

HIE Onboarding for Part 2 Providers

Overview & Decision Guide

November 21, 2024

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Consenting to Share Your Substance Use Disorder Treatment Information

You can choose to share your Substance Use Disorder (SUD) treatment data with the CRISP DC Health Information Exchange (HIE). CRISP DC HIE gives your health care team secure and fast access to your health data.

Who will see my SUD data?
Only your health care team. By law, these providers must keep your health data private. Police and courts will not have access to this information.

If I want to share my SUD data, what data can I share?
You have a choice. You can share:

- All your treatment data
- Your provider's contact information

You can stop sharing at any time. Ask your provider to make the change in CRISP DC.

What are benefits to sharing my SUD data?
If you were in an emergency room and could not talk, doctors would be able to utilize CRISP DC HIE to check if you had health concerns that could affect your treatment.

CRISP DC HIE is a way of instantly sharing health and social needs data among doctors, hospitals, labs, and other healthcare entities.

Need more information?
Scan QR code to visit CRISP DC:



<https://www.crispdc.org/for-patients>



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To be revised for CurrentCare

Overview of Part 2 Consent

What is 42 CFR Part 2?

- 42 CFR Part 2 is a federal regulation that was created to **protect patients' SUD treatment data**.
 - It ensures patient confidentiality while also creating ways for their data to be exchanged to enhance overall care.
- “Part 2” refers to **federally assisted programs** who provide SUD treatment and meet the definition of a “program” under 42 CFR 2.11
 - This regulation protects information, in any form, that could directly or indirectly identify a patient has having sought or received SUD treatment from a Part 2 program.
 - NOTE: Not all SUD treatment providers will fall under this definition.

SUD provider ≠ Part 2 prov

Part 2 Consent Tool Overview

- **Enables users to view Substance Use Disorder (SUD)** data shared by entities and providers protected by 42 CFR Part 2 through the HIE, upon patient consent.
- **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.
- Will **only share Part 2 SUD information once a patient has registered a Part 2 Consent Form** via the Consent Tool.
- All Part 2 SUD data displayed in the HIE will be **accompanied by a notice** that such information may only be disclosed as allowed by applicable law.
- Patient consent to share Part 2 SUD information **may be updated or revoked** at any time, however CurrentCare cannot retrieve previously-released information..

Legal Framework

- In addition to other participation agreements, Part 2 providers sign a **Qualified Service Organization Agreement (QSOA)** that ensures the HIE treats their data in full compliance with Part 2.
 - Equivalent to a Business Associate Agreement (BAA) under HIPAA
- The HIE **holds apart** all Part 2 covered data from normal records and ensures they are not disclosed or shared without consent.
- Refer to **SAMHSA's guidance** regarding HIEs and Part 2:
<https://www.hhs.gov/guidance/document/hie-and-part-2-regulations>

Part 2 Consent in the HIE

- There is **one single, global consent** for the HIE **to share Part 2** covered records among users of the HIE for treatment, payment, and operations.
- This consent is **completed within the HIE** and can be completed with any participating provider:
 - In Portal, each user must be authorized individually to access the Consent Tool.
 - In InContext, all users have access to the Consent Tool by default.
- Once the consent is on file, the patient's Part 2 records will be **available for treatment, payment and operations** purposes to other HIE users in the same way they see other records.
 - This includes event notifications
- Part 2 consent can be **revoked** at any time with any participating provider who has access to the Consent Tool.

Part 2 Consent Form Samples

Part 2 Consent Form – Quick View

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

Patient Details

Name (First/Middle/Last)	GILBERT GRAPE
Date of Birth (mm/dd/yyyy)	01/01/1984
Address	4145 EARL C ADKINS DR
City	RIVER
State	WV
Zip	26000

Type and Amount of Data and Purpose of Disclosure

Purpose The information shared will be used for purposes of treatment, payment, and health care operations as defined by HIPAA. The information to be shared could include but not be limited to substance use disorder treatment.

Consent Options

Disclose All Substance Use Disorder Data for Treatment Purposes
 This information could include my treatment plan, medications, laboratory results, clinical notes, health care encounters, claims information, and other data about my substance use disorder care.

