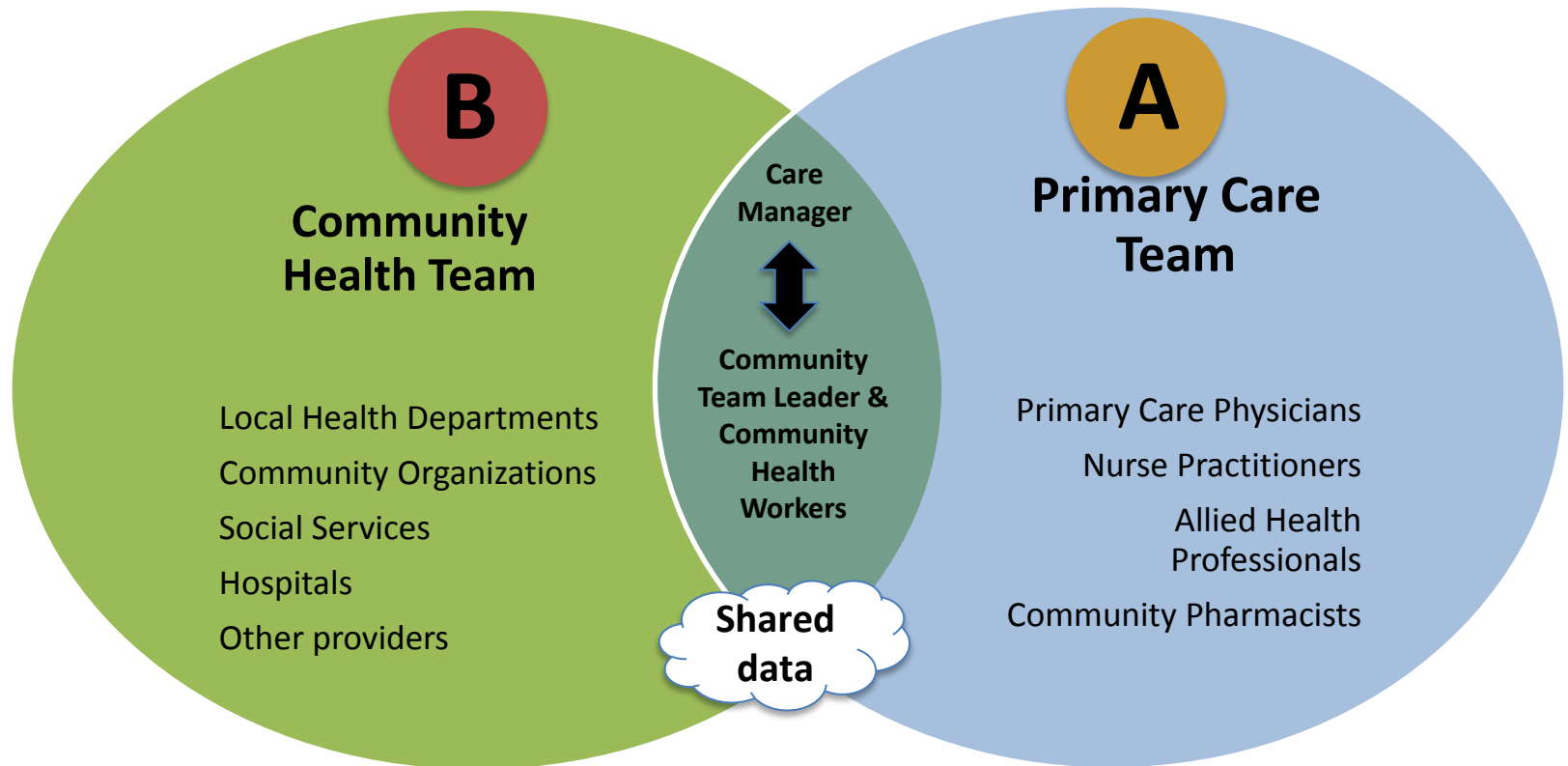


SIM Data Infrastructure

Laura Herrera, MD, MPH

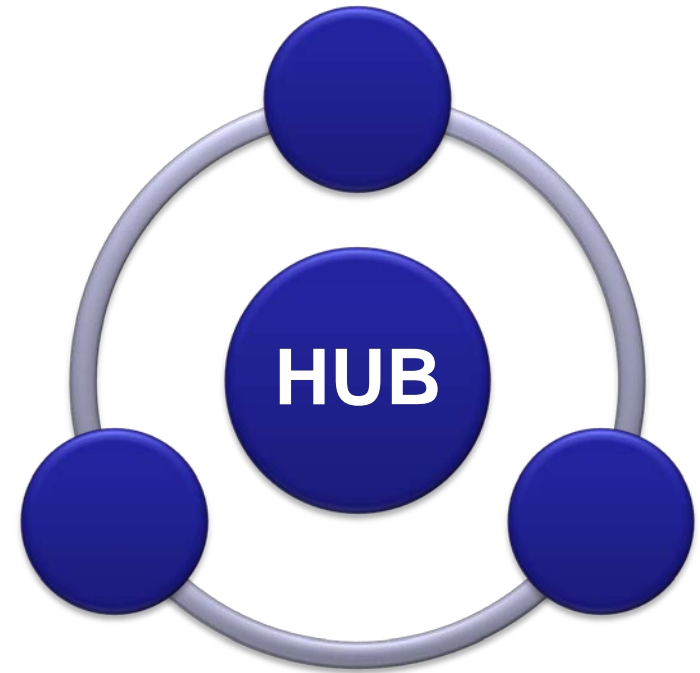
Deputy Secretary for Public Health

Community-Integrated Medical Home



Regional Community Health Teams “HUBs”

- HUBs will be established through an RFP process to deploy community wrap around interventions for defined target populations – “hot spotting”
- HUB entities may include: Local Health Departments (LHD), Hospital, LHIC, 501c3 community based organization, or a collaborative partnership.
- HUBs will be established based on need; depending on population density HUBs will vary in size and one HUB could serve more than one jurisdiction not to exceed a geographic radius of 45 miles.
- The state will provide oversight and technical assistance to the HUBs.



