



INTEGRATED CARE DC TA PROGRAM WEBINAR SERIES

PRESENTED BY:
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Thursday,
September 1, 2022
Time 12pm – 1pm EST

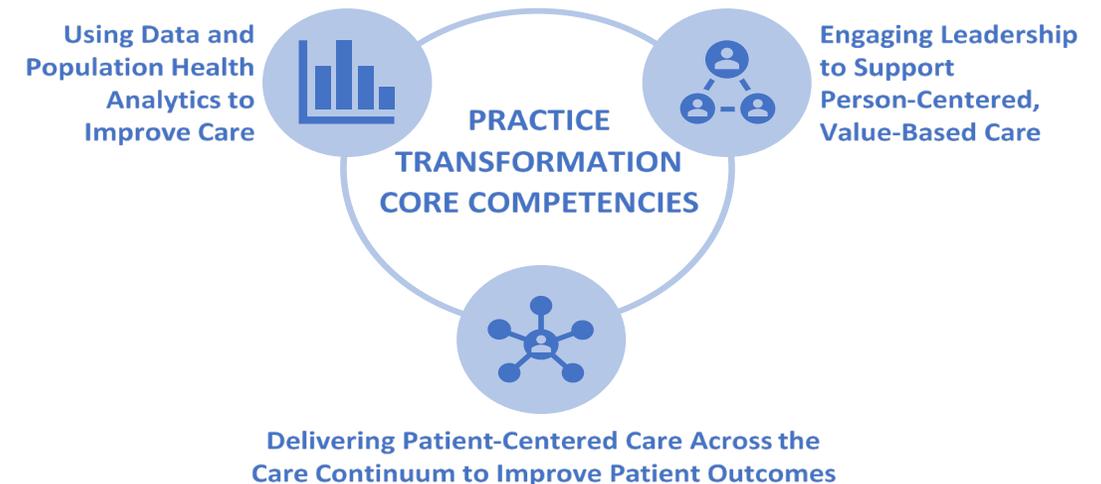
Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial 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, or an endorsement by, CMS/HHS, or the U.S. Government.

WHAT IS 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.
- » 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.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



- » 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](https://integratedcaredc.com)
- » Educational credit is offered at no cost to attendees for select elements.



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

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- ❖ 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 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.

Agenda

CRISP DC



Integrated Care DC TA Program Webinar Series

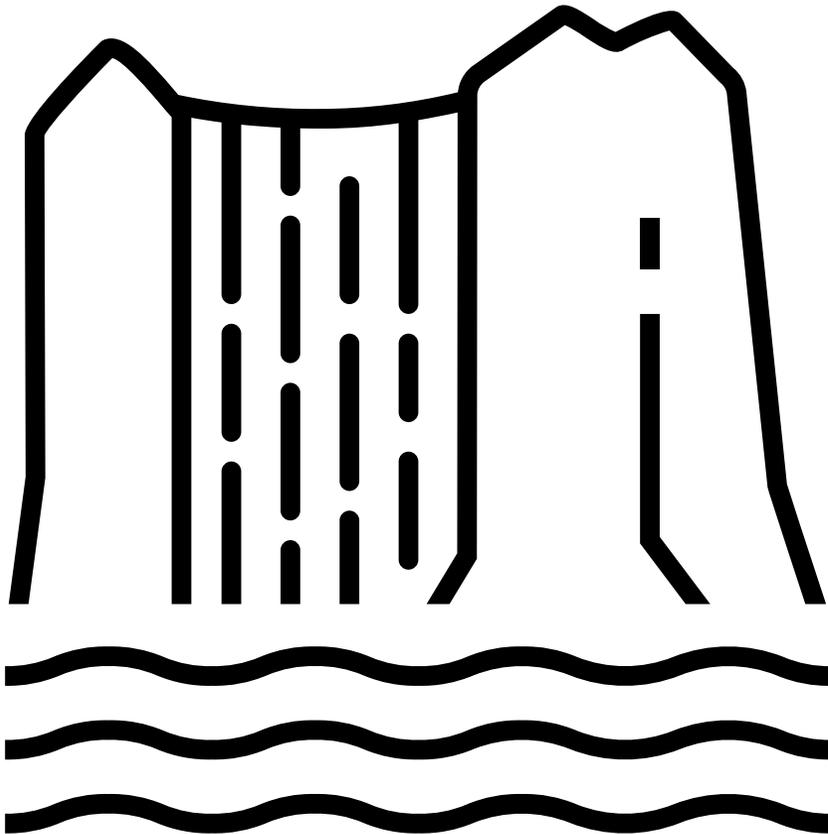
- Welcome and Program Announcements
- Introduction of CRISP DC HIE
- Identifying specific data elements in CRISP DC
- Best practices for using health information exchange
- Use of Electronic Notification Services (ENS) Alerts
- CRS Hospital Readmission Dashboard Overview
- Closing Remarks/Q&A

Objectives

1. Define the role of CRISP DC and how hospitals can access the system
2. Explain where care teams can look for specific data elements
3. Outline 2-3 best practices for using health information exchange to improve care coordination
4. Provide instructions on how to use electronic notification services (ENS) alerts
5. Identifying social determinants of health available in the DC HIE
6. Review the key features of the CRISP DC Consent Tool that enable compliant electronic exchange of behavioral health information



Chatterfall



Interoperability is the ability of different information systems and software applications to communicate and exchange data?

- a. TRUE
- b. FALSE



CRISP DC

Role of CRISP DC

Introduction of CRISP DC HIE

The CRISP DC HIE is a way of instantly sharing health and social determinants information among doctors' offices, hospitals, labs, radiology centers, community-based organizations and other healthcare entities.

As the the designated health information exchange (HIE) serving the District of Columbia. CRISP's main goal is to deliver the right health information to the right place at the right time to enable safe, timely, effective, equitable, and patient-centered care. CRISP is committed to ensuring that District partners are securely sharing data to facilitate better patient care, reduce costs, and improve overall health outcomes.

District-Wide Data Sharing for Whole Person Care



1,400,000+
Patients Served Through the
HIE



12,500+
DC Healthcare Professionals
Utilizing the HIE



900+
Organizations Accessing and
Contributing Data

CRISP DC Tools and Products

1. Encounter Notification Service (ENS) Alerts

- Allows providers, care managers and others with a treatment relationship to be notified when patients are hospitalized in most of the region's hospitals

2. Clinical Data - Health Records, Encounters, Structured Documents, Immunizations, Imaging Worklist

- Search for your patients' prior hospital records (e.g., labs, radiology reports, other dictated reports)

3. Data from Claims

- This section will provide all data received from Claims. This includes Medications, Diagnoses, Procedures, and Encounters.

4. Social Needs Data

- **Assessments** - Provides questions and patient responses to structured social determinant of health questionnaires.
- **Conditions** - a list of social needs related conditions to ICD-10 codes (Z55-65) the patient has received.
- **Referral History** - Displays referrals to organizations that address the patient's social needs.

CRISP DC Tools and Products



VIA WEB

Navigate to

[PORTAL.CRISPDC.org](https://portal.crispdc.org)



In-Context

provides external connected systems information about patients while that patient is in-context in the external system.