Information about this Consent

By completing and signing this form, you will be allowing your 42 CFR Part 2 -- Substance Use Disorder treatment provider to share information about your 42 CFR Part 2 -- Substance Use Disorder treatment information with other providers and staff at CRISP DC who may then share it with other members of your health care team who participate with the CRISP Shared Services affiliate HIEs including Maryland, DC, West Virginia, Connecticut, Alaska and any HIE affiliates in the future.

Examples of who may see your information include, but may not be limited to, your primary care provider, hospital and emergency providers, case managers or care coordinators, your pharmacist, and other members of your healthcare team who participate with the CRISP Shared Services affiliate HIEs including Maryland, DC, West Virginia, Connecticut, Alaska and any HIE affiliates in the future.

Anyone receiving your information must follow all state and federal laws to keep your information private; however, there is the potential for the records used or disclosed pursuant to this consent to be used for purposes that do not protect the privacy of substance use disorder (SUD) information. Once your SUD information is shared with members of your health care team for purposes of treatment, payment, or operations, the information may be redisclosed or shared in accordance with HIPAA regulations, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against you.

You can request a list of organizations who have received your information by completing an accounting of disclosures request at [content/uploads/2023/12/FAQs-for-Patients-v2.pdf](#).

CRISP DC does not require you to sign this consent, and it will not impact the sharing of any of your health information through our systems to give you appropriate care, especially in an emergency.

Signature/Attestation

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

Patient Signature

I acknowledge that I have read this consent form and understand that as indicated on this form, my 42 CFR Part 2 -- Substance Use Disorder treatment information may be shared with CRISP DC who may then share it with other members of my health care team who participate with CRISP DC.

X

Please, sign above *

OR

Attestation for Consent on File

I hereby attest that I have obtained WRITTEN and SIGNED consent from this patient as required by applicable law and will retain the form in my records. I will make this consent available to CRISP DC upon request.

consent is revoked or expires, I will immediately inform CRISP DC. I have conveyed to the patient that CRISP DC cannot retrieve information once it is released; if the patient revokes their consent or if it expires, who may then share it with other members of my health care team who participate with CRISP DC. I have conveyed to the patient that CRISP DC cannot retrieve information once it is released, and they may continue to share it in accordance with applicable law.

Expiration and Revocation

To be revised for CurrentCare

Part 2 Consent Form – Full Samples

CurrentCare will model our forms after these:

To be revised for CurrentCare

- **CRISP DC – English:**

- https://crispdc.org/wp-content/uploads/2023/06/42_CFR_Part_II_Provider_Consent_Form_DCv2.pdf

- **CRISP DC – Spanish:**

- https://crispdc.org/wp-content/uploads/2022/09/42_CFR_Part_II_Provider_Consent_Form_DC-2_Spanish.pdf

Facility Type Decision Guide

Part 2 Attestation Form Options

Option 1: No Part 2

- all or part of your organization **IS NOT** a federally assisted substance abuse program providing services under 42 CFR Part 2 Regulations.

Option 2: Part 2 but **NO** data will be sent to CurrentCare

- all or part of your organization **IS** a federally assisted substance abuse program providing services under 42 CFR Part 2, **and** your organization takes effective technological and administrative steps to **block** transmitting any clinical information to CurrentCare that relates to drug and alcohol treatment

Option 3: Part 2 data **WILL** be sent to CurrentCare

- all or part of your organization **IS** a federally assisted substance abuse program providing services under 42 CFR Part 2, **and** your organization will enter into a QSOA agreement with CurrentCare, so it can receive certain patient information related to drug or alcohol treatment

Is your facility **Only Part 2** or **Mixed-Use**?

Only Part 2

- If someone heard a patient or client was receiving services at your organization, could they reasonably assume the individual has a substance use disorder?
 - If YES -> send all data in 1 feed; all data considered covered by Part 2

Mixed-Use

- If someone heard a patient or client was receiving services from a particular unit, program, or provider, could they reasonably assume the individual has a substance use disorder?
 - If YES -> those units, programs, and/or providers are covered by Part 2, and you are a mixed-use facility
 - All records associated with them are covered, e.g., a provider who is commonly known to prescribe buprenorphine has ALL encounters covered by Part 2, whether or not an individual patient has SUD

Data Options for Mixed-Use Facilities

Option A – All Part 2:

Single data feed with all data labeled Part 2

- “Safest” option, ensures patient consent is obtained before any records are shared
- Technologically simple
- Creates additional burden of consent on patients for records not covered by Part 2 *

* Therefore, not recommended

Option B – Split into 2:

Two data feeds with one treated as standard data and one treated as Part 2

- Allows facility to determine and identify which data they consider covered by Part 2
- Requires facility to undergo technical work to set up (with possible additional cost)
- Maximizes record-sharing

COMING SOON

Option C - Algorithm: **

One data feed with algorithm applied to identify and hold apart Part 2 data

- Algorithm was created based on exhaustive review by treating providers of code sets that could indicate SUD
- Reduces burden on provider to conduct technical work, while supporting expanded record-sharing
- Risk to facility that some Part 2 data might be missed by facility or by algorithm

** See next slide

Algorithm

COMING SOON

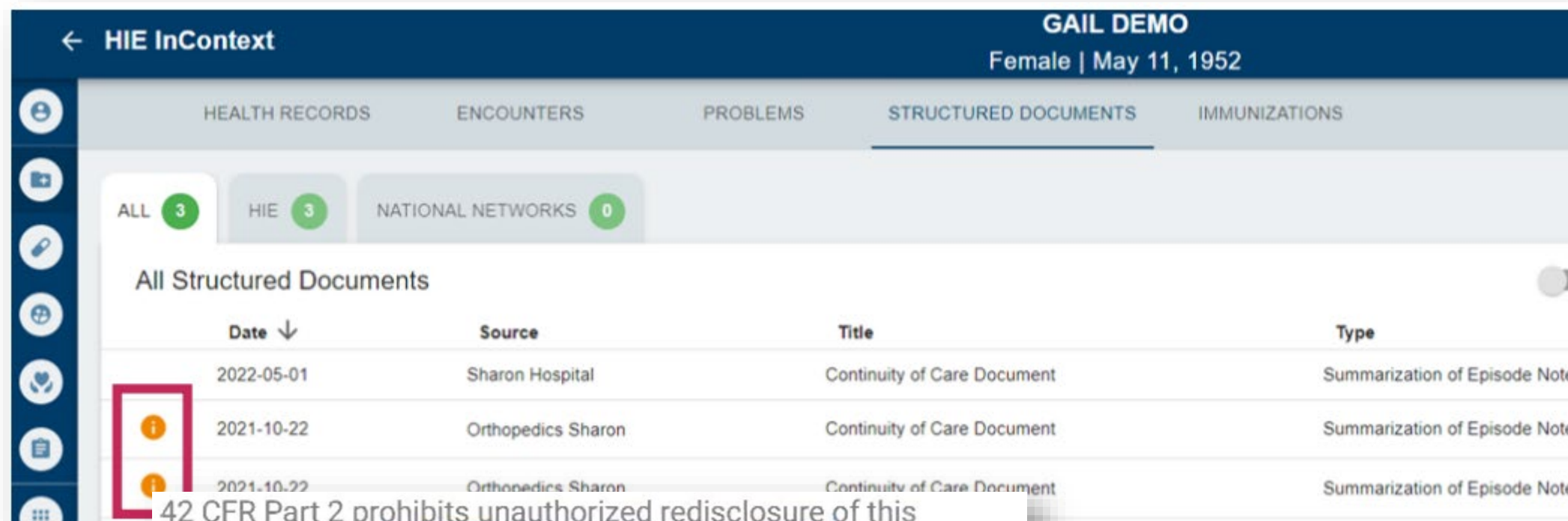
- Created based on exhaustive review by treating providers who identified code sets that could indicate SUD.
- Automatically identifies any CCDA data that would indicate that the patient is receiving SUD treatment, and places that data behind the Part 2 restrictions.
- Includes >1,100 codes: CPT, HCPCS, ICD-10, IMO, LOINC, RxCUI.
- Does not catch free-text SUD references.
- Algorithm update schedule TBD.

