Connecting Providers with Technology to Improve Patient Care

Use Case Description: Use of CRISP Services for Disease Investigation

Overview

The Secretary of the Maryland Department of Health (MDH) and local Health Officers are required by law to monitor, investigate, treat, mitigate, and otherwise act to prevent the introduction or spread of infectious or contagious diseases or other diseases or conditions that endanger public health in this State, pursuant to Maryland Code Annotated, Health-General Article, Title 18 and COMAR 10.06.01. The Director of the District of Columbia Department of Health (DCH) is authorized by law to prevent and control the spread of communicable disease pursuant to DC Official Code 7-131.

The Secretary, Director, Health Officers, and public health investigators working on their behalf have the authority to access clinical data for the purposes of case monitoring investigation, treatment, and mitigation under the aforementioned statutes and regulations governing disease reporting and investigation, including but not limited to, Md. Code Ann., Health-Gen. Title 18, Subtitles 1 and 2, and COMAR 10.06.01.06 B(4) and DCMR. Title 22, Section 22, Subtitle 210. Public health response and implementation of control measures related to an outbreak or cluster of reportable diseases is time-sensitive and requires access to accurate and timely clinical data access. Allowing public health investigators access to CRISP services provides an avenue for a more efficient and thorough investigation of reportable diseases that endanger public health that could lead to improved documentation, collection processes, and response time.

Permitted Purpose Category

For a Public Purpose, as mandated by Applicable Law and consistent with the mission of the HIE to advance the health and wellness of patients in the CRISP service area (Permitted Purpose #2).

Technical Design

Public health investigators will utilize CRISP tools to support disease investigations. For certain communicable diseases that require following a patient, the public health investigator will submit a panel list and subscribe to individuals through the Encounter Notification Service.

Use Case Description

Physicians, clinical laboratories, and institutions are mandated to report infectious disease outbreaks and infections determined reportable by the Secretary, including infections on a list of state-defined reportable diseases and conditions. Cases are currently reported either electronically via electronic lab reporting or via other means (including by telephone or fax) to the State, District, or local health departments.

Once a case or outbreak is reported, public health investigators gather information to confirm the case, identify potential contacts, and mitigate spread. During follow-up investigation, health department staff often gather condition-specific information on a variety of case report forms, which generally involves



collecting additional information. This additional information is currently obtained through calls to physicians and other healthcare providers, hospital infection preventionists, laboratorians, and sometimes directly from patients. This use case will not add any additional reporting burden to providers. The use of CRISP Services for disease investigation would, if anything, alleviate some of the administrative challenges the providers face in providing requested information to public health investigators.

Public Health Authority Responsibilities

Public health investigators will maintain any information obtained via CRISP Services confidential in accordance with Maryland statutes and regulations and CRISP policies. MDH and DCH may only use the CRISP Services for disease investigation and case reporting purposes as defined in this use case. MDH and DCH may use information from CRISP services for reporting to CDC or other federal public health agencies in accordance with state, local, and federal law.

Opt-Out Applicability

Individuals who have chosen to Opt-out of CRISP services will not be accessible via the CRISP services by DHMH and public health officers.

Approval

This Use Case Policy was originally approved on February 9, 2016. The updated Use Case Policy has been approved by the Clinical Advisory Board.

DocuSigned by:	
Jonathan Thierman, MD, PhD	11/22/2021
Chairperson	Dated