



CRISP

www.crisphealth.org

e-Health Update

ISSUE 11 | Fall 2018



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 of 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.

7160 Columbia Gateway Drive
Suite 230
Columbia, MD 21046
877.952.7477
info@crisphealth.org
www.crisphealth.org

PDMP DELIVERS CRITICAL INFORMATION TO PROVIDERS 1,000,000 TIMES PER MONTH

CRISP is currently sharing dispensing information for opioids and benzodiazepines with healthcare providers at the point of care more than 1,000,000 times per month. The amount of prescription data accessed automatically within native technology systems has more than doubled over the last six months, with almost 250,000 successful queries per week.

In 2013, the Maryland Department of Health Behavioral Health Administration established the Prescription Drug Monitoring Program (PDMP) to support healthcare providers and their patients in the safe and effective use of prescription drugs. The PDMP collects and securely stores information on drugs that contain controlled substances and are dispensed to patients.

“Having opioid history immediately within my workflow is critical,” says Dr. Jonathan Thierman, the Chief Medical Information Officer at LifeBridge Health and a practicing emergency room physician. “Patients present with complex histories, so knowing what may have been dispensed previously helps inform my clinical decision making.”

Maryland is taking aggressive steps to battle the opioid epidemic, and the PDMP is a core component for reducing alcohol- and drug-related overdoses. Dr. Thierman supports this approach, adding, “I truly believe we are able to provide better care in part because of the work CRISP is doing.”

Cooperation between the Maryland Department of Health, MedChi-The Maryland State Medical Society, the Maryland Hospital Association, and patient advocates has been essential to the success of this program. CRISP will continue to advance health and wellness by placing critical data directly in the workflow of providers.

For more information on the PDMP, contact the CRISP Customer Care Team at support@crisphealth.org, call 1.877.952.7477, or log onto www.crisphealth.org

Providers Clinical Support System's

Half & Half - MAT Waiver Training

For Buprenorphine Medication-Assisted Treatment



FEBRUARY 5, 2019 | 9:00 AM—1:00 PM

The Anne Arundel Medical Center

The Doordan Institute

2000 Medical Pkwy

Belcher Pavilion, 7th Floor

Annapolis, MD 21401

FREE!

Breakfast Included

Register here:

<https://www.eventbrite.com/e/half-half-mat-buprenorphine-waiver-training-tickets-51224542987>

Trainer:

Yngvild Olsen, MD, MPH
Medical Director, Institutes for
Behavior Resources/REACH
Health Service
MACS Consultant

Questions?

Contact Tracy Sommer at
tsommer@som.umaryland.edu

Half-and-Half Course

This waiver training course is offered in a 'half and half' format: 4 hours of in-person training followed up by 4 hours of online training through PCSS-MAT

- **CME Accreditation:** This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of AAAP and Maryland Addiction Consultation Service (MACS). AAAP is accredited by the ACCME to provide continuing medical education for physicians.
- **Credit Designation:** American Academy of Addiction Psychiatry designates this Other activity ("Half and Half" - Half face-to-face live course and Half online course) for a maximum of 8 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- **Method of physician participation in the learning process:** Credit will only be awarded for completing both the "first" and the "second" half of the training. To be awarded a maximum of 8 AMA PRA Category 1 Credits™ and a Buprenorphine Training Completion Certificate you must complete 4.25 hours of the first live half and 3.75 hours of the second enduring half and receive a minimum cumulative score of 75% on the examination. No partial credit is awarded for this training.
- **Nurse Practitioners (NPs) and Physician's Assistants (PAs)** are required to complete an additional 16 hours of online training.

Hosted by:

Maryland Addiction Consultation Service (MACS) & Anne Arundel County Department of Health

American Academy of Addiction Psychiatry (AAAP) is the Data Sponsor for this training.

Funding for this initiative was made possible (in part) by grant no. 5U79TI026556-03 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



WHAT'S NEW?

