



CRISP

CRISP Summit Panel

Discussion: What's next for the TCOC Model?

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Agenda

- Introductions
- Opening Comments
- Panelist Remarks
- Panel Discussion Q & A
- Closing

Panelist Introductions

- **Katie Wunderlich**
- Executive Director of the Health Services Cost Review Commission
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- Katie Wunderlich began her tenure as Executive Director of the Health Services Cost Review Commission in September 2018. In that role, she has lead the Commission through the transition from the hospital-based All-Payer Model to the Total Cost of Care Model, which focuses on hospital and non-hospital system transformation to enhance patient care, improve health, and lower costs. In order to successfully transform the delivery system, the new Total Cost of Care Model gives the State the flexibility to tailor initiatives to the Maryland health care context, encourages providers to drive health care innovation, and provides new tools and resources for primary care clinicians to better meet the needs of patients with complex and chronic conditions and help Marylanders achieve better health status overall. Previously, Ms. Wunderlich was the Principal Deputy Director at HSCRC overseeing the Center for Provider Alignment and Engagement that works with hospitals, physicians and other health care providers in partnership with patients to achieve the goals of the new model and transform healthcare delivery. Before joining the HSCRC in 2016, Ms. Wunderlich was a Deputy Legislative Officer in Governor Hogan’s Legislative Office. She also served as Director of Government Relations for the Maryland Hospital Association and as a budget analyst for the General Assembly’s Legislative Services department. She has a Masters in Public Policy from George Washington University.

Panelist Introductions

- **Bob Atlas**
- President and CEO of the Maryland Hospital Association
- The Maryland Hospital Association serves as a strategic resource and advocate for all of the state's hospitals and health systems. President and CEO of MHA since 2018, Bob Atlas has a long professional history in health policy and the business of health care. Bob led premier health care consultancies and served as strategic counselor to leading health care organizations, insurers, health technology firms, and state governments. He brings a national perspective and a focus on innovations in health care delivery and financing that produce value for people and payers.

Panelist Introductions

- **Gene Ransom**
- CEO of MedChi, The Maryland State Medical Society
- Gene is the CEO of MedChi, The Maryland State Medical Society. As the largest physician organization in Maryland, MedChi's mission is to serve as the foremost advocate for physicians, their patients, and the public health of Maryland. Mr. Ransom has been with the organization since 1996. He graduated Cum Laude from the University of Maryland in 1993 and received his law degree from the University of Baltimore in 1996.
- Mr. Ransom's career has been distinguished by a commitment to public service. From 2002 to 2010, he served as an elected commissioner in Queen Anne's County, Maryland. The Queen Anne's County Commission consists of five elected commissioners, and Gene served both as President and Vice President of the Commission. He was instrumental in securing passage of legislation to improve growth management, health, and environmental policy in Queen Anne's County. Gene currently serves on several important boards and commissions, including the Maryland Primary Care Advisory Board and the Maryland Advisory Council on the Implementation of Population-based and Patient-centered Payment Systems.
- Gene lives with his wife, Nicole, and their children, Theo and Claire, in Queenstown on Maryland's historic Eastern Shore.

CRISP Services

1. POINT OF CARE: Clinical Query Portal & InContext Information

- Search for your patients' prior hospital records (e.g. labs, radiology reports, etc.)
- Monitor the prescribing and dispensing of PDMP drugs
- Determine other members of your patient's care team
- Be alerted to important conditions or treatment information inside your EHR
- View external records in a SMART on FHIR app inside your EHR

2. CARE COORDINATION: Encounter Notification Service (ENS)

- Be notified when your patient is hospitalized in any regional hospital
- Receive special notification about ED visits that are potential readmissions
- Know when your MCO member is in the ED

3. POPULATION HEALTH REPORTS: CRISP Reporting Services (CRS)

- Use Case Mix data, Medicare, and Medicaid claims data to:
 - Identify patients who could benefit from services
 - Measure performance of initiatives for QI and program reporting
 - Coordinate with peers on behalf of patients who see multiple providers

