



SUD Consent Tool Webinar

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Disclosure

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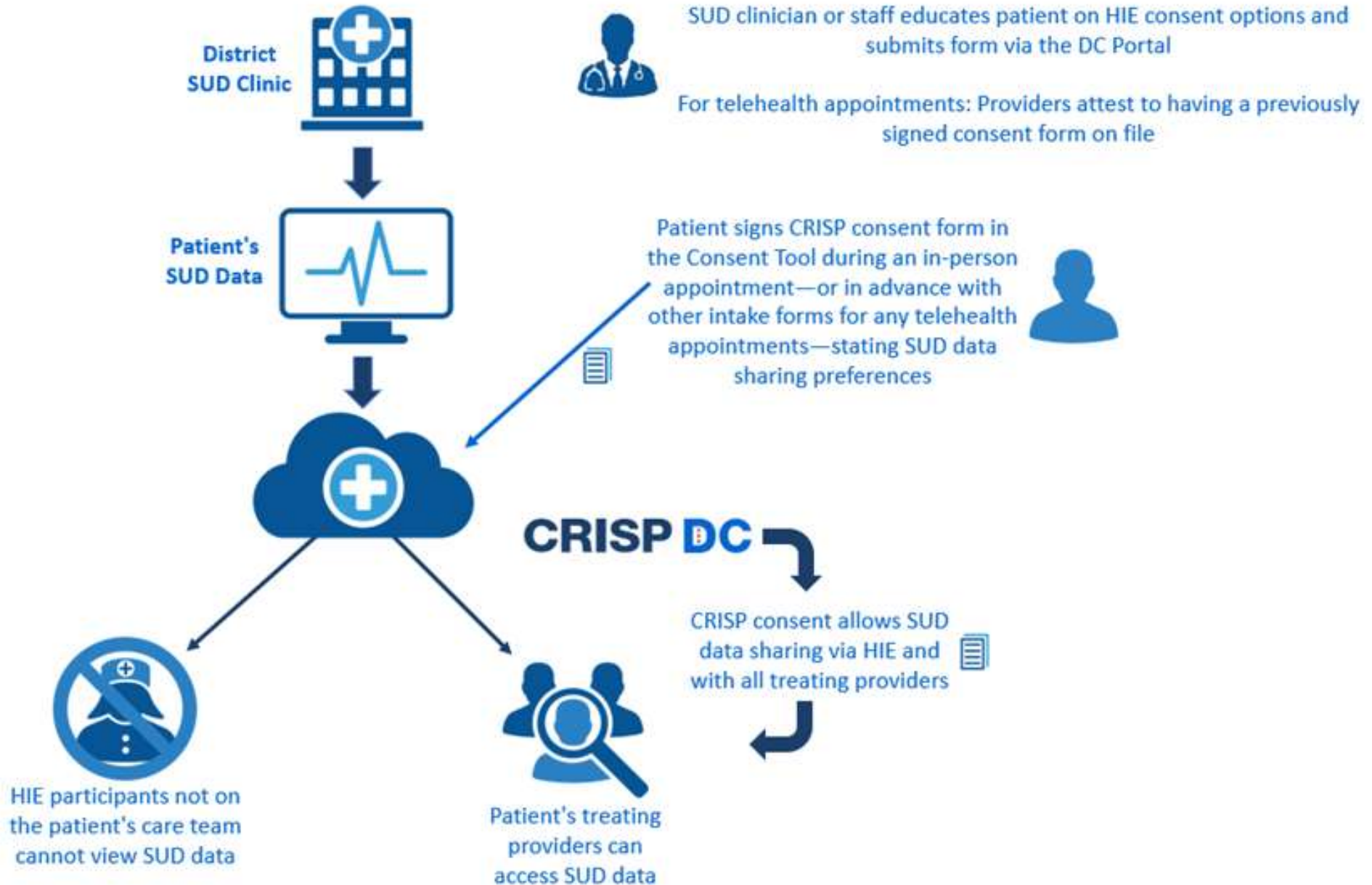
Agenda

- Review of CRISP DC consent tool:
 - Overview
 - Proposed workflow for in-person and telehealth patients
 - Live demo of the tool
- Next steps:
 - Receiving SUD data from District providers
 - New InContext functionality
 - Monthly webinar series continuing – upcoming sessions listed here: <https://crispdc.org/consent/>

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 in July 2022.

