The Webinar will begin promptly at 1:00pm
Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question,
please use the "chat feature"

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

Follow-up questions?

Contact

↓

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CONSENT TO SHARE SUBSTANCE USE DISORDER INFORMATION: OFFICE HOURS

HMA   INTEGRATED CARE DC

PRESENTED BY:
Marsha Johnson, MSW, LCSW
Suzanne Daub, LCSW
Corrine Jimenez

Tuesday,
August 30, 2022
1:00 pm – 2:00 pm EST

HMA   **INTEGRATED CARE DC**

» Integrated Care DC is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:
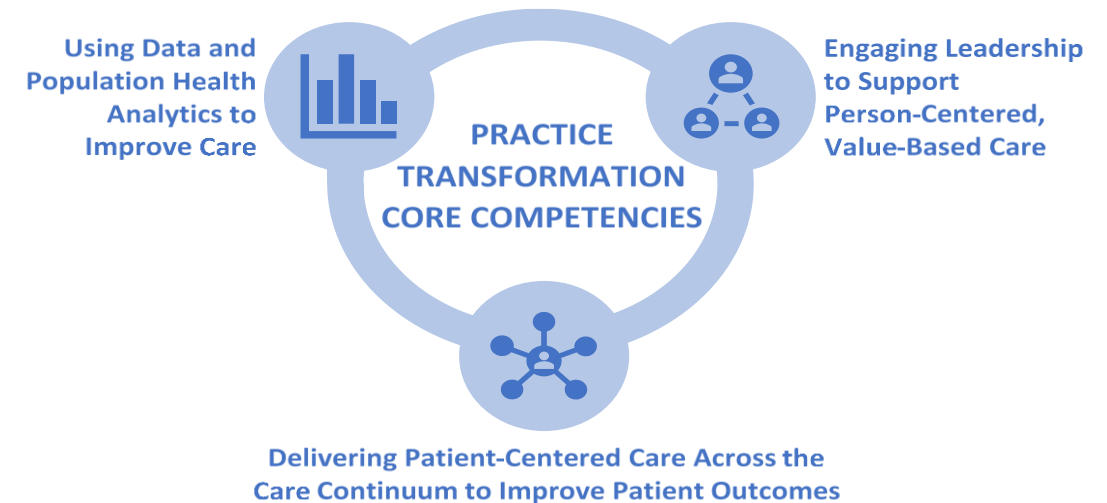
» Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

Using Data and Population Health Analytics to Improve Care

Engaging Leadership to Support Person-Centered, Value-Based Care

PRACTICE TRANSFORMATION CORE COMPETENCIES

Delivering Patient-Centered Care Across the Care Continuum to Improve Patient Outcomes

3

≫ The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.

≫ All material is available on the project website: Integratedcaredc.com

≫ Educational credit is offered at no cost to attendees for select elements.

Short-Take Videos

Individualized coaching

Office hours

TA Curriculum Components

Website resources

Webinars

Telehealth TA

4

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» **Are you receiving our Integrated Care DC Newsletters?**

Check your inbox at the beginning of the month for the Monthly Newsletter and around the 15th for the Mid-Month Update.

» **Got ideas?**

Take this short survey to share suggestions and requests for trainings.

https://www.integratedcaredc.com/survey/

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Company	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures
Nature of relationship	N/A	N/A	N/A	N/A	N/A

HMA discloses all relevant financial relationships with companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.

CONTINUING EDUCATION CREDITS

❖ Health Management Associates, #1780, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Health Management Associates maintains responsibility for this course. ACE provider approval period: 09/22/2021 – 09/22/2025. Social workers completing this course receive 1 continuing education credits.

❖ To earn CE credit, social workers must log in at the scheduled time, attend the entire course and complete an online course evaluation. To verify your attendance, please be sure to log in from an individual account and link your participant ID to your audio.

❖ Application for CME credit has been filed with the American Academy of Family Physicians. This session is approved by AAFP for up to 1 AMA Level 1 CME credit.

❖ **If you would like to receive CE/CME credit, the online evaluation will need to be completed**. You will receive a link to the evaluation shortly after this webinar.

❖ Certificates of completion will be emailed within 10-12 business days of course completion.

