Community Health Resources Commission

Alice Burton and Craig Behm, Chesapeake Regional Information System for our Patients (CRISP)

October 8, 2015
About CRISP

Our Vision
To advance health and wellness by deploying health information technology solutions adopted through cooperation and collaboration.

Our Mission
We will enable and support the healthcare community of Maryland and our region to appropriately and securely share data in order to facilitate care, reduce costs, and improve health outcomes.

Our Guiding Principles
1. Begin with a manageable scope and remain incremental.
2. Create opportunities to cooperate even while participating healthcare organizations still compete in other ways.
3. Affirm that competition and market-mechanisms spur innovation and improvement.
4. Promote and enable consumers’ control over their own health information.
5. Use best practices and standards.
6. Serve our region’s entire healthcare community.
The clinical query portal allows credentialed users to search the HIE for clinical data.

All 47 acute care hospitals in Maryland and 6 of 8 DC hospitals share clinical data.

There are currently over 100,000 queries per month.

10 hospitals have enabled “single sign-on” connectivity to the portal enabling single-click access to data in CRISP.

Types of data available:
- Patient demographics
- Lab results
- Radiology reports
- PDMP Meds Data
- Discharge summaries
- History and physicals
- Operative notes
- Consult notes
CRISP currently receives Admission Discharge Transfer messages in real-time from:

- All Maryland Acute Care Hospitals
- 6 of 8 D.C. Hospitals
- All Delaware Hospitals

Through ENS, CRISP generates **real-time hospitalization notifications** to PCPs, care coordinators, and others responsible for patient care.

**Important Current Capabilities**

- Full Continuity of Care Documents (CCDs) are also routed through ENS to subscribing providers, who elect to receive them to support transitions of care.
  - 10 Hospitals currently send CCDs to CRISP

- Hospitals can “auto-subscribe” so they can be alerted when one of their past discharges is being readmitted within 30 days. This same capability allows the receiving hospital to be notified, when a patient arriving at their facility had been discharged from another facility, within the past 30 days.
  - 34 hospitals currently auto-subscribe to receive readmission notifications

- ENS was recently enhanced to include the ER and IP visits for a given patient with the past 6 months.
Additional Approaches for ENS

- CRISP will also offer an ENS user interface rather than simple spreadsheet via secure email.
- Users will still have the ability to download the spreadsheet.

- ENS is in final testing to deliver notifications directly into Epic.
- Notifications are also currently flowing into other recipient systems in production.
CRISP Reporting Services (CRS)

- Reports generated from a collection of data sources to support quality improvement, strategic planning, financial modeling, and other activities.

- Primarily focused on hospitals, but expanding to public health departments, regional partnerships, and ambulatory providers.

- Allowable data use varies based on the amount of detail included; for example, patient-level detail in new Patient Hospital Utilization Dashboard (PaTH) is only permitted to be used for care coordination activities.
CRISP Methods for Deploying CRS Reporting: CRS Portal and Tableau

**CRS Portal**
- Internet-based, credentialed
- Distributes static reports, includes archived reports
- Evolved from emailing users
- In use for ~2 years
- Patient-level data
- Target audience: Hospitals

**Tableau**
- Internet-based
- Separate entry point from Portal, shared credentialing
- Mostly aggregated data; patient level data piloting
- Portals for Hospitals, Ambulatory Providers, and Populations
• HSCRC/DHMH Care Coordination Workgroup called on CRISP to provide IT infrastructure to support provider care coordination efforts.

• CRISP received funding to support planning and initial implementation efforts.
1. Connecting Providers: This workstream aims to connect more practices, physicians, long-term-care facilities, and other health providers to the CRISP network. A larger network will connect more providers to more data and inform more decisions to support better outcomes.

2. Routing Data: A key component of the ICN infrastructure is the "data router" -- a suite of back-end tools and services that support the collection and delivery of patient-level data to the healthcare providers who can put it to best use for care management and care coordination. Once fully implemented, the data router will perform a number of essential services to make the ICN possible, including data normalization, determining and documenting patient-provider relationships, and forwarding data according to appropriate data sharing and context-specific rules. At the core of the data router concept is an advanced patient consent management system that provides patients and caregivers greater control over which data goes where.

3. Clinical Portal Enhancements: CRISP will enhance the existing Clinical Query Portal with new elements including: a care profile; a link to a provider directory; information on other known patient-provider relationships; and risk scores.
4. Notification & Alerting: CRISP will create new alerting tools so that notifications happen within the context of a provider's existing workflow. As an example, when a patient who is part of a specific care management initiative shows up at the ER, an in-context alert could inform clinicians of an available care management profile and connect that clinician with a care manager involved with the patient.

5. Reporting & Analytics: We will expand existing CRISP reporting services and make them available to a wider audience of care managers. In time, ambulatory practices and local health departments could benefit from these reports.

6. Basic Care Management Software: CRISP will support care management efforts throughout the state and region -- both through data feeds and reports that support existing care management platforms and, for those entities without an existing platform, we will provide access to one or more basic care management software programs through the CRISP network.

7. Practice Transformation: Change is hard. CRISP will work with providers throughout the state and region to assist them in moving toward a more interconnected way of delivering care that takes advantage of data flowing from multiple sources. This support will include training and demonstrations of best practices, meaningful use, and collaborative partnerships.
Cohort Utilization

- Pre/post analysis based on enrollment date of specific patient cohort
- Workflows being developed/automated to allow for regular data updates
- Current data is preliminary and not indicative of program results

HCAM/Sinai Analysis

Analysis of Pre and Post Metrics Based on Enrollment Date

The analysis is based on discharges before and after the enrollment date. Please select the number of months, the types of visit to include in the analysis and sorting order for other hospitals. Depending on the number of months selected, some participants might not be included in the analysis if they do not have data for the entire period before and after the analysis. Total Number of Members in the Analysis shows the number of members are included in the report for a given selection.

### All Hospitals

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<th>Before</th>
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### Sinai Hospital

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### Other Hospitals

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**Total Number of Members in the Analysis**: 180
Other New Content Dashboards Are New Conceptual Designs
Other New Content Dashboards Are New Conceptual Designs
Strategies to Support Safety Net Providers

Practice Readiness:

- Fully engaging and using CRISP tools and report requires practice readiness
- Ability to develop patient panels and share data in secure way increasingly important to CRISP reporting and analytics

Practice Support:

- All providers need support in using CRISP tools, understanding what they are and integrating them into workflows

CRISP challenged to scale some of pilot efforts and provide necessary on-going support