

The Webinar will begin promptly at 1pm

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



Samantha Di Paola
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CONSENT MANAGEMENT: THE BASICS



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

Thursday,
August 4, 2022
1:00pm – 2:00 pm

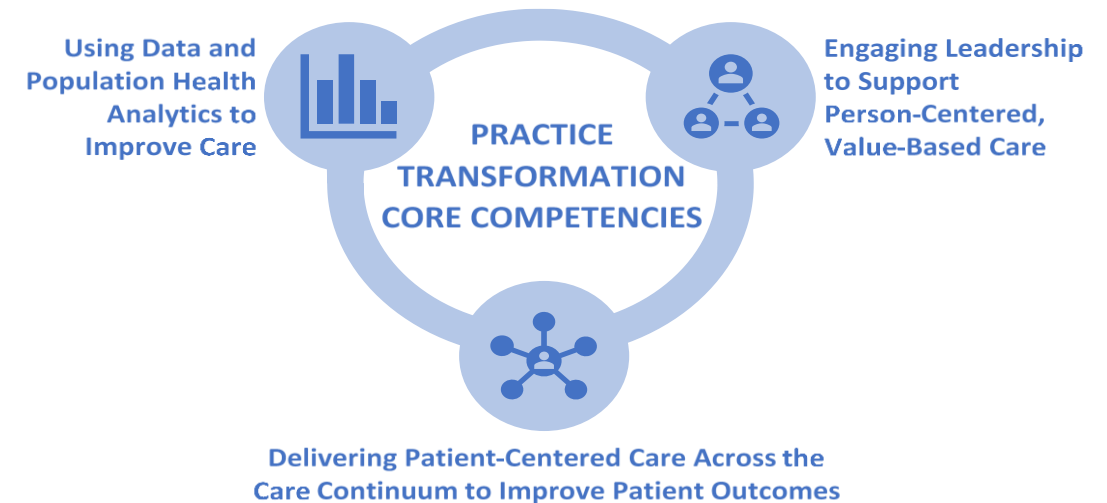
Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial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



PRESENTERS



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Faculty	Elizabeth Wolff, MD, MPA CME Reviewer	Muriel Kramer, LCSW CE Reviewer	Marsha Johnson, MSW, LCSW Presenter	Suzanne Daub, LCSW Presenter	Jean Glossa, MD, MBA, FACP	Corrine Jimenez
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

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.

- ❖ 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 – 09/22/2022. 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 Management: The Basics

- Welcome and Program Announcements
- The importance of gaining the patient's consent to share information with their providers
- The basics of 42 CFR Part 2
- How to talk with your patients about consent
- Intro to CRISP DC Consent Management tool
- Closing Remarks/Q&A

OBJECTIVES

1. Explain the importance of access to SUD treatment information for care coordination and management of patient care
2. Outline considerations for talking to patients about consent and importance to their health care
3. Define 42 CFR Part 2 and its relevance to sharing SUD data
4. Describe the Consent Management tool developed by CRISP DC and how it addresses prior barriers to obtaining consent and sharing SUD treatment information



