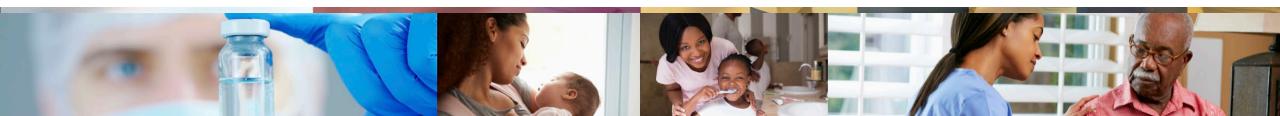




Pathways to Health Equity

Grantee Technical Assistance Session #12

January 11, 2023

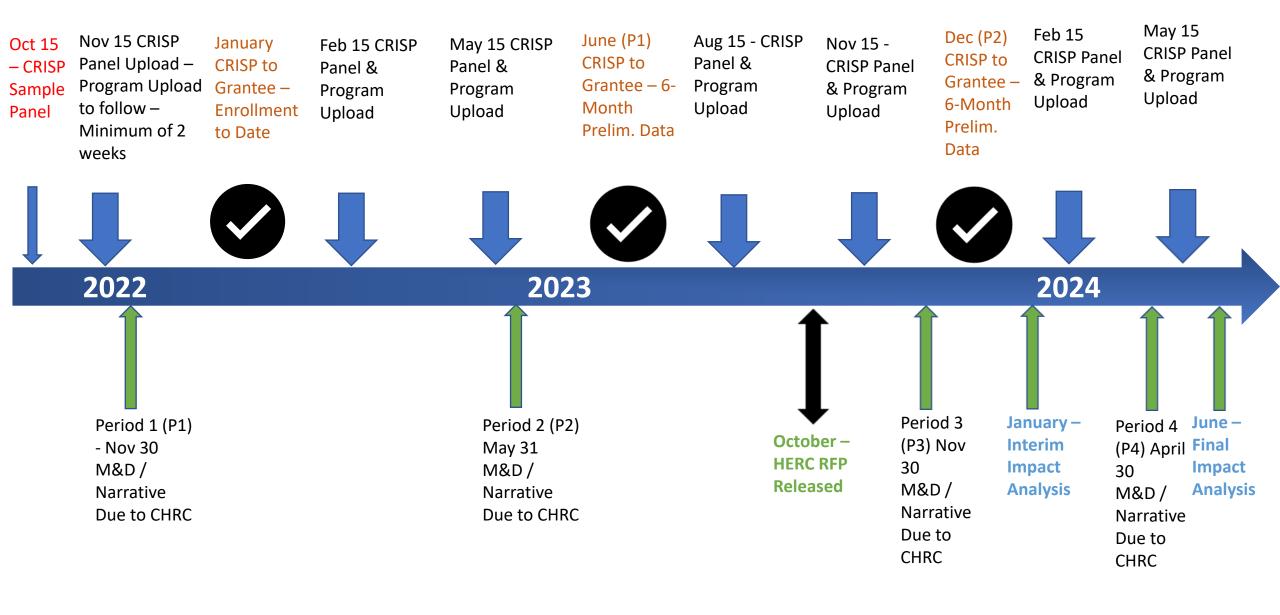


Objectives for Today's Session

- Reminder of next reporting period
- Update on six-month Narrative & M&D reports;
- CRISP Presentation ad hoc panel reporting and Health Equity Explorer information
- Question & Answer Period



RECAP Pathways Grantee Reporting Timeline – Due to CRISP **U**ue to CHRC



Next Pathways TA Session

- Next Monthly Technical Assistance Session
 - February 22, 2023, 10:00 AM



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Reminders:

- Next panel upload is due February 15th
- CRS program upload is due March 1st (14 day wait time for panel uploaded to be reflected)

Please reach out to joshua.schenkel@crisphealth.org and laura.mandel@crisphealth.org if you have any questions or concerns about panel or program uploading

Agenda:

 Discuss the Pre/Post Analysis and the Ad hoc panel reports being delivered to all the grantees*

*Please be advised we are only discussing report measures that will be supplied to all grantees. Any grantee specific measures will not be discussed during today's meeting.

