



# Pathways to Health Equity

## Grantee Organizational Meeting

April 13, 2022



# Objectives for Today's Meeting

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- Introductions:
  - CHRC Staff
  - Rebecca Altman, Data & Evaluation Subcommittee Chair
  - Laura Mandel & Josh Schenkel, CRISP; and
  - Pathways Grantees
- Description of CHRC post-award processes.
- Begin discussion of data collection and performance measures.
- Provide overview of Technical Assistance by CRISP.
- Communicate expectations of grantee activities over next 90 days.

# HERC Advisory Committee

Eleven members, appointed by the Governor and Presiding Officers

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## Chair

**The Honorable Edward J. Kasemeyer**,  
Chair of CHRC and Chair of the HERC  
Advisory Committee

## Data Subcommittee

**Chair: Rebecca A. Altman**, RN and MBA,  
Vice President and Chief Integration  
Officer, *LifeBridge* Health

## Call for Proposals Subcommittee

**Chair: Jacqueline J. Bradley**, MSN, MSS,  
CRNP, Bradley Consulting, LLC

## Outreach Subcommittee

**Chair: Elizabeth L. Chung**, Executive  
Director, Asian American Center of  
Frederick

**Noel Brathwaite**, PhD, MSPH, Director, Minority Health and  
Health Disparities, Maryland Department of Health

**Alyssa L. Brown**, JD, Director, Innovation, Research, and  
Development, Office of Health Care Financing, Maryland  
Department of Health

**Michelle Spencer**, MS, Associate Chair, Inclusion, Diversity, Anti-  
Racism, and Equity, Department of Health Policy and  
Management, Johns Hopkins Bloomberg School of Public Health

**Maura Dwyer**, DrPH and MPH, Senior Officer, the Health Impact  
Project, The Pew Charitable Trusts

**Jonathan Dayton**, MS, NREMT, Community Relations and  
Population Health Supervisor, Mt. Laurel Medical Center

**Mikayla A. Walker**, MPH, Management Consultant, ReefPoint  
Group

**The Honorable John A. Hurson**, Esq., former Chair, Maryland  
Community Health Resources Commission

# Nine Pathways Grantees

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## Baltimore City

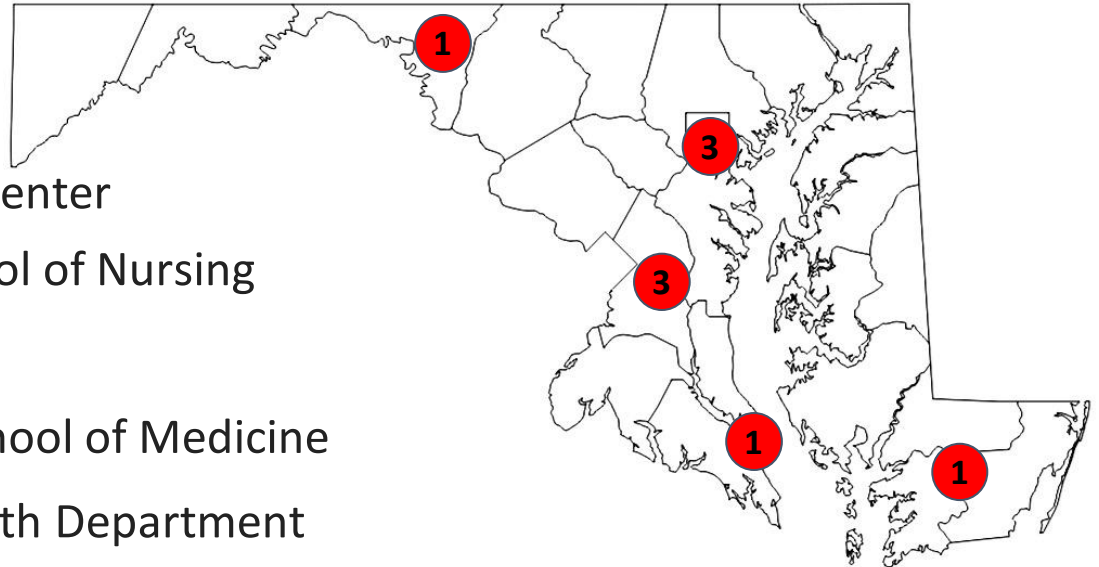
- Baltimore Healthy Start
- Greater Baltimore Medical Center
- University of Maryland School of Nursing