4. PROGRAM ADMINISTRATION:

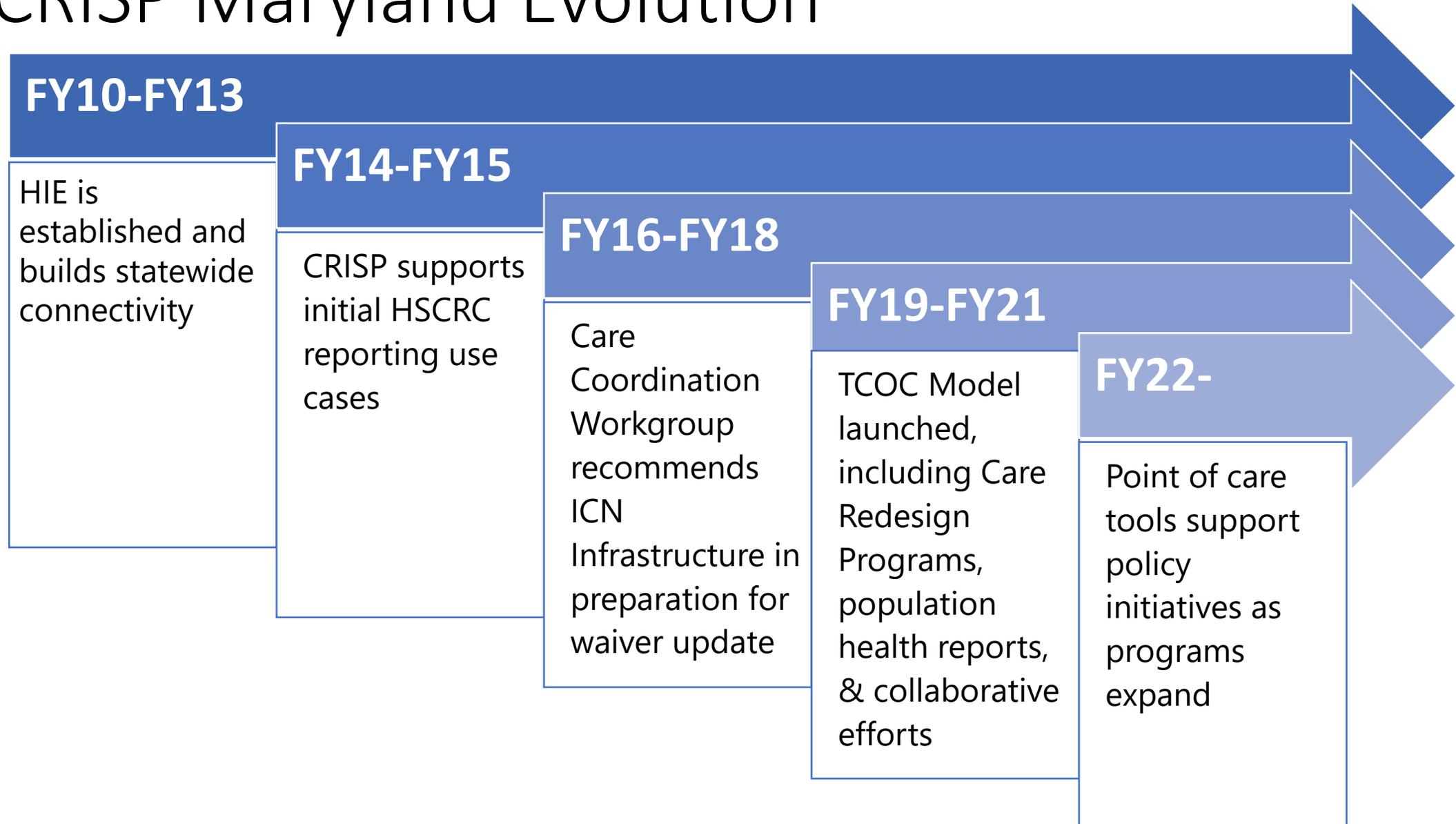
- Making policy discussions more transparent and informed
- Supporting Care Redesign Programs

5. PUBLIC HEALTH SUPPORT:

- Deploying services in partnership with Maryland Department of Health
- Providing information and services to state and local health departments
- Supporting COVID-19 response efforts

Service	Typical Week
Data Delivered into EMRs	1,400,000
Patients Manually Searched	125,000
ENS Messages Sent	3.5 mil
Clinical Documents Processed	675,000
Portal Users	107,000
Live ENS Practices	1,580
Reports Accessed	2,750
Report Users	2,000

CRISP Maryland Evolution



Program Administration

- CRISP was asked to support Care Redesign Programs by:
 - Being a central source for document submission
 - Facilitating reports for participants
 - Helping in the protocol design for new programs as requested by stakeholders
- Learning System Offerings:
 - Interactive Online Community
 - User Learning Collaboratives
 - Publications

HIE Services Aligned with Redesign Efforts

- Example: SIHIS Aligned Measure part of QBR
- Measure: Timely Follow-up After Acute Exacerbations of Chronic Conditions (Hypertension, Asthma, Heart Failure, CAD, COPD, Diabetes)
- CRISP Tools:
 - Performance measurement: Medicare CCLF data for QBR Timely Follow-up Summary and Detail Reports
 - Patient identification: ENS Prompt Filter
 - Peer to peer collaboration: Care Team User Learning Collaborative