CRISP on FHIR

CRISP builds Fast Healthcare Interoperability Resource (FHIR) capability. Historically, data has been transferred between healthcare providers in ways like HL7 Version 2 messages and CCDAs. FHIR is the latest HL7 standard for healthcare data sharing. CRISP's new FHIR servers transform data from old HL7 versions to the latest FHIR standards. Healthcare providers may integrate for a variety of data including:

- Laboratory Reports
- Transcriptions
- Radiology Reports with Imaging
- Medication Statements

CRISP plans to continue implementing and expanding available data types. Soon all FHIR defined data will be relatable to a specific patient encounter. Data can be transferred in a variety of ways, associated together, and made available in one location. CRISP's servers are available for direct connection or via CRISP's Smart on FHIR App

CRISP InContext

CRISP InContext displays patient related data, from regional organizations, within the provider's normal workflow. With the CRISP InContext app, you can access clinical data, like the Laboratory example to the right. Laboratory reports contain test results and specimens taken during the visit. Reference ranges are included for result comparison, as well as, abnormal flags to indicate a result outside the given range.

Encounter, Clinical, PDMP, Care Alerts, Care Program, and Public Health data can all be found in the App. As new FHIR data is made available, the Smart on FHIR app is automatically updated with no additional integration required. The app is currently available in the EPIC App Orchard and will soon be available in the Cerner App Gallery. If you are a user of these EHR's and do not currently have the App installed, contact your EHR representative for assistance in the application install.

For more information on FHIR data or CRISP InContext, contact the CRISP Customer Care Team at 1.877.952.7477 or support@crisphealth.org.

The screenshot shows the CRISP InContext app interface. At the top is a blue header with the CRISP logo and the text 'CRISP InContext'. Below the header is a 'Back' button. The main content area displays a laboratory report titled 'Manual Differential - LAB' with patient ID '20180626073500' and date '2018-08-15'. The report is marked as 'Final'. It contains a table with columns 'Name', 'Result', and 'Range'. The results are as follows:

Name	Result	Range
Lymphocytes	90 %	15 - 60
Monocytes	30 %	0 - 9
Eosinophils	7 %	0 - 6
Basophils	1 %	0 - 2
Segs	15 %	33 - 75
Basophils	1 %	0 - 2
Total Cells	100 Cells	
RBC Monphology	Normal	Normal

At the bottom of the screen, there are links for 'Feedback' and 'Glossary'.

Partnerships are paving the way for improved outcomes and lower costs.

Over the last four years, providers and partners have worked with HQI to deliver better care for patients and lower costs. We have engaged:

- 186 skilled nursing facilities in Maryland to reduce infections and improve resident care
- 135 MD outpatient providers to improve antibiotic stewardship
- 24 hospitals and various community partners across MD to decrease readmissions and reduce opioid, hyperglycemic and anticoagulant adverse drug events
- Community organizations to offer diabetes self-management education to more than 5,000 Medicare beneficiaries.

Contact us today at 804.289.5320 to learn how HQI can support your success or visit us at qin.hqi.solutions for more information on our initiatives.



This material was prepared by Health Quality Innovators (HQI), the Medicare Quality Innovation Network-Quality Improvement Organization for Maryland and Virginia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. HQI|11SOW|20181213-154751

Health Quality Innovators (HQI) is a non-profit health care consulting organization, funded by the Centers for Medicare & Medicaid Services (CMS) to serve as the Quality Innovation Network – Quality Improvement Organization (QIN-QIO) and a Practice Transformation Network (PTN) for several states including Maryland.

Over the last four years, Maryland providers and stakeholders have partnered with HQI to deliver results, improving care for patients and families and achieving cost savings. This success positions organizations across the state to succeed in the Total Cost of Care (TCOC) Model.

Currently, CMS programs are aligned with the TCOC Model. Initiatives such as chronic disease prevention and management, as well as antibiotic stewardship, are improving population health. At this point, 2,041 outpatient providers in Maryland are participating in these population health initiatives. As your QIN-QIO, we are engaging community organizations and providers to increase the number of minority, low-income and rural Medicare beneficiaries who complete diabetes self-management education (DSME). Also, as a QIN-QIO, HQI helped 135 Maryland outpatient providers implement the Centers

for Disease Control and Prevention's Core Elements of Antibiotic Stewardship. HQI is promoting influenza and pneumonia vaccinations for Medicare beneficiaries and reporting to the immunization registry.

In addition to population health initiatives, HQI is also leading the following initiatives:

- Reducing health care-acquired conditions and health care-associated infections in nursing homes
- Decreasing hospital readmissions
- Avoiding adverse drug events
- Decreasing obesity
- Maximizing and encouraging participation in the Quality Payment Program and the Merit-based Incentive Payment System.

