

SUD Consent Tool Webinar

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Disclosure

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 \$4,750,000.00 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.





Review of CRISP DC consent tool:

Different Types of Consent

Overview

Value of the Consent Tool

Example Provider Scenarios



Discussion

Demo of Consent Tool

Survey Questions

Best Practices

Main Takeaways

Poll Questions



Before we get started...

- In the chat could you drop:
 - Name
 - Job Title



Different Forms of Consent

Organizations Notice of Privacy Practices (NPP)

- Informs patients how they are disclosing their protected health information ie. If they are participating in CRISP DC HIE.
- Requirement of HIPAA
- Given to the patient upon treatment at an organization

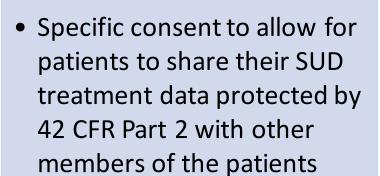
HIE Opt Out

- Allows patients to Opt-out of having their data shared with any CRISP Shared Services HIEs.
- To be filled out by the patient on the CRISP DC Website



care team

Part 2 SUD Consent



 To be completed via the CRISP DC Portal or CRISP DC InContext application from an organizations EMR.



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.



What is 42 CFR Part 2?

- 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

Data Sharing in the Consent Tool

- Since the Consent Tool was released to clinical users of CRISP DC, we have received 401 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 from Part 2 sites.



Who can register a Consent?

- Any member of the Patient's Care Team:
 - Social Workers
 - Care Coordinators
 - Nurses
 - Case Managers
 - Part 2 Providers
 - Primary Care Physicians



Why should I register a consent for my patient?

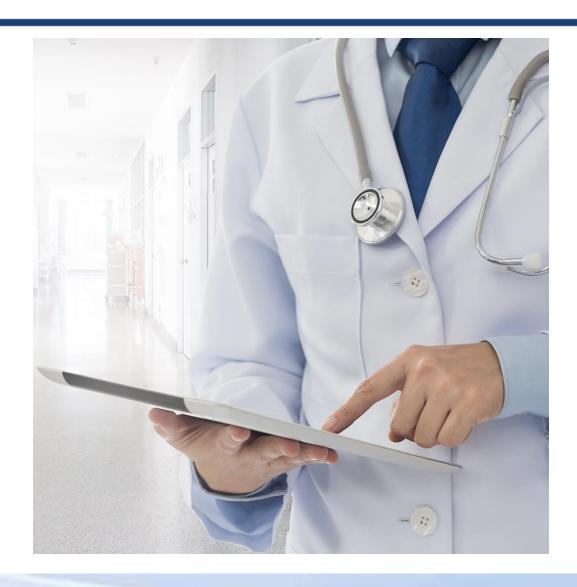
- The CRISP DC Consent Tool allows for the release of 42 CFR Part 2 covered data from the DC HIEs sensitive data repository. Multiple organizations in the District are currently sharing Part 2 data with CRISP. However, that data is not viewable to the patients other treating providers unless that patient 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.



Why is this so important?

- Gives providers a more holistic view of the patient's health record
 - Providers might not have full insight into their patients' health record without registering consent
- 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





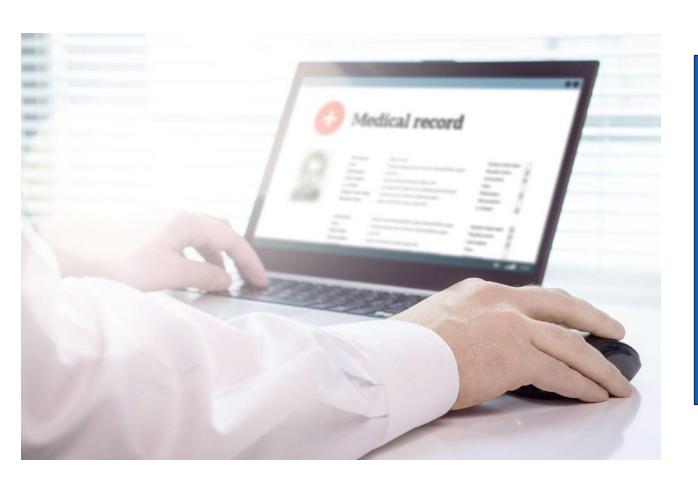
I am a District Healthcare provider who recently got connected to the DC HIE and one of my patients has mentioned that they were in Substance Abuse treatment. I would like to see their treatment information so I can provide them with better care and connect them to the proper resources.