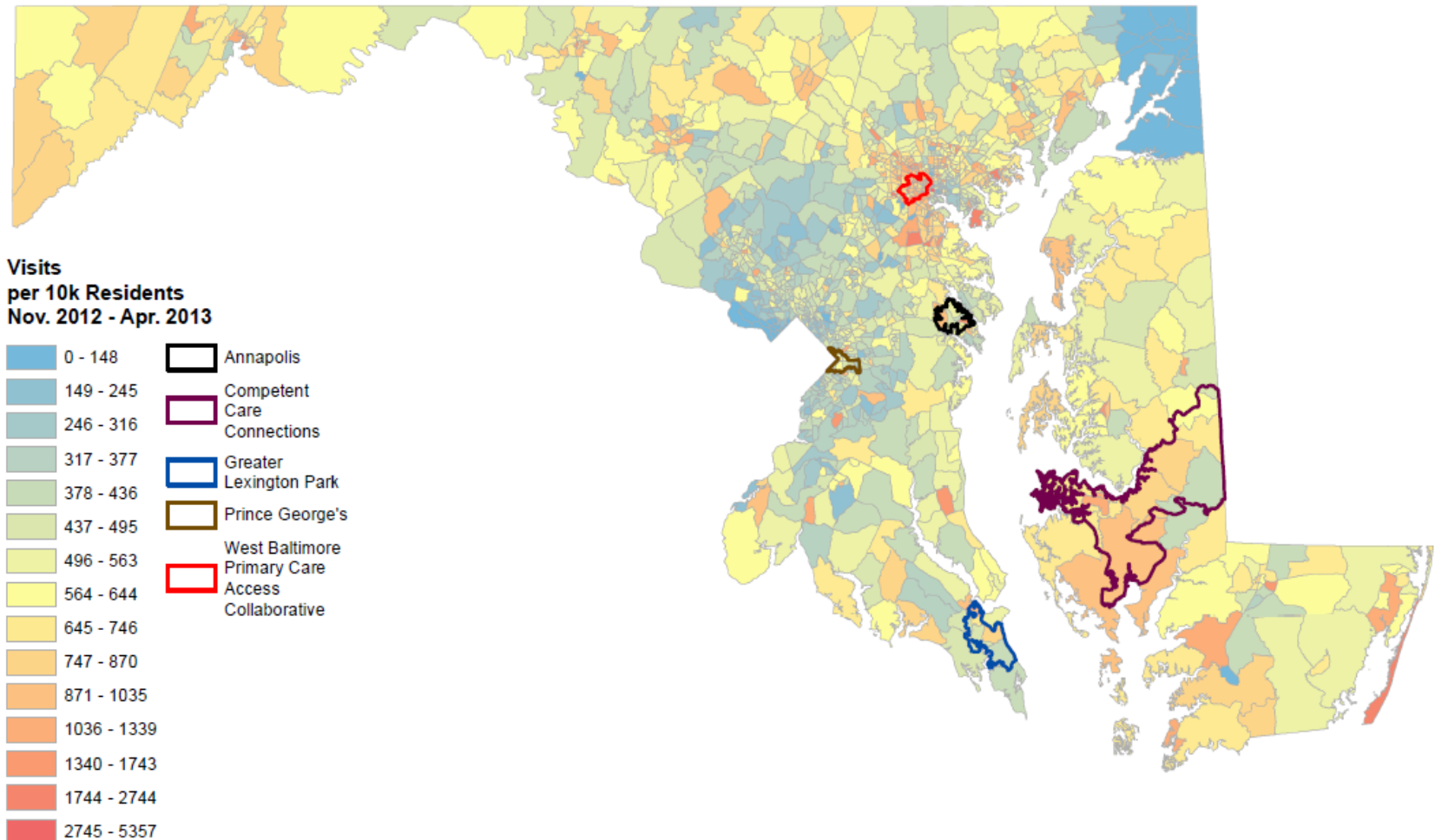
Interaction with Waiver

- New All Payer Model is “necessary but not sufficient” for reducing utilization.
- As acute care is deincentivized, more focus on addressing determinants of health and management of chronic diseases.
- SIM creates a community-based infrastructure focused on prevention and management.
- Partnering and utilizing CHHs will help hospitals – as well as ACOs and other innovative delivery models – reach their utilization targets.
- Already some examples through TPR:
 - Allegany County

