



Welcome

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

Each issue provides updates on CRISP services and a sneak peek into what is to come.

The e-Health Update also features 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 non-profit organization advised by a wide range of stakeholders responsible for health care throughout the region.

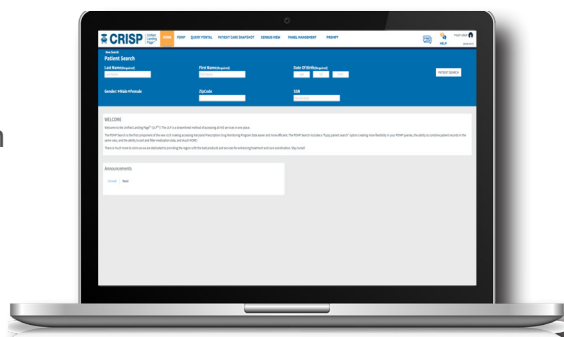
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COMING SOON TO ULP!

In December 2017, CRISP launched its Unified Landing Page (ULP), a streamlined web portal that, over time, will house all of CRISP's services under "one roof" and is accessible with a single username and password. For the last five months, the Prescription Drug Monitoring Program (PDMP) and CRISP's clinical data portal have been accessible via ULP. We are proud to announce the addition of four applications to the platform in Summer 2018:

- ENS PROMPT,
- The Self-Service Panel Loader,
- CRISP Census View, and
- The Patient Care Snapshot.

Most users are familiar with ENS PROMPT, a real-time notification service that allows clinicians to receive alerts when their patients are hospitalized, and the Self-Service Panel Loader, a web application within ENS PROMPT that allows users to load their patient panels into CRISP. We are excited to introduce the CRISP Census View and the Patient Care Snapshot, two tools which have been piloted by our users in Washington, D.C. Each of these tools will provide users with an effective method of coordinating care and developing care plans.



The CRISP Census View provides an in-depth view into a clinician's patient population which shows the status of a patient at any given moment during a hospital encounter. For a more detailed overview of the CRISP Census View, please see page 3. *Cont...*



COMING SOON TO ULP! CONT...

The Patient Care Snapshot is an “on-demand” web-based dashboard accessible to eligible professionals (EPs), eligible hospitals (EHs), and members of their care team that displays a combination of both clinical and non-clinical data for any patient searched. The user experience has been designed to be more intuitive and better-curated than the old CRISP query portal interface, which allows users to spend less time burrowing through records and more time quickly accessing what is most important.

We understand access to the most relevant health information from across the community to support engaging with patients and developing care plans is essential not only to the user experience but to medical decision making overall. For these reasons, we are excited that CRISP users in Maryland and West Virginia will benefit from the work that stakeholders in D.C. have undertaken to design these critical new tools.

REMINDER: PDMP MANDATED USE

Effective July 1, 2018 Maryland statute (§21–2A–04.2) requires CDS prescribers and pharmacists in Maryland to request and assess data from the Maryland Prescription Drug Monitoring Program (PDMP) in certain prescribing and dispensing situations. Prescribers must query before starting a new course of treatment with an opioid or benzodiazepine, and at 90 day intervals thereafter. Prescribers must now document in the patient’s health record that the PDMP data was requested and assessed prior making the prescribing decision. Pharmacists must request data when they suspect any CDS prescription is being filled for something other than a legitimate medical diagnosis, as required under federal corresponding responsibility. Additional information on the use mandate is available online:

www.MarylandPDMP.org

CRISP has strategically worked to prepare for mandated use and support our customers’ needs under the new requirements. System infrastructure enhancements are in place to ensure responsive and reliable performance as PDMP access increases. Expanding capabilities for providers to integrate PDMP data into their workflow remains a key focus. We continue to implement deeper integration of PDMP within hospital EHRs, allowing data to be viewed directly in the medical record with no additional login steps required. CRISP has developed tools to connect PDMP with e-prescribing systems and launched the CRISP InContext App for download in EPIC’s AppOrchard.

For more information regarding technical solutions, please contact us at support@crisphealth.org, call 1.877.952.7477, or log on to www.crisphealth.org

For questions regarding implementation of the use mandate, starting May 15th, please contact the PDMP Use Mandate Call Center, staffed by MedChi. Between the hours of 8:00 a.m. - 6:00 p.m., please call 1.800.492.1056 ext. 3324 or 410.878.9688 to speak with a staff member. Alternatively, please send an email to pdmp@medchi.org, and a staff member will reply within two (2) business days.



CRISP CENSUS VIEW: PROACTIVE MANAGEMENT OF PATIENT TRANSITIONS

With our deep knowledge of Admission, Transfer, and Discharge (ADT) messages coming from hospitals, Skilled Nursing Facilities (SNFs) and additional sources, we are now able to determine, with reasonable certainty, a patient's status at any given moment during a hospital encounter. The Census View provides an in-depth view into a clinician's patient population with a higher level of insight for care givers to better direct resources and allow for more targeted outreach.