Consent to Share Substance Use Disorder Information: Office Hours

» Welcome and Program Announcements

» Importance of information sharing for people with SUD

» CRISP DC as a solution

» Six steps to implementing the CRISP DC Consent Management Tool

» Closing Remarks/Q&A

1. Describe the purpose of the CRISP DC Consent tool

2. Describe how to get connected to CRISP DC

3. Identify the steps to pilot and scale the tool at your site

4. Identify any additional need for technical support

Image permitted by DC Department of Health Care Finance

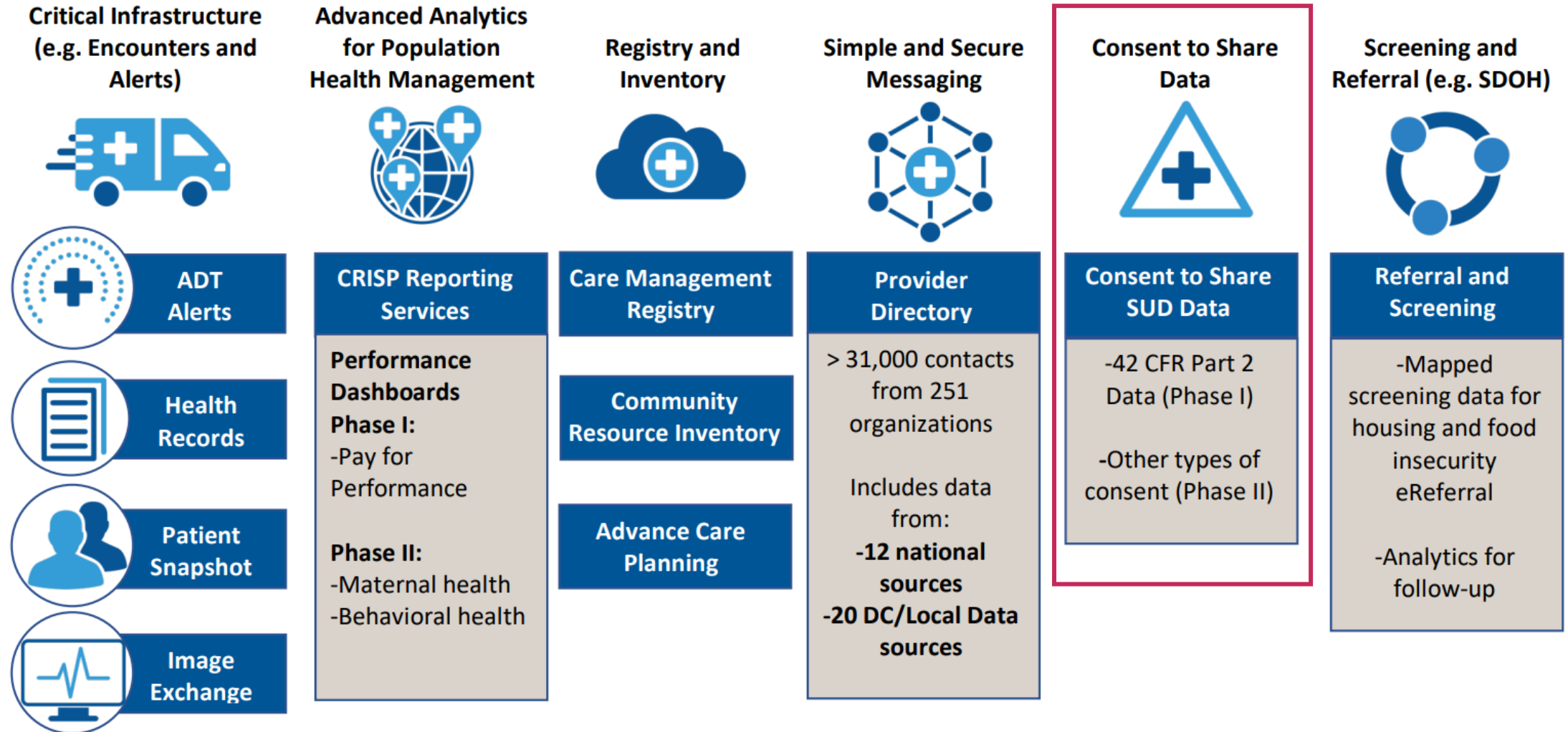# CONSENT TO SHARE SUBSTANCE USE DISORDER INFORMATION: OFFICE HOURS

Consent Management Tool to Share Substance Use Disorder Information

Corrine Jimenez | Project Manager

August 30, 2022

crispdc.org | 833.580.4646 | dcoutreach@crisphealth.org

The DC HIE is a Health Data Utility with Six Core Capabilities for Providers

Critical Infrastructure (e.g. Encounters and Alerts)	**Advanced Analytics for Population Health Management**	**Registry and Inventory**	**Simple and Secure Messaging**	**Consent to Share Data**	**Screening and Referral (e.g. SDOH)**
ADT Alerts	**CRISP Reporting Services**	**Care Management Registry**	**Provider Directory**	**Consent to Share SUD Data**	**Referral and Screening**