Image permitted by DC Department of Health Care Finance

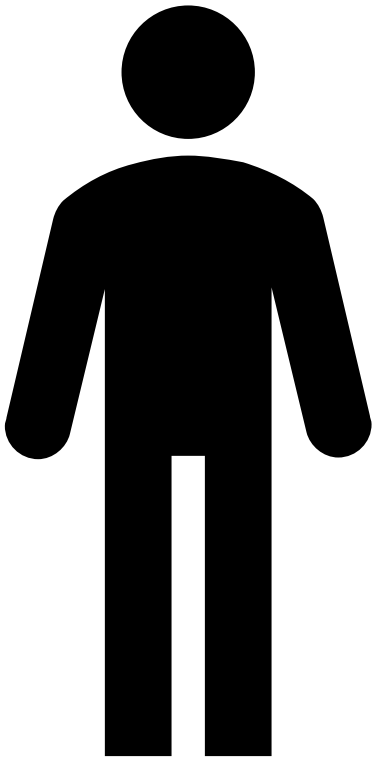
WELCOME AND ANNOUNCEMENTS

We are all patients

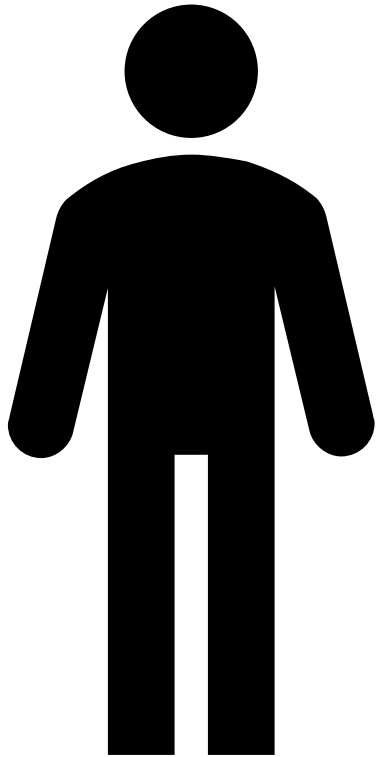
- » **POLL:** When your PCP sends you to a specialist, does the specialist communicate back with your PCP about the findings and care plan?
- » Chat in: Do you value this exchange of information? Why/why not?



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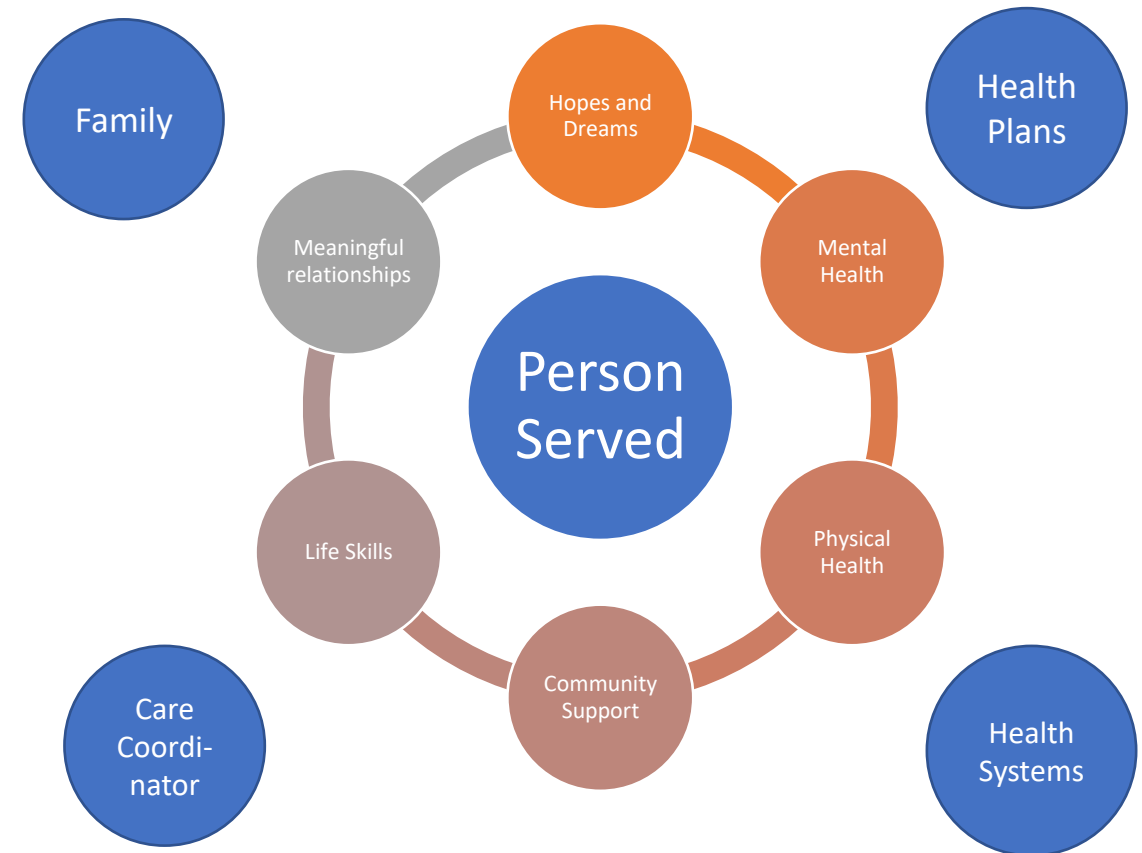
- 60 years old
- Co-occurring depression and Alcohol Use Disorder.
- Hypertension and diabetes
- He recently lost his job and is separating from his partner
- Referred to SUD providers by PCP of 20 years
- PCP has referred her patients to this organization for many years, but has never heard back and does not have a relationship with any of the clinicians



