CRISP

Hospital Electronic Clinical Quality Measure Data Collection

Request for Information Frequently Asked Questions (FAQs)

March 22, 2021

RFI Responses Due: March 26, 2021

Chesapeake Regional Information System for our Patients (CRISP)

CRISP

Frequently Asked Questions

CRISP has received various questions from vendors interested in the Request for Information that was released earlier this month. Below is a list of questions and our responses.

Questions

1. Will the award of contract be based on the RFI or does CRISP plan on releasing a follow-up RFP?
    a. CRISP has not yet determined whether to engage a vendor for eCQM efforts. If, however, CRISP does proceed, the expectation is that this RFI will provide enough information for CRISP to engage a vendor or vendors further in specific discussions as appropriate.

2. Can you provide additional detail on how CRISP helps Maryland providers achieve greater success in the Total Cost of Care Model and how that success is measured?
    a. CRISP is the State-Designated HIE in Maryland. In that role, CRISP leverages administrative claims data and clinical data from all of the acute care hospitals, hundreds of primary care practices, and other healthcare settings to provide data at the point of care, tools to enhance care coordination, and reports for population health and policy support. Success is measured through utilization metrics, service-specific goals, and direct stakeholder feedback. Additional information on CRISP's role in various state initiatives including the Total Cost of Care Model can be found on our website (https://crisphealth.org/resources/maryland-program-administration/).

3. How will CRISP support the hospitals in CY2021 with their eCQMs submission requirements to CMS and HSCRC?
    a. CRISP currently does not directly support hospital eCQM submission requirements. The HIE may begin an initiative as soon as CY2022 and as such we are interested in information regarding various potential approaches. Currently, CRISP supports hospitals by providing extensive analytic tools through our CRISP Reporting Services portal (CRS). For more information on CRS, please see: https://crisphealth.org/applications/crisp-reporting-services-crs/.

4. How many different EHRs does CRISP currently integrate with? Which specific EHRs?
    a. CRISP has varying levels of integration with approximately 20 EHR vendors. This includes all the EHRs used by the 47 acute care hospitals in the state, as well as the EHRs used by most ambulatory providers. For those EHRs that we do not interface with, the providers submit patient panels that allow CRISP to establish treatment relationships.

5. As the HIE for Maryland, does CRISP pull the data from the hospital and physician office and transfer it to the vendor to aggregate?
    a. CRISP receives clinical and claims data, links it through a master patient index, and makes it available through point of care tools including a SMART on FHIR application. CRISP does not aggregate clinical data for the purposes of eCQM reporting, nor will

CRISP necessarily transfer the data to an eCQM vendor. One aspect of this RFI is to understand the capabilities of vendors to both collect and aggregate the data.

6. Please describe the basic interaction model and roles between CRISP and the vendor. Will the vendor need a user interface, or will the vendor be a backend service to CRISP, and will CRISP be the front door and front end to all contact with the providers? If the vendor needs to provide a UI, what are the features and functions?
    a. CRISP is interested in learning about multiple approaches that leverage industry best practices and the specific capabilities of a vendor. We are supportive of an approach whereby the vendor will provide the full user interface and technical support to hospitals and providers for data collection, aggregation, and measure specifications. If the vendor offers a portal, it will need to allow for data upload for hospitals (QRDA I). It may also accommodate data upload for ambulatory providers (QRDA III) and manual submission of aggregate numerators and denominators. The UI should include a dashboard through which providers can see their quality measure scores over select periods. CRISP anticipates working in partnership with any vendor and will collaboratively determine the best approaches for contacting providers.

7. How many hospitals will the vendor collect measures for? How many ambulatory practices would the vendor collect data for?
    a. There are 47 acute care hospitals in the state that would be expected to report their quality measures on a quarterly basis.
    b. As it relates to the potential use case #3, there are approximately 525 physician practices that are part of the Maryland Primary Care Program (MDPCP), which is the Maryland version of a CMMI Advanced Primary Care program. Both the MDPCP program and the number of ambulatory practices interested in submitting eCQMs may increase over time.

8. For the 3 use cases that CRISP proposes for their Hospital Electronic Clinical Quality Measure Data Collection, is CRISP collecting any of this data today for any Maryland Hospitals?
    a. CRISP does not currently collect eCQM data for Maryland hospitals. We do collect eCQMs for the Maryland Primary Care Program (MDPCP) and Maryland Medicaid. This data is collected manually or through an upload of a QRDA III. If CRISP implements use case #3, CRISP will replace its ambulatory eCQM portal with that of the vendor.

9. Is it expected that every hospital that would participate be able to submit a QRDA I, or are you looking for additional file format options for patient-level data submission?
    a. The expectation is that every acute care hospital will submit via QRDA I to the vendor on a quarterly basis. At some point in the future, CRISP may explore alternate standard file types for electronic exchange of eCQMs, if they are officially recognized by the Office of the National Coordinator for Health Information Technology (ONC).

10. When referring to manual data entry, is that referring to manual entry by the hospitals of patient-level data? Or manual entry of the hospital's total eCQM results?

a. If data is entered manually, CRISP anticipates the data to be for the hospital's total eCQM results. The patient-level supplemental data must still be available to CRISP in an accessible format even for manually entered results, and CRISP is interested in learning about potential approaches for this.

11. The RFI states: *Ability to provide both patient-level and aggregate data collected back to CRISP and HSCRC in appropriate formats that allow for data analysis and program evaluation. Ideally, we would like the data presented as calculated eCQM measures, with supplemental detail-level documentation that allows the HSCRC to cross-check with EID-attached Inpatient files or stratify for sub-populations.* Does CRISP expect the vendor to patient-match across hospitals?
    a. No, CRISP does not expect the vendor to patient-match across hospitals. If the vendor provides the supplemental patient data as requested, CRISP will conduct patient matching as needed.

12. What file format(s) would be appropriate to provide back – a file / data set delivered to CRISP or access to a vendor-hosted analytics platform?
    a. We are open to both options and would defer to the vendor to suggest a platform that works best to effectively meet requirements. CRISP will need access to patient-level data.

13. What is the expected timeline for delivery? Are there staggered delivery dates for each component of the requirements?
    a. As mentioned in the RFI, for the first use case (hospital eCQMs on a quarterly basis), the expectation is that the vendor would send the data within two weeks of the quarterly submission deadline. For the second and third use cases, we would be interested in the vendor's perspective on a reasonable timeframe. If CRISP proceeds, the first quarter is anticipated to be January – March 2022.

14. Are there any external submission requirements to send results to CMS and/or The Joint Commission (TJC) on behalf of the Maryland hospitals?
    a. There is no formal requirement, but CRISP is interested in understanding how hospitals may leverage a shared platform to meet multiple reporting requirements.

15. What is CRISP's budget for this initiative?
    a. As noted in the RFI, we are seeking a range of prices from vendors dependent on scope (i.e. whether they are responding to only the first use case, or all), and capabilities (a vendor that can house the entire platform independently may have different pricing than one seeking to have CRISP host their interface.) Budget details from the RFI are for informational purposes only, and CRISP anticipates detailed scoping conversations if proceeding with the project.