Single Sign On (SSO)

Launch CRISP InContext from EHR

CRISP DC Core Capabilities

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

Critical Infrastructure
(e.g. Encounters and Alerts)



ADT Alerts



Health Records



Patient Snapshot



Image Exchange

Advanced Analytics
for Population
Health Management



CRISP Reporting Services

Performance Dashboards
Phase I:
-Pay for Performance

Phase II:
-Maternal health
-Behavioral health

Registry and Inventory



Care Management Registry

Community Resource Inventory

Advance Care Planning

Simple and Secure Messaging



Provider Directory

> 31,000 contacts from 251 organizations

Includes data from:
-12 national sources
-20 DC/Local Data sources

Consent to Share Data



Consent to Share SUD Data

-42 CFR Part 2 Data (Phase I)

-Other types of consent (Phase II)

Screening and Referral (e.g. SDOH)



Referral and Screening

-Mapped screening data for housing and food insecurity eReferral

-Analytics for follow-up

The background is a light blue grid with various hexagonal shapes and medical symbols like plus signs and crosses in different colors (white, orange, blue, purple).

Identifying Specific Data Elements in CRISP DC

Where to Find Data Elements?

Critical Infrastructure
(e.g. Encounters and Alerts)



ADT Alerts



Health Records



Patient Snapshot



Image Exchange

Data Element	Data Type	Where to find
Reason for Visit	ADT	ENS PROMPT
Discharge Diagnosis	ADT	ENS PROMPT
Lab Results	ORU	Clinical Data
Allergies	CCD	Structured Documents/Clinical Notes
Vital Signs	CCD	Structured Documents/Clinical Notes
Medications	CCD	Structured Documents/Clinical Notes
Discharge Appointment*	CCD	Structured Documents/Clinical Notes
Discharge Medications	CCD	Structured Documents/Clinical Notes
Immunizations	ORU	Immunizations

Let's Get Started! - Overview

Log in to CRISP-DC Identity 

[Reset your password?](#)

Warning: CRISP-DC policy prohibits username and password sharing.
Violation could result in account termination.

Questions or Concerns? Please contact the CRISP-DC Customer Care Team at support@crisphealth.org or (833) 580-4646.

Critical Infrastructure: Clinical Data

Health Records

Date Collected ↓	Source	Description	Provider
2020-09-07	DCLEAD	Capillary	Quest DC
2020-09-06	DCLEAD	Venous	Quest DC
2020-09-05	DCLEAD	Venous	LABCORP
2020-09-04	DCLEAD	Capillary	LABCORP
2020-09-03	DCLEAD	Unknown	LABCORP
2020-09-02	DCLEAD	Venous	LABCORP
2020-09-01	DCLEAD	Venous	Quest DC
2020-08-07	MDNEDSS	Abbott ID NOW COVID-19	1346514536 Dr. Test
2020-06-09	WMHS	SARS-CoV-2	ARRJU Juan Arisueno
2019-04-16	MMC	BASIC METABOLIC PANEL	1235391673 JULIE SANICOLA-JOHNSON
2019-04-16	MMC	MRSA PCR RAPID SCREEN	1598739518 MOHAMMAD MALIK
2019-02-01	ENS_SLRWDS	GLUCOSE-POCT	undefined undefined undefined
2019-02-01	MMC	PT	1487721294 Mitch Mitcherson
2018-03-15	ADVSGAH	Basic Metabolic Profile	99986 PHYSICIAN TEST

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Adventist HealthCare - Enterprise

Adventist HealthCare - Enterprise (December 6, 2019, 03:39:07AM +0000)

Patient: GRAPE GILBERT | Patient-ID: 636799 (2.16.840.1.113883.4.391.109) | Date of Birth: January 1, 1984 (35yr)/Gender: M
 Documentation Of: Care provision, Date/Time:
 Author: , Organization: 2.16.840.1.113883.4.391.109, Authored On: December 5, 2019

PROBLEMS

Type	Condition	ICD9-CM Code	ICD10-CM Code	Onset Dates	Condition Status	SNOMED Code
Problem	Neck pain		M54.2		Active	81680005
Problem	Adjustment disorder with mixed anxiety and depressed mood		F43.23		Active	782501005
Problem	Anemia, unspecified		D64.9		Active	271737000
Problem	Bipolar 1 disorder, manic, moderate		F31.12		Active	191621009
Problem	Abnormal cardiovascular stress test		R84.39		Active	439590007
Problem	Accelerated hypertension		I10		Active	59621000

ALLERGIES

Substance	Reaction	Event Type	Date	Status
Aspirin	Unknown	Non Drug Allergy	07 Oct, 2019	Active
Codine	Unknown	Non Drug Allergy	07 Oct, 2019	Active
Amoxicillin / Clavulanate	Unknown	Non Drug Allergy	07 Oct, 2019	Active

SOCIAL HISTORY
Never Assessed

PLAN OF CARE

VITAL SIGNS

MEDICATIONS

Medication	Instructions	Dosage	Frequency	Start Date	End Date	Duration	Status
Ibuprofen & Acetaminophen							Active
Xanax XR 3 MG	Orally Once a day	1 tablet in the morning	24h				Active
Lidocaine 5 %	Externally Once a day	1 patch to intact skin remove after 12 hours	24h	04 Oct 2019			Active
Icy Hot Balm Extra Strength 7.6-29 %		as directed					Active

- Search for your patients' prior hospital records (i.e. labs, radiology reports, etc.)
- Determine other members of your patient's care team
- Users can view clinical notes such as Discharge Summaries, Clinical Notes, Operative reports, Ambulance Run Sheets, and more
- Review structured documents from outpatient facilities including all of the Federally Qualified Health Centers in DC

Critical Infrastructure: Data From Claims

HOME Search Applications & Reports

HIE InContext GILBERT GRAPE Male | Jan 1, 1984

PATIENT INFORMATION
MEDICATION MANAGEMENT
CLINICAL DATA
CARE COORDINATION
SOCIAL NEEDS DATA
DATA FROM CLAIMS

MEDICATIONS DIAGNOSES PROCEDURES ENCOUNTERS

Medications from Claims

Date	Medication	Quantity	Supply	Prescriber
2022-03-01	traZODone	30	30	TAKHAR, MANBIR
2022-03-01	pravastatin	30	30	JIMENEZ, JOSELUIS
2022-03-01	omeprazole	22	22	JIMENEZ, JOSELUIS
2022-03-01	metoprolol	30	30	JIMENEZ, JOSELUIS
2022-03-01	hydroCHLORothiazide	22	22	JIMENEZ, JOSELUIS
2022-02-01	traZODone	30	30	TAKHAR, MANBIR
2022-02-01	pravastatin	30	30	JIMENEZ, JOSELUIS
2022-02-01	omeprazole	34	34	JIMENEZ, JOSELUIS
2022-02-01	metoprolol	30	30	JIMENEZ, JOSELUIS
2022-02-01	hydroCHLORothiazide	34	34	JIMENEZ, JOSELUIS
2022-01-01	traZODone	30	30	TAKHAR, MANBIR
2022-01-01	pravastatin	30	30	JIMENEZ, JOSELUIS
2022-01-01	metoprolol	30	30	JIMENEZ, JOSELUIS
2022-01-01	lisinopril	30	30	JIMENEZ, JOSELUIS
2022-01-01	hydroCHLORothiazide	30	30	TAKHAR, MANBIR
2022-01-01	---	0	1	DONALDSON, KAREN
2021-12-01	pravastatin	30	30	JIMENEZ, JOSELUIS
2021-12-01	metoprolol	30	30	JIMENEZ, JOSELUIS
2021-12-01	lisinopril	30	30	JIMENEZ, JOSELUIS
2021-11-01	pravastatin	30	30	JIMENEZ, JOSELUIS
2021-11-01	metoprolol	30	30	JIMENEZ, JOSELUIS
2021-11-01	hydroCHLORothiazide	34	34	JIMENEZ, JOSELUIS
2021-11-01	benazepril	30	30	JIMENEZ, JOSELUIS

