CRISP
www.crisphealth.org

e-Health Update

ISSUE 2 | Fall 2015

CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS

Welcome

The e-Health Update is a resource that shares current CRISP initiatives as well as pertinent healthcare information for our region.

Each issue will provide updates on CRISP Services available and a sneak peek into what's to come. We will also feature spotlights on providers and Health IT leaders who are using CRISP to make positive impacts on patient care.

About Us

CRISP is the regional health information exchange (HIE) serving Maryland and the District of Columbia. We are a not-for-profit organization advised by a wide range of stakeholders who are responsible for healthcare throughout the region.

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Meaningful Use 2015

In October, CMS released a final rule, specifying requirements for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs for 2015 - 2017 (Modified Stage 2) and Stage 3. To make these changes, Maryland took our Registration and Attestation system, eMIPP, offline. Providers will be able to attest for Program Year 2015 when eMIPP is back online in January 2016. Until then, providers can submit questions or requests for patient volume and Meaningful Use (MU) review by calling 1-877-952-7477 or emailing support@crisphealth.org.

Modified Stage 2 MU Updates:

- All providers will report for 90 days in Program Year 2015.
- Participants are required to use 2014 CEHRT for Program Year 2015.
- MU now includes 10 objectives for eligible professionals (EPs) and 9 objectives for eligible hospitals (EHs)
- EPs and EHs scheduled for Stage 1 (paid for AIU (Adopting, Implementing, or Upgrading), or only paid for reporting MU data once) may attest with alternate exclusions and specifications for certain objectives (see below)

Alternate Exclusions and Specifications in 2015	Modified Stage 2 Objectives
None	Objective 1: Protect Patient Health Information
EPs and EHs scheduled for Stage 1 in 2015 have option to attest to MU using specifications established for Stage 1 objectives	Objective 2: Clinical Decision Support
	Objective 3: Computerized Provider Order Entry (Measure 1)
	Objective 4: Electronic Prescribing (EPs only)
EPs and EHs scheduled for Stage 1 in 2015 can claim exclusions for objectives in which a measure is not equivalent between Stage 1 and Stage 2 and for objectives that changed from menu to core between Stage 1 and Stage 2	Objective 3: Computerized Provider Order Entry (Measures 2 & 3)
	Objective 4: Electronic Prescribing (EH only)
	Objective 5: Health Information Exchange (Summary of Care)
	Objective 6: Patient Specific Education
	Objective 7: Medication Reconciliation
	Objective 8: Patient Electronic Access
	Objective 9: Secure Electronic Messaging (EP only)

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Meaningful Use *(Continued from cover)*

For more details on Modified Stage 2 MU Criteria, please see the CMS tip sheets linked below:
EPs: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage3_EP.pdf
EHs: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage3_EH.pdf

Public Health Measures:

