



**CRISP**

# Serving as a Health Data Utility

June 23, 2022

7160 Columbia Gateway Drive, Suite 100  
Columbia, MD 21046  
877.952.7477 | [info@crisphealth.org](mailto:info@crisphealth.org)  
[www.crisphealth.org](http://www.crisphealth.org)



# National Perspective on Modernizing Public Health Systems

Existing public health technology systems must be updated to:

- Flow public health-relevant data quickly and automatically between clinical and public health entities
- Align policy and transparency around privacy, data use, and consent
- Promote health equity
- Facilitate collaboration across industries and stakeholders

**“Our public health system suffers from not really being a system... it's really a loosely cobbled constellation of systems fragmented in a number of different ways.”**

- Micky Tripathi, PhD, National Coordinator for Health IT



# Maryland's Public Health Priorities

- Improved health equity
- Behavioral health
- Access to care
- Substance Use Disorder and PDMP
- Cybersecurity and disaster recovery
- Disease investigation
- Social determinants of health
- Consistent and actionable public reporting (SIHIS, opioid restitution fund, SHIP)
- Environmental health
- Childhood safety
- Immunizations



# Definition of a Health Data Utility

HB1127 requires the State-Designated HIE (CRISP) to operate as a Health Data Utility (HDU) for the State. Purposes include:

1. The collection, aggregation, and analysis of clinical information, public health data, and health administrative and operations data to assist the Department, local health departments, the Commission, and the Health Services Cost Review Commission in the evaluation of public health interventions and health equity;
2. The communication of data between public health officials and health care providers to advance disease control and health equity; and
3. The enhancement and acceleration of the interoperability of health information throughout the State.



# Guiding Principles & Governance Considerations

All stakeholders should get exactly the data they are allowed to have, no more and no less:

- A clinician should see all health records related their patient regardless of where else the patient received care
- A local health officer should have actionable, aggregate reports showing the health of their jurisdiction (but no PHI)
- A researcher should get all records as approved by an IRB with required consent

Data use is increasingly complex, while technology allows for use cases which were unimaginable 3 years ago

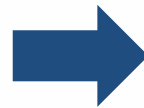
- Some data is governed by Participation Agreements (HIPAA covered entities with business associate agreements)
- Other data is governed by Data Use Agreements (such as Medicaid claims)
- There are potential types of data that are not yet available but could be - housing authority, school rosters, services eligibility, etc



# Generating a Public Good

## Services

- Enrich Data
  - Link disparate data sets
  - Use multiple sources to fill gaps
  - Improve data feeds
  - Surface key insights
- Distribute Information
  - Create visualizations
  - Control access levels
  - Push individual clinical records
  - Share analytic files
- Enable Interventions
  - Flag patients at the point of care
  - Notify appropriate end users
  - Share relationships between organizations

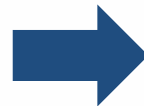


## Value

All data becomes more useful when it is linked, normalized, deduplicated, and cleansed within a single analytics engine



User experience is enhanced and usage increases when a single entity is responsible for governance and distribution



Alignment between population level reports and actionable individual experiences is more likely to result in positive change



# Near-term Activities

- Leverage existing data feeds for **multiple use cases**
  - Hospital HL7 can be aggregated for public health dashboards
  - Medicaid claims can be shared at the point of care
- Support collaborative governing bodies to **share ideas**, best practices, and recommendations
  - Groups that don't routinely interact get the opportunity
  - Diverse stakeholders can make the case to share – or withhold! – information
- Launch pilots by leveraging existing infrastructure and staff; expand or stop based on **real-world results**
  - Push suspected overdose events to a local health department to try new outreach programs
  - Try sending referrals from primary care practices to community-based organizations



# Challenges and Opportunities

- Statewide coordination of feeds and pipelines
  - Increasing complexity
- Securing critical assets and maintaining 99.99% uptime
  - Truly becoming critical infrastructure
  - Traditional interoperability challenges
  - Standardization, data quality, etc
- Ensuring consistency in reporting and algorithms across stakeholders
  - Major focus on equity and appropriate use of data
- Regional collaboration
  - States can solve problems together through local coordination