Connecting Care

ARPA Home and Community Based Services (HCBS) Digital Health Technical Assistance Program Milestone 7 CRISP DC HIE Webinar: **SUD Consent Tool**

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Review of CRISP DC Consent Tool:

Overview Value of the Tool Example User Story Workflow Discussion

Conclusion:

Main Takeaways CRISP DC Resources Review of Consent Tool Questions

What is the CRISP DC Consent Tool?

- Developed in partnership with DHCF as a comprehensive, consent management solution to enable the compliant electronic exchange of patients' substance use disorder (SUD) data protected by 42 CFR Part 2, through the District of Columbia Health Information Exchange (DC HIE).
- Based on a patient's consent registration, this SUD data is shared with other members of the patient's care team through the DC HIE.
 - Patients can choose to share all their SUD data through the HIE or just their care team's contact information.



- 42 CFR Part 2 is a federal regulation that was created to protect a patients SUD treatment data.
 - It ensures patient confidentiality while also creating ways for their data to be exchanged to enhance overall care.
- "Part 2" refers to federally assisted programs who provide SUD treatment *and* meet the definition of a "program" under 42 CFR 2.11
 - This regulation protects information, in any form, that could directly or indirectly identify a patient has having sought or received SUD treatment from a Part 2 program.
 - **NOTE**: Not all SUD treatment providers will fall under this definition. *SUD* provider ≠ Part 2 provider



- Since the Consent Tool was released to clinical users of CRISP DC, we have received 399 consent registrations.
 - 8% of patients have consented to share their *care team's contact information*
 - 92% of patients have consented to share ALL their Part 2 data in the HIE
 - Over 50 Behavioral Health Organizations are now sharing data with the DC HIE.
 - By registering a consent for a patient through CRISP DC, you will be able to see your patient's data that is being shared to the HIE from Part 2 sites.



• Members of the Patient's Care Team:

- Social Workers
- Care Coordinators
- Nurses
- Case Managers
- Part 2 Providers
- Non-Part 2 Providers

Disclaimer: Only HIPAA covered organizations have access to the CRISP DC Consent Tool. Currently, MCOs or Payors are not permitted access to the CRISP DC Consent Tool per 42 CFR Part 2 regulations.

Why should I register a consent for my patient?

- The CRISP DC Consent Tool allows for the release of 42 CFR Part 2 covered data from the DC HIEs sensitive data repository. Multiple organizations in the District are currently sharing Part 2 data with CRISP. However, that data is not viewable to the patients other treating providers unless that patient has a consent on file.
- Registering a consent for your patient allows you and other members of the patients care team to see data related to the patients SUD treatment within CRISP DC.



- Gives providers a more holistic view of the patient's health record
- Increases care coordination between care team members by:
 - Connecting patients to resources they might need ex.) housing services, case management, detox center
 - Connect with physicians that are also caring for your patients







I would like to see their treatment information so I can provide them with better care and connect them to the proper resources. While the patient is in my office, I ask them if they would like their SUD data shared with other members of their care team, to better coordinate their care and treatment plan.

CRISP DC Consent History	
Consent Types	
Part II Provider Prevention of Harm - Block Patient Access Form	



Provider educates the patient on their consent options

Type and Amount of Data

Purpose The information shared will be used to help my health care team coordinate my care and provide health care treatment.

Consent Options

O Disclose All Substance Use Disorder Data for Treatment Purposes

This information could include my treatment plan, medications, laboratory results, clinical notes, health care encounters, claims information, and other data about my substance use disorder care.

O Disclose Substance Use Disorder Treatment Providers Contact Info Only The information will include only my Substance Use Disorder treatment provider's name and contact information.



Provider also educates the patient on their expiration and revocation options.

Expiration and Revocation

REVOKING MY PERMISSION

I understand that I may revoke this consent at any time, by requesting one of my CRISP participating providers to deactivate my consent in person or via written request. I understand that my information will be shared during the time the consent is active and my providers may use this information for my treatment and care coordination in accordance with state and federal law. I understand that the revocation will not affect any action by the organization that was authorized to release my information before it received notice of my revocation.