RxCUI	1597574	Buprenorphine 8.6 MG / Naloxone 2.1 MG [Zubsolv]	Medication Codes
RxCUI	1597575	Buprenorphine 8.6 MG / Naloxone 2.1 MG Sublingual Tablet [Zubsolv]	Medication Codes
RxCUI	1666384	Buprenorphine 2.9 MG / Naloxone 0.71 MG [Zubsolv]	Medication Codes
RxCUI	1666385	Buprenorphine 2.9 MG / Naloxone 0.71 MG Sublingual Tablet [Zubsolv]	Medication Codes
RxCUI	1740873	Naltrexone 380 MG [Vivitrol]	Medication Codes
RxCUI	1740874	Naltrexone Injection [Vivitrol]	Medication Codes
RxCUI	1864413	Buprenorphine 0.7 MG / Naloxone 0.18 MG [Zubsolv]	Medication Codes
RxCUI	1864414	Buprenorphine 0.7 MG / Naloxone 0.18 MG Sublingual Tablet [Zubsolv]	Medication Codes
RxCUI	6820111	Buprenorphine 11.4 MG / Naloxone 2.9 MG [Zubsolv]	Medication Codes
LOINC	11330-8	History of alcohol use Narrative	Substance use
LOINC	11331-6	History of alcohol use	Substance use
LOINC	11342-3	History of other nonmedical drug use Narrative	Substance use
LOINC	11343-1	History of other nonmedical drug use	Substance use
LOINC	18662-7	Alcohol-substance abuse rehabilitation treatment plan, Chief complaint+Reason for referral+Reason for relapse if known (narrative)	Substance use intervention
LOINC	18663-5	Alcohol-substance abuse, rehabilitation plan, History of present alcohol/substance abuse (narrative)	Substance use intervention
LOINC	18665-0	Alcohol-substance abuse rehabilitation treatment plan, Agency that will follow up Identifier	Substance use intervention
LOINC	18666-8	Alcohol-substance abuse rehabilitation treatment plan, Person that will follow up after Identifier	Substance use intervention
LOINC	18667-6	Alcohol-substance abuse rehabilitation treatment plan, Methodology for follow up (narrative) Text	Substance use intervention
LOINC	18668-4	Alcohol-substance abuse rehabilitation treatment plan, Frequency of assessments for follow up #	Substance use intervention
LOINC	18672-6	Alcohol or substance abuse symptoms with physiological dependence indicator	Substance use intervention
LOINC	18673-4	Alcohol-substance abuse rehabilitation treatment plan, rehabilitation problem remission status	Substance use intervention

Displaying Part 2 Data

Displaying Part 2 Data

All Part 2 SUD data displayed in CurrentCare (Portal & InContext) will be accompanied by a notice that such information may only be disclosed as allowed by applicable law:



Date ↓	Source	Title	Type
2022-05-01	Sharon Hospital	Continuity of Care Document	Summarization of Episode Note
2021-10-22	Orthopedics Sharon	Continuity of Care Document	Summarization of Episode Note
2021-10-22	Orthopedics Sharon	Continuity of Care Document	Summarization of Episode Note

42 CFR Part 2 prohibits unauthorized redisclosure of this information. A provider that receives 42 CFR Part 2 protected SUD information from the HIE may record information about the patient's SUD treatment in their medical record for clinical purposes, and in most cases, that would not cause the record to be subject to 42 CFR Part 2 restrictions, unless the provider is already subject to [42 CFR Part 2](#).

This is a TEST patient.

Materials

Materials

CurrentCare will have our own FAQs & Training materials, which will be modeled after CRISP DC:

- CRISP DC - Consent Tool Webpage (Materials, Videos, FAQs):
 - <https://crispdc.org/consent/>
- CRISP DC – 2 Page Overview:
 - <https://crispdc.org/wp-content/uploads/2024/03/Consnet-Tool-Updated-One-Pager-March-24.pdf>
- CRISP DC – Script for Care Team to Capture Part 2 Consent:
 - <https://crispdc.org/wp-content/uploads/2024/06/Consent-Provider-Script-April24.pdf>
- CRISP DC – FAQ for Care Team Members:
 - <https://crispdc.org/wp-content/uploads/2024/07/FAQs-for-Care-Team-Members-v2.1.pdf>
- CRISP DC – FAQ for Patients:
 - <https://crispdc.org/wp-content/uploads/2023/12/FAQs-for-Patients-v2.pdf>

Thank You

<https://CurrentCareRI.org>

