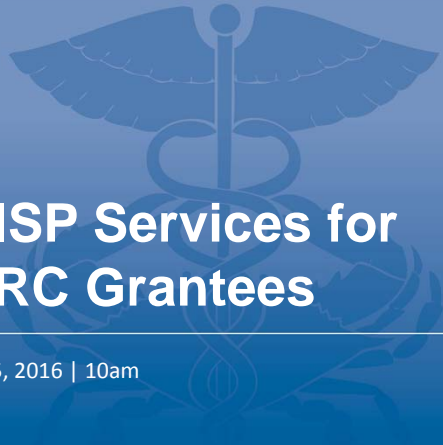CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS

CRISP

CRISP Services for CHRC Grantees

August 5, 2016 | 10am

7160 Columbia Gateway Drive, Suite 230
Columbia, MD 21046
877.952.7477 | info@crisphealth.org
www.crisphealth.org

CRISP/CHRC Collaboration

The Community Health Resources Commission (CHRC) and CRISP are collaborating to provide services to support the care coordination initiatives of grantees:

- Reporting & Analytics Tools
- Tools to Support Care Coordination Initiatives
- Encounter Notification Service

CRISP

Connecting Providers with Technology to Improve Patient Care

CRISP Services for Community Health Resources Commission Grantees

CHRC/CRISP Collaboration

The Community Health Resources Commission (CHRC) was created in 2005 to expand access to health care for low-income Marylanders and underserved communities in the state. Since 2007, the CHRC has awarded 154 grants totaling $52.3M and serving nearly 200,000 people.

CRISP, Maryland's state-designated HIE, is willing and able to provide a number of services to grantees including reporting & analytics, supporting care coordination initiatives, and connecting grantees with Maryland's healthcare community.

Webinar Objectives

At the end of this session, participants will:

1. Understand the CRISP services available to CHRC grantees
2. Understand how to utilize CRISP services to document program impact
3. Understand the next steps to begin participating with CRISP

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CRISP Vision – Mission – Guiding Principles

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.*

Presenters

Mark Luckner, Community Health Resources Commission

Paul Cummings, CRISP

Traci Kodeck, Health Care Access Maryland

Michael Banfield, CRISP

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CRISP Panels Reporting Portal

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High Utilizers with Disease Indicators