Powered by CRISP

medications from claims

- Review historically data from claims
- Medications with Quantity, Supply, and Prescriber
- Diagnoses with Condition and date recorded
- Procedures with the description, source, and date
- Encounters with the source, claim type, reason and date

Best Practices For Using Health Information Exchange

Transitions of Care Use Cases For Outpatient Behavioral Health Providers Using CRISP

- The purpose is to demonstrate the utility of hospital discharge data in CRISP by Outpatient Behavioral Health Providers (OBHPs)
- Pilot studies were conducted with 3 hospital systems and 2 behavioral health networks
- Using a quality improvement format, discharge notifications were made to OBHP and access to discharge information in CRISP was used in patient follow-up
- Several use cases of common clinical scenarios were developed for education and training purposes to identify potential opportunities for use of CRISP-enabled access to hospital discharge data for improved care coordination

Scenario: Accessing Clinical Discharge Diagnosis

- An OBHP was notified by a hospital discharge coordinator that their patient, Marina, was discharged after a 5-day hospital stay and was instructed to have a follow up within 1 week.
- The provider logs into CRISP and reviews Marina's discharge information and notes that she had been admitted with fever and pneumonia but that she also had been without her anxiety medications for several weeks.
- The provider then looks to see the medication list and notes that Marina was discharged on oral antibiotics and a prescription for a new anxiolytic medication that she had not been on previously.
- The OBHP arranges for an appointment the following day.
- The Provider then enters the discharge diagnosis information into OBHP clinic records and makes note of a few questions to address regarding the new diagnosis and medications with Maria for her clinic visit.

Scenario: Medication Needs Following Discharge

- Chui was recently discharged from hospital admission following a traumatic encounter in his homeless shelter. He has a history of chronic depression and had missed an appointment to OBHP a month ago.
- Upon notification of the discharge the OBHP clinical social worker (CSW) began assessing new housing options and noted he did not have his medications.
- The clinic intake staff supervisor logged into CRISP and saw that Chui was discharged on two medications for his depression and anxiety. The OBHP was notified and the CSW was able to obtain a prescription refill from a local pharmacy.
- The OBHP also coordinated with CSW to arrange for a follow up visit the following week for medication review.

Scenario: Closing Follow-up Appointment Gaps Following Repeated Hospital Visits

- Shaya is a long-time patient at a behavioral health clinic with persistent problem with recurrent headaches.
- At her next appointment, her OBHP greets Shaya and asks about a recent ED visit for her symptoms.
- The provider inquired about what actions were taken at the ED and Shaya noted that she could not remember.
- The provider looks up Shaya's hospital encounter data in CRISP and finds that there have been 3 ED visits at different facilities in the last several months with similar symptoms.
- With the last two encounters, the hospital ED provider recommended an outpatient neurology appointment but there was no documented followup appointments made.
- The provider reviewed the laboratory test and vital signs data in CRISP, then facilitated the scheduling of a visit with a neurology clinic for 3 days and reviewed the plan with Shaya.

Scenario: Missed Clinic Appointments

- Giselle is a longtime senior patient at the local behavioral health clinic. She has diabetes.
- Yesterday, Giselle did not appear for her scheduled appointment and a call placed by the clinic manager to her mobile phone went unanswered.
- The clinic manager logs into CRISP and notes that Giselle was admitted a week ago as an inpatient at a local acute hospital with diabetic coma. She had fallen at home and had fractured her shoulder and was transferred to a skilled nursing facility (SNF) 2 days ago.
- The clinic manager entered notes from CRISP into her chart and contacted the SNF where it was noted that Giselle would be coming home soon and in need of supportive care there.
- The clinic manager discussed with the hospital arranged for a discharge coordination call and began preparations for visiting nurses, home meals, and a virtual clinic follow-up the day after her arrival at home.

Next Steps

- Continued feedback from hospital discharge coordinators and OBHP intake staff and providers on utility of CRISP data
- Facilitate education and training of CRISP discharge data access by providers at additional hospitals and clinics
- Longer term: assess the impact of discharge data access on readmissions and ED visits



CRISP DC

Use of Electronic Notification Services (ENS) Alerts

What is ENS Prompt?

ENS (Encounter Notification System) is designed to provide real-time notifications for treatment, quality improvement, and care coordination purposes when patients have specific encounters, such as hospital admissions or discharges, or specific criteria are met, such as a diagnosis being recorded.

Received Time ▾ Newest ▾ Last 180 Days ▾ [Filters](#)

CRISP DEMO ▾ Status: All ▾ 1 - 54 of 54 << < > >> ↻

NAME	MRN	DOB	EVENT TIME	FACILITY	EVENT	ALERT TYPE	STATUS
Demo2, Panera Male, 69 years	789098762	05/12/1953	08/25/2022 04:12 AM	MedStar Good Samaritan hospital	IP Discharge	ENS ProMPT	Completed ▾
Demo2, Panera Male, 69 years	789098762	05/12/1953	08/02/2022 06:00 AM	Cabell Huntington Hospital	OP Registration	ENS ProMPT	Not Started ▾
Demo1, Coconut Male, 66 years	180034567	05/15/1956	08/11/2022 07:15 AM	St. Mary's Medical Center	IP Discharge	ENS ProMPT	Not Started ▾
Demo, Gail Female, 70 years	210404861	05/11/1952	08/15/2022 12:00 PM	WV MedExpress	OP Registration	ENS ProMPT	Not Started ▾
Demo, Gail Female, 70 years	210404861	05/11/1952	08/29/2022 09:02 AM	Ruby Memorial Hospital	IP Discharge	ENS ProMPT	Not Started ▾