Health Records	**Performance Dashboards** **Phase I:** -Pay for Performance	**Community Resource Inventory**	> 31,000 contacts from 251 organizations	-42 CFR Part 2 Data (Phase I)	-Mapped screening data for housing and food insecurity eReferral
Patient Snapshot	**Phase II:** -Maternal health -Behavioral health	**Advance Care Planning**	Includes data from: **-12 national sources** **-20 DC/Local Data sources**	-Other types of consent (Phase II)	-Analytics for follow-up
Image Exchange					

CRISP DC Consent Tool – Released July 1, 2022

- 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).

- Patients may elect to share either <u>all their SUD treatment information</u> or only their <u>care team's contact information</u> with other members of the patient's care team through the DC HIE.

- CRISP DC has developed registration processes for patients to submit their consent during in-person appointments, as well as in advance of telehealth visits with an additional SUD form available as a PDF.

To learn more about the tool, and access educational materials, please visit:
https://crispdc.org/consent/

Two Levels of Data Sharing for Patients

CRISP DC   Consent   Consent History

Consent to Disclose My Substance Use Disorder Treatment Information

Next

From   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

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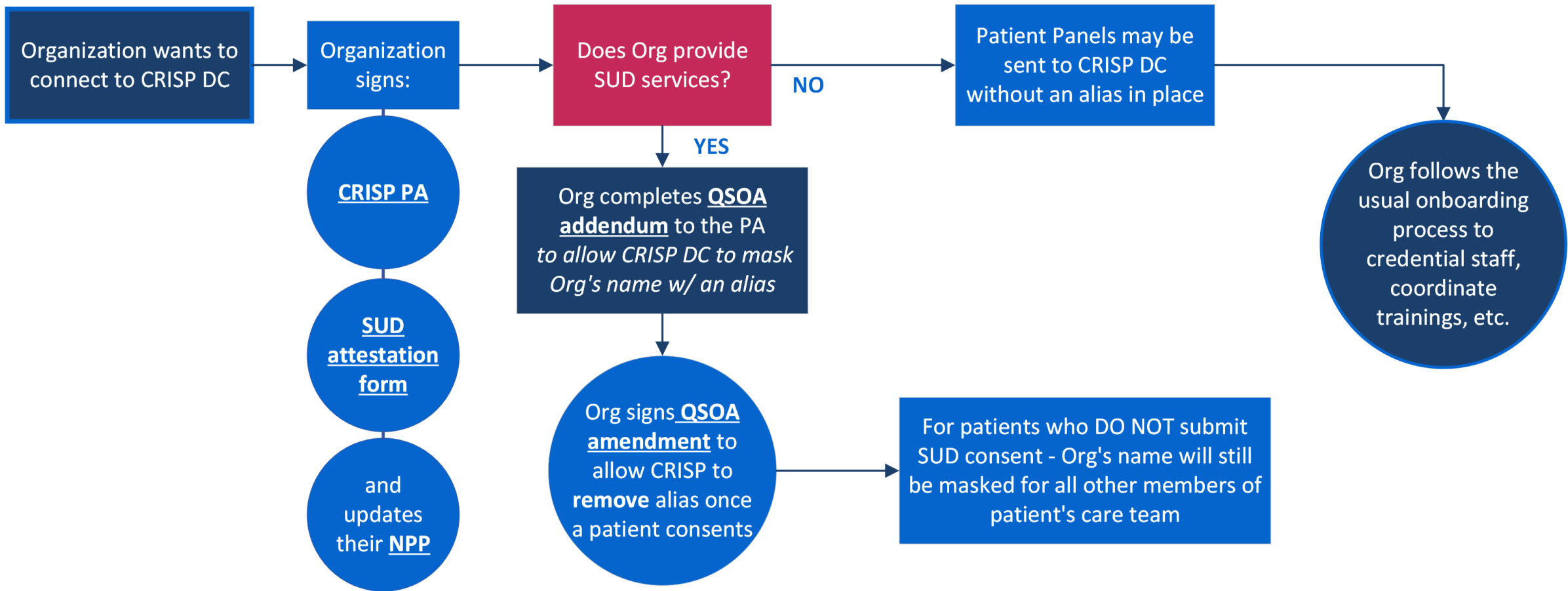
Consent Options

○ **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.

