



SUD Consent Tool Webinar

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Disclosure

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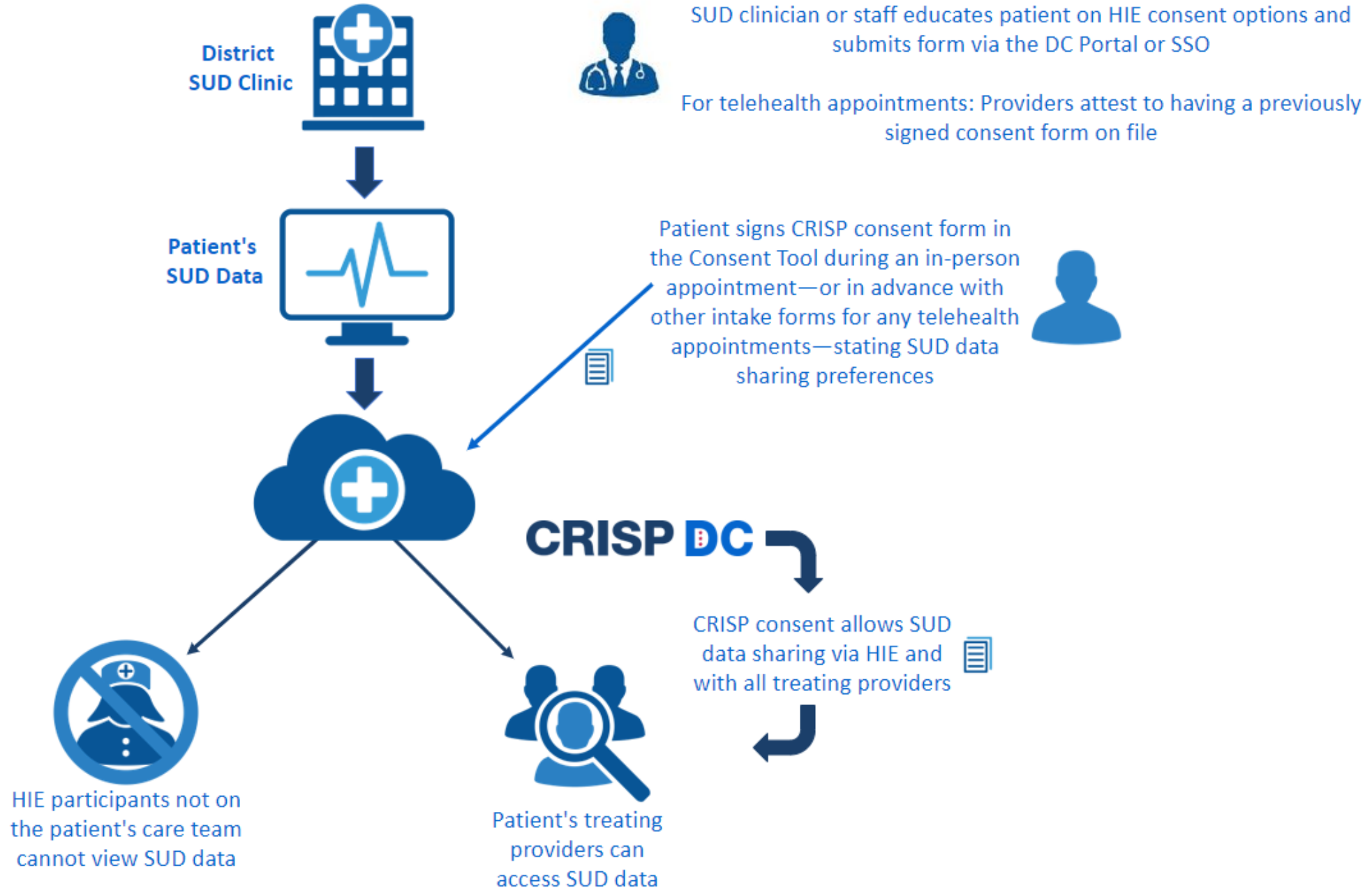
Agenda

- Review of CRISP DC consent tool:
 - Overview
 - Initial pilot state and new functionality
- Next steps:
 - SUD data sharing
 - Community-wide rollout
- Discuss proposed workflow
- Demo of tool

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' behavioral health information, including 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 behavioral health data is shared with other members of the patient's care team through the DC HIE.
- CRISP DC piloted the configurable electronic consent management tool to initial user groups in the District beginning in April 2021 and released the tool to all clinical DC Portal users on July 1.

