

# **CHRC/CRISP Office Hours**

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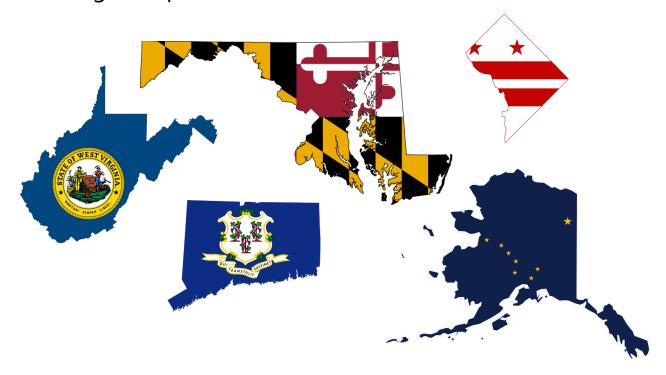


- 1. CHRC Introduction
- 2. CRISP 101
- 3. Pre-Post Report Demo
- 4. Questions



**Regional Health Information Exchange** (HIE) serving Maryland, and in affiliation with the HIEs in West Virginia, the District of Columbia, Connecticut, and Alaska.

**Vision:** To advance health and wellness by deploying health information technology solutions adopted through cooperation and collaboration



## **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 marketmechanisms 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.



### 1. POINT OF CARE: Clinical Query Portal & InContext Information

- Search for your patients' prior hospital records (e.g. labs, radiology reports, etc.)
- Monitor the prescribing and dispensing of PDMP drugs
- Determine other members of your patient's care team
- Be alerted to important conditions or treatment information inside your EHR
- View external records in a SMART on FHIR app inside your EHR

### 2. CARE COORDINATION: Encounter Notification Service (ENS)

- Be notified when your patient is hospitalized in any regional hospital
- Receive special notification about ED visits that are potential readmissions
- Know when your MCO member is in the ED

### 3. POPULATION HEALTH REPORTS: CRISP Reporting Services (CRS)

- Use Case Mix data, Medicare, and Medicaid claims data to:
  - o Identify patients who could benefit from services
  - Measure performance of initiatives for QI and program reporting
  - o Coordinate with peers on behalf of patients who see multiple providers

#### 4. PROGRAM ADMINISTRATION:

- Making policy discussions more transparent and informed
- Supporting Care Redesign Programs

#### 5. PUBLIC HEALTH SUPPORT:

- Deploying services in partnership with Maryland Department of Health
- Providing information and services to state and local health departments
- Supporting COVID-19 response efforts

Service	Typical Week				
Data Delivered into EMRs	1,500,000				
Patients Manually Searched	195,000				
ENS Messages Sent	3.5 mil				
Clinical Documents Processed	675,000				
Portal Users	107,000				
Live ENS Practices	1,580				
Reports Accessed	2,750				
Report Users	2,000				



## Non-Protected Health Information (PHI) roles

- Aggregate hospital encounter data for your patients/participants before and after program enrollment
  - Pre-Post Report
  - Ad-hoc measures for Pathways grant (for ex, diabetes admissions)
- Aggregate geographic-level data on hospital encounters
  - Dynamic report will be made available in CRS
  - Ad-hoc geographic measures may be available for grantees with specific populations (maternal health, etc.)



## 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.

Test Panel Program (2)		A	All Patients			Total Number of Members on Panel that could contribute to analysis  1 Month 3 Months 6 Months 12 N							12 Months	
lost Recent	Paver V	Visit Type N/A			Chronic Condition Operator				Month	3 Months	6 Mor	ithe .	12 Months	
d		All N/A			AND     OR	Total Number of Patients in Panel that could contribute to analysis			197	197	197	7	197	
	Pero	Percent of Members on the Panel with 1 or more Visits					Rate of Visits per 10 Members							
Time Period	Total Number of Patients with a visit Pre	Total Number - Patients with a v	risit - Patients	Number of with a visit - Page 19	Total Number of atlents with a visit - Post %	Change in Number of Patients	Time Perio		umber of T s - Pre	otal Number of Visits - Post	Rate of Visits pe patients - Pre		alta per 10 s - Post Vis	alts Rate change
1 Month	11	13	5	5.6%	6.6%	1.0%	1 Month 17		17	18	0.9	0	0.9	
3 Months	33	36	36 16	6.8%	18.3%		3 Months	55		57	2.8	2.9		0.1
6 Months	50	59	21	5.4%	29.9%	4.6%		1	35	137	6.9	7	.0	0.1
12 Months	76	91	31	8.6%	46.2%	7.6%	12 Month	9 2	182	327	14.3	16	5.6	2.3
		Average Charge per Member								Average (	Charge per V	isit		
Time Period	Total Number of Patients with at least 1 visit pre or post	Total charges - Pre	Total charges - Post	Average Char- per patient - P			Time Period	Total Number of Visits - Pre	Total Number of Visits - Post	Total charges - Pre	Total charges - Post		Average Charge per visit - Post	Total Charge per Visit change
1 Month	21	\$37,991	\$9,918	\$3,454	\$763	(\$2,691)	1 Month	17	18	\$37,991	\$9,918	\$2,235	\$551	(\$1,684)
3 Months	59	\$97,031	\$39,427	\$2,940	\$1,095	(\$1,845)	3 Months	55	57	\$97,031	\$39,427	\$1,764	\$692	(\$1,072)
6 Months	87	\$208,936	\$223,663	\$4,179	\$3,791	(\$388)	6 Months	135	137	\$208,936	\$223,663	\$1,548	\$1,633	\$85
12 Months	117	\$467,098	\$459,158	\$6,146	\$5,046	(\$1,100)	12 Months	282	327	\$467,098	\$459,158	\$1,656	\$1,404	(\$252)



Additional meetings will occur every two weeks (see dates below). While these meetings will be recorded, CHRC strongly encourages you and your team to attend - as the meetings will offer an opportunity for real-time answers to any questions you may have.

## Future Meeting Schedule:

- May 18
- June 1
- June 15
- June 29
- Potential for July 13 and July 27 if needed)