Chronic Conditions by Maryland County
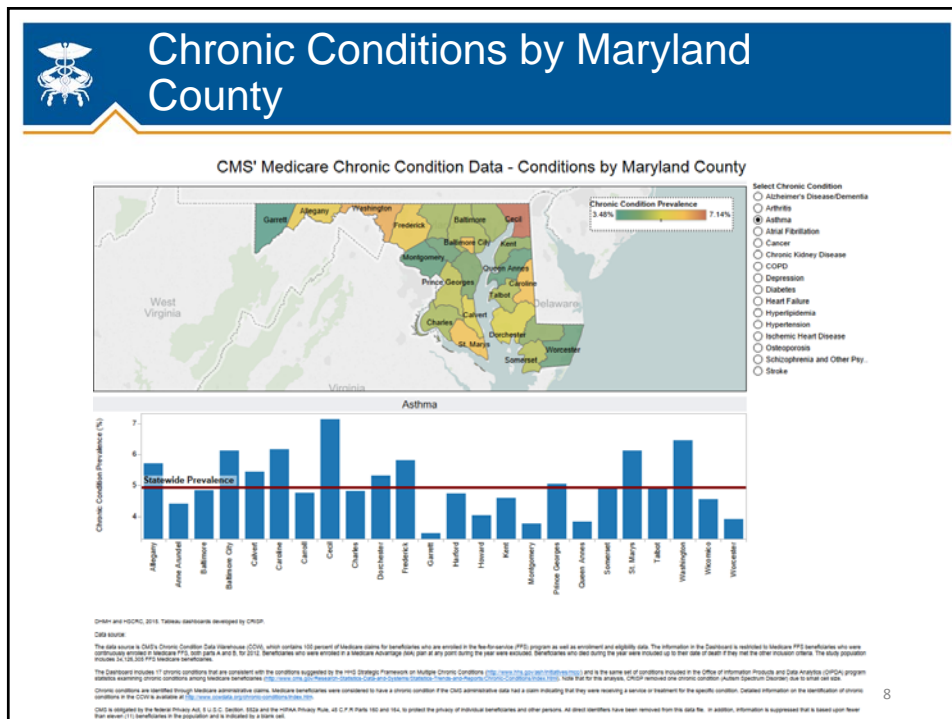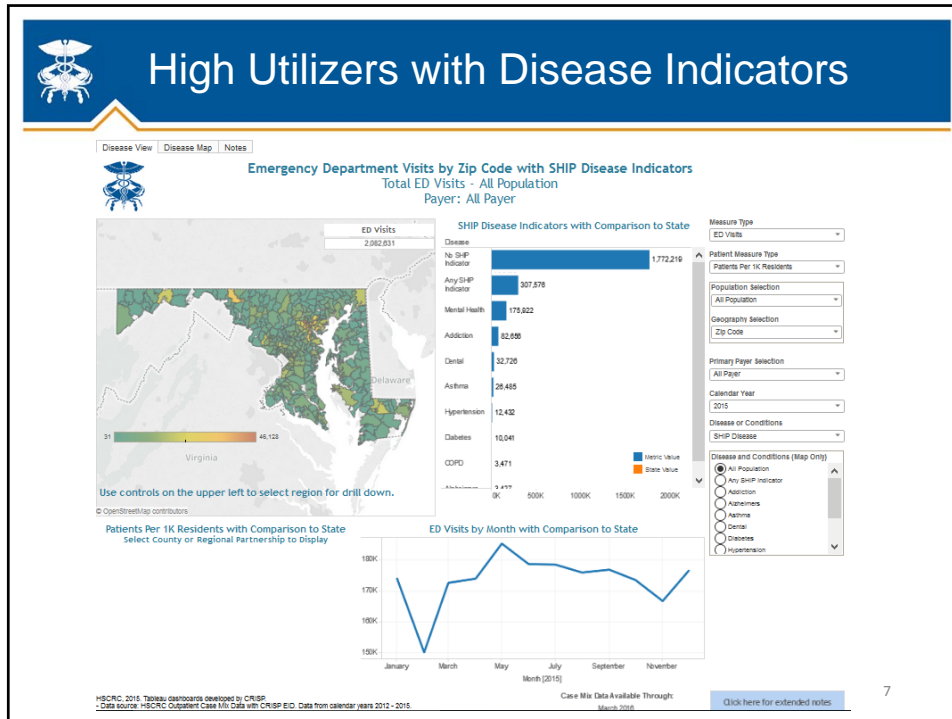
Panels for Practices