## Prince George's County

- Johns Hopkins University School of Medicine
- Prince George's County Health Department
- La Clínica del Pueblo

## Rural Maryland

- Tidal Health (Somerset, Wicomico & Worcester Counties)
- St. Mary's County Health Department
- Horizon Goodwill Industries (Washington County)



# Pathways to Health Equity - Policy Objectives

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## Five Strategic Goals:

- reduce health disparities
- improve health outcomes
- improve access to primary care
- promote primary and secondary prevention services
- reduce health care costs and hospital admissions and readmissions

# Groundwork for Future HERC

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- May 2022 – April 2024: Two-year Pathways grants
- October 2023: Issue HERC RFP
- Process and outcome measures to be reported every six month through M&D report (Milestones & Deliverables report)

# “HERC-Ability”

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1. Evidence supporting progress in addressing policy objectives.
2. Key Stakeholder participation (public & private sector).
3. Self-sustainability from a long-term funding perspective. Leveraging, FFS Revenue, and Hospital community benefit dollars.
4. Integration with the State’s Health Improvement Plans, Local Health Improvement Coalitions, HSCRC Regional Partnership.
5. Provider capacity and service delivery improvements.

# Milestones & Deliverables Reports

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- Standardized Measures
  - Unduplicated Patients, etc.
- Customized measures
  - Based on Program focus
- Additional data provided by CRISP
  - Hospitalization data



# Pathways Reporting

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Implementation and Funding Period: May 1, 2022 – April 30, 2024

First 90 Day Report due to CHRC: August 1, 2022

First M&D Report due to CHRC: November 2022

Interim Impact Analysis due: January 2024

Final Report due to CHRC: June 30, 2024

Grant Award Period: May 1, 2022 – August 30, 2024

# Immediate Next Steps

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- Sign and return Grant Agreement – wet ink signature requested.
- Finalize and return M&D report by May 31, 2022
- Send first invoice (50% of Year One Budget).
- CRISP One-on-One Calls – April & May 2022
- Technical Assistance “Office Hours”
  - Begin May 4, 2022 - 10:00 AM
  - Subsequent Wednesday (Unless otherwise notified)

# Contact Information

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**Mark Luckner, CHRC Executive Director**

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**Jen Thayer, CHRC Administrator**

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**Michael Fay, CHRC Program Manager**

[michael.fay@maryland.gov](mailto:michael.fay@maryland.gov)



**CRISP**

# Pathways CRISP Presentation

*Laura Mandel*

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*Josh Schenkel*

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## CRISP's Role

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- Supply Pathway's grantees with data reporting to help support their initiatives
- Provide technical assistance with data reports
- Deliver assistance in the creation of the official reports given to the State



# Use Pre-Post for M&D lines

## Some M&D Measures found in Pre-Post Analysis Reports

Hospital Utilization	
Total Number of Patients with a visit - Pre (IP)	Accessible in CRISP Pre-Post
Total Number of patients with a visit - Post (IP) - 6 months	Accessible in CRISP Pre-Post
Total Number of Patients with a visit - Pre (ED)	Accessible in CRISP Pre-Post
Total Number of patients with a visit - Post (ED) - 6 months	Accessible in CRISP Pre-Post



# Pre-Post Analysis Report

The Pre-Post Analysis Report helps users who have implemented panels/programs to understand hospital utilization before and after a specific enrollment date for each patient. The report allows users to upload a customized panel of patients to analyze for which they have a treatment relationship.

Program Name Test Panel Program (2)		Chronic Conditions All Patients		Chronic Condition Operator <input checked="" type="radio"/> AND <input type="radio"/> OR	
Most Recent Payer All	Visit Type All	N/A			
		N/A			

	1 Month	3 Months	6 Months	12 Months
Total Number of Patients in Panel that could contribute to analysis	197	197	197	197

Time Period	Total Number of Patients with a visit - Pre	Total Number of Patients with a visit - Post	Total Number of Patients with a visit - Pre %	Total Number of Patients with a visit - Post %	Change In Number of Patients
1 Month	11	13	5.6%	6.6%	1.0%
3 Months	33	36	16.8%	18.3%	1.5%
6 Months	50	59	25.4%	29.9%	4.6%
12 Months	76	91	38.6%	46.2%	7.6%

Time Period	Total Number of Visits - Pre	Total Number of Visits - Post	Rate of Visits per 10 patients - Pre	Rate of Visits per 10 patients - Post	Visits Rate change
1 Month	17	18	0.9	0.9	0.1
3 Months	55	57	2.8	2.9	0.1
6 Months	135	137	6.9	7.0	0.1
12 Months	282	327	14.3	16.6	2.3

