

Frequently Asked Questions: Care Team Members

1. What is the CRISP DC Consent Tool?

The CRISP DC Consent Tool is a comprehensive consent management tool that enables the electronic exchange of a patient's substance use disorder (SUD) data that is protected by 42 CFR Part 2. Based on the patient's data sharing preferences, information about their SUD treatment may be shared with other members of their care team.

Patients can choose to share all their clinical SUD data with the HIE, or they can choose to share ONLY their care teams' contact information.

2. How do I access the CRISP DC Consent Tool?

Providers have the option to capture a patient's consent via the CRISP DC Portal, CRISP DC InContext application or by utilizing the [Telehealth Form](#). The telehealth form allows patients to give consent without needing to be in office with their provider. To see a more detailed workflow on capturing telehealth consent [click here](#).

3. Who can register a consent for a patient?

Any member of the patient's care team can register a consent; this includes but is not limited to:

- Social Workers
- Care Coordinators
- Nurses
- Case Managers
- Part 2 Providers
- Primary Care Physicians

4. Why should I use the CRISP DC Consent Tool?

Members of a patient's care team can utilize the consent tool to allow a patient's sensitive data protected by 42 CFR Part 2 regulations to be shared with other members of their care team. This can allow for care team members to get a more holistic picture of a patient's health record and can assist with the coordination of care between different providers.

5. How will I fit the CRISP DC Consent Tool into my workflow?

CRISP DC users who are looking to incorporate the consent tool into their workflow are encouraged to attend a CRISP DC Consent Tool webinar or schedule time with the CRISP DC Project Lead, Abby Stretz (Abby.Stretz@crispdc.org), for a detailed training on the consent tool.

Following a training, users should talk with their team members about how the consent tool would best fit into their workflow with their patients.

6. How do I get access to the CRISP DC Consent Tool?

If you currently do not have access to the CRISP DC Consent Tool in the CRISP DC Portal and would like access, please reach out to your organization's HIE admin. The HIE admin will be able to assign the consent tool asset to specific users within your organization.

If your HIE admin is unable to assign the consent tool asset or you are unsure of who your HIE admin is, please reach out to Abby Stretz at Abby.Stretz@crispdc.org.

7. What is most important for consent tool implementation at an organization?

Building trust with patients

- Requires every staff member to be educating the patients on the importance of data sharing with the HIE.
- Utilizing Peer Recovery Coaches to establish trust with patients.

Workflow Integration

Organizations who have implemented the tool into their workflow have utilized memos and reminders within their EMR system to keep track of patients who have registered a consent and those who have not. This allows everyone on the patients care team to be aware if they have a consent on file or if they have previously declined and the conversation has previously been had. Organizations can also use reminders to prompt the provider to have the consent conversation with the patient during their visit.

Emphasizing Staff Education

o It is important that staff members are properly educated on the terms of the CRISP DC Consent Tool so that they can provide education to patients who wish to register a consent. It's also important that providers and staff can answer any questions about the consent that might be giving the patient apprehension.

Empathy

One of the most important pieces of consent tool implementation that an SUD organization stated was "the power of empathy and persistent engagement." Ensuring that you understand why the patient does or does not want their data shared makes them feel more supported in their decisions around data sharing.

8. How do I bring SUD Consent up to my patients?

Providers can leverage the Consent script on the CRISP DC website linked [here](#).

Providers are also encouraged to have conversations around data sharing when it makes the most sense in their workflow. This could be at intake or during the patient visit. Providers also need to ensure that the patient fully understands the terms of the consent.

9. Does the patient have to fill out multiple consents for each provider that would like to see their data?

No, once a consent is submitted for the patient it is viewable and applicable to all members of the patients care team.

10. How is the Consent Tool different than a HIPAA NPP, or HIE opt-out?

The CRISP DC Consent Tool deals with specific data that is covered under 42 CFR Part 2. This regulation ensures that there are additional protections on the exchange of SUD treatment data, while also creating ways for it to securely be exchanged.

See the diagram below for more information on the differences between Notice of Privacy Practices, HIE opt-out form and Part 2 SUD Consent Form.

Organization's Notice of Privacy Practices (NPP)

- Informs patients how they are disclosing their protected health information, i.e. if they are participating in the 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

★ Part 2 SUD Consent ★

- Specific consent to allow for patients to share their SUD treatment data protected by 42 CFR Part 2 with other members of their care team
- To be completed via the CRISP DC Portal of InContext application through an organization's EMR