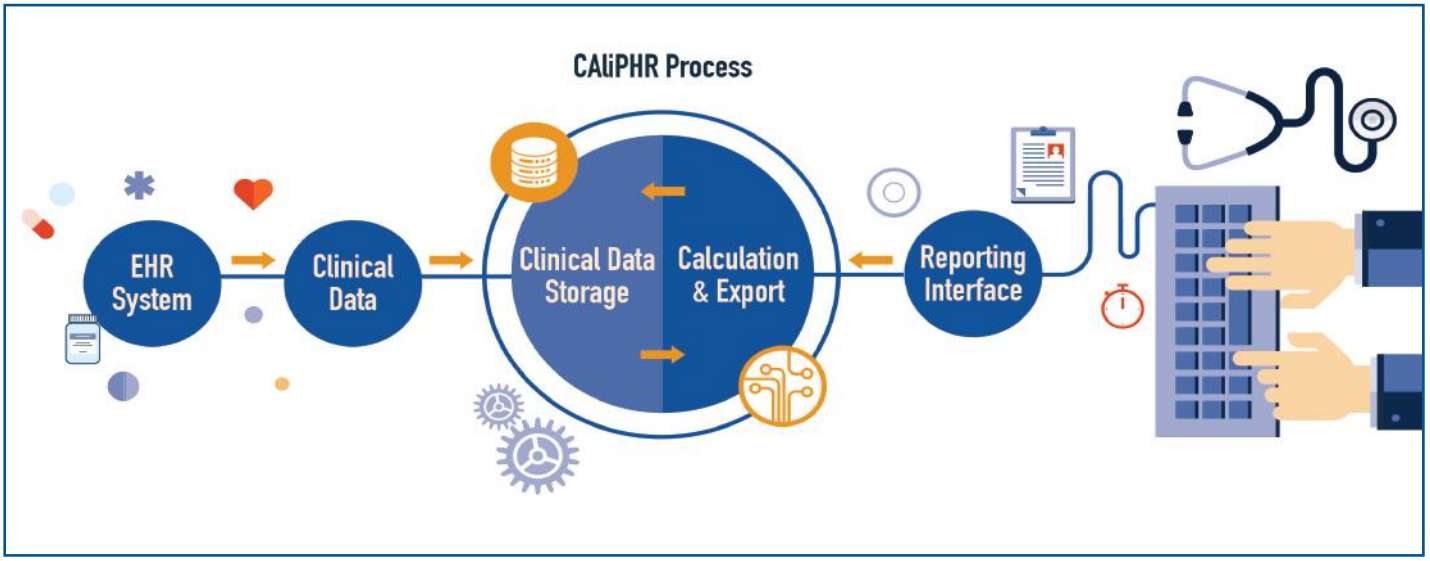
Modified Stage 2 MU includes one consolidated public health reporting objective. EPs scheduled for Stage 2 must meet two measures (one if scheduled for Stage 1) and EHs must meet three (two if scheduled for Stage 1). In order to meet the measures, participants must be in "active engagement" with a public health agency, or clinical data registry, to submit data. Claiming an exclusion does not count as meeting a measure. Participants can meet the objective if they meet measure(s) applicable to them and claim exclusions for the rest, or if they claim applicable exclusions for all measures.

Public Health Measures	Maryland DHMH Acceptance
1 - Immunization Registry Reporting:	Accepting from EPs and EHs
2 - Syndromic Surveillance Reporting:	Only accepting data from EHs and EPs in Urgent Care Centers
3 - Specialized Registry Reporting*:	Accepting cancer data (EPs only) and participation in Maryland's Prescription Drug Monitoring Program
4 – Reportable Laboratory Results Reporting:	Accepting from EHs only

*EPs and EHs may be able to complete this measure with a CMS-approved registry.
*Case reporting may also satisfy this measure. If your EHR has the capability to generate Case Reports for these conditions in this CDA format, please contact dhmh.mu_ph@maryland.gov for more information.

Population Health Management:

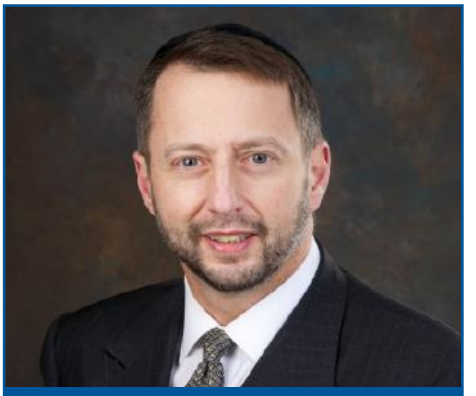
CQM (Clinical Quality Measures) Aligned Population Health Reporting Tool (CAliPHR) is a new tool available for population health and practice health care quality management. The tool allows you to see provider-level quality scores and helps you meet Meaningful Use. Please contact Marc Falcone at Marc.Falcone@crisphealth.org or call **301.560.6999 x222** for more information about accessing CAliPHR.



Sinai Hospital Implements Single Sign On

In late December 2014, Dr. Jonathan Ringo, M.D. rejoined LifeBridge Health, where he had previously completed his medical residency as Administrative Chief Resident for OB/GYN. He returned to fill a newly created position as Chief Medical Information Officer. Ringo has brought to this new role a wealth of knowledge and experience that he has gained in positions such as Senior Scientist of Medical Gynetics for GlaxoSmithKline, Director of Population Health for North Shore LIJ Health System, and a board-certified OB/GYN, which he still practices.