ENS Prompt Key Features

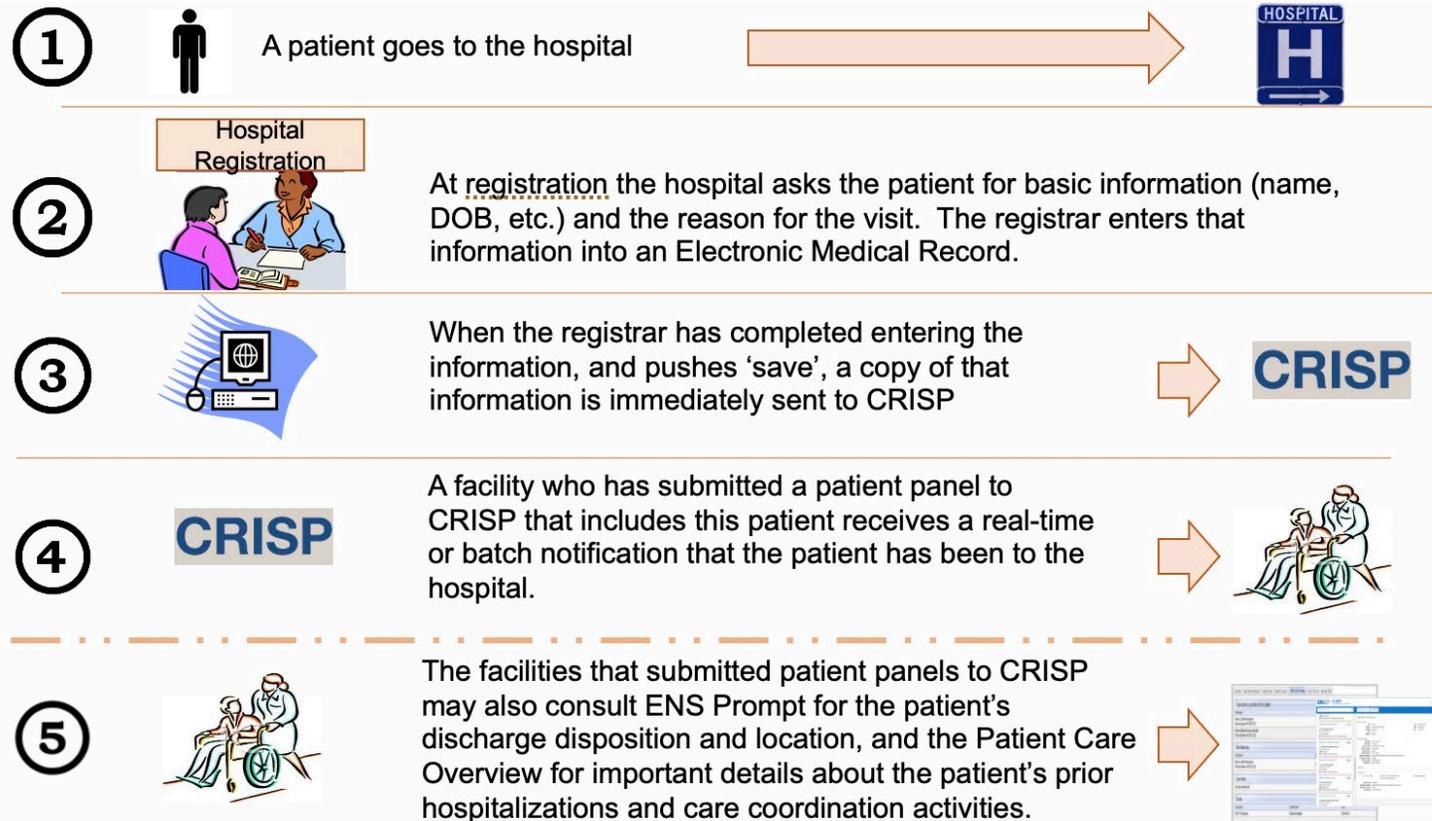
- ENS Alerts live within PROMPT for 6 months
- ENS alerts are a combination of patient panel attributes and sender ADT message attributes
- Custom filters available
- Patient workflow status indicators
- Download results up to 500 rows

ENS Prompt Connected Sites

CARE COORDINATION: Encounter Notification Service (ENS)

- CRISP currently receives information pertaining to **ER visits and inpatient admissions** in real-time from acute care hospitals in the region.
 - All Maryland acute care hospitals
 - All D.C. acute care hospitals
 - All Delaware acute care hospitals (in partnership with DHIN)
 - 17 Northern Virginia acute care hospitals (in partnership with ConnectVA)
 - Most West Virginia acute care hospitals
-
- If you send us a list of patients, we can send you an alert:
 - When your patient encounters at a hospital
 - When your patient re-admits at another hospital
 - When your patient is discharged or passes away
 - When your patient is transferred to rehab or long term care

How Does ENS Prompt Work?



Who Uses ENS Prompt?

Currently, participants may not know when one of their patients is admitted to a hospital, or alternatively, they may find out well after the admission and/or have incomplete data. ENS messages will serve to initiate a process for coordinating care and/or providing follow up care after specific encounters.



Case Manager



Care Coordinator



Medical Assistant



Healthcare Provider

How to Leverage ENS Prompt?

ENS Prompt Filters

Filtering: Enables users to arrange data using general categories such as, demographic information, facility type, patient classification, diagnostics, event type, and various subgroups for providers. The selected category is further refined using the following fields.

- a) **EVENT TYPE:** There are several options when filtering for ADT encounters in ENS. The event type filter quickly allows you to filter for Admissions, Discharges, Transfer, Registrations.
- b) **PATIENT CLASS:** Users can filter for emergency room, inpatient, outpatient and ambulance encounters.
- c) Combine multiple additional filters based on patient complaint, diagnosis code, discharge disposition and more.
- d) Users can manage ENS notification internally by utilizing the status fields (not started, in progress, completed)



CRISP DC

Social Determinants of Health Data via the DC HIE

Social Needs Data Tab: Assessments

- DC HIE users can view assessments captured via an organization’s EHR, the CRISP DC Direct Entry Screening Tool, or a third-party SDOH platform, such as FindHelp.
- Users can view the date the assessment was collected, the organization submitting the assessment, and the description of the assessment.

ASSESSMENTS			CONDITIONS	REFERRAL HISTORY
Assessments			🔍	☰
Date ↓	Source	Description		
🚩 2022-06-13	AAMC Community Care Management	MOMSDOH		
2022-01-03	Meritus Medical Center	MEDSTARREGIONALSDOH		
2022-01-03	Meritus Medical Center	MEDSTARREGIONALSDOH		
2021-10-13	CRISP ULP PROD	AHC		
🚩 2021-06-23	Calvert Internal Medicine Group - Prince Frederick	MOMSDOH		

Social Needs Data Tab: Assessments

- When users click on a patient's assessment, they can view the full questionnaire. The questions are organized by SDOH domain, such as financial insecurity, food insecurity, housing transportation, etc.
- Answers in the questionnaire that are flagged as abnormal by the organization are indicated using the orange flag icon.

Assessments
Calvert Internal Medicine Group - Prince Frederick
2021-06-21

 Living Situation ^

 What is your living situation today?

I have a place to live today, but I am worried about losing it in the future

Think about the place you live. Do you have problems with any of the following? CHOOSE ALL THAT APPLY