Image source: CRISP DC, 2022

STEP 1: GET CONNECTED TO CRISP DC

Implementation Process for SUD Sites

Organization wants to connect to CRISP DC → Organization signs:

- **CRISP PA**
- **SUD attestation form**
- and updates their **NPP**

Does Org provide SUD services?

NO → Patient Panels may be sent to CRISP DC without an alias in place → Org follows the usual onboarding process to credential staff, coordinate trainings, etc.

YES → Org completes **QSOA addendum** to the PA *to allow CRISP DC to mask Org's name w/ an alias*

→ Org signs **QSOA amendment** to allow CRISP to **remove** alias once a patient consents

→ For patients who DO NOT submit SUD consent - Org's name will still be masked for all other members of patient's care team

Image source: CRISP DC, 2022

Implementation Documentation

CRISP Participation Agreement (PA)	SUD Attestation Form	Notice of Privacy Practices (NPP)	Qualified Services Organization Agreement (QSOA) Addendum	QSOA Amendment
Enables organization's connection to CRISP	Allows organization to self-designate as providing ANY SUD services	Informs patients that their provider is now participating with CRISP	*(Addendum to CRISP PA)*	*(Amends QSOA Addendum)*
The first step in getting users access to the HIE	Based on response, organization completes additional forms	Includes CRISP opt-out instructions	Enables CRISP to mask organization's real name with an alias	Allows CRISP to remove alias ONLY when a patient has consented to share their SUD data
Required for ALL CRISP participants	Required for ALL CRISP participants	ALL CRISP participants are encouraged to update their NPP	Only completed based on organization's **SUD Attestation Form** response	For patients who do NOT consent, the organization will remain masked

Next Steps with SUD Data Sharing

- CRISP DC has created a sensitive document repository and is ready for organizations to begin sending sensitive clinical care documents (CCDs) to the HIE
  - If your organization is providing Part 2 services and would like to contribute clinical data to CRISP, please get in touch via corrine.jimenez@crisphealth.org!

- For organizations who provide hybrid services, CRISP DC is currently scoping out the development for parsing Part 2 data sent via CCDs from these organizations

HMA **INTEGRATED CARE DC**

» Explain the tool and the reason for using it and your organization's goal

» Provide grounded examples of how information sharing can improve overall patient care across the care team

» What is the CRISP DC Consent Management Tool?

- *"CRISP has launched a new consent tool, which enables Substance Use Disorder (SUD) providers to share data protected by 42 CFR Part 2 upon patient consent. 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: https://crispdc.org/consent/

19

HMA · **INTEGRATED CARE DC**

≫ Why are we doing this?

- *"Providing whole health care to people with SUD is a priority. People with substance use disorders are at particular risk for developing one or more primary conditions or chronic diseases. Most chronic physical health conditions are impacted negatively by substance use and feeling poorly physically may drive substance use (e.g., pain disorders) and challenge recovery. The CRISP DC consent management tool aims to improve care coordination between SUD providers and other health care providers, strengthen continuity of care for patients throughout SUD treatment levels, and ease workflow burden when obtaining consent and disclosing information."*

- Substance Abuse and Mental Health Ser4vices Administration (SAMHSA). Co-Occurring Disorders and Other Health Conditions. https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/co-occurring-disorders
- CRISP DC: https://crispdc.org/consent/

20

≫Communicate an end goal

≫Think about what the final aim or end point of your pilot project is and then work backwards. Make it a SMART goal -- this will allow you to carefully consider all the steps that you will need to take in order to ensure that your project is successful