- Do you think that Mr. Ramirez would like you to share his information with Dr. Glossa?
 - Yes
 - No

- >> Pilot dates: April 2021 to June 2022
- >> 5 of the participating organizations submitted consents: Medical Home Development Group, MBI Health Services, Regional Addiction Prevention, Inc., Unity, and McClendon Center
- >> 317 individuals registered
 - 311 (98%) elected to share *all* their SUD treatment information, from the date of consent until the consent expires (no treatment data before the date of consent can be seen)
 - Labs
 - Meds
 - Appointment dates
 - Notes
 - 6 individuals (2%) chose to only share their SUD care team's contact information
- Consent is most valuable if the treatment provider is sharing (uploading) the data to CRISP DC

- » Care coordination means different things to different people; no consensus definition has fully evolved
- » A systematic review identified over 40 definitions of the term "care coordination"



Source: McDonald KM, Sundaram V, Bravata DM, et al. 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

- » Anything that bridges along the care pathway (i.e., care coordination activities or broad approaches, such as CRISP DC, hypothesized to improve coordination of care)
- » Any activity that helps ensure that the patient's needs and preferences for health services and information sharing across people, functions, and sites are met over time

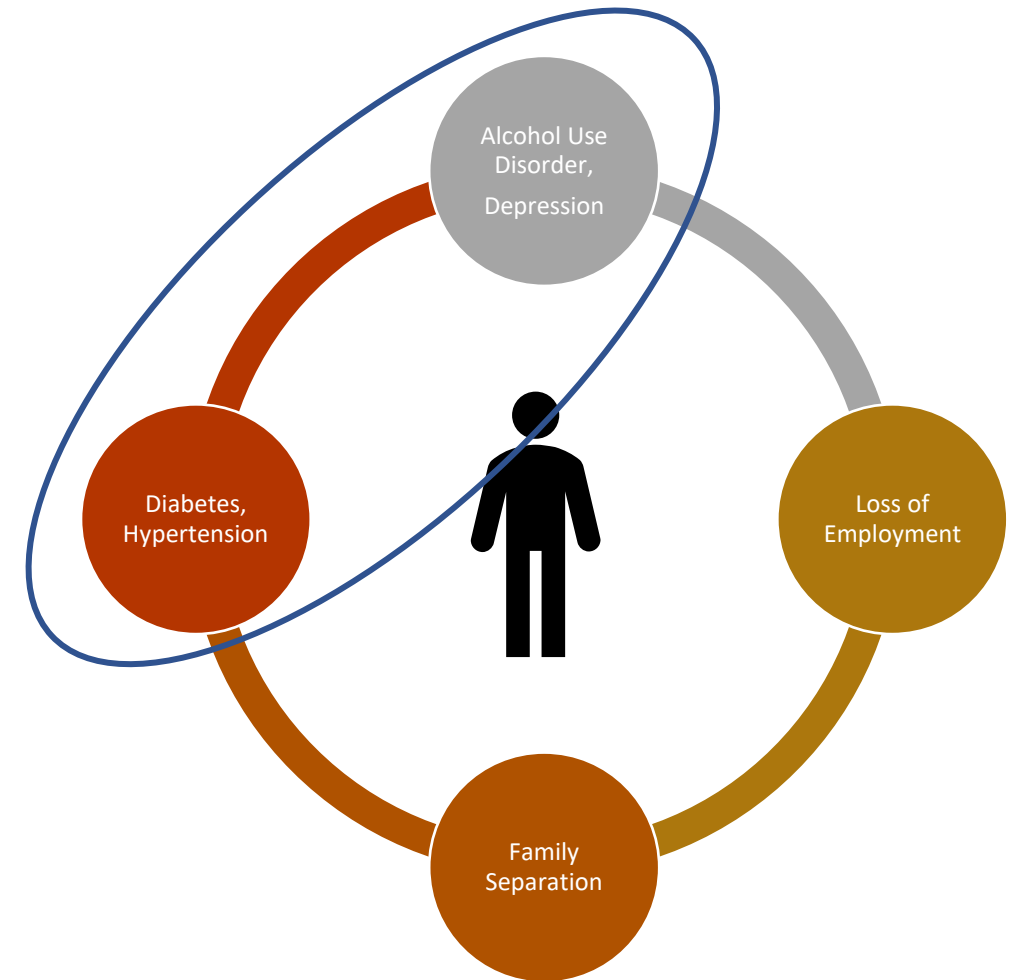
"Care coordination is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities and is often managed by the exchange of information among participants responsible for different aspects of care."