Lead paint or pipes

Mold

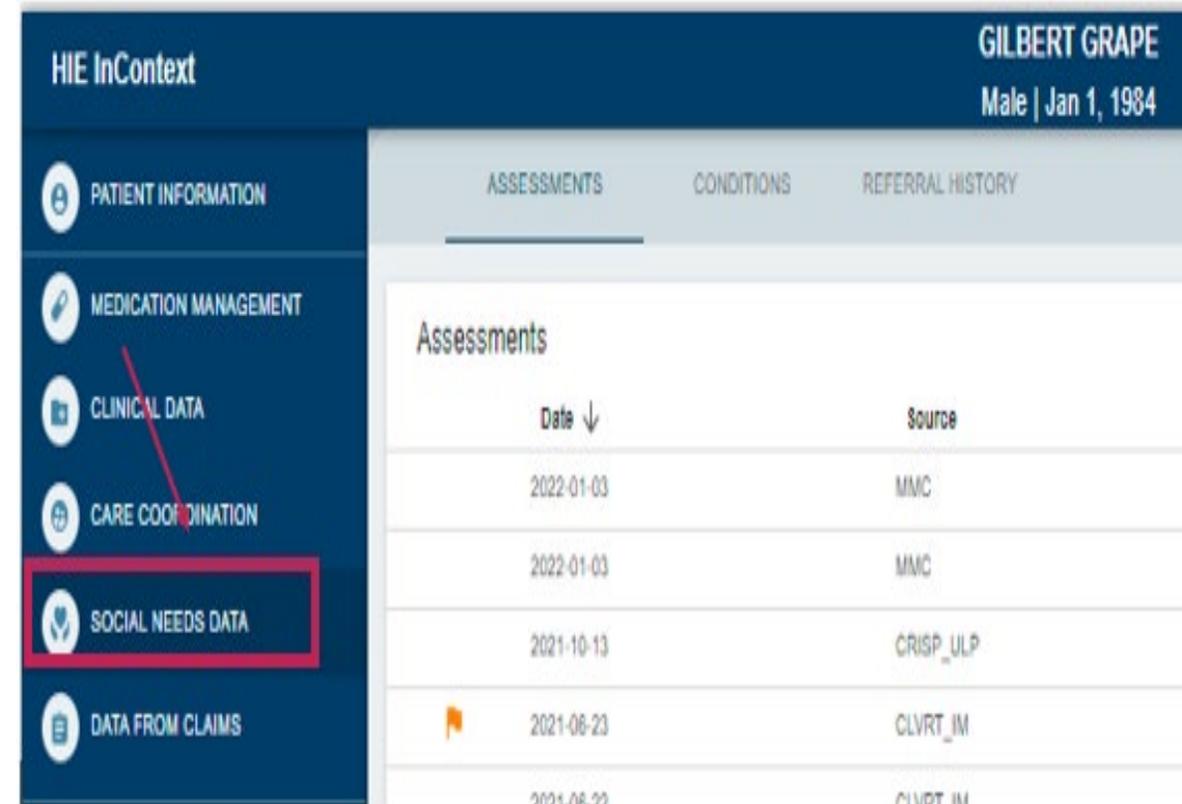
Food ^

Within the past 12 months, you worried that your food would run out before you got money to buy more.

Often true

Social Needs Data Tab

- The CRISP DC HIE is displaying social needs data within the web-based DC Portal and the CRISP InContext App in the EHR.
- Through the social needs data tab, CRISP connected providers can view social determinants of health (SDOH) assessments, ICD-10 codes that reflect social conditions, and referral history for referrals captured in the CRISP DC Referral Tool and third-party SDOH referral platforms, such as FindHelp.



The screenshot displays the HIE InContext interface for patient GILBERT GRAPE, Male, born Jan 1, 1984. The sidebar on the left contains several menu items: PATIENT INFORMATION, MEDICATION MANAGEMENT, CLINICAL DATA, CARE COORDINATION, SOCIAL NEEDS DATA (highlighted with a red box), and DATA FROM CLAIMS. The main content area shows three tabs: ASSESSMENTS, CONDITIONS, and REFERRAL HISTORY. The ASSESSMENTS tab is active, displaying a table with the following data:

Date ↓	Source
2022-01-03	MHC
2022-01-03	MHC
2021-10-13	CRISP_ULP
2021-08-23	CLVRT_IM
2021-08-23	CLVRT_IM

Social Needs Data Tab: Conditions

- DC HIE users can view ICD-10 codes (z-codes) reflecting social conditions in the Conditions subtab. Information such as the date, source, z-code, and z-code description, are made viewable.

ASSESSMENTS	CONDITIONS	REFERRAL HISTORY	
Conditions			
Date ↓	Source	Z-Code	Description
2022-01-27	ARS	Z59.1	Inadequate housing
2022-01-25	ARS	Z56.0	Unemployment, unspecified
2021-09-30	ARS	Z60.2	Problems related to living alone
2021-07-01	ARS	Z63.4	Disappearance and death of family member

Rows per page: 25 ▼

Social Needs Data Tab: Referral History

- DC HIE users can select the Referral History subtab to view referral data captured using the CRISP DC closed-loop referral tool and third-party referral platforms that have opted to share referral data with the HIE, such as FindHelp.
- Users can view the date of the referral, program name, referral status, and the date the referral was last updated.

ASSESSMENTS	CONDITIONS	REFERRAL HISTORY	
Referral History			
			  
Date of Referral	Program Name	Status	Last Updated
2021-11-26	TEST for Referrals	Pending	2021-11-26
2021-11-29	TEST for Referrals	Pending	2021-11-29
2021-11-30	TEST for Referrals	Pending	2021-11-30
2021-11-30	Monoclonal Antibody Infusion	Completed	2021-11-30
2021-12-01	TEST for Referrals	Pending	2021-12-01

Social Needs Data Tab: Referral History

- The status of a referral is updated by the community-based organization, and includes pending, accepted, rejected, completed, and disenrolled.
- When the user clicks on a patient's referral, they can see additional information. This includes referral sender and referral recipient details, such as contact information and a program description.

Referral History

Diabetes Prevention Program

Date Updated: 2021-12-01

Referral Sender

Referring Provider:

Referring Provider Organization: Not Provided

Referring Provider Phone: Not Provided

Referring Person: Mandy Williams

Referring Person Organization: Anne Arundel Medical Group

Referring Person Email: mandy.williams@crisphealth.org

Referral Recipient

Organization: Medicaid DPP – CareFirst Health Plan MCO

Program: Diabetes Prevention Program

Program Description: Referral for CareFirst Health Plan MCO members to be assessed for eligibility for the Diabetes Prevention Program and connected to these services. Please include current BMI and HbA1c or fasting blood sugar results, along with contact information for the patient.

