

## DC HIE Consent Management Solution Project

### What is it?

CRISP DC partnered with the District of Columbia Department of Health Care Finance (DHCF) to develop a comprehensive, open-source consent management solution to enable compliant electronic exchange of behavioral health information, including substance use disorder (SUD) data protected by 42 CFR Part II, through the District of Columbia Health Information Exchange (DC HIE). Based on a patient's authorization, this data is shared with treating providers through the DC HIE. CRISP DC made the consent tool available to all clinical CRISP users in July 2022 and has already begun receiving consent registrations from SUD providers in the district.

### What key features are now available in the consent tool?

- Easy integration into existing workflows and clinical systems
- Electronic signatures for patients to *opt-in* to sharing their 42 CFR Part 2 protected data
- Attestation functionality allowing providers to register consents with the tool for their patients who have telehealth appointments
- Flexible expiration dates for consent registration, with a maximum expiration date five years from the day consent tool is opened.
- Provider and payer specific forms with multiple patient consent options to share all of their SUD treatment data (treatment plan, medications, lab results, clinical notes) or only the care team's contact information

### View of consent tool in CRISP:

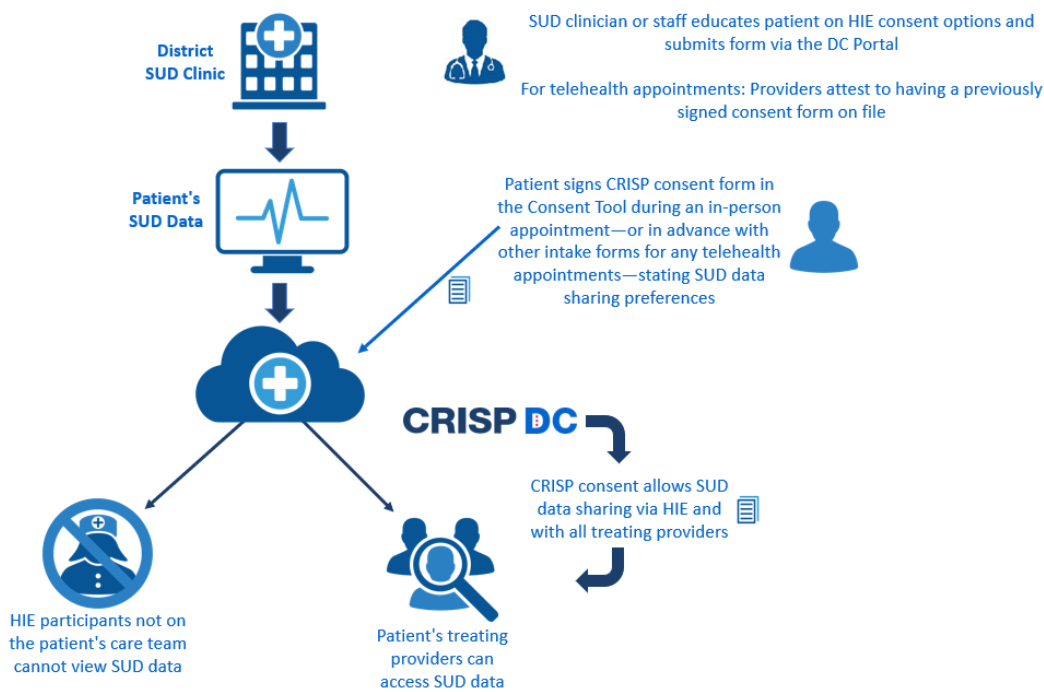
The screenshot displays the CRISP DC interface for the consent tool. It features a blue header with the CRISP DC logo and navigation links for 'Consent' and 'Consent History'. The main content area is divided into three sections: 'Identity Validation and Education Attestation', 'Signature and Submission', and 'Attestation for Consent on File'. The 'Identity Validation and Education Attestation' section contains two checkboxes for provider attestation of patient identity and education. The 'Signature and Submission' section includes a checkbox for legal guardian status, a 'Patient Signature' area with a dashed line for signing, and a 'Please sign above' prompt. The 'Attestation for Consent on File' section has a checkbox for written and signed consent. A 'Next' button is visible in the top right corner of the first section.

### How will providers access and use the tool to document consent?

- Providers can access the consent tool through the DC Portal
- Providers will have the option to register a new consent or search for an existing consent on file for their patient
- There are two forms to document patient consent for Part II data sharing (provider or payer) and a consent history log

- Patients will indicate their consent preferences and will either electronically sign the consent form or submit an additional paper form for telehealth visits, with the option to revoke their consent at any time
- Providers must attest to providing patient education and verifying patient identity before registering consent
- Information on SUD data flow from providers to the DC HIE is illustrated in the below diagram

## SUD Data Flow from Providers to DC HIE:



SUD care team and treating providers can access consent history, contact information, and clinical data according to patient preference

**Please note:** Consent to share SUD information can be updated or revoked at any time

## What information can be shared and who has access to it?

- District SUD providers who have executed a qualified service organization agreement (QSOA) with CRISP DC will share SUD data with the DC HIE
- CRISP DC will only share SUD information once a patient has registered consent via the CRISP tool
- All SUD data displayed in CRISP will be accompanied by a notice that SUD information cannot be redisclosed in accordance with Part II requirements

*To learn more about the tool, please reach out to [dcoutreach@crisphealth.org](mailto:dcoutreach@crisphealth.org).*

*This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.*