-- Agency for Healthcare Research and Quality

- » Health care professionals notice failures in coordination particularly when
 - » The patient is directed to the "wrong" place or level of care in the health care system
 - » The patient has poor health outcome as a result of poor handoffs or inadequate information exchanges
 - » The provider must put forth unreasonable levels of effort in order to accomplish necessary coordination during transitions among healthcare entities
 - » The patient complains that information exchange is fragmented

- » Benefits of care coordination for people with Substance Use Disorder
- Reduces stigma – identifies SUD as a medical condition
 - Engages multiple trusted professionals supporting recovery and improves sustained engagement
 - Increases availability of recovery supports (e.g., some PCP practices have embedded peers)

*42CFR overview coming soon



>> **What if we don't share medical information?**

- Most chronic physical health conditions are impacted negatively by substance use
- Feeling poorly physically may drive substance use (e.g., pain disorders) and challenge recovery
- **Potential for drug-drug interactions impacting treatment efficacy and safety**



What is the role of the PCP?

What is the impact of sharing this information?

>> At a minimum, cover the why, what and how of information exchange, so that the person can make an **informed choice**

- **Why**
 - The value of sharing information
- **Who**
 - Who, specifically, you will share information with
- **What**
 - What information you will share
- **How**
 - Info shared electronically through CRISP DC
 - Reassure that privacy will be protected
 - The dates the consent is valid for

**Always make plenty of room in this conversation for eliciting concerns, answering questions*

>> WHY:

- >> Getting professional help to reduce your alcohol use is an important step to improving your health. Your physical and behavioral health are completely connected, and it is very important that all your healthcare providers communicate with each other about your care.

>> WHAT:

- >> I would like to be able to communicate **with Dr. Glossa and her team and** let them know that we are working together and about the progress and any challenges you are facing.
- >> If you agree to share your behavioral health information, Dr. Glossa will be able to view **important information, including either**
 - >> All substance use treatment information
 - >> Or at minimum the contact information for any of your substance use treatment providers
- >> **You are always in control of your consent.** Your consent lasts for one year from the date you sign it, and you may choose to **opt-out at any time**

>> CHECK IN:

- >> Are you open to hearing more about this? Do you have any questions or concerns? Are you comfortable signing this consent today?

- » DAPTRA (Drug Abuse Prevention, Treatment, and Rehabilitation Act)
 - » Enacted in 1972 to protect records of the identity, diagnosis, prognosis, or treatment of any patient relating to substance abuse education, prevention, training, treatment, rehabilitation, or research
- » *“There is clear agreement among drug abuse treatment program operators that their ability to assure patients and prospective patients of anonymity is essential to the success of their programs.”*

Source: 37 Fed. Reg. 24636, 24636 (November 17, 1972).
<https://www.govinfo.gov/content/pkg/FR-1972-11-17/pdf/FR-1972-11-17.pdf>

*Intent of
DAPTRA was
to protect
individuals
seeking and
in treatment
from
significant
stigma*

This information provided here does not, and is not intended to, constitute legal advice. All information and content provided is for general information purposes only.

Most recent changes to 42 CFR seek to ensure confidentiality for individuals seeking and in treatment for SUD from significant stigma while creating pathways to exchange information to ensure well-coordinated care

DAPTRA regulations were modified several times over the last 50 years with the current version of the intent of DAPTRA being **42 CFR Part 2** that was modified most recently with a final rule being issued **on July 15, 2020**

“In recent years, the devastating consequences of the opioid crisis have resulted in an unprecedented spike in overdose deaths related to both prescription and illegal opioids including heroin and fentanyl,^[1] as well as correspondingly greater pressures on the SUD treatment system, and heightened demand for SUD treatment services.^[2] On August 26, 2019, SAMHSA published a Notice of Proposed Rulemaking (NPRM) ([84 FR 44568](#)) that proposed changes to the part 2 regulations that SAMHSA believed would better align with the needs of individuals with SUD and of those who treat these patients in need, and help facilitate the provision of well-coordinated care, while ensuring appropriate confidentiality protection for persons in treatment through part 2 programs.”