1



Different Types of CRISP Reporting Support

- CRISP will provide hospital utilization and cost outcomes data for supplied cohorts and geographic areas
- CRISP provides reporting data through the following services:
 - Ad-hoc Panel Reports focus of today's presentation
 - Health Equity Explorer (geographic data) will be showing at a later date

Ad-hoc Panel Reports

Goal: Provide non-PHI data on hospital encounters before and after enrollment date (from program submitted to CRISP)

- Measures Included:
 - Eligible Population enrolled for 6 month and 12-month Pre and Post
 - Visits and Visits per k
 - Measures total hospitalization visits (ED, IP, and OP)
 - **Charges** and Charges per k
 - Measures total charges and charges divided by total eligible patients multiplied by one thousand
 - Potentially Avoidable Utilization (PAU) Visits and PAU Visits per k
 - Hospital care that is unplanned/can be prevented through improved care, care coordination, or effective community-based care
 - Readmissions and avoidable admissions
 - Measures total PAU visits and PAU visits divided by total eligible patients divided by one thousand
 - Potentially Avoidable Utilization (PAU) Charges and PAU Charges per k
 - Measures charges associated with PAU Visits and PAU charges divided by total eligible patients multiplied times one thousand
 - ED Visits and ED Visits per k
 - Measures total ED visits and ED visits divided by total eligible patients multiplied by one thousand
 - Readmission Visit Count



Report Format and Report Cadence

Report Format and Delivery

- CRISP will provide excel or pdf outputs of the data
- Grantees will receive a general utilization report and a specific condition report as applicable for their grant (heart disease, hypertension, diabetes)
- Cell sizes less than 11 will be suppressed for patient privacy

Report Cadence

- Participants <u>must be enrolled for at least 6 months + data lag</u> to be included in the reports
- January 2023
 - Enrollment data for participants enrolled as of 1/1/2023
 - Utilization data for participants enrolled as of 5/2022
- June 2023
 - Utilization data for participants enrolled as of 10/2022
- Dec 2023
 - Utilization data for participants enrolled as of 4/2023



Ad-hoc Panel Report General Utilization

PDF screenshot of sample panel with ~1000 patients enrolled who had a high amount of hospital visits in the past year

This report will tell you the utilization for anyone in your program before and after the program enrollment data.

		gible Population	Eli			
		1,078		6 Months		
		1,001		12 Months		
rK	Visits per	Visits				
Post	Pre	Post	Pre			
7,536.18	8,005.57	8,124	8,630	6 Months		
12,946.05	14,395.60	12,959	14,410	12 Months		
er K	Charges p		Charges			
Post	Pre	Post	Pre			
\$30,684,980	\$29,327,945	\$33,078,408	\$31,615,525	6 Months		
\$50,623,628	\$49,061,148	\$50,674,252	\$49,110,209	12 Months		
er K	ED Visits p	s	ED Visit			
Post	Pre	Post	Pre			
4,668.83	5,207.79	5,033	5,614	6 Months		
8,097.90	9,325.67	8,106	9,335	12 Months		
per K	PAU Visits	ts	PAU Visit			
Post	Pre	Post	Pre			
448.05	449.91	483	485	6 Months		
735.26	751.25	736	752	12 Months		
perK	PAU Charges	jes	PAU Charg			
Post	Pre	Post	Pre			
\$8,418,497	\$6,829,759	\$9,075,140	\$7,362,480	6 Months		
\$12,839,297	\$11,150,312	\$12,852,137	\$11,161,463	12 Months		
		Visits	Readmission			
		Post	Pre			
		245	266	6 Months		
		380	404	12 Months		



Ad-hoc Panel Report Conditions Specific

- Same report as general utilization but allows for a selection of a specific diagnosis of interest (either diabetes, hypertension, heart disease)
- For example, let's say you want to look at only diabetes visits for your program patients to see if your program had a major impact on diabetes visits.

		Visits		Visits	per K
		Pre	Post	Pre	Post
Diabetes	6 Months	177	191	164.19	177.18
	12 Months	336	293	335.66	292.71
Heart Disease	6 Months	143	118	132.65	109.46
	12 Months	232	191	231.77	190.81
Hypertension	6 Months	50	45	46.38	41.74

Numbers are much smaller than on the general utilization report!