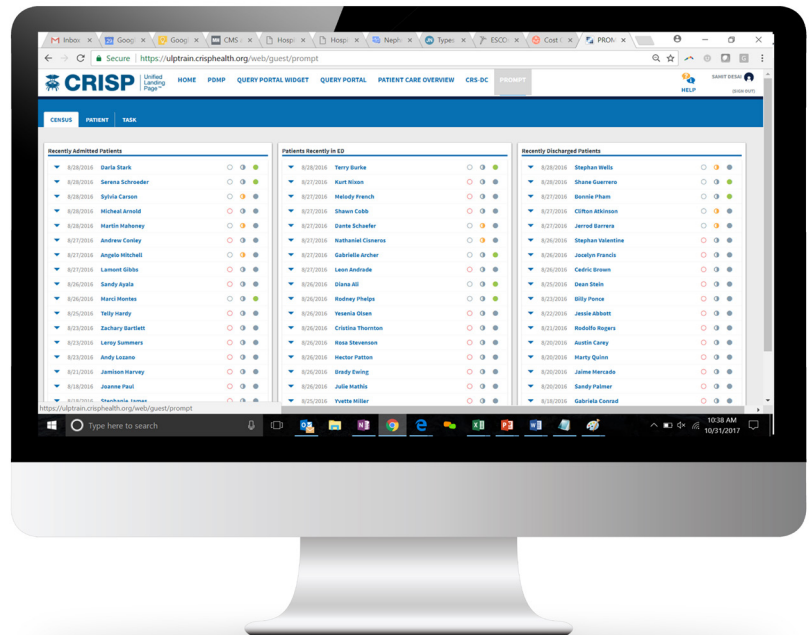
The algorithm used allows us to calculate active length of stay in hospitals, SNFs, or In-Home Health Agencies. This in turn allows sorting based on shortest or longest length of stay to better direct your Care Managers as they assist with care coordination.

User Story:

As a care coordinator at an ACO. I am responsible for a group of patients that may visit any number of hospitals within our region. With the Census view, within seconds, I can better understand hospitals and patients to prioritize outreach based on where our attributed patients may be at that moment. It also allows our program manager to better direct resources across our region so that work is spread more evenly, allowing more effective patient management.

What is the difference between Census View and ENS PROMPT?

- ENS PROMPT provides real-time event notifications as patients encounter a CRISP-connected hospital, skilled nursing facility, or practice; we call this the “task view”
- Those real-time events are effective for providers and their delegates when they are looking to intervene immediately (i.e. contact the ED when the patient presents to help with a plan of care)
- For effective population health, providers and care coordinators will need to understand where their patients are currently. Census View provides that information. Rather than receiving an admission message and having to remember or run reports to know who hasn't been discharged, the Census view shows it all in one view.
- The view can be sorted by length of stay in each care setting, so patients with more severe conditions or longer stays can be deliberately contacted.



For more information on the CRISP Census View, please email us at support@crisphealth.org.



CRISP REPORTING SERVICES (CRS): READMISSION REPORTS

Readmissions continue to be an important quality indicator for monitoring statewide progress towards the goals of the Triple Aim – improving the health of populations, reducing per capita cost of health care, and improving the patient experience of care. Readmission reduction also aligns with CRISP's mission of enabling and supporting the healthcare community in Maryland and the region to appropriately and securely share data to facilitate care, reduce costs, and improve health outcomes.

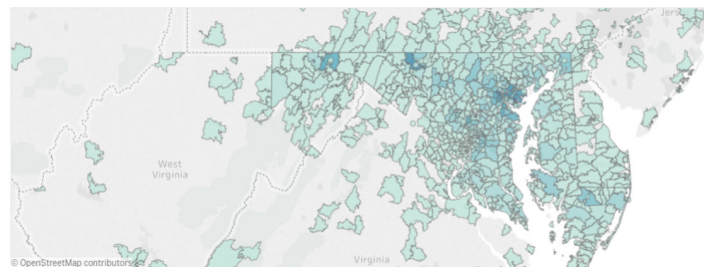
Readmission Trends and Locations

Hospital Name: (All) Payer: (All) Need Type: In Development Year: 2017

RY2019 Readmission Reduction Incentive Program
Base Period: CY2016
Performance Period: CY2017
APR DRG grouper v34 (Base and Performance)
Data before CY2016 may use incompatible grouper version
Readmissions through December 2017

Patient Location

Select a hospital in the table below to filter the map to show the patient zip code for the visits with a readmission to the selected hospital



Readmissions with Index Visit Discharge from All

	2017												Grand Total
	January	February	March	April	May	June	July	August	September	October	November	December	
Visits	148	135	134	136	141	159	151	129	149	160	146	117	1,705
Patients	133	126	121	123	130	148	133	115	135	143	133	98	1,171
Visits	224	211	260	199	258	227	207	255	218	214	239	243	2,755
Patients	211	193	242	190	235	206	196	240	207	199	215	215	2,049
Visits	94	98	97	92	83	89	105	115	102	119	95	105	1,194
Patients	89	92	92	85	80	83	92	102	92	106	91	97	888

CRISP Reporting Services' (CRS) original readmission reports were one of the first sets of reports that CRS developed in Tableau. While these reports were very helpful for hospital users, they were not developed as a complete package – the data were spread across multiple dashboards and this limited the usability of the reports.