SUD Data Flow from Providers to HIE





Consent Tool Enhancements

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 were 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

Name (First/Middle/Last)	Address
<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	City
<input type="text"/>	<input type="text"/>
Phone	State
<input type="text"/>	<input type="text"/>
	Zip
	<input type="text"/>

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

Signature of Patient or Legal Guardian, Parent, or Legally Authorized Representative (if applicable)

Printed Name

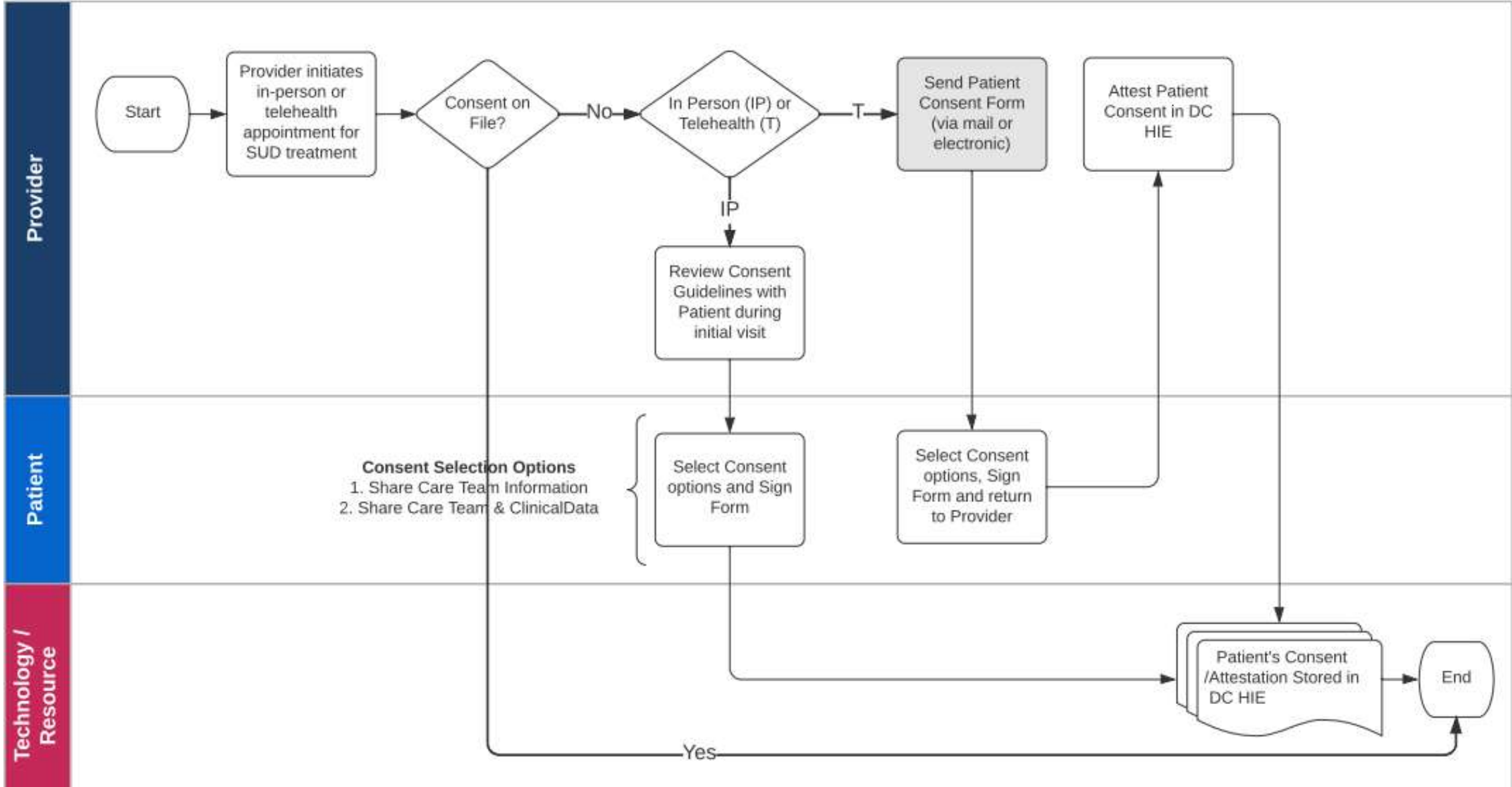


Data Sharing in the Consent Tool

- **What is my patient consenting to?**
 - To allow their Substance Use Disorder (SUD) treatment provider to share information about their SUD treatment with the DC Health Information Exchange (HIE).
 - The HIE will then share it with other members of the patient's health care team who participate with CRISP HIEs
 - Including Maryland, DC, West Virginia, Connecticut, Alaska, Virginia and any HIE affiliates in the future.
- To date, CRISP DC has received **519 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