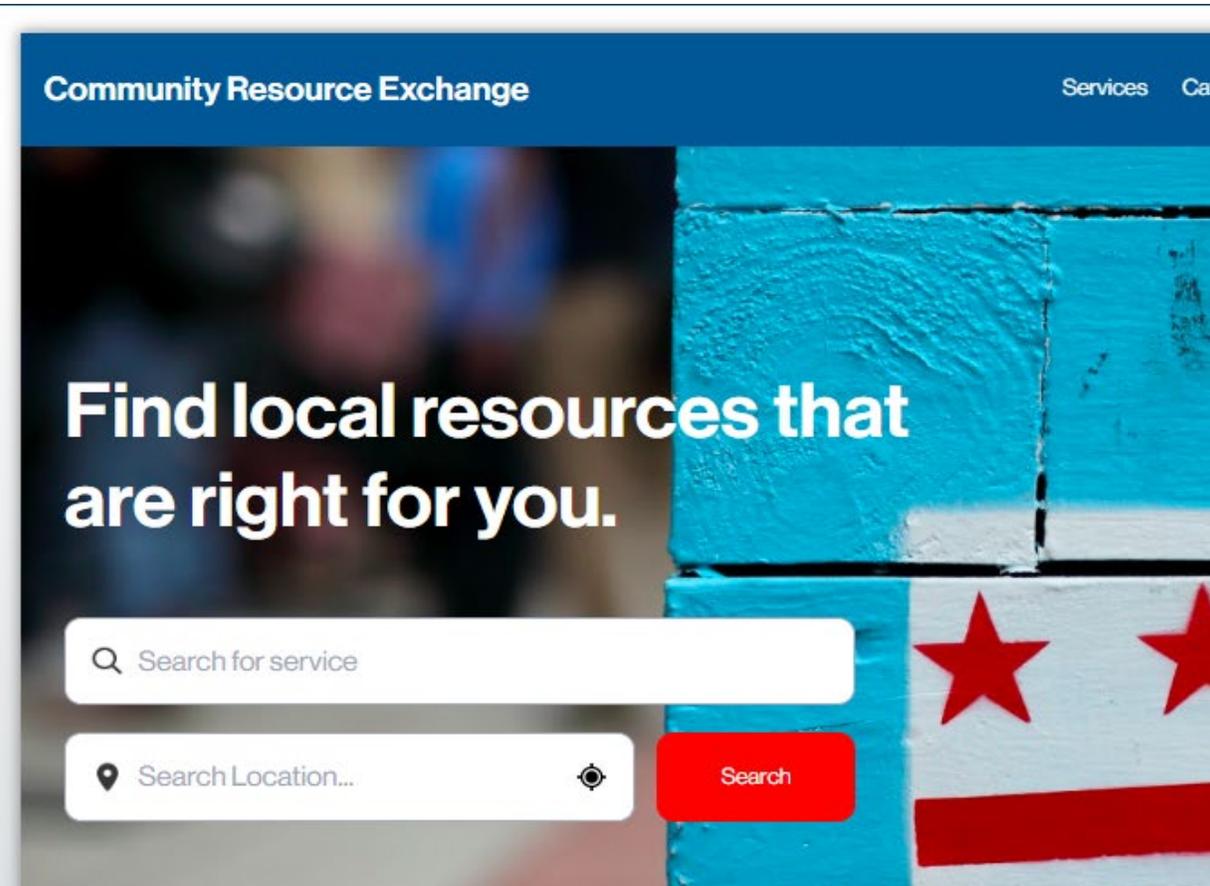
Referral Coordinator: Not Provided

Referral Coordinator Phone: Not Provided

Referral Coordinator Email: Not Provided

DC Community Resource Inventory

- The DC Community Resource Inventory is a District-wide publicly available directory of resources reflecting regional programs and organizations in the community. It is developed by the DC Primary Care Association and made viewable via a publicly accessible website and through the DC HIE.
- DC HIE users can use the CRI to understand the scope of services available in the District for referrals. Information such as organization address and contact information is included.



DC Community Resource Inventory

- Users can search for services using the search function, service category, or view a full list of organizations. The service eligibility tag can also be viewed to see if a patient is eligible for a certain program.

The screenshot shows the 'Community Resource Exchange' website. At the top, there are navigation links for 'Services', 'Categories', 'Organizations', 'Support', 'Select Language', and 'Login'. Below this is a search bar with 'Search for Services' and a location search bar with 'Search Location...'. A red 'Search' button is to the right. Below the search bars are filters for 'Types Of Services', 'Sort By', and 'Results Per Page'. There are also 'Share' and 'Download' options. The main content area displays details for 'Bethany Day Center', including its organization 'N Street Village', a note about being closed for COVID-19, contact information '(202) 939-1380' and '1333 N St NW Washington DC 20005', service categories 'Food', 'Legal', and 'Goods', and service eligibility tags 'Women/Girls', 'Homeless', 'Housing Status', and 'Gender'. A map on the right shows the location of the center in Washington DC.

The 'Browse by Category' section features a grid of nine icons representing different service categories: Care (handshake), Emergency (bell), Goods (shopping bags), Legal (gavel), Work (briefcase), Education (graduation cap), Food (bowl of food), Housing (house), and Money (piggy bank).

Consent Tool to Share SUD Data with the HIE

Consent to Share SUD Data

- 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 on July 1.

Pilot Phase: April 2021-June 2022

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
- 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:

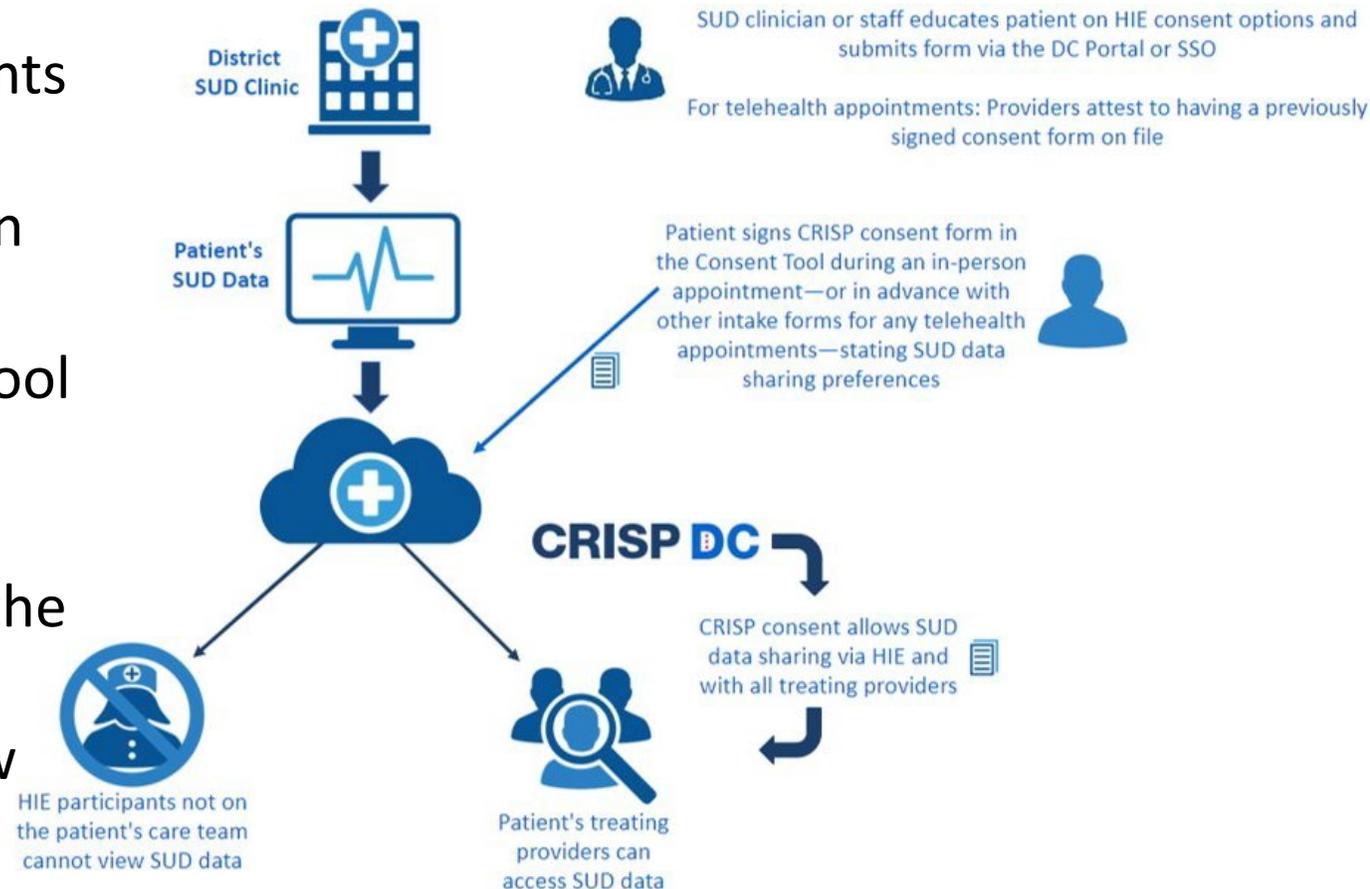
- Allows providers to register consents for telehealth patients
- Additional paper SUD form created to obtain patient's legal signature
- Form may be sent to patient in advance with other intake forms, allowing the patient time to review the details of this consent
- Patient returns form to provider and consent preferences are updated in CRISP as a data entry step

