

Community Based Organization Data Sharing Policy

A Community- Based Organization (CBO) is defined as a group that aims to improve a community's social health, well-being and overall functioning. CBOs often provide services to individuals that may improve their health outcomes, and in these roles, CBOs may work directly or tangentially with health care providers.

Policy: In order to facilitate improved care coordination and ultimately, improved patient outcomes, CRISP DC will enable CBOs to share information about shared patients with health care providers via CRISP tools. CBOs that are not HIPAA covered entities are not eligible to be CRISP DC participants and shall not have access to CRISP tools that contain protected health information. CBOs who share information with CRISP may be eligible to receive aggregate-level/ de-identified reports of hospital utilization and other CRISP data.

Implementation Guidance:

1. The CBO and CRISP DC will sign an MOU that outlines the procedures and requirements of the relationship, including but not limited to the scope of services, data to be shared, and expectations of CRISP and the CBO.
2. The CBO will provide the name and contact information for a point of contact that will be responsible for ensuring the CBO adheres to all applicable procedures and requirements. The POC will be responsible for providing the client/patient panel and other relevant information to CRISP.
3. The CBO will educate clients/patients that their data will be shared via CRISP, including providing a link to the CRISP website where patients can access more information and if desired, opt-out of CRISP. CBOs may choose to use language supplied by CRISP, or they may create their own as long as it explains: what data will be shared with CRISP; that the patient has a right to opt-out of CRISP; and that the patient can visit the CRISP website for more information about how their data is used and by whom and for more information about how to opt-out. The CBO may provide this language in one of their patient education or enrollment documents currently in use, or they may choose to create a separate document. The educational materials must be available for audit purposes upon request. The CBO must adhere to its own policies about sharing patient/client data; if consent is required for other patient/client data sharing, the CBO shall obtain and record patient consent. CRISP will not require nor monitor the acquisition of consent for this project.
4. The CBO will provide CRISP at least monthly with a panel of clients/patients and relevant data to be displayed via CRISP. Alternatively, the data may be submitted via the CRISP Referral Tool. This could include relationship with client/patient, care coordinator name and contact information, or other data relevant to a client's/patient's health care provider. CBOs that offer multiple services (for example, meal delivery and medical transportation) can submit a separate panel for each service type.
5. The CBO agrees that any information provided to CRISP on the patient panel can be used by CRISP participants for any of the CRISP permitted purposes as outlined on CRISP DC website.

6. A CBO that is a HIPAA covered entity may be eligible to be a CRISP participant and access CRISP tools and services. CBOs that are not HIPAA covered entities are not eligible to be CRISP participants and therefore, shall not have access to any CRISP tools or services that include patients' protected health information. CBOs that are workforce agents and business associates of CRISP participants may be eligible to have delegated access to specific CRISP tools or services for shared patients.
7. CBOs that provide a panel may access aggregate-level reporting through CRISP DC Reporting Services as it becomes available. Users of the DC CRS aggregate report must adhere to DC CRS policies.