Data Foundation
- ➤ ENS panels submitted to CRISP
- ➤ Hospital casemix data

Proposed Users
- ➤ Panel submitters: community physicians, payers, hospital care managers, post-acute facilities
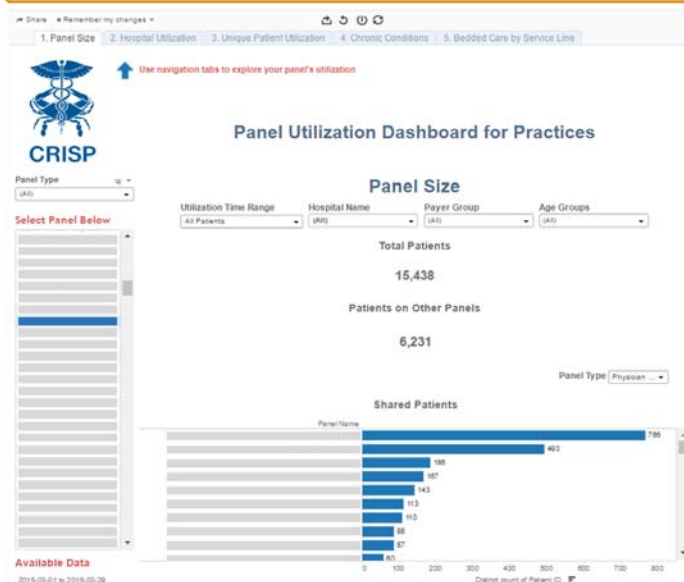
Development Status
- ➤ Actively piloting
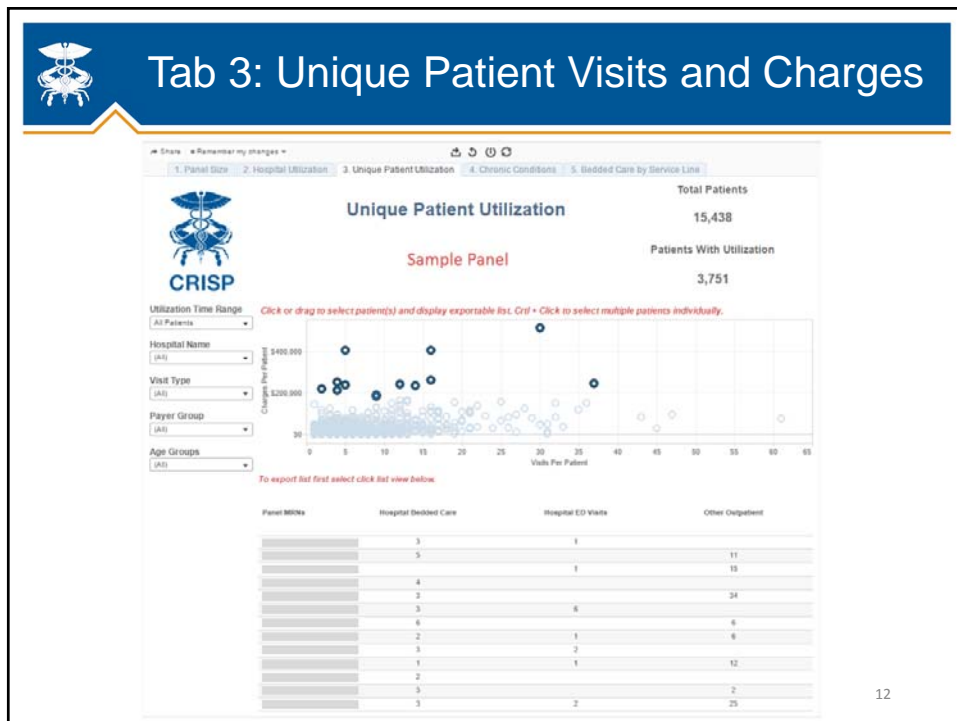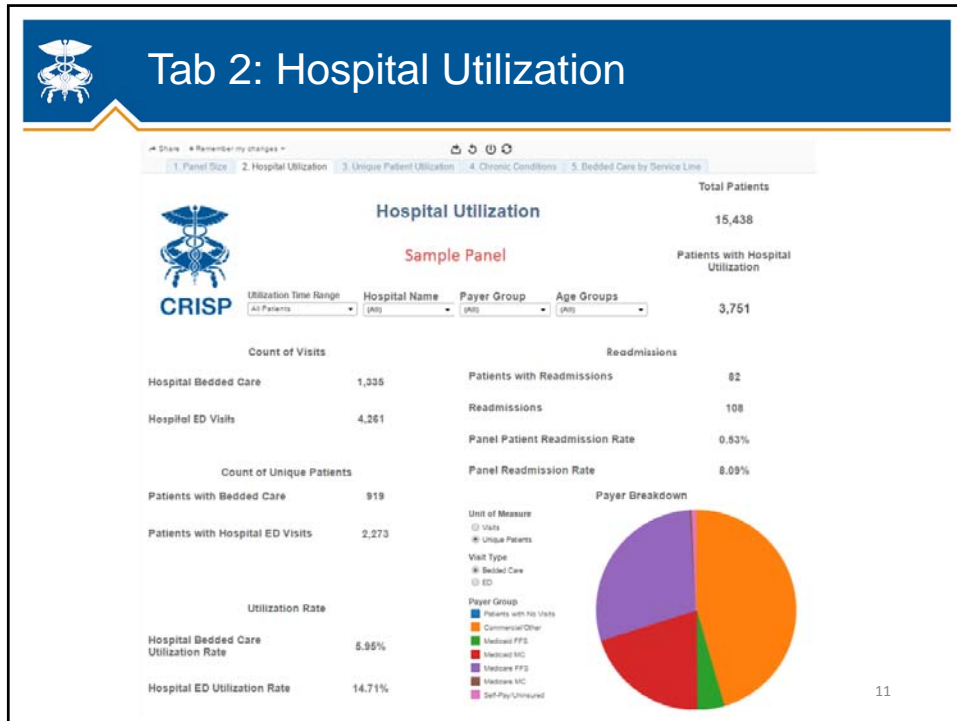- ➤ Need to confirm usefulness, review policies, and gather feedback through a pilot
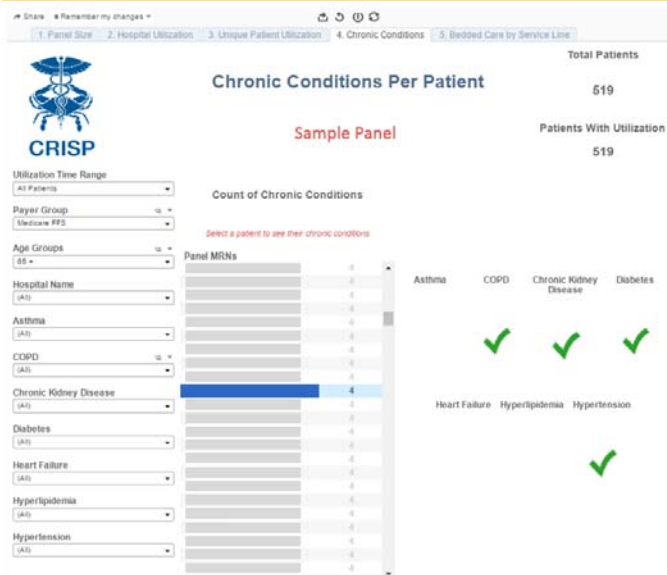
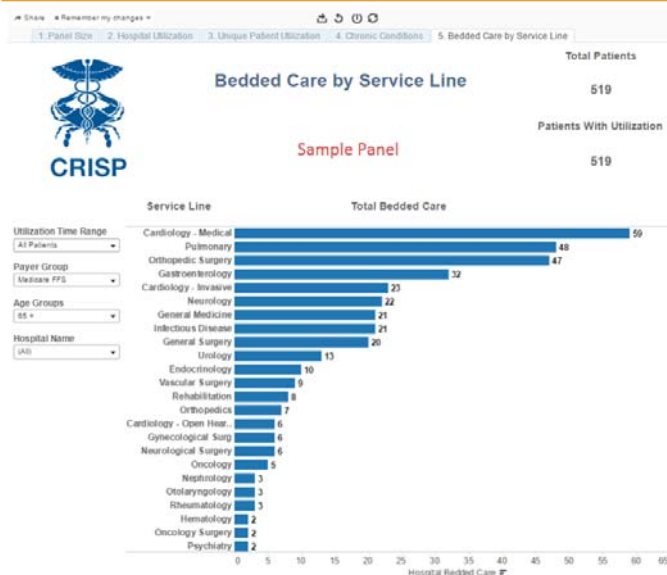9