Dr. Ringo is constantly looking for ways to improve the workflow of the physicians, to decrease time wasted and improve patient safety, which is how he found himself in contact with CRISP to discuss ways to improve the availability of CRISP data. CRISP's Single Sign On (SSO) did just that. SSO is a feature that allows hospital staff to access CRISP data within the Hospitals EHR. With SSO, a CRISP button shows on the patient's screen. Once clicked the user is taken directly to the patient's summary screen in the Clinical Query Portal. Ringo called the decision "a no brainer". From an overall perspective CRISP services "enable physicians who are getting to know new patients to understand where else they have been getting care and what other procedures and tests might have been done, to get a better handle of the clinical picture of a patient. It has been extremely beneficial, both

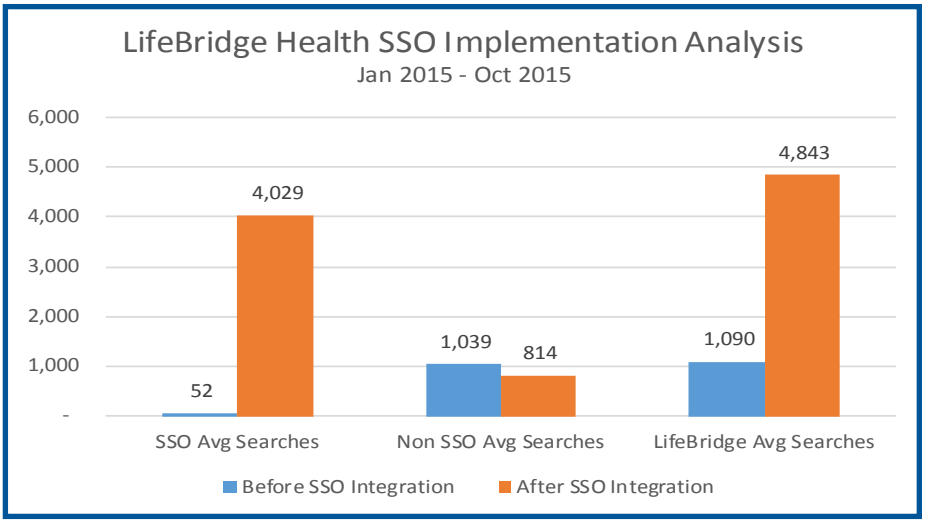


Jonathan Ringo, M.D., Chief Medical Information Officer of Sinai Hospital

from a patient safety perspective in understanding the care as well as, from a utilization perspective of not repeating unnecessary tests."

SSO has improved the workflow of the hospital tremendously. The fact that physicians don't have to leave their EHR environment and go to a separate one to log on is a huge time saver. "The other key piece of SSO is that it's contextual, not only in terms of the physician but in terms of the patient as well. When we, in our EMR, send information we're also letting CRISP know who our patient is, so when the screen comes back it really is giving us the relevant information." The amount of CRISP searches from SSO has increased dramatically in only the first few weeks of SSO use. With the extreme increase in searches through SSO, Ringo feels that if "I'm giving a physician back 1 minute, 15 times a day, that's 15 minutes to see another patient and do a little more patient care."

SSO isn't the only innovation taking place at LifeBridge Health. Carroll Hospital Center recently joined the LifeBridge family. LifeBridge is connecting their urgent care centers, nursing homes, Homecare Maryland, and hospice centers to cover the care continuum. Their goal is to continue improving the care and offerings for patients.



