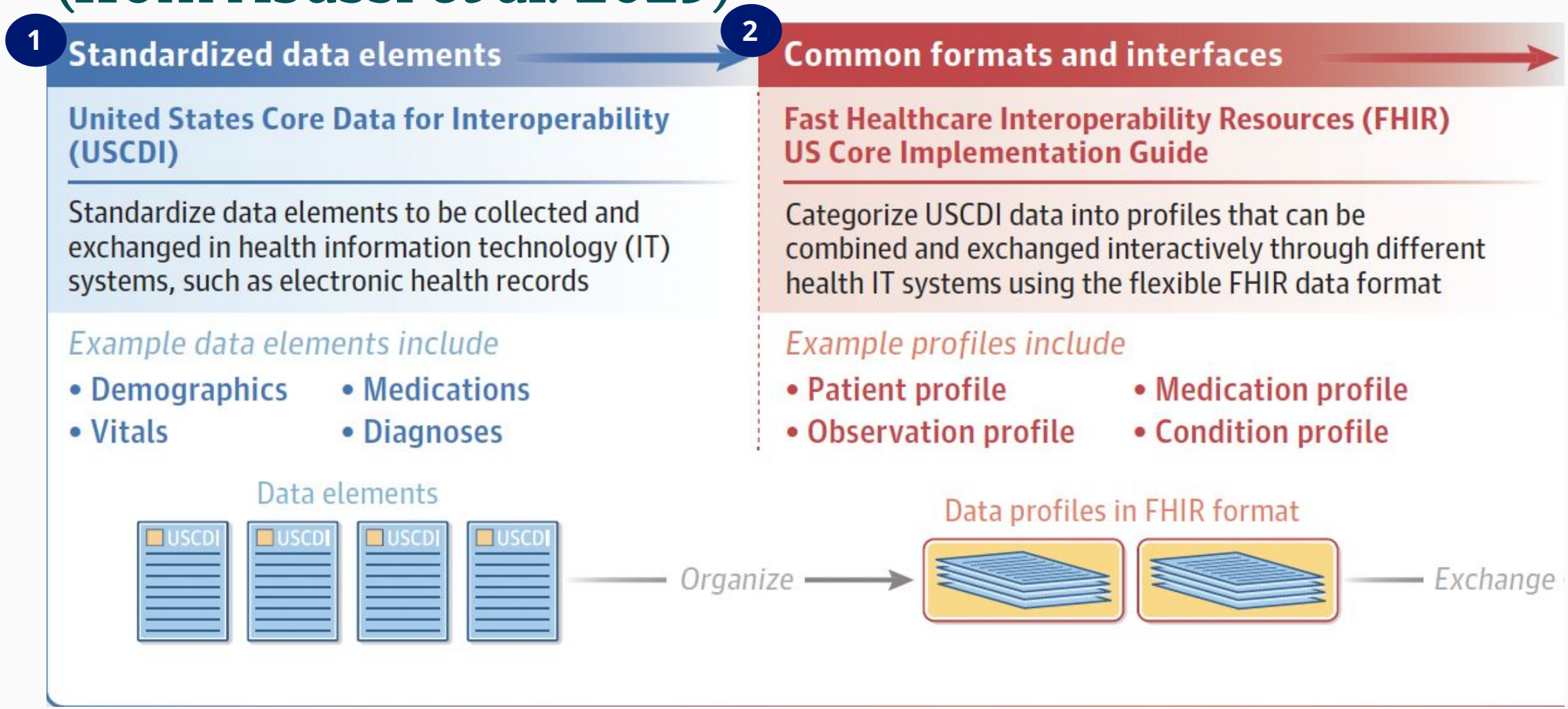
Pattern Type	Description
By Individual, Role, or Relationship	Consent to share with specific individuals, roles, or care teams.
By Purpose of Use	Consent is tied to treatment, research, case management, or other functions.
By Timeframe or Duration	Consent is valid for a defined period, tied to an episode of care, or expires on date that the individual specifies (a best practice).
By Data Category	Sharing can include or exclude specific data types, such as SUD or behavioral health.
Event-Driven Consent	A defined event or condition triggers sharing. 'Break the Glass' is a common event trigger.