Source <https://www.federalregister.gov/documents/2020/07/15/2020-14675/confidentiality-of-substance-use-disorder-patient-records>

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42 CFR PART 2

SOME RULE CHANGES AFFECTING COORDINATION OF CARE BETWEEN PROVIDERS



42 CFR §2.31 (a)(i)

- General requirement for designating recipients: Allows patients to name a person **or entity** to which a disclosure can be made. A specific name is no longer required.

42 CFR §2.33 (b)(18)

- A patient consent to another entity generally for “payment and health care operations” allows entity and agents to use Part 2 information as necessary for 18 different activities including “care coordination and/or case management services in support of payment or health care operations.”

42 CFR §2.12 (d)(2)(ii)

- A non-part 2 treating provider may “record information about a SUD and its treatment that identifies a patient.” This is not a Part 2 record. Part 2 records received by the non-Part 2 treating provider should be segmented, however

42 CFR §2.31 (a)(ii)

- Defines specific provisions for the exchange of information via a query-based exchange of information using an intermediary such as a Health Information Exchange, one of which includes allowing an intermediary such as an HIE to use a general designation such as “all treating providers.”

Source: <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-2>

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- >> Whole person/integrated healthcare is critical to patient safety and continuity of treatment
- >> Most patients understand this and want their providers to collaborate
- >> Sharing SUD data destigmatizes SUD, can enhance recovery supports, and improve overall health and wellness to a high-risk population
- >> Best practice for gaining consent includes a clear description of the value of sharing information, what information will be shared and how
- >> 42 CFR part 2 provides a vehicle for change of information to ensure well-coordinated care