The Integrated Care Network Infrastructure

CRISP's Integrated Care Network (ICN) infrastructure is among the latest in CRISP's efforts to improve health outcomes for our region. The ICN focuses on connecting providers across multiple care settings and providing pertinent information to improve health outcomes and reduce costs. The ICN will create new tools, data, and services by building upon the existing services within the CRISP portfolio to enhance clinical care and care coordination for our region's patients. This initiative is a multi-year project that consists of seven major initiatives:

1. **Ambulatory Connectivity:** Connect more practices, long-term care facilities, and other health providers to the CRISP network.
2. **Data Router:** Build a data router that includes data normalization, patient consent management, patient-provider relationships – for sharing patient-level data.
3. **Clinical Portal Enhancements:** Enhance the existing Clinical Query Portal with a care profile; a provider directory; information on other known patient-provider relationships; and risk scores.
4. **Notification & Alerting:** Ceate new alerting tools to allow notifications to happen within the context of a provider's existing workflow.
5. **Reporting & Analytics:** Expand existing CRISP reporting services and make them available to a wider audience of care managers.
6. **Basic Care Management Software:** Support care management efforts throughout the state and region – through data feeds, reports and potentially a shared care management platform.
7. **Practice Transformation:** Assist provider's efforts to improve care delivery by training them on leveraging CRISP data and service, sharing best practices, and supporting collaborative partnerships.

Over the next few issues, the e-Health Update will take you inside each initiative to provide you more details and insight on what these efforts mean for our region's providers.

	Care Managers	Clinicians point-of-care	Long Term Care & Other Providers	Public Health Officials	Accountable Care Organizations & Payers	Patients	
Deliverables	• Risk stratified patient analysis • Care profile view • Care management tools • Notifications • New clinical data feeds for care management • Performance metrics • Consent management	• Richer clinical query portal information • Care profile view • Notifications • In-context alerts • Receive & create care alerts • Consent management	• Richer clinical query portal information • Care profile view • Performance metrics • Consent management	• Performance metrics • Statewide & regional analytics	• Risk stratified patient analysis • Care profile view • Care management tools • Notifications • New clinical data feeds for care management • Performance metrics • Consent management	• Control of health data consent • All providers have a patient centric understanding of their health status	Deliverables

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ICN *(Continued from page 4)*

Initiative 1: Ambulatory Connectivity

Ambulatory Connectivity will focus on expanding integration with providers in multiple care settings beyond the hospitals to include both physician practices and post-acute care facilities. This connectivity will facilitate the electronic access and exchange of patient information between providers via the Integrated Care Network (ICN). The purpose of this is to improve health outcomes, reduce costs, and improve care coordination among providers by making clinical data from multiple care settings available to providers at the point of care, and to improve patient-provider attribution region-wide.

Integrating a practice's EHR system with CRISP offers a number of benefits to the ambulatory practice. Integration will:

- Improve communication and care coordination by making clinical data easily available to providers at the point of care
- Offer greater clarity to the different providers caring for a specific patient across different settings.
- Auto-subscribe to CRISP's Electronic Notification Service (ENS) without the need to submit a monthly patient panel.
- CRISP will also be offering a set of analytical reports to help practices manage the cost and care of their patients.

CRISP does not charge for ambulatory integration. This enables all practices to participate. For more information about integration with CRISP and to sign up, please contact Calvin Ho, Director of Ambulatory Integration at Calvin.Ho@crisphealth.org or call **410.872.0238**.

CRS Provides Care Coordination Support

CRISP Reporting Services (CRS) began by supporting hospitals and the Health Services Cost Review Commission by normalizing data and processing monthly reports primarily used for strategic and financial planning. With the waiver redesign and increased focus in population health, the scope of CRS has expanded to further support data sharing and care coordination. Regional, cross-facility care coordination efforts require even more analytic functions to support an infrastructure through which provider organizations can identify patients who are most in need of care management, coordinate those additional resources, and measure the results.

To accomplish these goals, CRS is developing a series of tools and reports which will be available to hospitals, ambulatory practices, post-acute and long-term care facilities, and other organizations involved in patient support. The following examples are just a sampling of the items CRS is working on; we rely on active stakeholder feedback to develop new report specifications and to refine those in production.