National Standards and Initiatives

Several National Standards and Initiatives Should be Considered in the Development of a CMR

- CMS Interoperability and Patient Access Rule
- ASTP Health IT Certification and Final Rule
- ASTP Cures Act Final Rule

Three National Building Blocks Driving Development of a CMR (from Abassi et al. 2025)



Several National Standards and Initiatives Should be Considered in the Development of a CMR (continued)

3

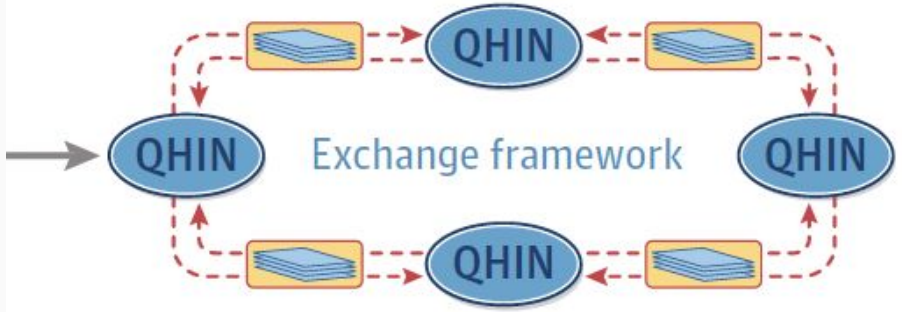
Nationwide network services

Trusted Exchange Framework and Common Agreement (TEFCA)

Establish a secure nationwide framework for exchange of data between Qualified Health Information Networks (QHINs)

Common agreement components include

- Legal and technical requirements
- Infrastructure and governing approach model



National Data Segmentation and Consent Standards

IHE Basic Patient Privacy Consents (BPPC)

IHE Advanced Patient Consent (AAPC)