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. I educate the patient about their consent options, expiration and revocation. The patient signs the electronic consent form and I submit the consent within the CRISP DC Portal.





Now when I am looking through the patient's clinical information in CRISP DC, I can see they receive MAT services at an SUD clinic in the District.





With this newly gained information, I can see what medications the patient is receiving at the SUD clinic and ensure appropriate medication management.

I can also work with our addiction counselor and coordinate care with this SUD clinic to ensure the patient is getting the appropriate resources for a successful recovery.



Now we will move into a demonstration of registering a consent in the CRISP DC Consent Tool through the Portal.



Best Practices for Implementation

Following a District SUD clinics implementation of the CRISP DC Consent Tool the following were items that they noted to be necessary for a successful implementation

- Building Trust with Patients
 - Requires every staff member to be educating patients on the importance of data sharing
 - Utilizing Peer Recovery Coaches to establish trust with patients
- Workflow Integration
 - This organization was able to leverage their EHR system to keep track of patients who have registered a consent and those who have not. Patients who have previously declined are able to be followed up with when they might be more ready to have the conversation around consent.
- Emphasizing Staff Education
 - Important that staff can properly educate patients so they can then educate patients about data sharing and answer any questions that might be causing them apprehension.
- Empathy
 - One of the biggest lessons learned that this organization shared was "the power of empathy and persistent engagement". Really ensuring that you understand why the patient does not want their data shared makes them feel more supported in their decisions around data sharing.



Main Takeaways from Webinar

- 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
- Provider and patient education is necessary for registering consents

- How would you rate the ease of navigating through the CRISP DC Consent Tool?
 - Very Easy
 - Moderately easy
 - Slightly easy
 - Not at all



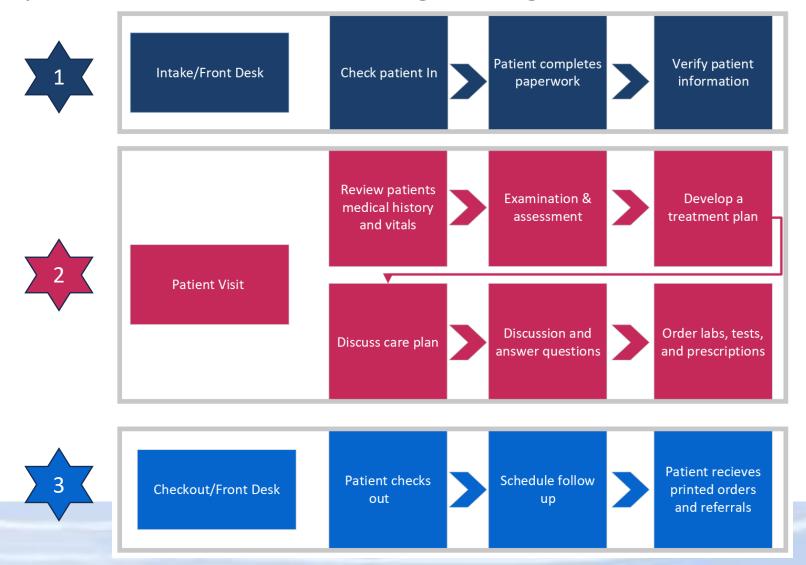
- On a scale of 1-5, what is your level of understanding of the CRISP DC Consent Tool?
 - 1 (I do not understand the tool)
 - 02
 - 03
 - 04
 - 5 (I understand the tool and would like to implement at my organization)



- How many times daily, are you likely to go into the CRISP DC Consent Tool to see a patients Consent History or register a Consents?
 - 1-2
 - 3-4
 - 5-7



• In your practices, where would registering a consent fit best?



- Would you recommend the CRISP DC Consent Tool to a colleague?
 - Definitely
 - Probably would
 - Might or might not
 - Probably would not
 - Definitely would not



- After this webinar, I am interested in implementing the CRISP DC Consent Tool into my workflow and would like to schedule a 1:1 session with the CRISP DC Project Lead to learn more?
 - Yes
 - No

If you answered yes to the question, we will record your email and Abby Lutz will reach out to schedule 1:1 session with you and your team.





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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