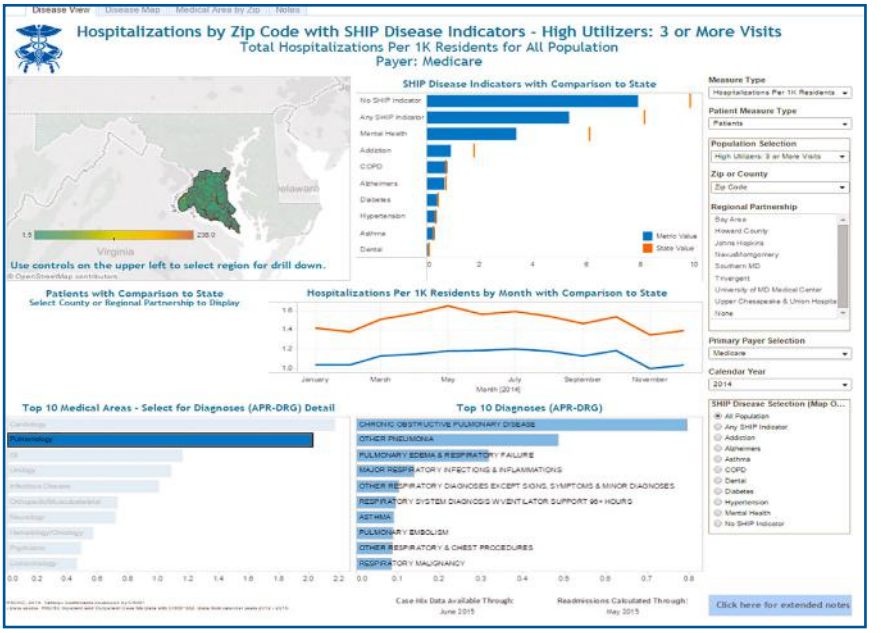
All reports require individual user credentialing. CRISP limits access based on data use policies, state and federal laws, and approved use cases.

Guiding Principles

- CRS will target reporting and analytics which require cooperation and collaboration between participants
- CRS will complement existing health analytics firms which compete in the marketplace, rather than duplicating what is available commercially
- CRS will focus on approaches which allow for consumer control and consent, assisting participants as they navigate these issues
- CRS will prioritize reporting and analytics to "facilitate care, reduce costs, and improve health outcomes" over efforts targeted at financial performance
- CRS will seek to "serve our region's entire healthcare community" in an evenhanded manner