CRISP is excited to announce that we have redesigned the CRS readmissions reports available on the CRS portal. Working closely with the Reporting and Analytics (RAC) subcommittee, CRISP solicited feedback and began gathering requirements to overhaul the reports into a consolidated dashboard. The RAC subcommittee was instrumental each step of the way – providing feedback, testing functionality and guiding the overall effort. In redesigning the reports, the CRS team achieved the following goals established at the start of the project:

- Transfer the static-only reports into Tableau
- Align the reports to follow the same 'rules' (consistent naming, risk adjustment methodologies, other logic)
- Consolidate various reports into a comprehensive package
- Create new value-add dashboards to help hospitals visualize past readmissions and forecast future readmissions

For more information or to request access to CRS readmission reports, please email us at support@crisphealth.org.



Featured Article: Maryland Primary Care Program

The State of Maryland anticipates entering into a Total Cost of Care All-Payer Model contract with the Federal Government starting in January 2019 that is designed to coordinate care for patients across both hospital and non-hospital settings, improve health outcomes, and constrain the growth of health care costs in Maryland. A key element of the model is the development of a voluntary [Maryland Primary Care Program \(MDPCP\)](#), intended to support the delivery of advanced primary care throughout the state and allow community providers to play an increasingly important role in improving health outcomes, while controlling total health care spending growth.



MDPCP is being jointly developed by the Maryland Department of Health's Program Management Office (PMO) and CMS' Center for Medicare and Medicaid Innovation (CMMI). The program presents an unprecedented opportunity to participate in care transformation for physicians, clinical nurse specialists, nurse practitioners, and physician assistants with a variety of specialty designations, including: General Practice, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatric Medicine, Geriatric Medicine, and co-located Psychiatry.

Modeled after CMMI's national [Comprehensive Primary Care Plus Model \(CPC+\)](#), participating practices would receive additional prospective payments from CMS to make transformative changes to the way they deliver care. Practices would also receive technical assistance and data supports to accelerate transformation. In addition, the MDPCP has proposed the formation of Care Transformation Organizations (CTOs) that will provide care management resources, infrastructure, and technical assistance to practices.

CMS and the State are currently working towards the approval of the Total Cost of Care Model, including the Maryland Primary Care Program (MDPCP) component. Pending approval, a timetable of key dates includes:

Activity	Time frame
Release Applications	Summer 2018
Select CTOs and Practices	Fall 2018
Initiate Program	January 2019

For more information about the MDPCP program, as well as a calendar of upcoming educational events, please visit our website: <https://health.maryland.gov/MDPCP>.



WHAT ELSE IS NEW?

CCDA Service

CRISP's new CCDA Service allows Healthcare providers to directly integrate with CRISP for important meaningful use documents, like the Continuity of Care Document (CCD). CRISP follows the standards set by Health Level 7 (HL7) to allow for easy sharing of CCDAs between Healthcare locations. Two integration methods are available: ITI-18/ITI-43 or ITI-38/ITI-39 calls. Through these connections you will be able to receive documents both Stable and OnDemand documents.

Overdose Notifications

A new InContext alert is now available: *Overdose Notifications*. Organizations are receiving this notification via Epic, Cerner, and Meditech InContext integrations.

PDMP 0	Care Alert 1	Overdose Notification 2	Submit Care Alert +
Date	Source	Short Text	
2018-01-20	SAH	<input type="checkbox"/> Patient may have experienced an overdose event on 2018-01-20 20:30 at SAH. Diagnosis: T40.1X1A (POISONING BY HEROIN, ACCIDENTAL (UNINTENTIONAL), INIT ENCNT)	
2018-01-15	SAH	<input checked="" type="checkbox"/> Patient may have experienced an overdose event on 2018-01-15 14:06 at SAH.	

Overdose Notifications report when a patient has experienced a drug-related overdose. The alerts are triggered based on coded diagnoses sent by a subset of hospitals in Maryland and West Virginia, so the information may not be complete. The ICD-10 codes which trigger alerts include the following, when intentionality is accidental or undetermined:

- T40.0X – Poisoning by opium
- T40.1X – Poisoning by heroin
- T40.2X – Poisoning by other opioids
- T40.3X – Poisoning by methadone
- T40.4X – Poisoning by synthetic narcotics
- T40.60X – Poisoning by unspecified narcotics
- T40.69X – Poisoning by other narcotics
- T42.4X – Poisoning by benzodiazepines

CRISP USER RESOURCES

The CRISP Customer Care email (support@crisphealth.org) and phone line (1-877-952-7477) are now available 24/7! The CRISP Customer Care 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.