



# Building a Health Data Utility Framework

Anna Gribble, MHCC

Laura Mandel, CRISP

7160 Columbia Gateway Drive, Suite 100  
Columbia, MD 21046  
877.952.7477 | [info@crisphealth.org](mailto:info@crisphealth.org)  
[www.crisphealth.org](http://www.crisphealth.org)



**MARYLAND**  
**Health Care**  
**Commission**

# Health Data Utility in Maryland



---

Maryland Health Care Commission

*June 6, 2023*



# Presentation Overview

---

---

- ▶ Define Health Data Utility
- ▶ Review Legislation Authorizing CRISP to Operate a Health Data Utility for Maryland
- ▶ Development of the Health Data Utility Framework

# About the Maryland Health Care Commission



- ▶ The Maryland Health Care Commission is an independent regulatory agency whose mission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing health care environment
- ▶ The Center for Health Information Technology and Innovative Care Delivery implements programs and initiatives that support advancing health information technology statewide
- ▶ As the regulator of health information exchanges in Maryland, MHCC plays a critical role in facilitating the exchange and use of health information to improve the quality and efficiency of health care delivery



# Defining Health Data Utility (HDU)

- ▶ Statewide models or entities with advanced technical capabilities to **combine, enhance, and exchange electronic health data** across care and services settings for treatment, care coordination, quality improvement, and public and community health purposes
- ▶ Enable specific, defined use cases with privacy and security that exceeds federal minimum standards established by HIPAA to ensure patient privacy and appropriate data use
- ▶ Leverage existing infrastructure by collaborating with a state or regional health information exchange (HIE)



# HDU Value

- ▶ Combining structured data from payers, providers, consumers, community support services, government agencies, or public health to create scalable data repositories
- ▶ Bolstering population health management to generate greater focus on key health problems and concerns and identify pathways to maximize resource allocation
- ▶ Expanding public health reporting to the state and other geographic regions
- ▶ Enriching socio-demographic data reported to public health agencies
- ▶ Enabling comprehensive event alerts that include broadened and customizable information in clinical notifications
- ▶ Strengthening public health analysis, forecasting, evaluation, and education
- ▶ Advancing value-based payment models to promote transformation in care delivery and the determination of provider incentive payments by utilizing data to support



# Meeting Stakeholder Needs



- ▶ State health IT governance
- ▶ Medicaid
- ▶ Public Health
- ▶ Payers
- ▶ Providers and hospitals
- ▶ Community-based organizations
- ▶ Federal partners
- ▶ Health Care Consumers



- ▶ House Bill 1127/Chapter 296, *Public Health – State Designated Exchange – Health Data Utility* (2022)
  - Requires the State-Designated Health Information Exchange to operate as an HDU for certain purposes
- ▶ Key components of the law
  - Collect, aggregate, and analyze clinical information, public health data, and health data, and health administrative and operations data to assist the Maryland Department of Health, Local Health Departments, MHCC, and the Health Services Cost Review Commission in the evaluation of public health interventions and health equity;
  - Communicate data between public health officials and health care providers to advance disease control and health equity; and
  - Enhance and accelerate the interoperability of health information throughout the State