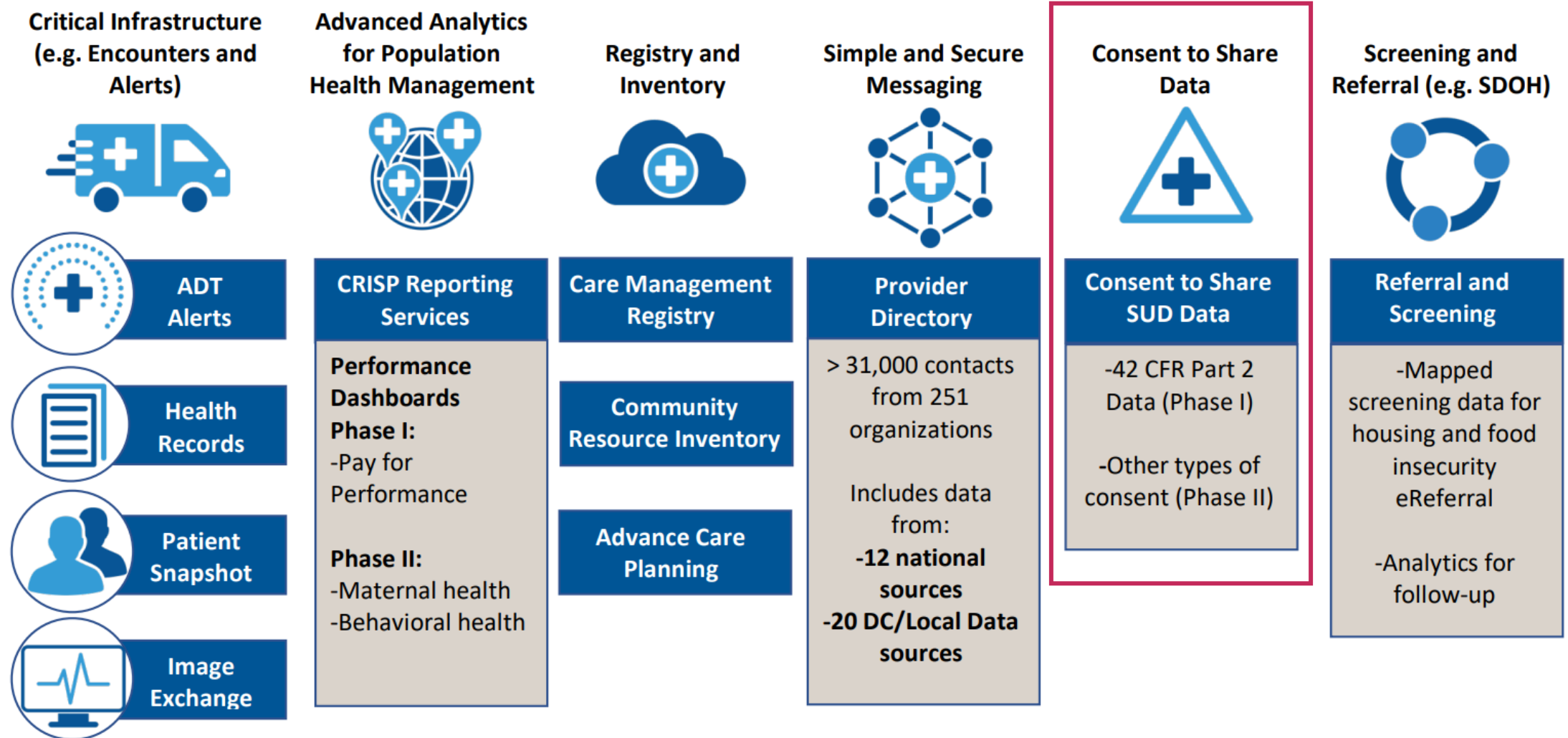


Consent Tool: SUD Form

Corrine Jimenez | Project Manager
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August 2022

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





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)
- 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

To learn more about the tool, and access educational materials, please visit:

<https://crispdc.org/consent/>

Consent Tool Pilot Began April 2021

Initial Functionality for Providers During the Pilot:

- Patients may elect to share all SUD treatment information or only their care team's contact information, providers are required to explain the consent process to their patients and attest to having done so within the tool
- Consent registrations become inactive upon reaching their expiration date, with a default of one year from the date the tool is opened, and patients may revoke their consent at anytime
- The patient, or their legal guardian, may provide their signature directly in the tool (with a mouse or signature pad) for in-person appointments

Updates to the Tool 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
- Telehealth patient returns form to provider and consent preferences are updated in the DC Portal as a data entry step upon receipt