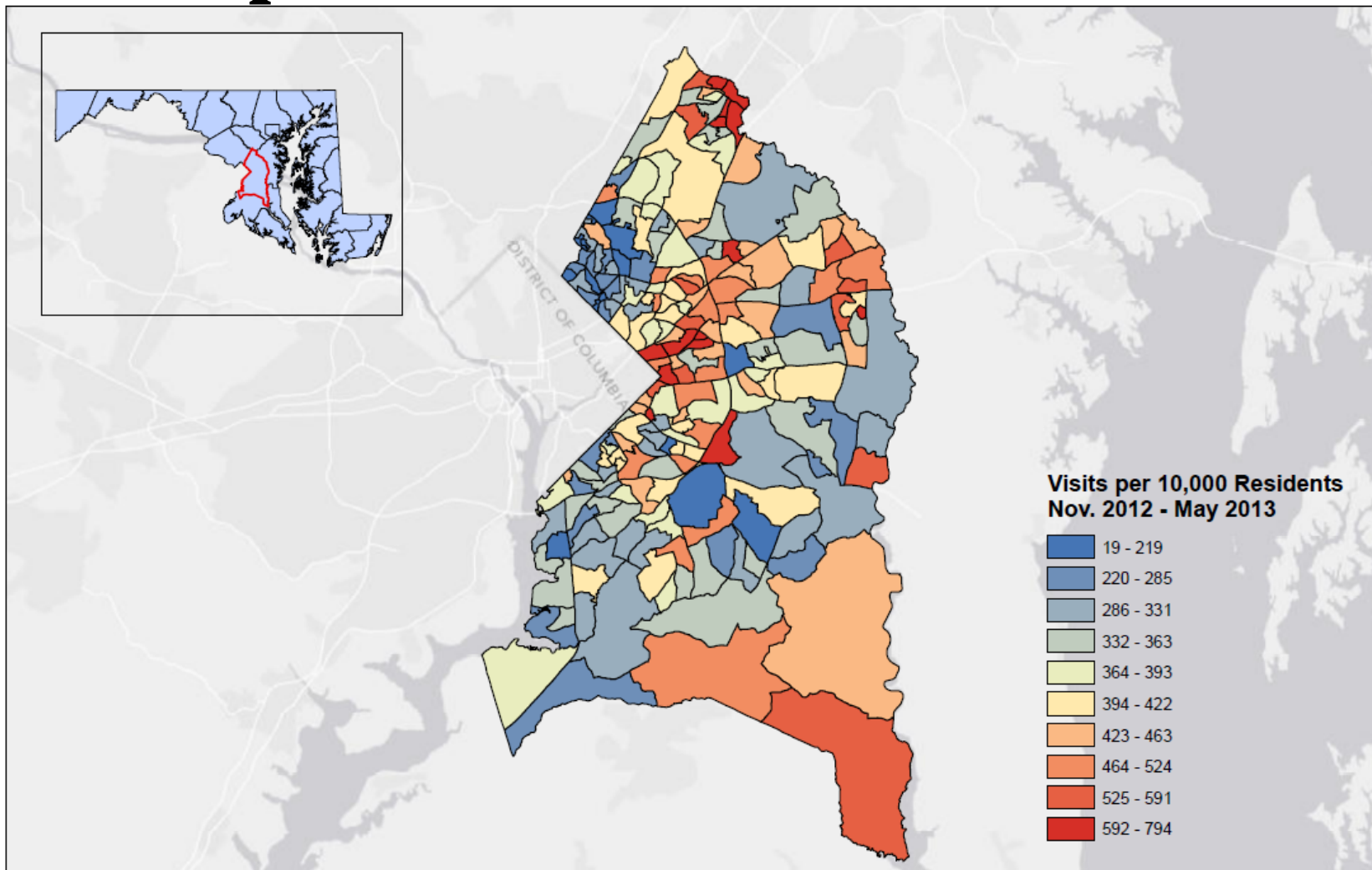
CRISP's Role in SIM

- DHMH and CRISP have partnered under Maryland's SIM Model Design Grant to develop a hospital service utilization reporting and mapping capability (building from the existing Encounter Reporting Service).
- Reporting and mapping capabilities will be designed to support the community integrated medical home model that is core to the Maryland approach.
- CRISP reporting and mapping capability will be enhanced to support broader "Camden Initiative-like" capabilities on a statewide scale.
- Additional data types will be incorporated into the CRISP reporting solution to enable broad understanding of population health status and trending.
- Highly granular mapping and reporting will be made possible through CRISP's address level data for encounters.