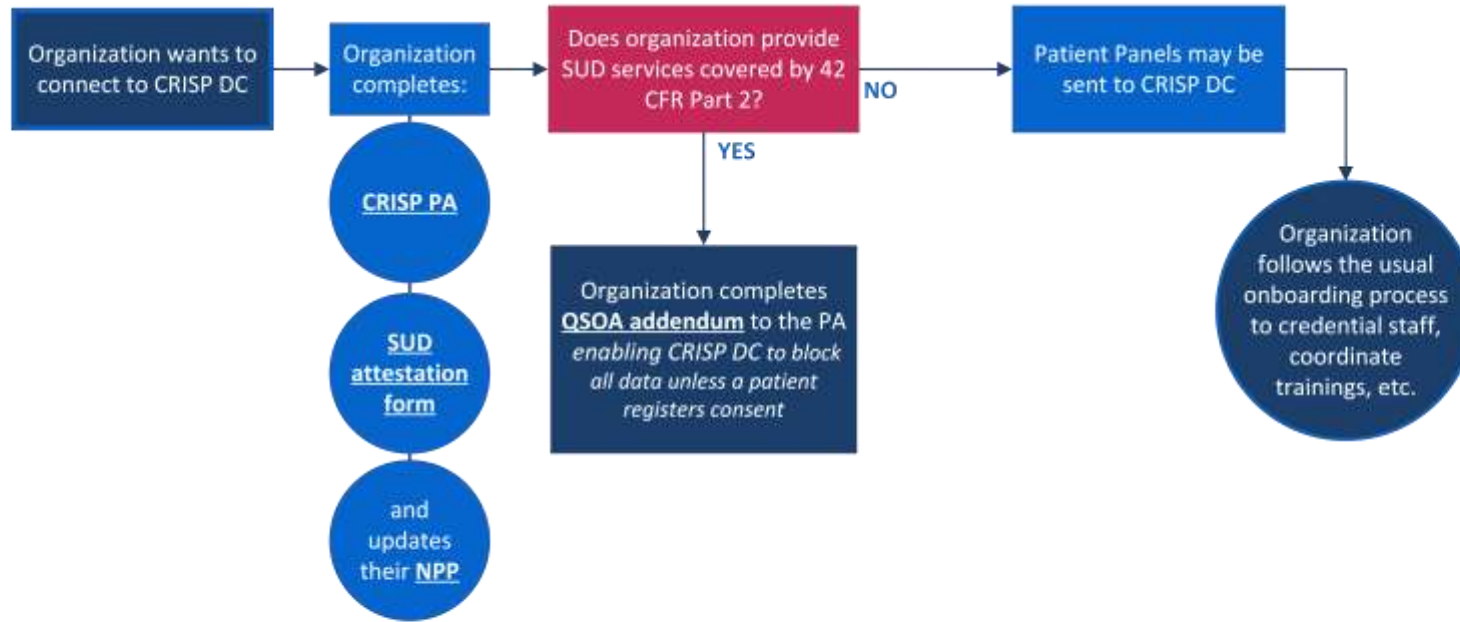


Proposed Workflow





SUD Site Onboarding Process & Documentation



Documentation Definitions

CRISP Participation Agreement (PA)	SUD Attestation Form	Notice of Privacy Practices (NPP)	QSOA Addendum
Enables organization's connection to CRISP The first step in getting users access to the HIE Required for ALL CRISP participants to complete	Allows organization to self-designate as providing SUD services covered by 42 CFR Part 2 Based on response, organization completes additional forms Required for ALL CRISP participants to complete	Informs patients that their provider is now participating with CRISP Includes instructions for patients to opt-out of CRISP, if desired ALL CRISP participants are encouraged to update their NPP	<i>(Addendum to CRISP PA)</i> Qualified Services Organization Agreement required for facilities to send data covered by 42 CFR Part 2. These data will only be shared upon the patient's consent Completed based on <u>SUD Attestation Form</u> response

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 for sensitive data from hybrid organizations
- This quarter, the Consent Tool is going to become available in the InContext app.

To register for the June webinar,
please visit:

<https://crispdc.org/consent/>





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 (abby.lutz@crisphealth.org) for a consent tool demonstration.

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