HQI can help you understand CMS performance, utilization and quality reports, as well as how to use data to guide process improvement. HQI is pleased to facilitate initiatives that align with TCOC and conducts these initiatives at no cost to participants. To learn more visit qin.hqi.solutions.





THE MARYLAND PRIMARY CARE PROGRAM (MDPCP) AND CRISP TOOLS

The Maryland Department of Health Program Management Office (PMO) is excited to announce the launch of the Maryland Primary Care Program (MDPCP) on January 1, 2019. This program is part of a Total Cost of Care All-Payer Model contract with the Centers for Medicare and Medicaid Services, (CMS) and the Center for Medicare and Medicaid Innovation (CMMI). Under this model, practices will coordinate care for patients across both hospital and non-hospital settings, improve health outcomes, expand access to care, and include a focus on behavioral health integration. MDPCP is a voluntary program, open to all qualifying Maryland primary care practices, and provides funding and support for the delivery of advanced primary care throughout the state. The MDPCP will serve as an integral part of the overall health care transformation process addressing areas including prevention, management of chronic disease, and avoiding unnecessary hospital and ED utilization.



MARYLAND
Department of Health

The MDPCP seeks to help guide Primary Care practices to delivering more coordinated care. Participation in this program requires that practices fulfill carefully designed requirements. These requirements represent objective measures on practice achievement of coordinated care, expanded access to care, behavioral health integration, quality improvement, risk stratification, medication management, and other areas critical to achieving the most effective and efficient care. In order to support the consistent achievement of these goals, the State -together with partners at CMMI- is providing a wealth of support. This assistance includes a state-of-the-art Learning System, hands-on support from the State's Practice Coaching team, advanced information technology support through CRISP, as well as enhanced compensation.

Focusing on just one of the resources provided to support the MDPCP, CRISP has committed a plethora of tools in the pursuit of providing more coordinated care. A natural partner for the MDPCP, CRISP already provides services to assist health care practitioners in their efforts to improve delivery at the point of care and coordination between settings. Many of the services were built to satisfy User Stories, which are aligned with the goals of transformation efforts in the MDPCP.

The basic services that CRISP will provide to all of the MDPCP practices include; the Encounter Notification Service (ENS), the Clinical Query Portal, the Prescription Drug Monitoring Program (PDMP) and secure text messaging. CRISP will provide additional tools for the MDPCP practices including a visual dashboard that will allow practices to view the utilization of healthcare resources by their attributed patients, and a facilitated method for reporting quality measures. Additional educational resources for maximizing CRISP resources will be available in early 2019. Beyond these essential services, CRISP also aims to greatly enhance the ability of practices to manage patient care and share information across the continuum of care with the services and tools listed on the following page:

CRISP Services for MDPCP Participants

Activities

1. Contribute Data at the Point of Care

- Submit and update Care Alerts (brief, free-text notes describing the most relevant information about a patient for a downstream provider) for the highest risk beneficiaries
- Indicate which beneficiaries are enrolled in specific care programs; include the primary care physician, care manager, behavioral health support, pharmacist, and social worker (as appropriate)
- Share Care Plans through CRISP so they are available to all treating providers
- Share the results of behavioral health and social needs screening tools

2. Use Data at the Point of Care

- Log into CRISP or view CRISP data via InContext apps during face-to-face or virtual patient encounters for the highest risk beneficiaries
- Log into CRISP or view CRISP data via InContext apps while supporting a transition of care
- Maintain an active Point of Contact with CRISP to grant and remove access as needed
- Delegate CRISP access to care teams
- Review and act on gaps in care as appropriate

3. Use CRISP to Coordinate Care

- Submit beneficiary rosters (patient panels) to CRISP for seriously ill and actively care managed beneficiaries; configure encounter alerts to enable appropriate follow-up activities
- Enable real-time communication with Care Teams via secure text or other appropriate workflows; CRISP will make available and/or integrate with applications when possible
- Request key specialty practices connect with CRISP to share relevant patient information and view clinical data at the point of care



MACS

Maryland Addiction Consultation Service

1-855-337-MACS (6227)

www.marylandMACS.org

Offering consultation to primary care and specialty prescribers across Maryland in the identification and treatment of substance use disorders and chronic pain management.

All services are free:

- ♦ Phone consultation for clinical questions, resources, and referral information
- ♦ Education and training opportunities related to substance use disorders and chronic pain management
- ♦ Assist in the identification of addiction and behavioral health resources that meet the needs of the patients in your community