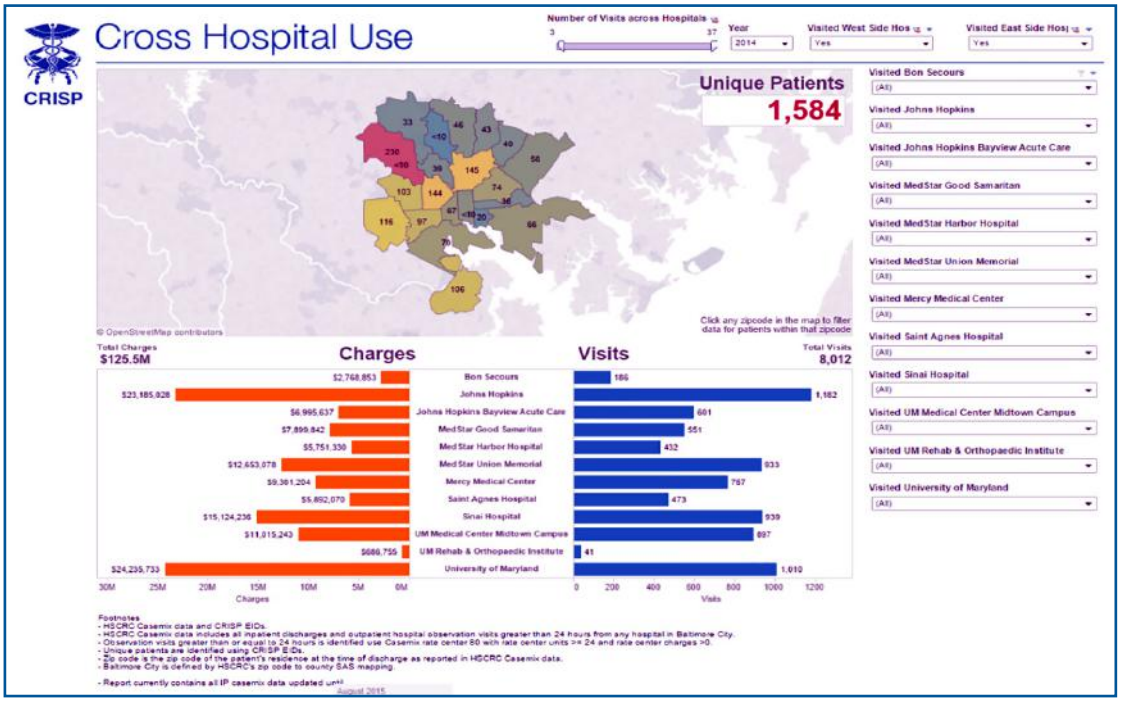
Patient Identification

CRS can use data linked to individual patient identifiers to report all hospital utilization for patients and populations, which will support collaborative programs as they determine who may benefit from enhanced support and care coordination, regardless of provider affiliations. Some methods for patient identification are population-based, so a community can better understand localized health care issues. Others identify patient characteristics and their service use, for example linking chronic condition indicators to high utilization.



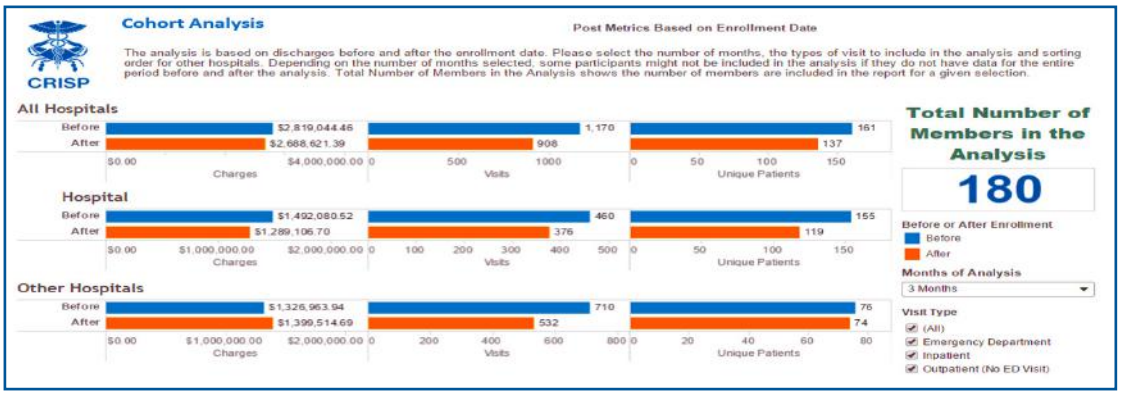
Services Coordination

As hospitals and provider partnerships support coordination for a population, they must coordinate services with other providers and entities. By linking CRISP unique identifiers and ENS data to HSCRC case mix data, CRISP can identify providers already engaged with a patient so appropriate information can be shared for care management and to avoid services duplication. CRS also enhances service coordination by developing dashboards allowing an understanding of the complex utilization patterns of populations. In Baltimore City these reports are helping with strategic planning and partnership formation.