Tab 1: Panel Selection and Overview

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Tab 2: Hospital Utilization

Tab 3: Unique Patient Visits and Charges

Tab 4: Chronic Conditions

Tab 5: Bedded Care by Service Line

Pre/Post Dashboards

Data Foundation
- ➢ Pre/post panel submitted to CRISP
- ➢ Hospital casemix data

Proposed Users
- ➢ Ambulatory providers Regional collaborations, hospitals

Development Status
- ➢ Actively piloting
- ➢ Need to confirm usefulness, review policies, and gather feedback

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Pre/Post Analysis

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ED Frequent User Reduction

"Access Health" – Partnership with HCAM

- Launched in June 2014
- Embedded Care Coordinators in Sinai ED
- Engage patients returning with
  - Unmanaged chronic conditions (somatic, behav, subst abuse)
  - Ambulatory-sensitive conditions
- Intensive Care Coordination
  - 3 months
  - Home visits
  - Address social barriers

*HealthCare Access Maryland (**HCAM**):*

Baltimore-based nonprofit that specializes in connecting vulnerable Maryland residents to health insurance, system navigation and health-promoting resources

Impact Assessment

Client Profile

- 587 clients enrolled *(May 15, 2016)*
- Client profile:
  - 3% High-risk/super-utilizer (10 +)
  - 39% At-risk* (3-9 visits)
  - 33% Low-risk (1-2)
  - 25% Insurance only (uninsured/1)

- Insurance enrollment: 136

- Obtained primary care provider: 133

At-Risk Clients with 4 months post case-closed 119 *(At-risk cohort)*

(Cases closed Aug 14, 2014 - Jan 20, 2016)

- ED visits decreased by 66%
- Inpatient stays decreased by 68%
- Estimated total of $1,122,424 in avoided charges
- 60% had either 0 visits or just 1 visit in the four months since their cases were closed

Avoidance analysis assumes that ED visit frequency would have continued at same rate as before program enrollment.