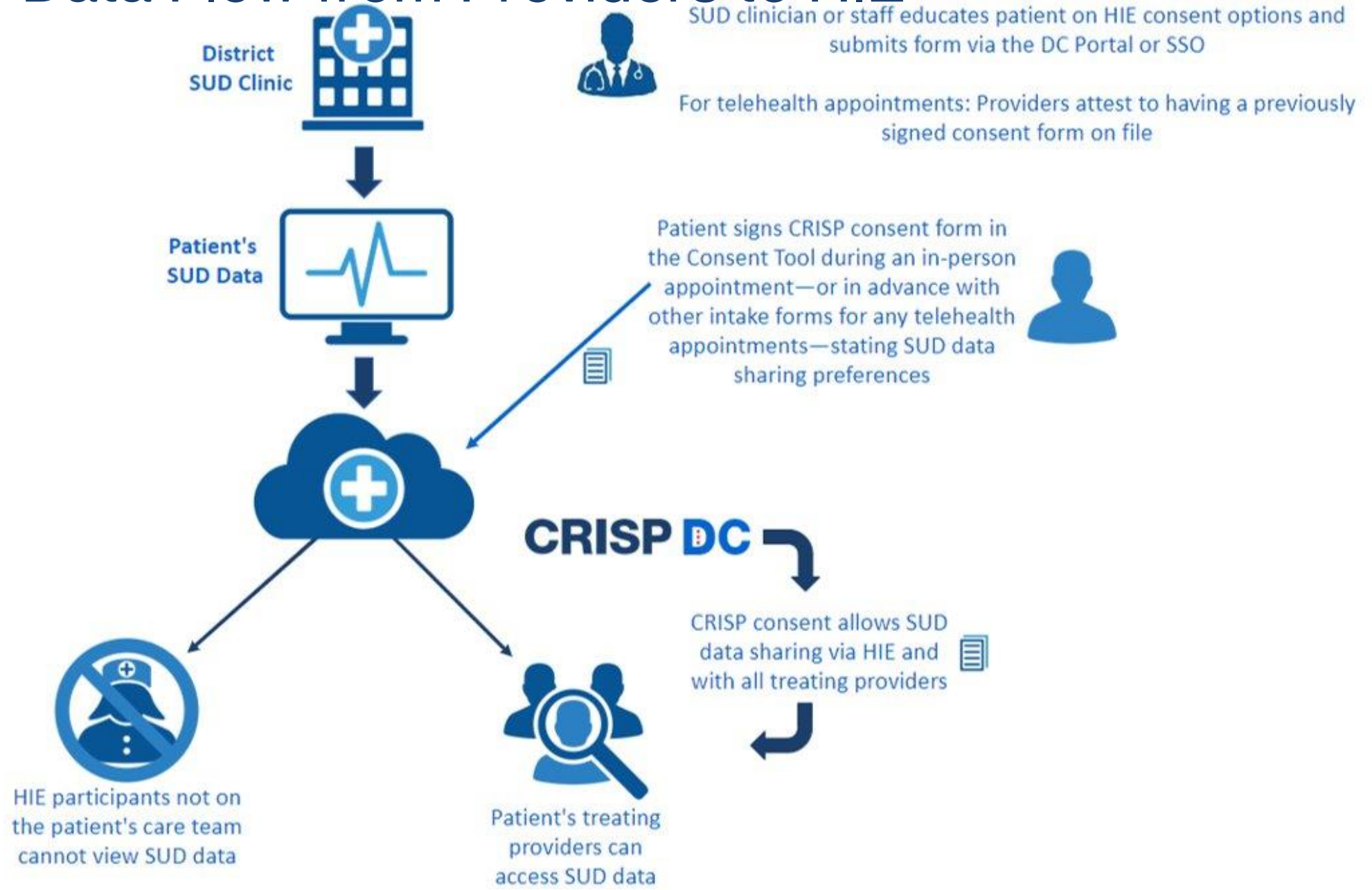
Results from Pilot Group

- **317** consents have been registered across five organizations
 - *MHDG*
 - *MBI*
 - *RAP, Inc.*
 - *Unity*
 - *McClendon Center*
- **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)*

To learn more about the tool, and access educational materials, please visit:

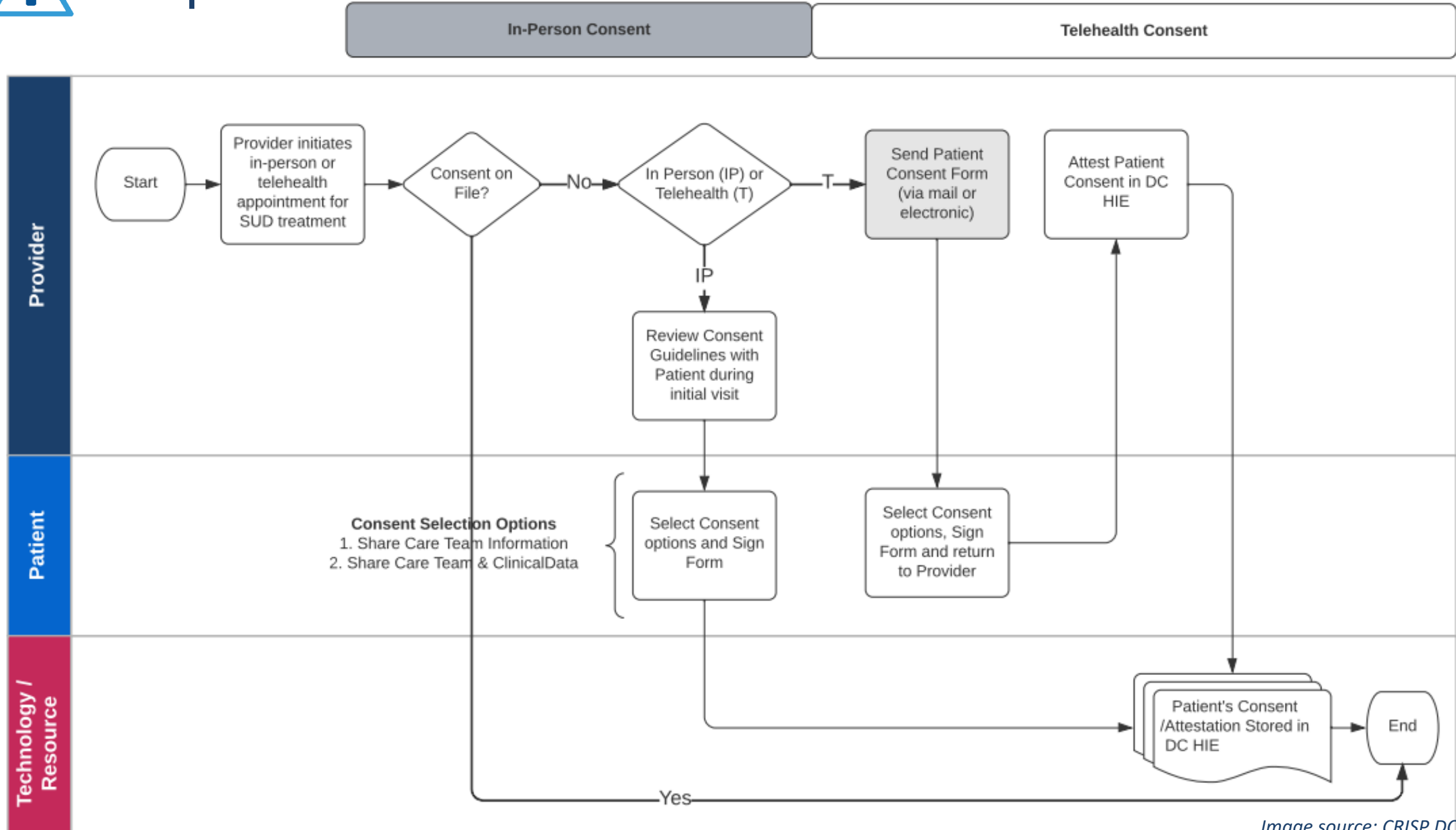
<https://crispdc.org/consent/>

➤ SUD Data Flow from Providers to HIE





Proposed Workflow





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



SUD Form: Data Sharing Options & Submission Instructions

CRISP DC

Consent

Consent History

Type and Amount of Data

Next

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.

Submission Instructions

Expiration Date: This is the date the consent will expire if the patient doesn't revoke consent prior to expiration. Patient can choose any date for expiration, but if patient doesn't choose a date, the default expiration is set for 1 year from date of submission. This date can be changed by clicking on the calendar and selecting a different day, month, and/or year.

Identity Validation and Education Attestation: Select both checkboxes attesting patient's identity has been validated and patient has been educated on terms of this consent and questions have been answered.

Signature and Submission:

In-person Encounter: If registering this consent at an in-person encounter, patient should sign their name electronically in the Patient Signature box. Patient's Legal Guardian, Parent, or Legally Authorized Representative, may sign on behalf of the patient by checking the corresponding box and signing in the signature box.

Attestation for Consent on File: If registering this consent via telehealth, please ensure the CRISP consent form is completed and signed prior to attesting in this tool. The CRISP consent form is located outside of this tool [here](https://crispdc.org/wp-content/uploads/2022/01/42_CFR_Part_II_Provider_Consent_Form_DC.pdf) and at https://crispdc.org/wp-content/uploads/2022/01/42_CFR_Part_II_Provider_Consent_Form_DC.pdf. Once you have the written and signed consent on file, select the "Attestation for Consent on File" checkbox. Federal law requires patient signature on consent to share SUD information. Remember to keep the previously captured consent on file.

Name of Person Registering Consent: Type the name of the person registering this consent.



SUD Form: Signature Portion

CRISP DC

Consent

Consent History

☐ I hereby attest that I have informed the patient named in this consent to the terms of this consent and answered all questions to the best of my ability.

Next

Signature/Attestation

☐ Check Here if you are the patient's Legal Guardian, Parent, or Legally Authorized Representative.

Patient 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.



Please, sign above *

OR

Attestation for Consent on File

☐ 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.



Upcoming Webinar Sessions

- **Consent Management Series 2:** *Consent to Share Substance Use Disorder Information: A Provider's Experience*
August 12th, 12:00pm- 1:00pm EST
- **Consent Management Series 3:** *Consent to Share Substance Use Disorder Information: Office Hours*
August 30th, 1:00pm-2:00pm



For CRISP DC related inquiries, please contact outreach at dcoutreach@crisphealth.org.

For support, contact support@crisphealth.org or call 833.580.4646.

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Q&A

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- >> 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. 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

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

- >> **Upcoming Webinar:**
 - >> *Consent Management Series 2: Consent to Share Substance Use Disorder Information: A Provider's Experience, August 12th, 12:00pm- 1:00pm EST*
 - >> *Consent Management Series 3: Consent to Share Substance Use Disorder Information: Office Hours, August 30th, 1:00pm-2:00pm*

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