



STATE OF MARYLAND

Community Health Resources Commission

45 Calvert Street, Room 336 • Annapolis, Maryland 21401

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor

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Unique Patient Identifier and Demographic Information to be Collected And Definition of Patients Served

Unique Patient Identifier and Demographic Information to be Collected

The CHRC will be requiring all 9 Pathways grantees to utilize a universal standard patient intake form that enables grantees to create a unique patient identifier. This intake form will include querying patients to provide race and ethnicity (R/E) data and other data, such as date of birth. The standard patient intake form will facilitate the reporting of the number of unique patients served by the grantees to the CHRC. If Pathways grantees have already developed a standard enrollment or patient intake form, please forward a copy of the form to CHRC and CRISP for review.

As a requirement to receive CHRC funding, Pathways grantees will be required to: (1) Utilize the patient intake form; (2) Collect and report R/E data; and (3) Develop a system to collect and report the number of unduplicated individuals who receive services. [It is understood that participants may receive a number of services from multiple partners under the program, but it is critical and required that grantees develop and implement a system to report the total number of unduplicated individuals served by the program as a whole.]

Definition of patient served

In addition to requiring Pathways grantees to utilize a standard/universal patient intake form, the CHRC will also require Pathways grantees to utilize a standard/universal definition of the patient being "served." This definition (below) is designed to reflect the variety of community outreach, interventions, and activities in the 9 Pathways projects.

Definition. The patient, identified in the patient intake form, received services, such as clinical health services and/or Social Determinants of Health (SDOH) services that include, but are not limited to:

- Transportation
- Addressing food insecurity
- Legal services

The key is that the program 1) establishes an ongoing relationship and 2) ensures that the patient receives the services in order to be "counted."

If the patient receives health education and/or screenings, the individual **must** be referred to clinical health services or SDOH service partners for ongoing case management/ongoing services in order to be "counted" as a patient served.

Providing health education and/or screenings, but not establishing an ongoing relationship with the patient that results in care coordination and the receipt of actual services, will not be considered as receiving services based on CHRC requirements. If a patient is "counted" as receiving services, the grantee must be able to collect the demographic information in the standard patient intake form and to ensure that the individual is not "double counted" in the total number of unique patients served.