HL7 Clinical Document Architecture (CDA) Privacy Consent Directives

HL7 FHIR Consent Resource

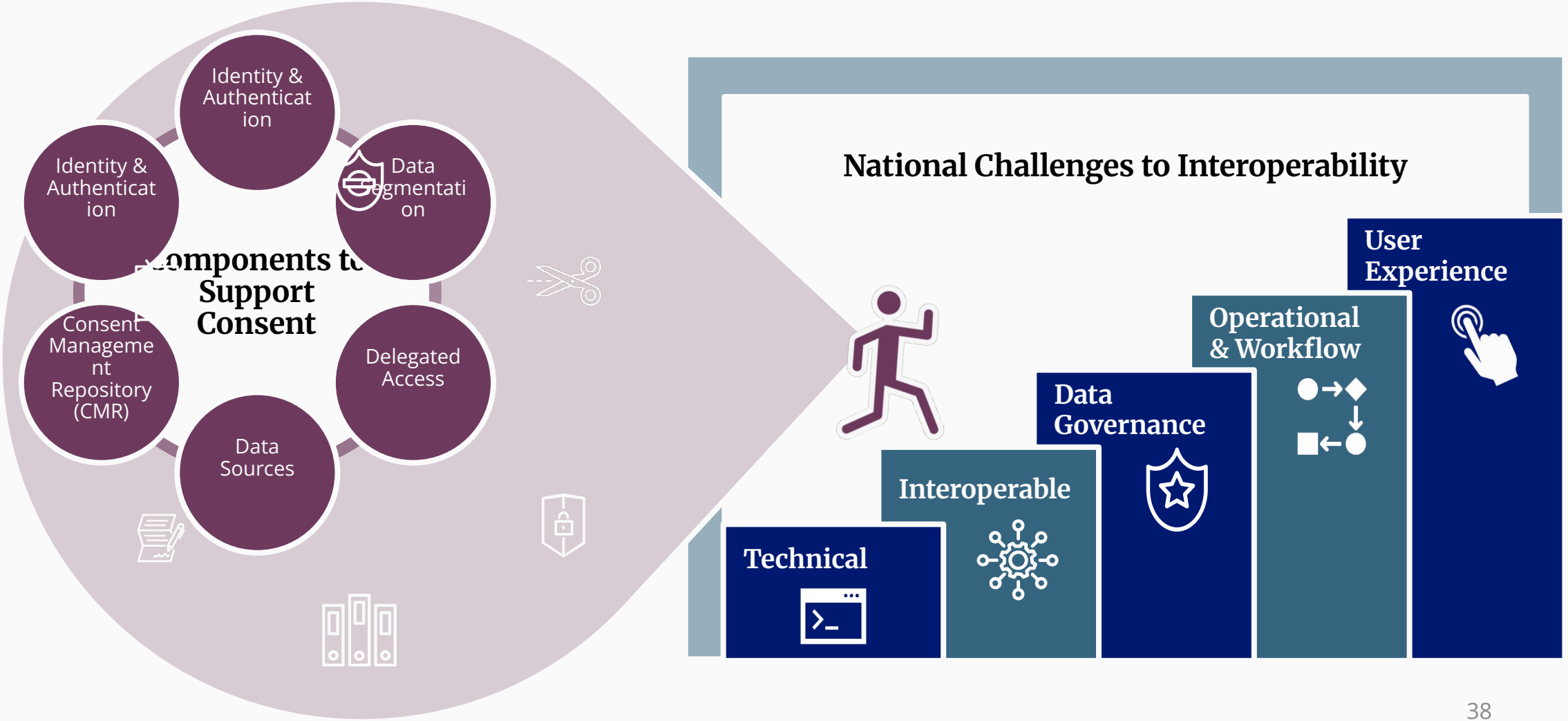
HL7 Privacy Consent Framework (PCF)

HL7 FHIR Data Segmentation for Privacy (DS4P)