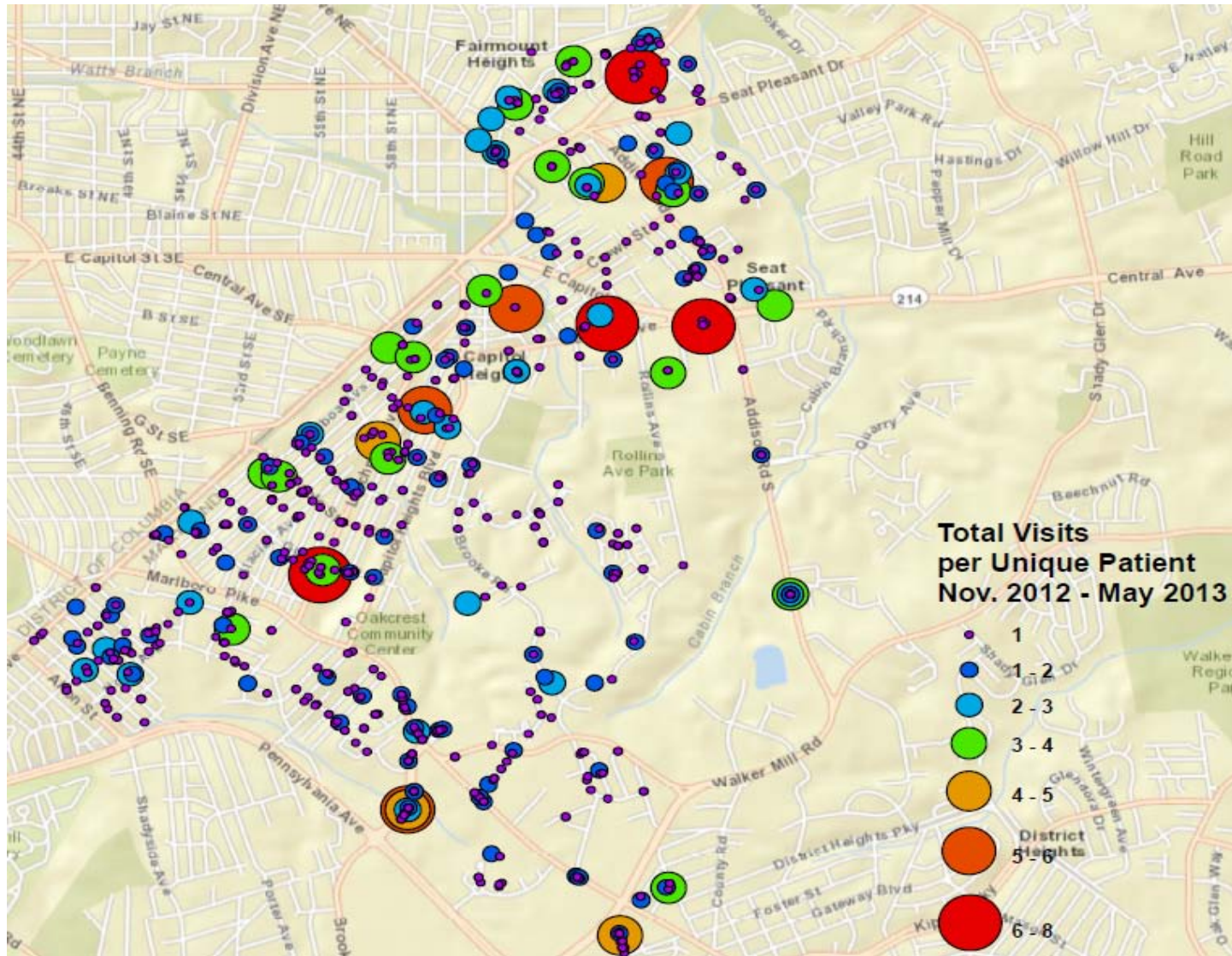
Inpatient Utilization by Census Tract



Inpatient Utilization, P.G. Co.