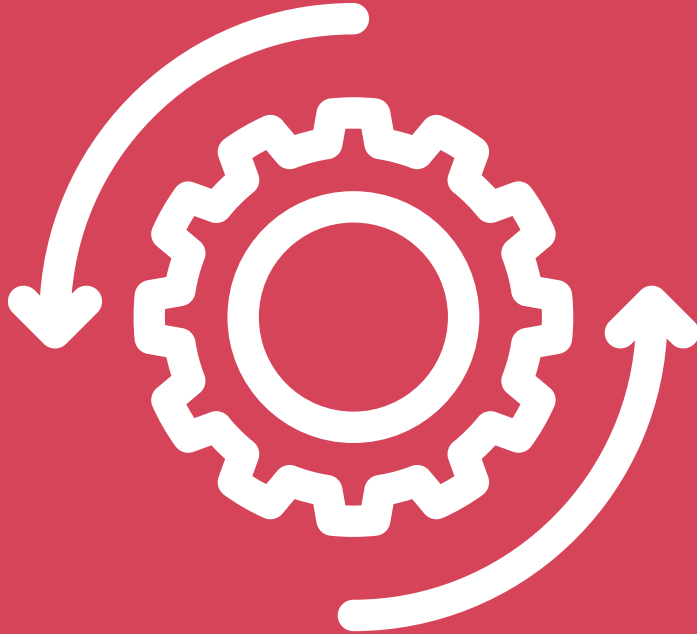




# HDU Framework

---

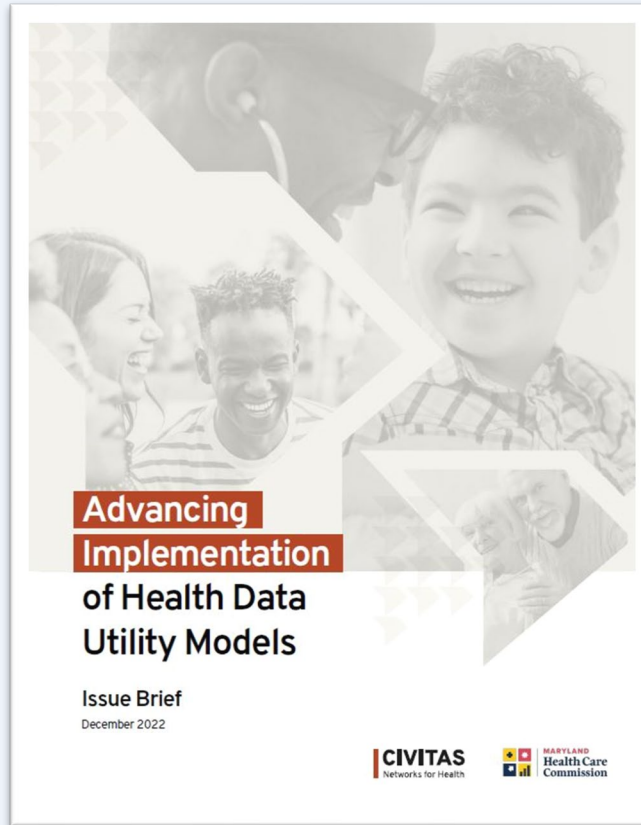
---



- ▶ Solicited input from stakeholders and subject matter experts through a Roundtable Series that identified need for a framework
- ▶ Partnered with Civitas Networks for Health and a National Advisory Council to define HDU and develop a framework to support HDU implementation



# HDU Issue Brief and Framework





# HDU Implementation

---



COMMUNITY READINESS  
& STEWARDSHIP



TRUST



FUNDING  
STREAMS



POLITICAL  
WILL



**For more information about MHCC visit:**

[mhcc.maryland.gov](https://mhcc.maryland.gov)

## Contact

---

**Anna Gribble**

[anna.gribble1@maryland.gov](mailto:anna.gribble1@maryland.gov)

410-764-3379



**CRISP**

# CRISP as Public Health Data Utility

Laura Mandel, CRISP

7160 Columbia Gateway Drive, Suite 100  
Columbia, MD 21046  
877.952.7477 | [info@crisphealth.org](mailto:info@crisphealth.org)  
[www.crisphealth.org](http://www.crisphealth.org)



# What is a Health Data Utility?

CRISP, as a Health Data Utility, advances equity and wellness by combining and enhancing data across the public health system and enabling secure, appropriate bi-directional access beyond traditional health information users.

CRISP should:

- Focus on initiatives that improve **health equity**
- Enable a **holistic, whole person view**
- Consider **potential benefits and risks** for communities and individuals
- Support **public health interventions** promoting the health of all
- Enhance and accelerate **interoperability** of health information



# Technical Functions of Health Data Utility

## Services

- Ingest and Enrich Data
  - Link disparate data sets
  - Use multiple sources to fill gaps
  - Improve data feeds
  - Surface key insights
- Distribute Information
  - Create visualizations
  - Control access levels
  - Push individual clinical records
  - Share analytic files
- Enable Interventions
  - Flag patients at the point of care
  - Notify appropriate end users
  - Share relationships between organizations

## Value

- All data becomes more valuable when it is linked, normalized, deduplicated, and cleansed within a single analytics engine
- User experience is enhanced and usage increases when a single entity is responsible for governance and distribution
- Alignment between population level reports and actionable individual experiences is more likely to result in positive change



# Near-term HDU Activities

- Leverage existing data feeds for **multiple use cases**
  - Hospital HL7 can be aggregated for public health dashboards
  - Medicaid claims can be shared at the point of care
- Support collaborative governing bodies to **share ideas**, best practices, and recommendations
  - Groups that don't routinely interact get the opportunity
  - Diverse stakeholders can make the case to share – or withhold! – information
- Launch pilots by leveraging existing infrastructure and staff; expand or stop based on **real-world results**
  - Push suspected overdose events to a local health department to try new outreach programs
  - Try sending referrals from primary care practices to community-based organizations