Pilot Group Results

- **317** consents were registered across five organizations:
 - *MBI Health Services*
 - *RAP, Inc. (Regional Addiction Prevention)*
 - *Unity Health Care*
 - *McClendon Center*
 - *Medical Home Development Group*
- **More than 98%** of patients elected to share all their SUD treatment info - *(311 patients)*
- **Less than 2%** of patients chose to only share their care team's contact information - *(6 patients)*

SUD Data Flow from Providers to the HIE

1. SUD clinic sends patient's data to CRISP
2. SUD data is blocked until a patient consents
3. Provider educates patient on consent options and updates patient's designation in the DC Portal during in-person visit
4. Patient signs Part 2 form in the consent tool
 - Telehealth patients complete separate PDF before telehealth visit
 - Provider copies that information into the HIE once returned
5. Other members of the care team are now able to view patient's SUD data



SUD Consent Form for Telehealth Patients

Patient Consent to Disclose Substance Use Disorder (SUD) Treatment Information

Patient Details

Name (First/Middle/Last)

Date of Birth (mm/dd/yyyy)

Phone

Address

City

State

Zip

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 or Legal Guardian, Parent, or Legally Authorized Representative

Printed Name

- Available [here](#) on the CRISP DC site
- Contains all the same fields as the Part 2 form in the consent tool
- Allows patient to select their level of data sharing and choose an expiration date
- Designed for use in a telehealth setting, but may be used in-person if the practice prefers
- All fields must be completed for provider to update the patient's designations in the HIE

How to Capture Patient's Consent: Search for a Patient

CRISP DC

© CRISP. All Rights Reserved. SEND FEEDBACK PRODUCT UPDATES CORRINE JIMENEZ LOGOUT

HOME Search Applications & Reports

This query portal is for authorized use only. By using this system, all users acknowledge notice of, and agree to comply with, CRISP-DC's Participation Agreement ("PA") and CRISP-DC Policies and Procedures. Click here to review the policies and procedure. CRISP-DC uses a privacy monitoring tool to ensure all users are adherent to an approved policy or use case. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use.

Q Patient Search

First Name * Last Name *
gilbert grape

Date of Birth * Gender
01/01/1984 Gender

SSN

Reset Search

Results

First Name	Last Name	Date of Birth	Gender	Address	Match Score
GILBERT	GRAPE	01/01/1984	Male	4145 Earl C Adkins Dr, River, WV, 26000	117 - probable

Select App

- AK Labs and Imaging
- CareTeam
- Clinical Information
- Consent Tool**
- COVID Lab Tools

Your Dashboard For applications requiring patient context, please start by using the Patient Search interface above.

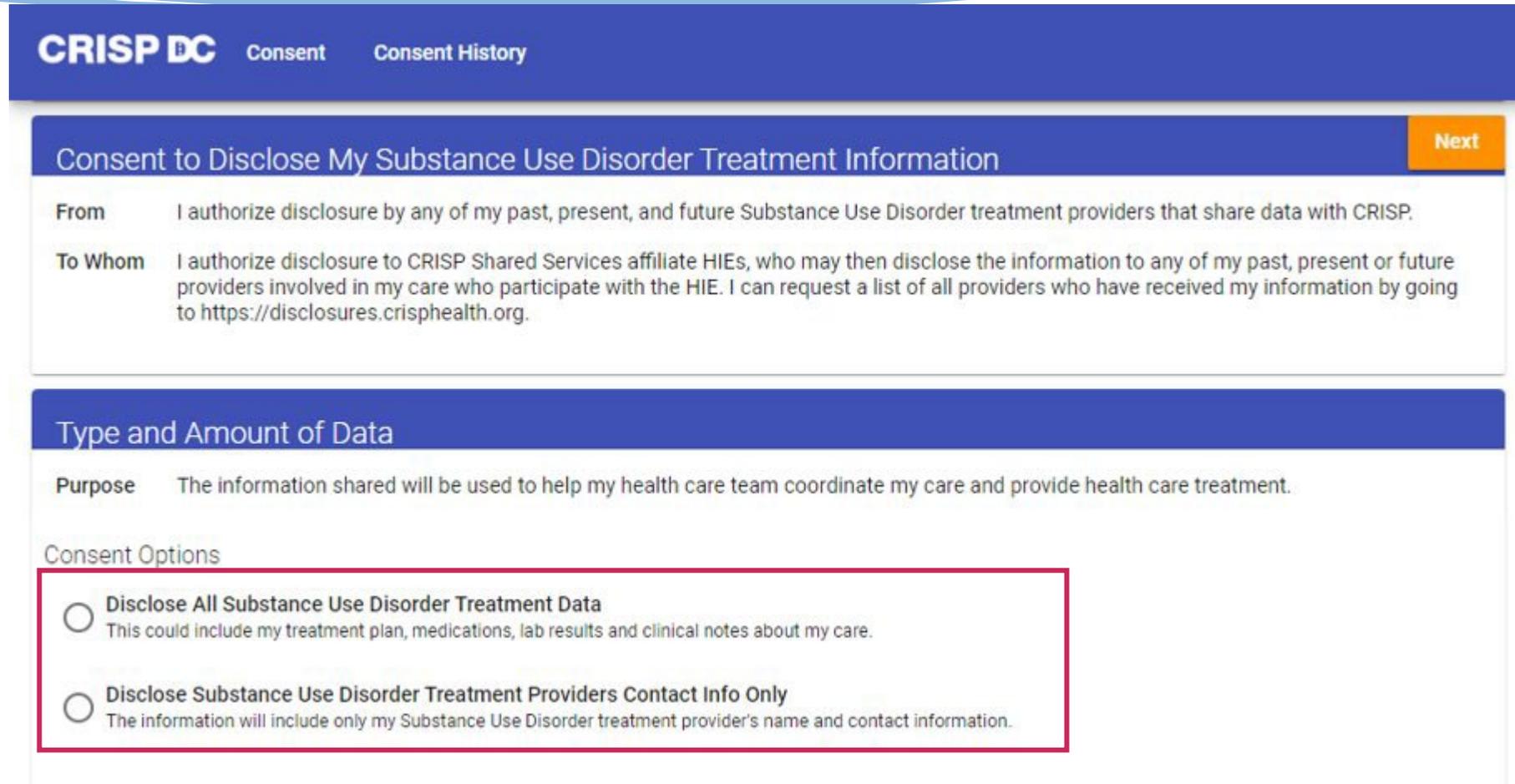
- Enter patient name and date of birth into Patient Search
- Select the patient from search results returned
- Click on the square icon next to the Consent Tool app

Step-by-step user guide is available [here](#)