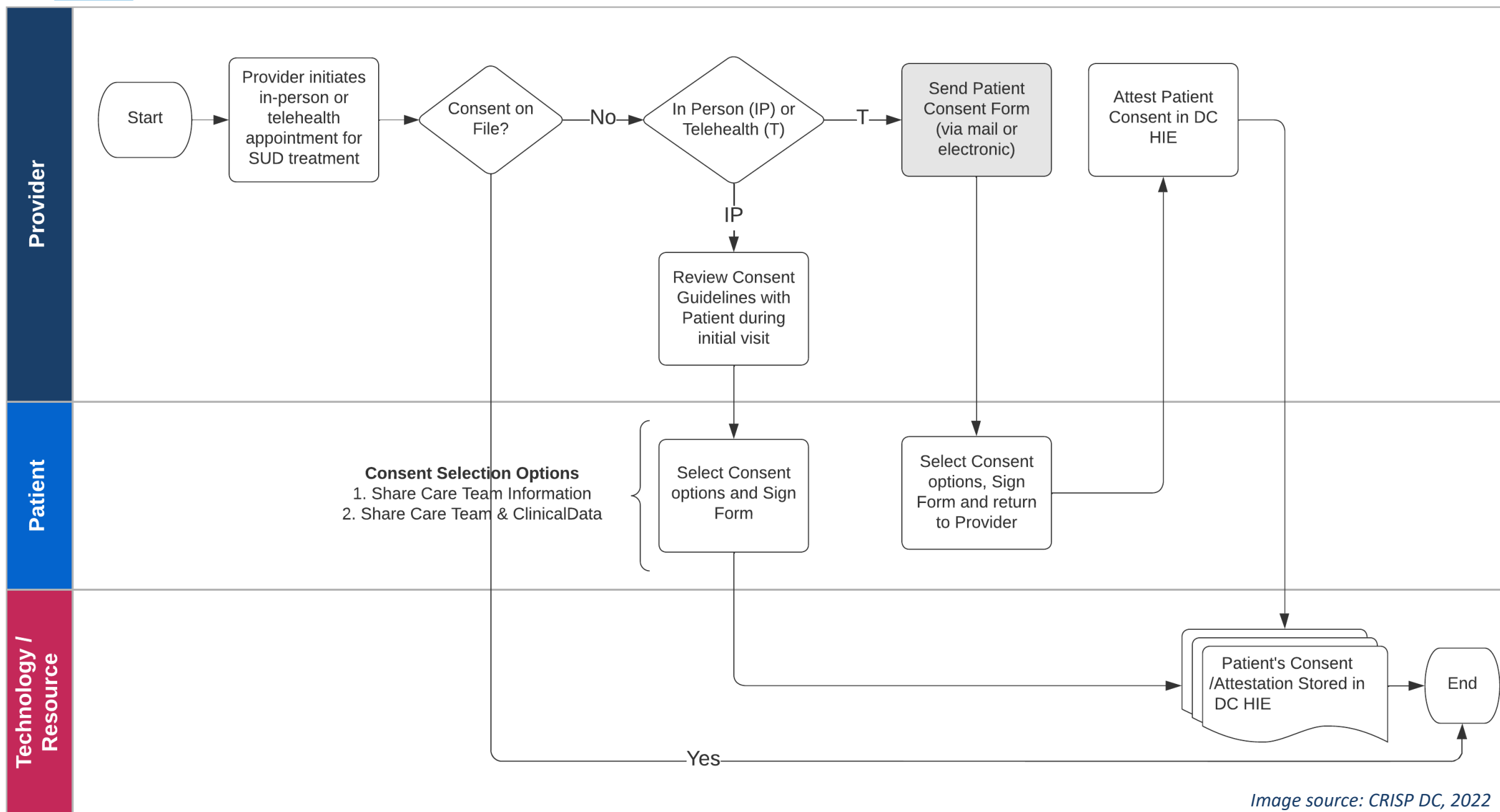- *"By <date>, we want to routinely use CRISP to consent X% of the people we serve"*

21

» Who will train the staff?

» When?

» Over communicate: How else can you communicate with the staff about this change? (e.g., newsletters, email, staff meetings, supervision meetings)

22

» Clarify roles, responsibilities and process

- Get staff input
- Determine who will identify whether a consent is on file
- Identify which staff will ask service recipients to consent
- Specify when this will occur
- Establish a process to consent individuals who are not seen in person
- Determine how and where will you document that consent is on file

High-Level Sample Workflow

Provider

Start → Provider initiates in-person or telehealth appointment for SUD treatment → Consent on File? → No → In Person (IP) or Telehealth (T) → T → Send Patient Consent Form (via mail or electronic) → Attest Patient Consent in DC HIE

IP ↓ Review Consent Guidelines with Patient during initial visit

Patient

Consent Selection Options
1. Share Care Team Information
2. Share Care Team & ClinicalData