# Medicaid Redetermination – How CRISP is Helping

- With the end of the Public Health Emergency, Medicaid eligibility reviews are restarting
  - Over the course of 12-months (April 2023 to April 2024) Maryland Medicaid will conduct a renewal of every participant enrolled in the State's Medicaid and CHIP programs
- In partnership with Maryland Medicaid, CRISP will provide interested providers:
  - Monthly list of their patients who are up for redetermination in the next 90 days
  - Data to support patient education and awareness in redetermination process
- Benefits
  - Prevent patients from showing up to appointments unexpectedly without coverage
  - Fewer patients will need to reschedule their appointments and delay necessary care
  - Improved contact information for patient outreach



# Readiness for School Immunization

- Schools require students/families to provide proof of required vaccinations
  - Families submit documentation OR staff access State Immunization Registry (ImmuNet) one by one
  - Significant burden on staff and families
- CRISP can provide linked lists of students and their vaccinations
  - Baltimore City Public Schools provides student rosters to CRISP (conforming to FERPA)
  - CRISP matches to ImmuNet to generate list for BCPS
  - Worked collaboratively to enhance matching algorithm
- Significantly reduced staff time
- Expanding to other districts

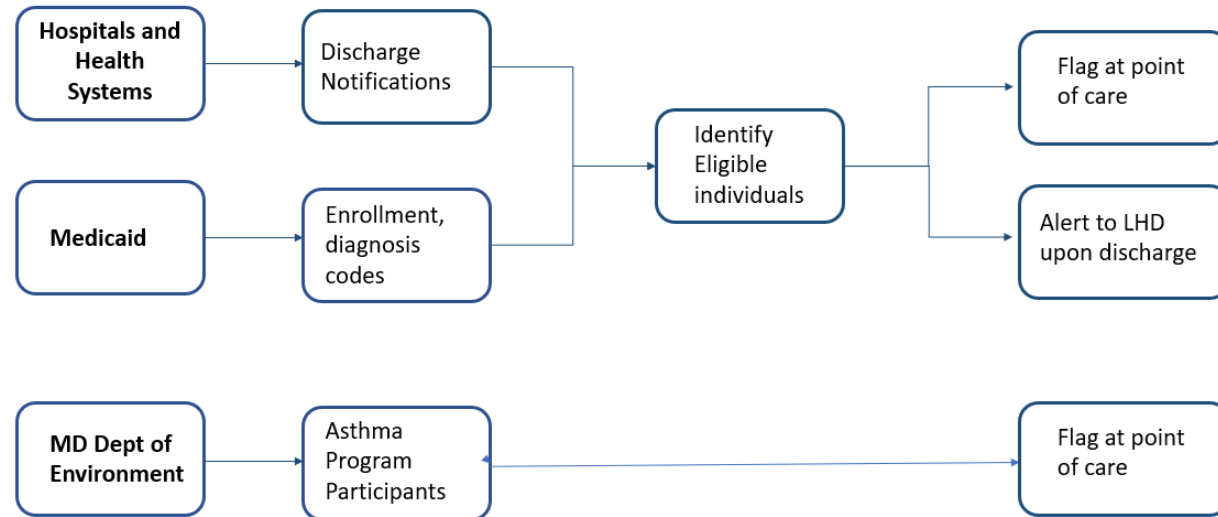




# Maternal and Child Health: Asthma Home-Visiting Program

**Goal:** Local Health Departments have dedicated home visiting programs to support environmental modifications for children with asthma. However, they did not have timely information on children with hospitalizations for asthma.

**Solution:** CRISP sends referrals to LHDs for Medicaid beneficiaries who were recently in the hospital. This led to an increased referral acceptance by families.





# Guiding Principles & Governance Considerations

- Data use and access governed by HIPAA, CRISP use cases, and data agreements
  - Clinician seeing data for treatment considered differently than a local health officer managing population health
- Data use is increasingly complex; technology allows for use cases which were unimaginable 3 years ago
  - Some data is governed by Participation Agreements (HIPAA covered entities with business associate agreements)
  - Other data is governed by Data Use Agreements (such as Medicaid claims)
- Health Data Utilities are trusted third parties
  - HDU only exist if patients and Participants continue to want their data shared
  - Any patient can [opt-out](#) at any time for any reason



# Challenges and Opportunities

- Statewide coordination of feeds and pipelines
  - Increasing complexity
- Securing critical assets and maintaining 99.99% uptime
  - Truly becoming critical infrastructure
  - Traditional interoperability challenges
  - Standardization, data quality, etc
- Ensuring consistency in reporting and algorithms across stakeholders
  - Major focus on equity and appropriate use of data
- Regional collaboration
  - States can solve problems together through local coordination