SUD Data Flow from Providers to HIE





Consent Tool Functionality

Initial Pilot Release:

- Only available to register consents during in-person visits
- Providers must explain the consent process to their patients and attest to having done so within the tool
- Consents become inactive upon reaching the expiration date, or may be revoked at anytime
- The patient, or their legal guardian, may then provide their signature directly in the tool
- Patients can elect to share all SUD treatment information or only their care team's contact information

Updates Added in March 2022:

- Allows providers to register consents for telehealth patients
- Additional paper SUD form created to obtain patient's legal signature
- Form may be sent to patient in advance with other intake forms, allowing the patient time to review the details of this consent
- Patient returns form to provider and consent preferences are updated in CRISP as a data entry step

Results from pilot group:

317 consents have been registered across five organizations, more than **98%** of those elected to share all their SUD treatment info (*less than 2% of these patients chose to only share their care team's contact information*)



SUD Consent Form for Telehealth Patients



Patient Consent to Disclose Substance Use Disorder (SUD) Treatment Information

Patient Details

Address

Name (First/Middle/Last)

City

Date of Birth (mm/dd/yyyy)

State

Phone

Zip

Information about this Consent

By completing and signing this form, you will be allowing your Substance Use Disorder treatment provider to share information about your Substance Use Disorder treatment with the Health Information Exchange who will then share it with other members of your health care team. These could include your primary care provider, hospital providers, emergency providers and other individuals who are involved in coordination of your care. The information will be shared with your treatment providers who participate with the CRISP Shared Services affiliate Health Information Exchanges (HIEs) including Maryland, DC, West Virginia, Connecticut, Alaska and any HIE affiliates in the future. These providers must adhere to all state and federal law with regards to keeping your information private. You can request a list of providers who have received your information by completing an accounting of disclosures requests at <https://disclosures.crisphealth.org>. A list of Frequently Asked Questions (FAQ) about sharing Substance Use Disorder treatment data through CRISP can be found by going to <https://crispdc.org/wp-content/uploads/2022/01/SUD-FAQ2022-1.pdf>.

Consent to Disclose My Substance Use Disorder Treatment Information

From Whom

I authorize disclosure by any of my past, present, and future Substance Use Disorder treatment providers that share data with CRISP.

To Whom

I authorize disclosure to CRISP Shared Services affiliate HIEs, who may then disclose the information to any of my past, present or future providers involved in my care who participate with the HIE. I can request a list of all providers who have received my information by going to <https://disclosures.crisphealth.org>.



Type and Amount of Data

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

Consent Options (choose one)

Disclose All Substance Use Disorder Treatment Data

This could include my treatment plan, medications, lab results and clinical notes about my care.

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.

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 (enter date below)

Signature/Attestation

Patient or Legal Guardian Signature

By signing below, I acknowledge that I have the legal authority to consent to share the named individual's Substance Use Disorder treatment information. 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.