How to Capture Patient's Consent: Type & Amount of Data to Share

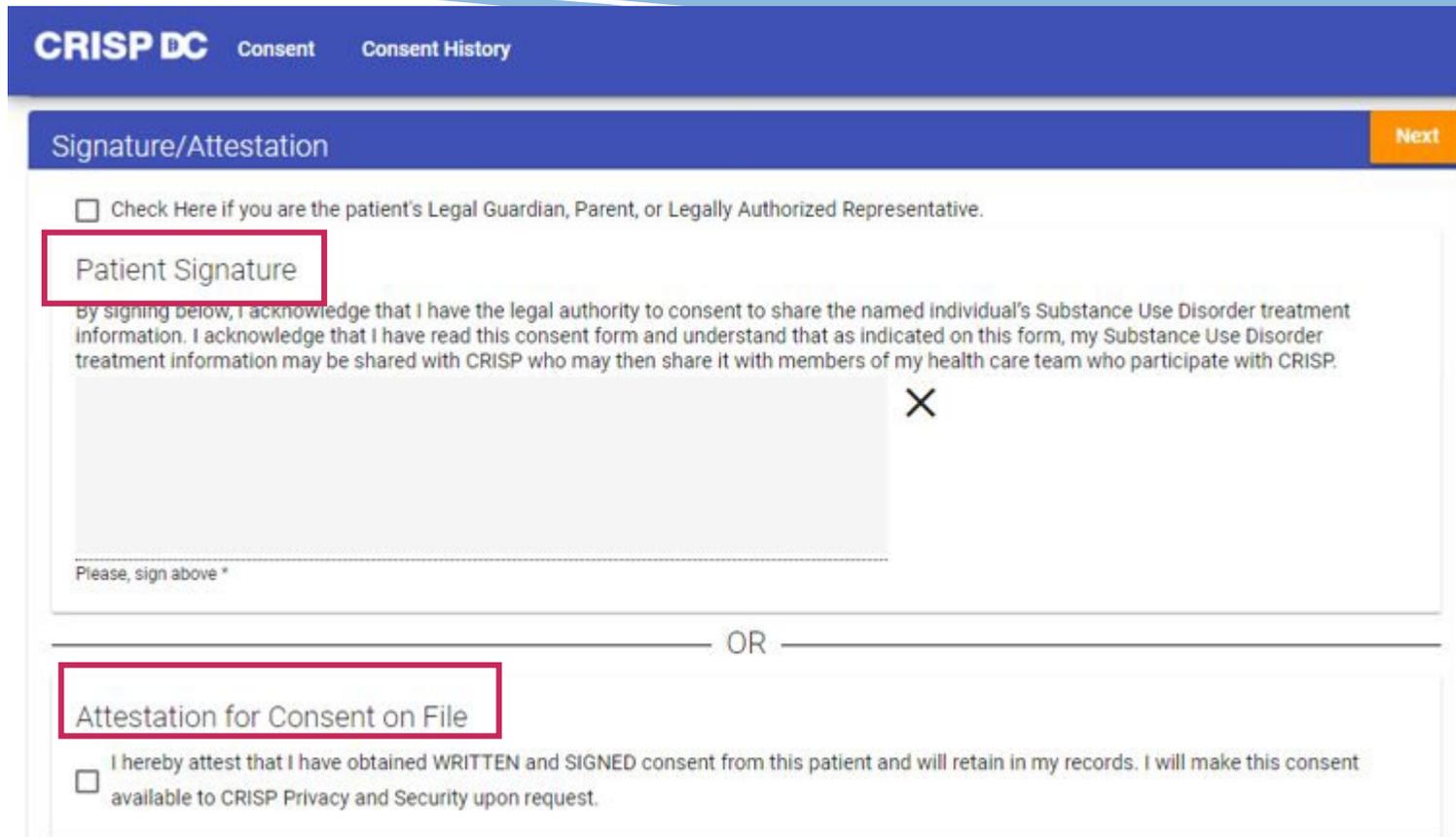
- Patients must decide whether they would like to share all their clinical SUD data with the HIE or only their care team's contact information
- Provider is required to select the option within the tool that corresponds to the patient's decision

Step-by-step user guide is available [here](#)



The screenshot shows a web interface for CRISP DC. At the top, there are navigation links for "Consent" and "Consent History". The main heading is "Consent to Disclose My Substance Use Disorder Treatment Information", with a "Next" button on the right. Below this, there are two sections: "From" and "To Whom", both containing authorization text. The "To Whom" section includes a URL: <https://disclosures.crisphealth.org>. The next section is "Type and Amount of Data", with a "Purpose" field stating: "The information shared will be used to help my health care team coordinate my care and provide health care treatment." Below this is the "Consent Options" section, which contains two radio button options: "Disclose All Substance Use Disorder Treatment Data" (with a sub-description: "This could include my treatment plan, medications, lab results and clinical notes about my care.") and "Disclose Substance Use Disorder Treatment Providers Contact Info Only" (with a sub-description: "The information will include only my Substance Use Disorder treatment provider's name and contact information."). The "Consent Options" section is highlighted with a red border.

How to Capture Patient's Consent: Signature Portion



The screenshot shows the CRISP DC Consent form. At the top, there are navigation links for "Consent" and "Consent History". The main section is titled "Signature/Attestation" and includes a "Next" button. A checkbox is present for "Check Here if you are the patient's Legal Guardian, Parent, or Legally Authorized Representative." Below this, the "Patient Signature" field is highlighted with a red box. The text below the signature field reads: "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." There is a large grey box for the signature with an "X" icon and the text "Please, sign above *". Below this, the word "OR" is centered. The "Attestation for Consent on File" section is also highlighted with a red box. It contains a checkbox and the text: "I hereby attest that I have obtained WRITTEN and SIGNED consent from this patient and will retain in my records. I will make this consent available to CRISP Privacy and Security upon request."

For in-person registration:

- Patient enters electronic signature using a mouse, stylus pen, or finger via touchscreen/signature pad

For registrations of telehealth patients:

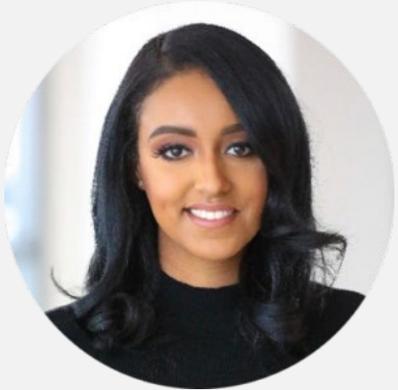
- Check the box under "Attestation for Consent on File."
- CRISP SUD Consent Form **must** be completed by the patient *before* provider attests

A solid purple horizontal banner with the text "Q&A" in white, bold, sans-serif font.

Q&A

Contact Us

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Evaluation Polling Question

As a result of
this webinar, I
understand:

- a. How to build a business case for integrate care.
- b. Ways to develop enhanced referrals.
- c. Methods to implement measurement-based care.
- d. Key elements of high functioning teams.

Reference List

- » For CRISP DC related inquiries please contact outreach at dcoutreach@crisphealth.org.
- » For support contact support@crisphealth.org or call 833.580.4646.
- » Visits crispdc.org for more information about CRISP DC

Wrap Up and Next Steps

- Please complete the online evaluation! **If you would like to receive 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/>
- For more information about Integrated Care DC, please visit:
<https://www.integratedcaredc.com/>