Inpatient Utilization, Capitol Heights



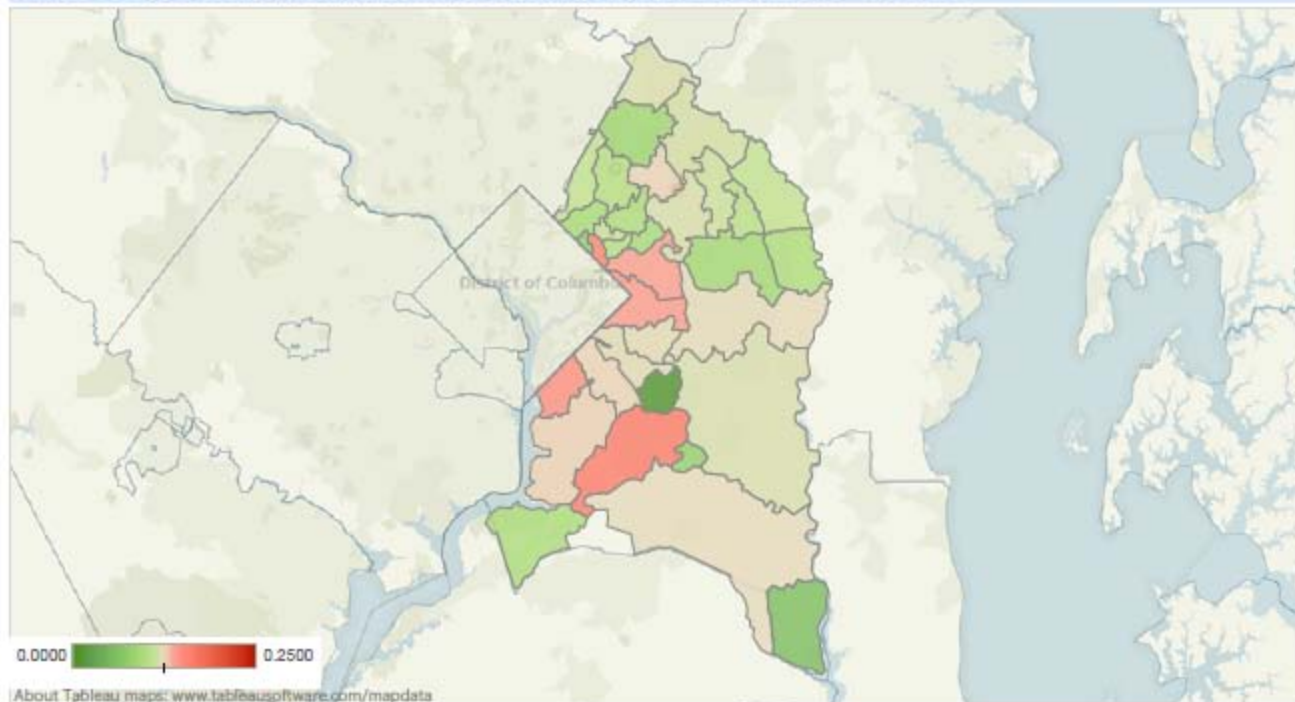
*simulated data

Population Utilization Reports

Prince George's County Q1 2013

Diagnosis	Unduplicated Patients	Patients per 1000 Residents	Discharges	Discharges per 1000 Residents	All-Cause 30-Day Readmits	All-Cause 30-Day Readmits per Discharge
Asthma	90	0.10	94	0.11	8	0.09
Heart Failure	466	0.54	525	0.61	110	0.21
Other Pneumonia	397	0.46	408	0.47	59	0.14
Septicemia & Disseminated Infections	666	0.77	715	0.83	99	0.14
Behavioral Health	706	0.82	814	0.94	120	0.15
All Other Diagnosis	12,430	14.40	14,673	16.99	1,605	0.11
Total	14,755	17.09	17,229	19.95	2,001	0.12

Prince George's County Readmissions Per Discharge by Zipcode Q2 2012 - Q1 2013



Encounter Notification Service

- ENS enables providers to receive real-time notifications when one of their patients or members is hospitalized.
- The alerts are generated from the ADT messages CRISP receives from all Maryland hospitals.
- Participants can only subscribe to “active patient or members”
- There are currently over 1,000,000 patients subscribed to with in ENS resulting in over 2,000 notifications per day.