Performance Measurement

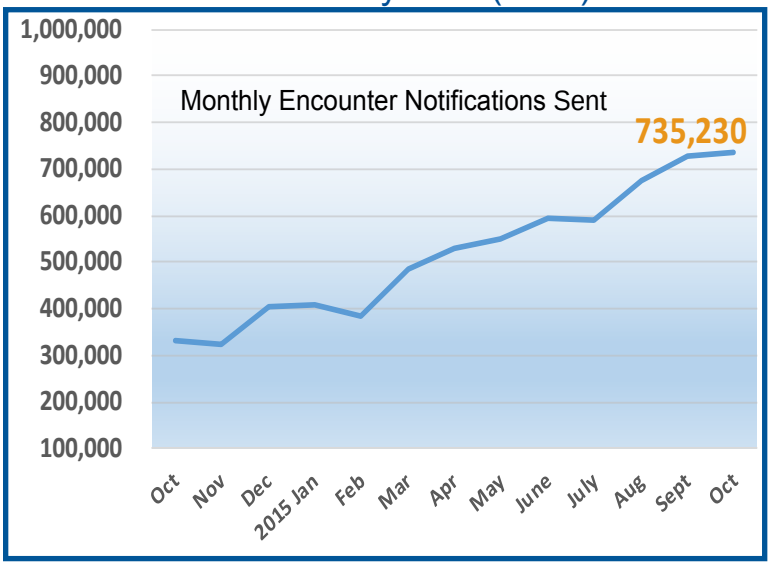
Measuring program and intervention effectiveness allows providers to invest in programs that successfully improve quality, outcomes, and value. CRISP is developing a standard set of dashboards to show how groups are performing on measures over time. The dashboards include utilization, readmission rates, and population-based statistics. Measures will provide for user-determined filtering among all users, cohorts (such as practice panels), and comparison populations. As with other offerings, these reports will be available for regional collaborations as well as specific hospital and ambulatory providers.



CRS is excited to roll out more reports aimed at providing assistance to hospitals for enhancing care management and population health programs, and support finance and strategic planning. For more information regarding CRS, contact CRISP Support, at support@crisphealth.org or by phone at 1-877-952-7477.

CRISP Updates

Encounter Notification System (ENS)



Clinical Query Portal

CRISP CLINICAL QUERY PORTAL DASHBOARD

11/2015

Data Source Statistics	Grand Totals
Live Hospitals	61
Clinical Data Feeds	224
Long-term & Post-Acute Care Facilities	51
Labs & Radiology Centers	15
User Statistics	**Grand Totals**
# of Unique Users	17,172
# of Monthly Queries	+109,000

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CRISP Reporting Services (CRS)

CRS links health care data throughout Maryland to provide a myriad of reports aimed at supporting care coordination, strategic planning, financial modeling, and related patient care quality improvement. New features include:

- **Tableau Hospital Portal:** 9 different dashboards with user-driven filters for analyzing custom subsets of hospital utilization
- **Tableau Populations Portal:** 5 different dashboards with user-driven filters for analyzing custom subsets of population-based hospital utilization
- CRS Portal Potentially Avoidable Utilization (PAU) & Transfer reports.
- **CRS offerings now include:**

Hospitals (PDF, Excel, & pipe-delimited aggregate and patient-level reporting via the CRS Portal)	Hospitals (Dashboards with user-driven filtering via Tableau)	Populations (Dashboards with user-driven filtering via Tableau)	Ambulatory & Panel Based Reporting (Dashboards with user-driven filtering via Tableau)
Maryland Hospital Acquired Conditions – MHAC	Readmissions	Population-Based Hospitalizations and ED Use	Reports in Development (Contact the Encounter Notification Services Team to begin ENS Panel submission.)
Potentially Avoidable Utilization – PAU	Readmissions Drill Down Reports with Service Line and DRGs	Ambulatory Sensitive Conditions Reporting with Population and Hospital-Specific Content	
Quality Based Reimbursement – QBR	Patient Total Hospitalizations with Chronic Condition Filtering	Medicare Chronic Conditions Reporting by County	
Readmissions	Population-Based Hospitalizations and ED Use		
Transfers	Regional Cross Hospital Use		
	Ambulatory Sensitive Conditions Reporting with Population and Hospital Specific Content		
	Medicare Chronic Conditions Reporting by County		

CRISP USER RESOURCES

CRISP has a support email support@crisphealth.org and phone line 1-877-952-7477 that is staffed during business hours (8am-5pm). The team is available to help you with any log-in issues or to assist with adding CRISP services or users to your organization.

- Accounts that have no activity during the last 90 days will be locked. Users must call CRISP directly to unlock an account or email from the email address on file.
- Requests for password resets, account unlocks, etc. must come directly from the user.
- Please contact CRISP support for upgrading your current CRISP services.