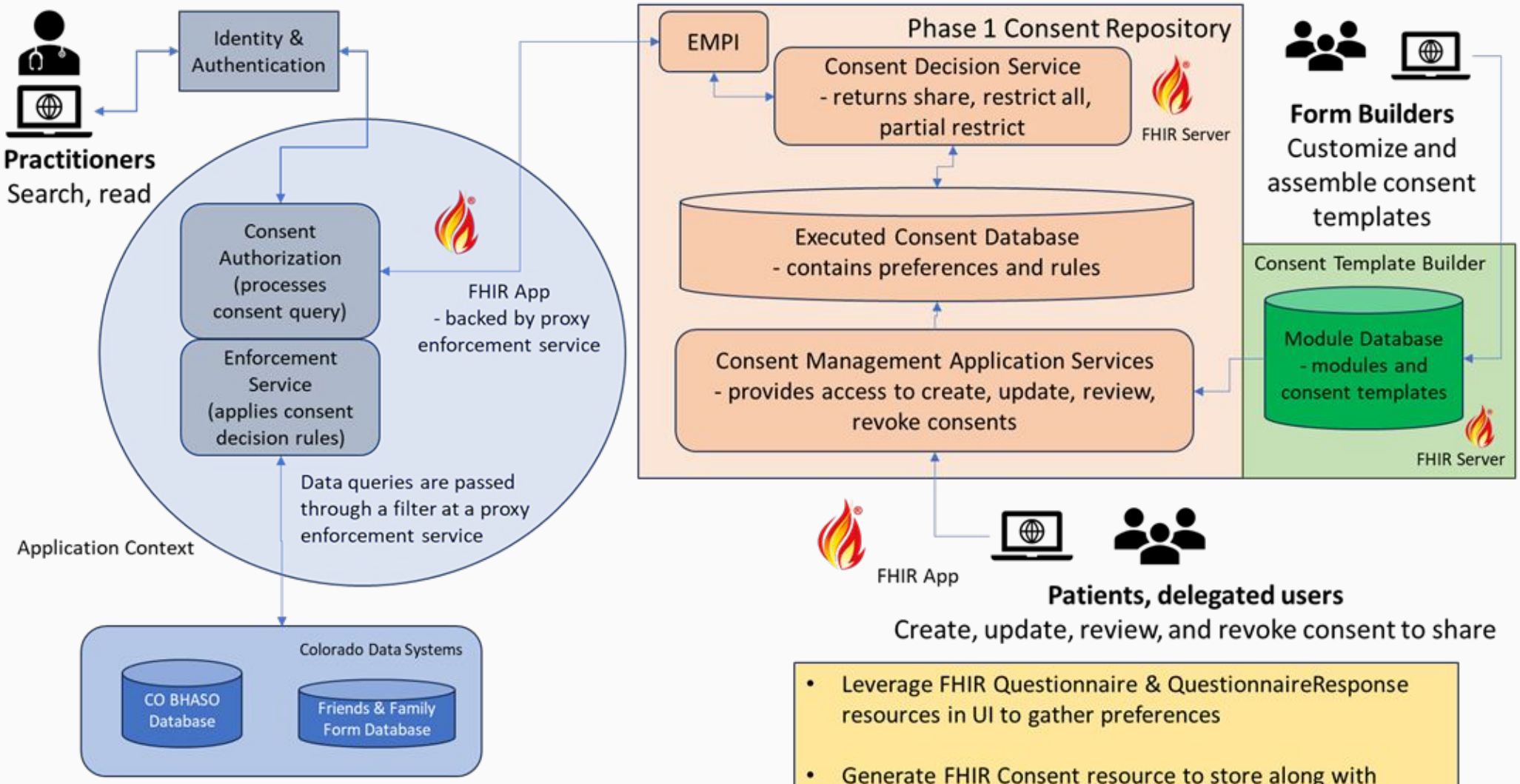
HL7 FAST Scalable Consent Management Implementation Guide

Technical Landscape in Colorado

Interoperability, Integration, Technical Architecture Feasibility: Components & Challenges



Interoperability, Integration, Technical Architecture Model



- Leverage FHIR Questionnaire & QuestionnaireResponse resources in UI to gather preferences
- Generate FHIR Consent resource to store along with QuestionnaireResponse resource

Interoperability, Integration, Technical Architecture Feasibility: Considerations

Standards & Architecture

- Built on FHIR and open standards
- Modular, scalable design
- Leverage national best practices (segmentation, granularity)

Technical Strategy

- Phased rollout and MVPs/pilots
- Bridging for legacy systems
- Support common workflows

Governance & Policy Alignment

- Cross-agency coordination
- Unified privacy and security standards
- Clear roles and accountability

Adoption & Trust

- Secure, user-friendly tools
- Transparent communication
- Granular consent choices to empower individuals

Key Takeaways & Considerations

Federal and State Funding Opportunities

- Leverage CMS financial glidepaths for states wishing to improve (and then maintain) Medicaid data systems – including systems that interface with or improve Medicaid data systems.
- Leverage existing infrastructure (Contexture) to minimize duplication.
- Aligns with Health IT Roadmap priorities.

High-Level Themes

Other states' models help but lack needed detail, especially for mental health

Federal and state laws interact in complex, important ways

Governance, interoperability, and usability are tightly linked

Modern systems use modular, easy-to-build forms with backend computability

Providers and patients share concerns but differ in priorities

Behavioral health has unique challenges, including uncertified EHRs

Considerations for Colorado

Minimum Viable Product (MVP) and Pilot

- Begin small, with MVP focused on behavioral health (directly with providers and/or BHASOs) to demonstrate viability
- Develop a larger-scale pilot later (possibly integrate with Contexture)

Privacy and Security

- Implement granular, dynamic consent using appropriate standards
- Segment sensitive data (behavioral health, SOGI, reproductive health) at the point of capture
- Embed Privacy-by-Design and Universal Design principles from system inception

Interoperability

- Prioritize modern API development across all sectors
- Support non-HIPAA entities with technical and legal tools
- Align with national data and computable consent frameworks

Governance & Legal Framework

- Clarify redisclosure and downstream data use policies
- Align statewide consent policies with all relevant federal and state laws and regulations

Considerations for Colorado (cont.)