Select Consent options and Sign Form

Select Consent options, Sign Form and return to Provider

Technology / Resource

Patient's Consent /Attestation Stored in DC HIE → End

Yes

Image source: CRISP DC, 2022

» Introduce change slowly by running a small pilot

1. Nominate a change agent
   - Choose one or two "champion staff" to lead the workflow pilot

2. Gather feedback about strengths and weaknesses, make adjustments, try again

3. Use your pilot project to highlight the benefits of moving towards a centralized and automated workflow

4. Remember to celebrate the small successes along the way

- The ideal change agent/champion is
  - Committed to the issue and who cares about its success
  - Communicates and collaborates easily and successfully with others
  - Used to problem-solving and having to trouble-shoot
  - Effective at keeping team members motivated and engaged in projects

» Introduce the workflow to new teams and ask them to replicate this and gather data about the strengths and weaknesses

» Once you are confident the workflow is effective and efficient, make it "the way we consent"

STEP 5: ESTABLISH COMMUNICATION GUIDELINES

Do

» Describe the value of sharing information with the individual's healthcare providers

» Specify who you will share the information with and what information will be shared

» Explain that information will be shared electronically through CRISP DC

» Reassure that privacy will be protected

» Specify the dates the consent is valid for (consent expires in one year)

» Explain that the individual is always in control of their consent, and they can change their mind/opt out at any time

» Ground descriptions of sharing information in the patient's own experience

Don't

» Require the individual to consent

» Ask for a general consent without the a specific why, who, what, when and how

» Provide only a conceptual overview of care coordination and information sharing

» Ask untrained staff to discuss consent with patients

» Use a script that could be experienced as inauthentic by clients/patients

» Create bi-directional communication channels

» Identify a consent management tool "champion"

» Role-play and provide on-the-spot coaching support to staff

» Shadow staff who are discussing consent with patients/clients

28

» Get connected to CRISP DC (if you're not already)

» Develop and implement a staff orientation and communication plan

» Develop, pilot and scale a workflow

» Develop communication guidelines for consenting service recipients

» Assess need for ongoing training and technical support

DISCUSSION

Are there additional resources that you feel CRISP DC, the District, or HMA can provide to help you?

Downloadable Resources

CRISP DC has created a dedicated Consent Tool landing page on our website which houses all documentation on the consent tool. Below are a few direct links to key pieces of documentation:

- **PDF of SUD Consent Form** (for telehealth patients): https://crispdc.org/wp-content/uploads/2022/01/42_CFR_Part_II_Provider_Consent_Form_DC.pdf
- **Step-By-Step User guide** for how to capture a consent: https://www.crisphealth.org/wp-content/uploads/2022/08/DC-Portal-User-Guide-Consent-Tool.pdf
- **FAQs** on behavioral health data sharing: https://crispdc.org/wp-content/uploads/2022/04/ConsentFAQs.pdf

To access all other resources for the consent tool, please visit

https://crispdc.org/consent/

REFERENCE LIST

» Care Coordination Measures Atlas Update, Agency for Healthcare Research and Quality https://www.ahrq.gov/ncepcr/care/coordination/atlas/chapter2.html#:~:text=The%20goal%20of%20care%20coordination,will%20likely%20motivate%20corrective%20interventions.

» Confidentiality of Substance Use Disorder Patient Records, 42 CFR § 2.12 (2020). https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-2

» Confidentiality of Substance Use Disorder Patient Records, 42 CFR § 2.31 (2020). https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-2

» Confidentiality of Substance Use Disorder Patient Records, 42 CFR § 2.33 (2020). https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-2

» Drug Abuse Prevention, Treatment and Rehabilitation Act of 1972, 37 Fed. Reg. 24636, 24636 (November 17, 1972).

» McDonald KM, Sundaram V, Bravata DM,et al (2007). Care coordination. In: Shojania KG, McDonald KM, Wachter RM, and Owens DK, eds. Closing the quality gap: A critical analysis of quality improvement strategies. Technical Review 9 (Prepared by Stanford-UCSF Evidence-Based Practice Center under contract No. 290-02-0017). Vol. 7. Rockville, MD: Agency for Healthcare Research and Quality, June 2007. AHRQ Publication No. 04(07)-0051-7

» Please complete the online evaluation! **If you would like to receive CE or CME credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.

» The webinar recording will be available within a few days at: https://www.integratedcaredc.com/learning/

» **Upcoming Webinar:**

- **The Basic Basics of Advance Care Planning—What It Is, Why It's Helpful, and How to Ensure It Matters**, September 7, 12 – 1 pm EST

» For more information about Integrated Care DC, please visit: https://www.integratedcaredc.com/

33