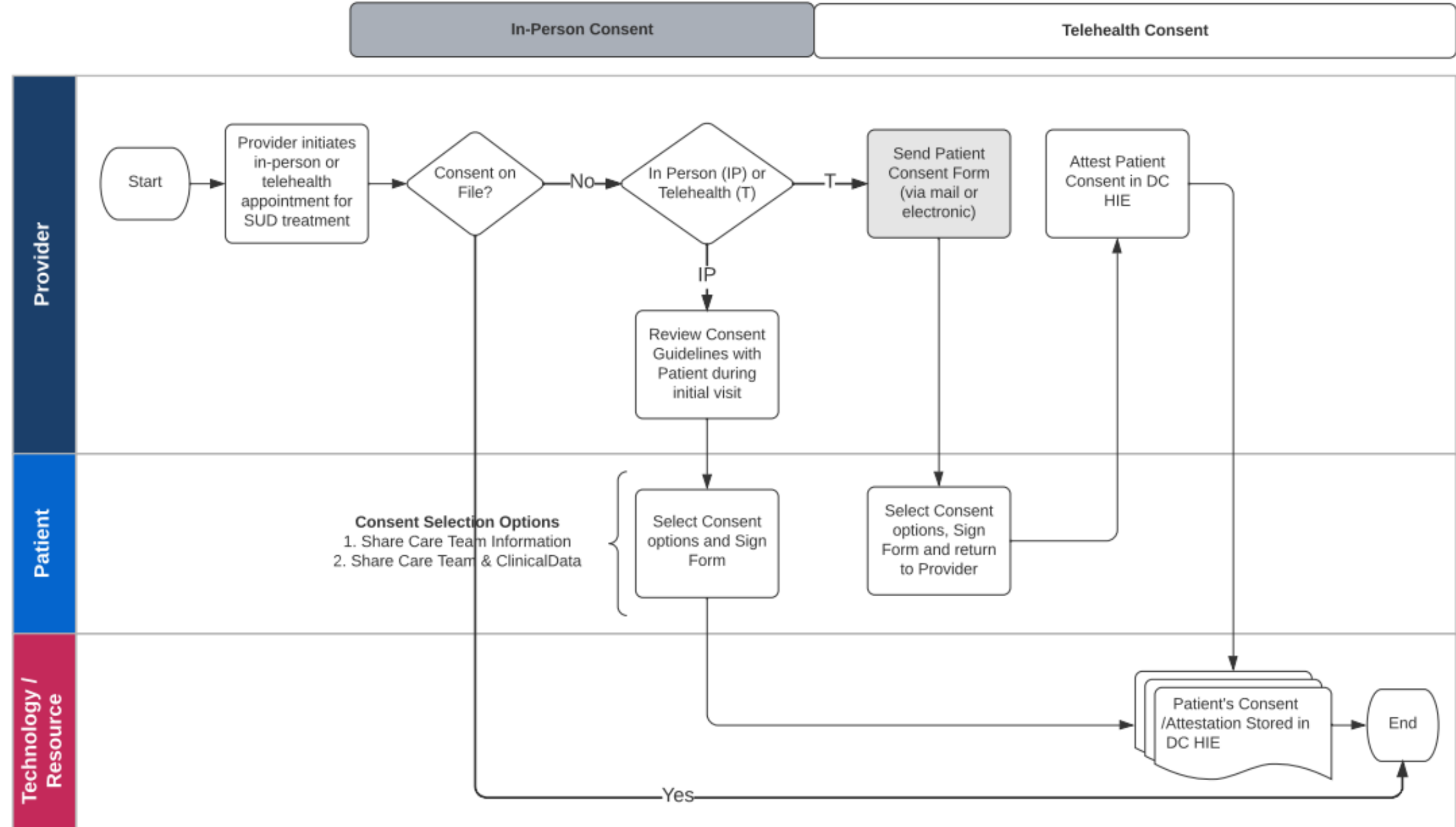
Signature of Patient or Legal Guardian, Parent, or Legally Authorized Representative

Printed Name

To download the form, please visit:
<https://crispdc.org/consent/>



Proposed Workflow



Next Steps

- Sensitive document repository is built and ready for organizations to begin sending sensitive CCDs to CRISP
 - CRISP DC currently scoping out the development for parsing CCDs from hybrid organizations

CRISP DC webinars to be held on:

- Wednesday, 7/20
- Friday, 7/22

Registration links may be found at the bottom of: <https://crispdc.org/consent/>

Additional Integrated Care DC training sessions:

- Consent Management Basics, 8/4
- Consent Management Tool Use Cases, 8/12
- Office Hours, 8/30

To register for these sessions, please visit: <https://www.integratedcaredc.com/events/>





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 Corrine Jimenez (corrine.jimenez@crisphealth.org) for a consent tool demonstration.

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