



CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS

Integrated Care Network Infrastructure – Status Update

HSCRC Commission Meeting

10 February 2016

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ICN Infrastructure Workstream Leads



Calvin Ho

1. Ambulatory Connectivity: We are connecting more practices, physicians, long-term-care facilities, and other health providers to the CRISP network.



Ryan Bramble

2. Routing Data: We are building a data router: including data normalization, patient consent management, patient-provider relationships – for sharing patient-level data.



Steve Caramanico

3. Clinical Portal Enhancements: We will enhance the existing Clinical Query Portal with a care profile; a provider directory; information on other known patient-provider relationships; and risk scores.



Ryan Bramble

4. Notification & Alerting: We will create new alerting tools so that notifications happen within the context of a provider's existing workflow.



Craig Behm

5. Reporting & Analytics: We will expand existing CRISP reporting services and make them available to a wider audience of care managers.



Lindsey Ferris

6. Basic Care Management Software: We will support care management software platforms – through data feeds, reports and potentially a basic shared care management tool.



Cheryl Jones

7. Practice Transformation: We will train providers on leveraging CRISP data and service, sharing best practices and workflows, and supporting collaborative partnerships. CRISP's role is TBD and may be supportive or coordinating.



Ross Martin

Program Director



Diatta Harris

Project Manager



Pace and Funding

ICN Infrastructure BUDGET SUMMARY						
Workstream	FY2016 State & Federal Budget	FY2016 Approved HSCRC	Actual Through December	FY2016 Current Estimate	FY2016 HSCRC Change Request	Full Project "Planning Budget"
1. Ambulatory Connectivity	\$4,499,326	\$449,933	\$351,151	\$2,838,000	\$2,250,000	\$31,435,691
2. Data Router	\$1,853,630	\$463,408	\$229,513	\$924,000	\$450,000	\$2,184,206
3. Clinical Portal Enhancements	\$1,550,379	\$775,489	\$110,817	\$490,000	(\$300,000)	\$2,409,735
4. Alerts & Notifications	\$1,321,180	\$1,321,180	\$91,789	\$682,000	(\$655,000)	\$3,739,997
5. Reporting & Analytics	\$2,468,110	\$2,468,110	\$884,352	\$2,497,000	\$0	\$23,660,628
6. Basic Care Management Software	\$505,804	\$505,804	\$119,013	\$506,000	\$0	\$3,902,765
7. Practice Transformation	\$262,411	\$262,411	\$68,126	\$264,000	\$0	\$7,963,601
8. Patient & Caregiver Engagement	\$0	\$0	\$0	\$0	\$0	\$1,320,001
TOTAL	\$12,460,840	\$6,246,335	\$1,854,761	\$8,201,000	\$1,745,000	\$76,616,624

Pending IAPD funding request approval



Bright Spots

- PaTH Report is live!*
- *Rollout timing is training dependent
- Receiving Care Plans!*
- *But we need more
- Care Profiles are available!*
- *More features and data sources will be added over time
- Ambulatory connectivity accelerating (>1500 connections)!*
- *Setbacks like Practice Fusion still occur
- Basic Care Management Software pilots kicked off!*
- *Keeping our options open based on outcomes
- Customer Success Program launched!*
- *Customer Success Plans need to be completed



Ambulatory Connectivity: CRISP Connectivity Tiers

- Tier 1: View Clinical Data and Receive Hospitalization Alerts (manually submit panels – 553 organizations)**

- Tier 2: Send Encounter Information About Your Patients (administrative encounter data – 229 practices)**

- Tier 3: Send Clinical Information About Your Patients (e.g., C-CDAs – 6 practices)**

Please refer to handout:

07-CRISP Connectivity Tier Sheet - 2016-01-13.pdf



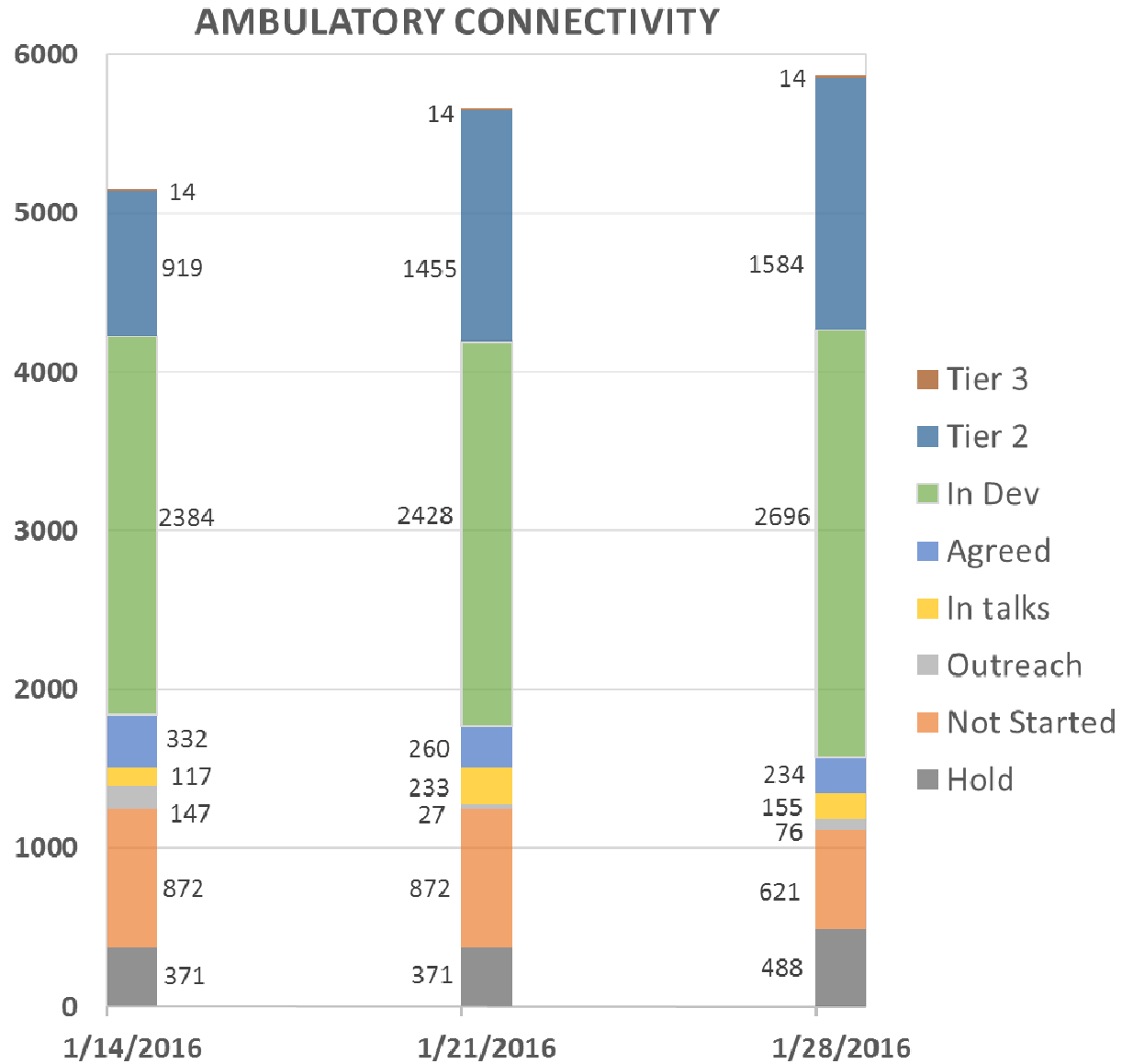
Ambulatory Practice Connectivity

as of 29 January 2016

Regional Partnership Priority Practices	Practice (sites)				Physicians			
	Total	In Dev	Tier 2	Tier 3	Total	In Dev	Tier 2	Tier 3
Bay Area Transformation Part	21	0	0	0	88	0	0	0
Balto Health Sys Transform Part	6	0	0	0	17	0	0	0
Howard County Regional Part	31	12	1	0	165	48	18	0
Nexus Montgomery	25	9	0	0	156	133	0	0
Regional Planning Comm Health	7	0	0	0	25	0	0	0
Southern MD Regional Coalition/ Continuum ACO	45	9	0	0	76	28	0	0
Trivergent	0	0	0	0	0	0	0	0
Upper Chesapeake/UHCC	58	25	14	2	137	52	35	4
Tristate ACO	22	0	0	0	22	0	0	0
Hospital Owned/Managed Practices								
Johns Hopkins Health System	53	0	53	0	1040	0	1040	0
Medstar	307	0	0	0	1882	1882	0	0
UMMS	94	0	94	0	293	0	293	0
LifEBridge	193	0	0	0	362	0	0	0
Dimensions	0	0	0	0	60	0	0	0
Adventist	145	145	0	0	233	233	0	0
Independent Hospitals	257	0	62	4	852	319	166	10
Additional Outreach								
CQM Practices	27	0	0	0	34	0	0	0
Independent Practices (PCP)	85	1	1	0	222	1	23	0
Independent Practices (Specialty)	1	0	0	0	4	0	0	0
Administrative Networks								
CyFluent	32	0	4	0	22	0	9	0
Relay Health	106	0	0	0	178	0	0	0
LT/PAC								
SNF	40	1	0	0	n/a	n/a	n/a	n/a
GRAND TOTAL	1555	202	229	6	5868	2696	1584	14



