

# Facilitating Care Management Follow Up and Interventions After Telehealth Visits



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# CRISP Provides Value to Maryland Medicaid and MCOs for Care Coordination and Quality Use Cases

Maryland Medicaid and Maryland MCOs access CRISP tools and services to support:

**Improved  
Quality of Care**

**Care  
Management**

**Administrative  
Efficiency**

CRISP continues to build new services for Medicaid and MCOs based on user interest and feedback.

# CRISP Steadily Increased Payer Support, Services, and Use Cases Based on Request and Interest



# MyVirtualMPC

- MPC leverages a 24/7 telehealth vendor to:
  - Serve as a bridge between office visits when visits not available or when a member is waiting to be seen as a new patient.
  - Provide off-hours care, reduce unnecessary ED visits
  - Allow for timely post discharge follow up
  - Provide a resource for high-needs patient

## How It Works

### YOUR PATIENTS

Connect to a doctor 24 hours a day, 7 days a week, 365 days a year from any web-enabled device.

Are referred back to you when necessary

Can have their care bridged from ED/hospital post-discharge back to you

Can connect as often as they like, for as long as they'd like, at no cost

### YOU

Reduce after-hours calls and redirect overflow patients away from the ER/back to your office

See patients when they need you most

See improved adherence to post-discharge care plans

Provide a resource for high-needs patients



# The Problem

Provider feedback: "We don't know what happened at the virtual visit."

- PCPs and care managers lacked visibility into telehealth encounters
- Virtual visit notes were not reaching the shared health record
- Care teams duplicated assessments already done via telehealth
- Coordination gaps delayed follow-up and referrals

# MyVirtualMPC's Need

Solve the disconnection between the virtual visit and the rest of the patient's care team.

## MPC's Request to CRISP

Facilitate telehealth provider connection to CRISP so that MPC care management and the patient's care team can coordinate post visit.



# CRISP's Solution

Virtual Provider:

1. Willing to provide clinical notes
2. Out of state provider, not connected to CRISP
3. Cannot produce an HL7 standard file



# CRISP's Solution

CRISP Developed:

1. Custom flat file format
2. Channel to intake flat file and convert to a standard
3. Process to populate as a Clinical Note on the CRISP HIE Portal





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Connecting **Providers with Technology** to Improve Patient Care

MY HIE ADMIN(S)

SEND FEEDBACK

PRODUCT UPDATES

ANGELA HART

LOGOUT

HOME

Search Applications & Reports

## Reports & Applications

Clinical Information

MOM Care Plan

HIE Admin Tool

Referral Portal

Screening

Create Referral

## HIE InContext

Female | 1966

HEALTH RECORDS

STRUCTURED DOCUMENTS

ENCOUNTERS

PROBLEMS

IMMUNIZATIONS

ALLERGIES

VITALS

PROCEDURES

ALL

LABORATORY

RADIOLOGY

CLINICAL NOTES

### Health Records

Date Collected (ET) ↓	Source	Category	Description	Provider
2026-04-14		Clinical Notes	PROGRESS NOTE	
2026-04-02		Clinical Notes	PROGRESS NOTE	
2025-11-23		Radiology	CT CHEST DIAGNOSTIC ABD AND PELVIS W CONTRAST	
2025-07-23		Radiology	MAMMO BILAT SCREENING W OR WO COMPUTER AIDED DETECTION W DIGITAL TOMOSYNTHESIS	
2025-07-19		Radiology	CT CHEST DIAGNOSTIC ABD AND PELVIS W CONTRAST	
2025-04-27		Radiology	CT CHEST DIAGNOSTIC ABD AND PELVIS W CONTRAST	



# MyVirtualMPC telehealth visit notes available in CRISP's HIE Portal under Clinical Information, Health Records

## Progress Notes

Source: MyVirtualMPC

Provider: 1205255569 Jason Hogan, MD

Date Collected: 2025-03-03 (ET)

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ICD code, Primary: R05.9

ICD Description, Primary: Cough, unspecified

ICD codes, Secondary: R10.9

ICD Descriptions, Secondary: Unspecified abdominal pain

[REDACTED] who presents on chat with concern for ongoing cough for the past month and now fever/chills symptoms. She was seen on chat yesterday and they discussed likely lingering post-viral cough in setting of COVID infection at the beginning of February. She now feels worse with subjective fever/chills and increased mucous with her cough.

We discussed potential causes of her symptoms including new/different overlapping viral infection versus secondary bacterial infection and given the duration of her cough, reasonable to prescribe antibiotic to help cover for bacterial respiratory infection. Prescription for augmentin sent in electronically as below. Discussed other supportive therapies and reasons to be seen in-person with worsening symptoms.

Amoxicillin-Pot Clavulanate Oral Tablet 875-125 MG

Sig: Take 1 pill by mouth twice a day x7 days

Dispense 14 tablet, 0 refills.

We encourage her to reach back out here with further questions or concerns and hope she feels better soon with this!

# MyVirtualMPC User - Patient Case

## Referral

Referral received from telehealth vendor; detailed visit notes available in CRISP portal

Member is bedbound

The member mentioned that her medications are currently at the pharmacy; she has no way to pick them up

Discharged from PCP; no current provider

Member was referred to CM to address her needs, which include finding a physician, acquiring a bariatric wheelchair, arranging for a new bed, ensuring medication delivery, and securing transportation

## Interventions

Referral made to the Local Health Department for transportation

Member was able to schedule a virtual appointment with her new physician and was committed to attending.

Member utilized telehealth again, reporting symptoms of UTI and skin rash

Member has also agreed to work with Care Coordinator to secure necessary durable medical equipment for ongoing care.

## Outcomes

The member received her medications; she understands and follows her medication regimen 6-7 days a week

Member applied for transportation services through the LHD

The member received her bed, walker, and wheelchair

The member reported improvements in her health since her virtual visit; showing positive progress.

## ***No longer starting from zero***

Because the visit notes were available in CRISP, care management had immediate insight into the member's functional status, barriers, and unmet needs before making first outreach.

## ***Clinical context, not just a reason for referral***

Knowing the history, such as member is bedbound, lacks a PCP, and has immediate medication and mobility needs allowed the care manager to prioritize actions logically.

## ***For the PCP, this reduced duplication***

When the member reconnects with primary care, the PCP could see what was already evaluated via telehealth, what interventions were initiated, and how symptoms evolved over time.

## ***Shortened time to intervention.***

With visibility into the telehealth assessment, care coordination efforts began immediately instead of emerging over multiple encounters.

1

2

3

4





*Over the long run, CRISP's connectivity solution creates continuity—less fragmentation.*

*Telehealth encounters become part of the longitudinal record for the PCP and Care Manager to reference, supporting better follow-up, monitoring, and sustained improvement in the member's health.*

## ● Final Thoughts

- CRISP efforts with health plans, especially MCOs, provides for stronger connections with providers and better shared data
- CRISP's work with MyVirtualMPC leveraged many existing pathways and functions, while also flexing to meet the provider's ability to submit data
- MPC developed workflows that incorporate the use of CRISP data, including the CRISP HIE Portal

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