Time Period	Total Number of Patients with at least 1 visit pre or post	Total charges - Pre	Total charges - Post	Average Charge per patient - Pre	Average Charge per patient - Post	Total Charges per Patient change
1 Month	21	\$37,991	\$9,918	\$3,454	\$763	(\$2,691)
3 Months	59	\$97,031	\$39,427	\$2,940	\$1,095	(\$1,845)
6 Months	87	\$208,936	\$223,663	\$4,179	\$3,791	(\$388)
12 Months	117	\$467,098	\$459,158	\$6,146	\$5,046	(\$1,100)

Time Period	Total Number of Visits - Pre	Total Number of Visits - Post	Total charges - Pre	Total charges - Post	Average Charge per visit - Pre	Average Charge per visit - Post	Total Charges per Visit change
1 Month	17	18	\$37,991	\$9,918	\$2,235	\$551	(\$1,684)
3 Months	55	57	\$97,031	\$39,427	\$1,764	\$692	(\$1,072)
6 Months	135	137	\$208,936	\$223,663	\$1,548	\$1,633	\$85
12 Months	282	327	\$467,098	\$459,158	\$1,656	\$1,404	(\$252)



# How do you get a panel/program into the Pre-Post report?

- Upload a panel based on two main pathways:
  - **Provider-Patient HIPAA Relationship:** I see this patient in a clinic, there is a clear HIPAA relationship here, I can attest to a relationship with the patient.
  - **Consent:** The patient has consented to participating in a program with me and sharing that data with CRISP.
- In one-on-one meetings we'll talk to you about your specific scenarios and what's required
- Uploading of panels/programs
  - Pre-Post panels also must be uploaded on a consistent basis to maintain up to date patient relationships
  - Program enrollment information needs to be either on the panels or uploaded programs