# Overview of CRISP Services to Support Care Coordination and Treatment

Supporting Care Coordination

- CRISP Connectivity allows providers to connect and to contribute data to CRISP

  - Communicate patients under care to CRISP
  - Communicate relevant documentation to CRISP
   - Care Plans
    - Clinical Information

Encounter Notification Service

- Through ENS, CRISP generates **real - time hospitalization notifications** to PCPs, care coordinators, and others responsible for patient care.
- Facilities submit patient panels to CRISP so that CRISP knows who to provide alerts on
- Panels can be customized to include treatment groups, PCP, program Start/End dates, and insurance information

- Over 500,000 notifications sent per month
- Requires a patient panel to be submitted from the provider
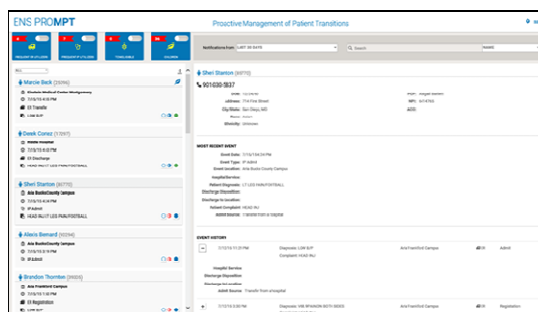
Clinical Query Portal

- Query portal allows credentialed users to search the HIE for clinical data.
- There are currently over 120,000 queries per month.
- 20+ hospitals have enabled **"single sign-on"** connectivity to the portal enabling single-click access to data in CRISP.
- Over 17,000 registered users
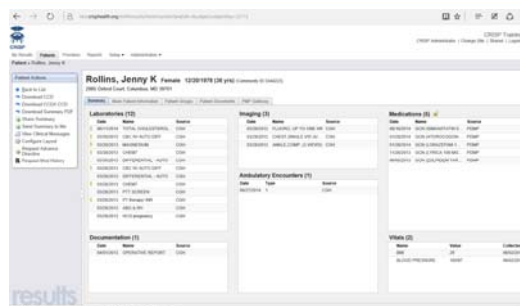
Data Available:
- Patient demographics
- Lab results
- Radiology reports
- **Maryland PDMP Meds Data**
- Discharge summaries
- History and physicals
- Operative notes
- Consult notes
- Immunization History

Patient Care Overview

"On-the-fly" compilation of pieces of care management data that might be relevant for a provider or care manager at the point of care. Displays the following elements:

- Patient Attribution
- Prior Admissions
- Care Alert
- Care Manager Attribution
- Care Plan Availability
- Payor submitted risk scores

- Reporting & Analytics Tools
  - Integration & Connectivity
  - Encounter Notification Service

| Summary | More Patient Information | Patient Groups | Patient Documents | Patient Care Overview | eHT HIE Worklist | Interstate PDMP |

Organizations subscribed to this patient

Participant	Care Program	Manager
Name: CareFirst Insurance Phone Number: 410-555-1212	Diabetes Management	Davey Johnson
Name: Medical Faculty Associates Phone Number: 410-555-1212		

Risk Measures

Participant	Risk Score	Methodology
Name: CareFirst Insurance Phone Number: 410-555-1212	Low	Lace -based on length of stay, ED visits, and comorbidities in the past 6 monts

Care Alerts

No Care Alerts found

Events

Description	Source Name	Date
ADT 01 Emergency	Suburban Hospital	2016-04-18

Next Steps

- If you are interested in any of the CRISP Services presented, please contact Mark Luckner with the CHRC for next steps

  Mark Luckner
  Mark.Luckner@Maryland.gov
  P: 410.260.7046

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Questions?

Questions!

….and Answers

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