EXPIRATION DATE

This Consent and Authorization to share my Substance Use Disorder treatment and information will remain in effect until the date indicated, unless revoked prior to that time.

Expiration Date

Choose a date



Provider verifies the patient's identity and attests to providing the patient. education on their consent registration.

Identity Validation and Education Attestation

Patient Identity Verification

I hereby attest that I have validated the patient's identity and obtained consent from this patient in accordance with the terms stated above.

Patient Education Attestation

I hereby attest that I have informed the patient named in this consent to the terms of this consent and answered all questions to the best of my ability.



The patient signs the electronic consent form, and the provider submits the consent within the CRISP DC Portal.

Signature/Attestation
Check Here if you are the patient's Legal Guardian, Parent, or Legally Authorized Representative.
Patient Signature
I acknowledge that I have read this consent form and understand that as indicated on this form, my Substance Use Disorder treatment information may be shared with CRISP who may then share it with members of my health care team who participate with CRISP.
×
Please, sign above *

Example User Story

Now when the provider is looking through the patient's clinical information in CRISP DC they can see the medications the patient has received at an SUD clinic in the District.

÷	HIE InContext			GAIL DEM Female May 11	
8	HEALTH RECORD	S ENCOUNTERS	PROBLEMS	STRUCTURED DOCUMENTS	IMMUNIZATIONS
	ALL 3 HIE 3				
	All Structured Docu	ments			
•	Date 🗸	Source	Titl	e	Туре
③	2022-05-01	Sharon Hospital	Cont	inuity of Care Document	Summarization of Episode Note
	1 2021-10-22	Orthopedics Sharon	Cont	inuity of Care Document	Summarization of Episode Note
	02021-10-22	Orthopedics Sharon	Cont	inuity of Care Document	Summarization of Episode Note

Example User Story

With this newly gained information, I can ensure appropriate medication management. I can also work with our counselors and coordinate care with this SUD clinic to ensure the patient is getting the appropriate resources for a successful recovery.

No data available for this section				
Immunizations				
No data available for this section				
Medications				
ibuprofen 800 mg, Oral, TID, 0 Refill(s), Pain Scale 1 - 3 Start Date: 10/22/21 Status: Ordered				
oxycodone-acetaminophen 5 mg-325 mg 1 tab, Oral, q4hr, 0 Refill(s), Pain Scale 4 - 7 Start Date: 10/22/21 Status: Ordered Mental Status				
No data available for this section	_			
Problem List				
No Known Problems				

What are the steps to implement the Consent Tool into my workflow?







Attend a webinar or schedule an individual training with the CRISP DC Project lead, Abby Lutz. Discuss with other team members, or a supervisor about how the Consent Tool would best fit into your existing workflow. Talk with your organizations HIE admin to ensure all staff members who are going to be registering consents have access to the tool. Please reach out to Abby Lutz for any questions regarding access or HIE admin Conduct a small pilot within your organization, gather feedback and then implement at full capacity.



- Registering a consent allows you to see your patients SUD data in the DC HIE
- Registering a consent allows you to have a more holistic view of your patient's medical history
- Any member of the care team can register a consent for the patient
- 42 CFR Part 2 is a federal regulation that protects a patients SUD treatment data



- Visit our website at <u>www.crispdc.org/consent/</u>
 - \odot FAQs for patients and care team members
 - One Pagers
 - $\circ\,\text{User}$ guides
 - $\circ \, \text{Consent Script}$
- Utilize these resources within your clinic to help patients better understand the SUD consent process!



- The consent tool allows for the release of what type of patient data?
- Who can register a consent for a patient?
- What is the value of the CRISP DC Consent Tool?
- Where can you go for resources on the Consent Tool and to register for upcoming webinars?
- How is 42 CFR Part 2 data indicated within the CRISP DC Portal?

Connecting Care

The CRISP DC consent tool is available through the DC HIE for any organizations who have been trained and credentialed.

If your organization would like to implement the tool, please contact Abby Lutz (<u>abby.lutz@crisphealth.org</u>) for a consent tool demonstration.

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