Technical Assistance and Rollout

- Fund TA and shared services for smaller organizations
- Develop and deliver standardized privacy and consent training
- Use phased implementation starting with high-readiness partners
- Launch public education campaigns co-designed with communities
- Establish a community oversight council

Patient-Centered Consent and Digital Inclusion

- Create accessible, multilingual, ADA-compliant consent interfaces
- Implement simple, transparent opt-out mechanisms
- Provide patient-facing audit trails of data sharing activities

Public Trust & Accountability

- Launch public education campaigns co-designed with communities
- Establish a community oversight council

Value of Key Considerations

Focus Area	Recommendation	Long-Term Value
Governance	Establish CMR Advisory Council	Transparency and trust
Education and Engagement	Public education campaigns and community oversight councils	Builds inclusion and user trust
Minimum Viable Product	Build behavioral health MVP (directly with providers and/or BHASOs)	Demonstrates feasibility
Leverage Modern Standards	USCDI+, FIHR	State of the art design, scalability
Pilot & Scaling (Longer Term)	Integrate with Contexture	Reduce costs and leverages existing assets

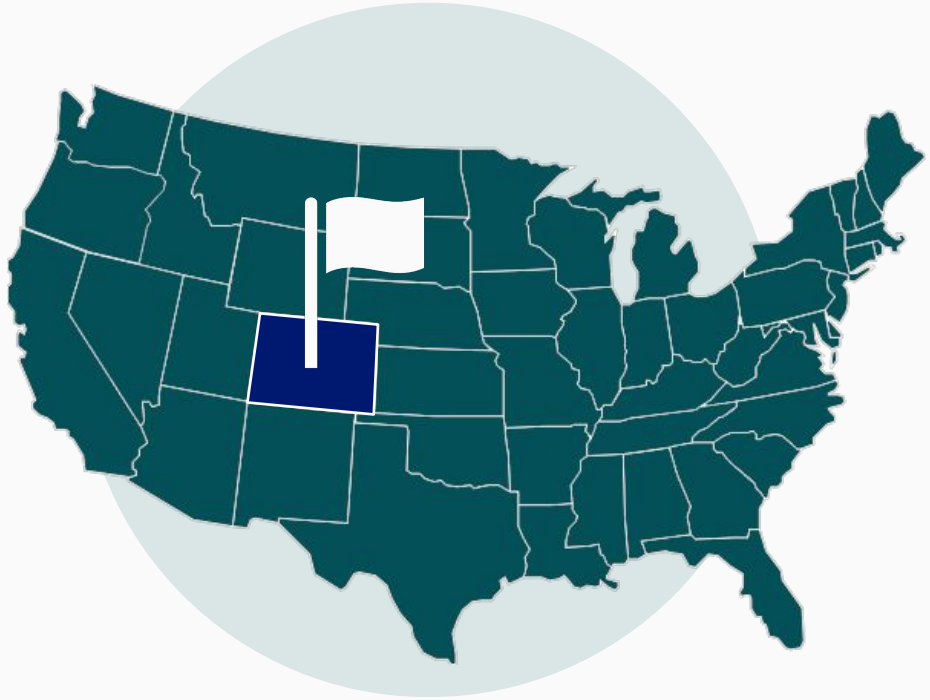
Conclusion: A Vision for Colorado's Future

This work positions Colorado to:

Provide better care coordination

Maintain stronger privacy protections

Invest strategically in health IT



Lead the nation in consent-based data exchange

Questions and Comments

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Public Comment Period

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Closing Remarks