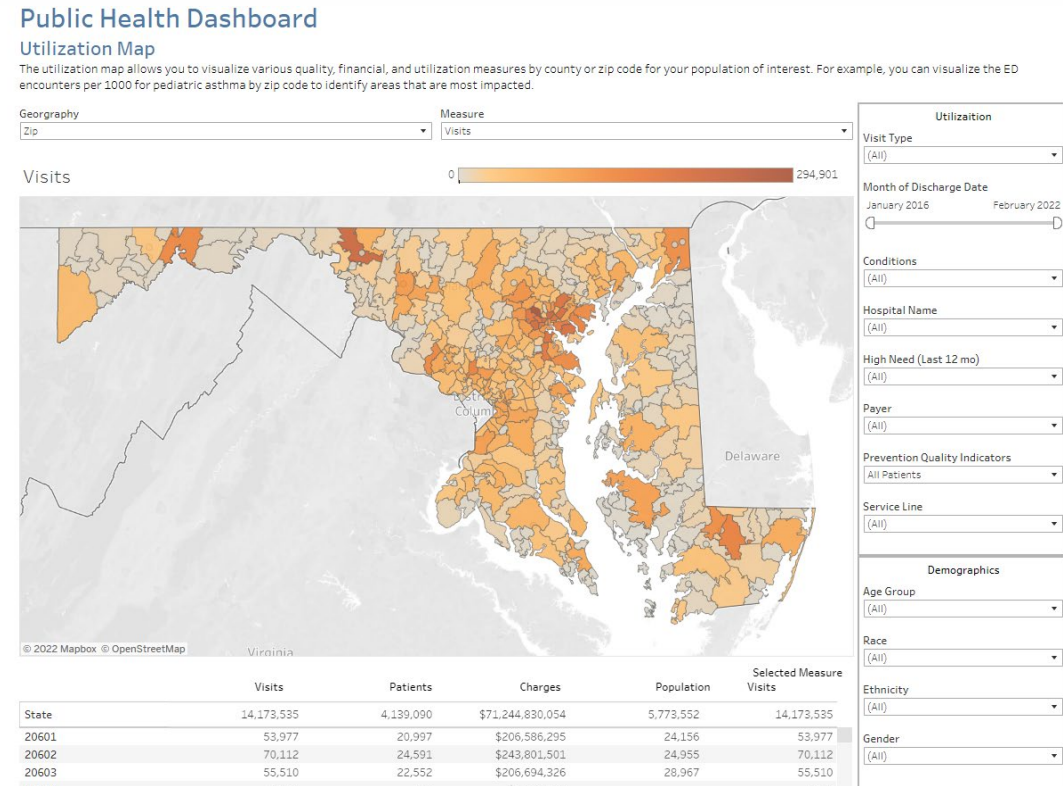




# Access

- Access to the reports is dependent on your current relationship with CRISP
- We will explain further in one-on-ones whether you need additional agreements to allow for intended users to be able to pull the reports
  - Example: The relationship between participants and the program is a healthcare organization-patient relationship and the user managing the data and reporting for Pathways sits at the CBO
    - In that situation, CRISP would need additional agreements to enable the CBO to see that data on behalf of the healthcare organization OR the healthcare organization could pull the data themselves

- Geographic based utilization for hospital outcomes
  - Includes the ability to view target area disparities
  - Dynamic report with predicted availability date: Summer 2022
- Panel-based utilization for specific metrics
  - Example: Diabetes hospitalizations
  - Annual runs of data





# Other CRISP Tools

## Patient Total Hospitalizations Dashboard Inpatient (IP), Observation (OBV), and Emergency Department (ED) Visits

### Patients by Number of IP, OBV, and ED Visits

Hospital Name	IP, OBV, and ED Visits	Patients	Charges	Charges per Patient	Charges per Visit	Visits per Patient
Grand Total	40	28	\$456,813	\$16,315	\$11,420	1.43
Adventist Rehab At White O..	1	1	\$97,471	\$97,471	\$97,471	1.00
Adventist White Oak Hospital	10	9	\$190,649	\$21,183	\$19,065	1.11
Anne Arundel Medical Center	2	1	\$673	\$673	\$336	2.00
Doctors Community Medical..	2	1	\$2,214	\$2,214	\$1,107	2.00
Germantown Emergency Ce..	2	1	\$3,916	\$3,916	\$1,958	2.00
Holy Cross Hospital	8	7	\$63,117	\$9,017	\$7,890	1.14
Johns Hopkins Hospital	1	1	\$18,174	\$18,174	\$18,174	1.00
Medstar Montgomery Medic..	3	3	\$16,214	\$5,405	\$5,405	1.00
Shady Grove Adventist Hos..	2	2	\$9,536	\$4,768	\$4,768	1.00
Tidalhealth Peninsula Regio..	3	2	\$10,098	\$5,049	\$3,366	1.50
UM-Baltimore Washington ..	1	1	\$16,799	\$16,799	\$16,799	1.00
UM-Bowie Health Center	1	1	\$1,713	\$1,713	\$1,713	1.00
UM-Shore Medical Center At..	1	1	\$5,017	\$5,017	\$5,017	1.00
UM-St. Joseph Medical Cent..	1	1	\$4,417	\$4,417	\$4,417	1.00
UMMC Midtown Campus	1	1	\$10,234	\$10,234	\$10,234	1.00
University Of Maryland Medi..	1	1	\$6,570	\$6,570	\$6,570	1.00

Service Provided From  
(All)

Time Period  
Last 3 Months

**IP, OBV, and ED Utilization**  
All

**IP, OBV, and ED Charges**  
\$25  \$121,859

**IP, OBV, and ED Visits**  
1  10

**IP Readmissions**  
0  1

**Bedded Care (IP + OBV >= 24hrs)**  
0  2

**Conditions**

Select AND/OR  
AND

Condition 1  
Chronic: Diabetes

Condition 2  
All Patients

Condition 3  
All Patients

Condition 4  
All Patients

Chronic Count  
0  5

High Need  
Across All MD Acute Care Hospitals  
(All)

Visit Type  
(All)



# Evaluation

- For evaluation purposes, CRISP will provide data to the CHRC for their legislative reports
- CRISP will also provide access to data for organization program evaluators
  - Appropriate permissions required
  - Geographic and panel/program data
- Not providing a comparison group or matched cohort for each grantee



## CRISP/CHRC Technical Assistance Office Hours

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### Sample Topics:

1. Pre-Post Reports
2. Uploading Panels and Programs to CRISP
3. Collecting Data across Partners – Grantee highlights
4. M&D Commonly Asked Questions and Clarifications



## Other relevant CRISP tools

### Examples of Social Determinants of Health Suite of Tools

- SDOH screening
  - Direct entry tool in CRISP
  - Send to CRISP to show at point of care
- SDOH referrals
  - Use CRISP Referral tool to refer participants to SDOH programs
  - Express interest in participating in a FindHelp pilot where data shows at point of care