Ambulatory Connectivity Trends

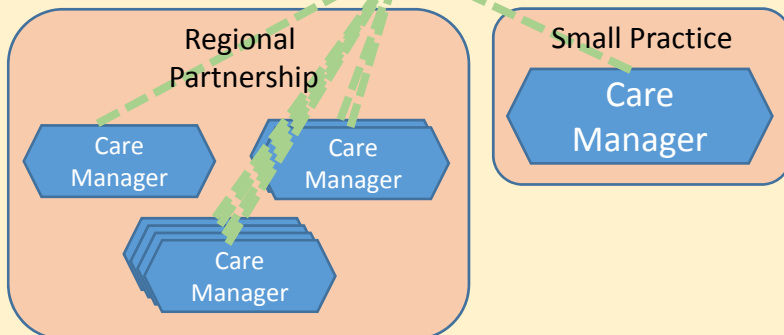
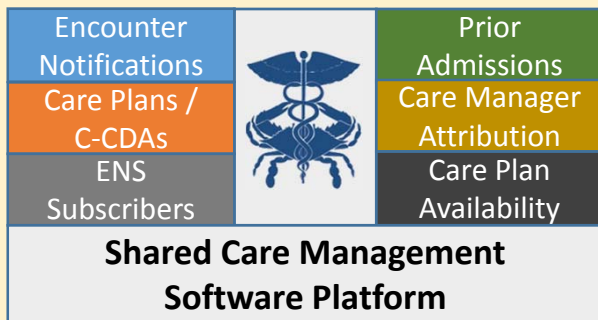




Basic Care Management Software Strategy

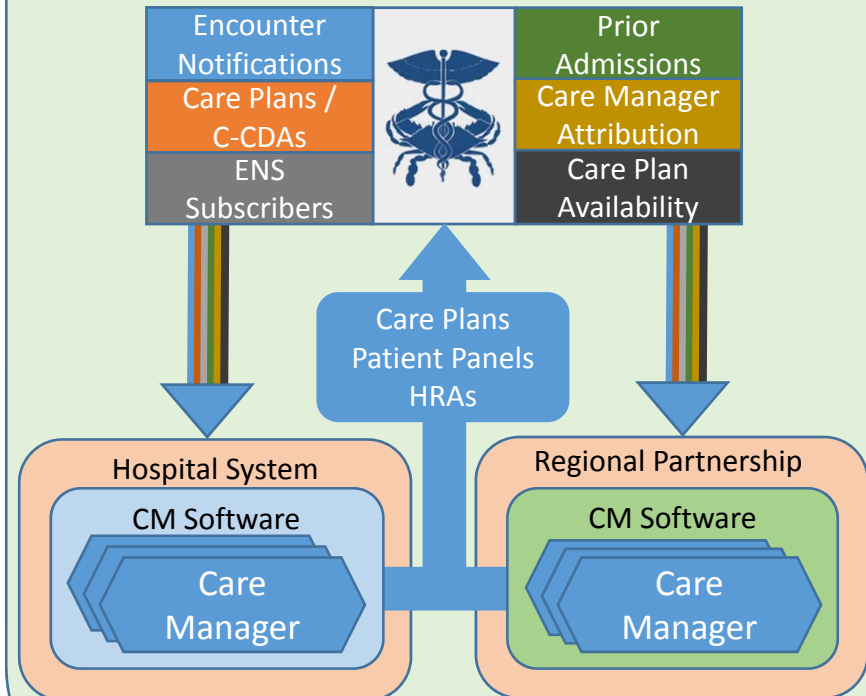
We are conducting pilots on two core strategies

Offer basic care management software as a shared platform
Mirth Care – Upper Chesapeake



◆ Easy to Scale ◆ One Size “Fits” All

Support customer-selected care management software with data feeds
Caradigm – Southern MD ACO / Continuum
eQHealth – TLC



◆ Custom Fit ◆ Multiple Integrations



Basic Care Management Strategy

Next Steps

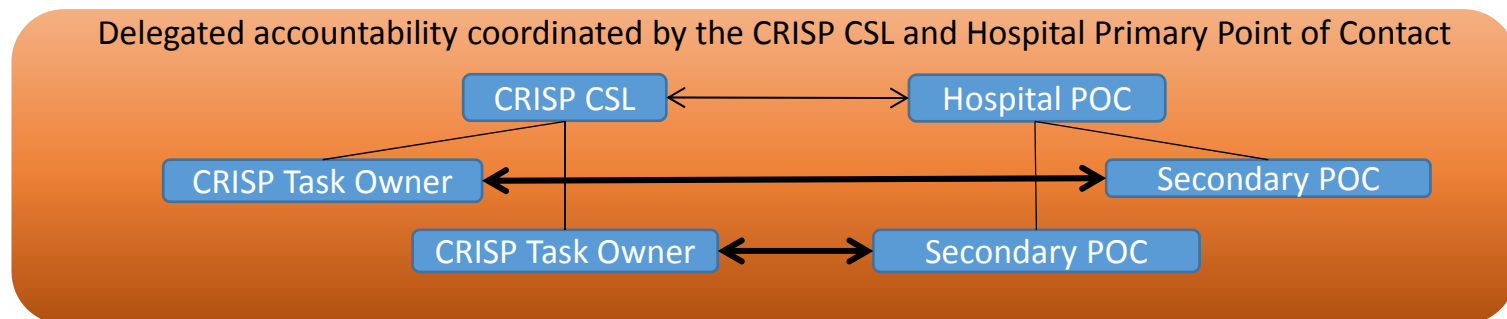
- Report on pilot results
- Decision point options to be considered by ICNI SC after pilots:
 - Basic Care Management Software offering:
 - Continue with Mirth Care as basic solution
 - Develop RFP for broader search for best solution
 - Choose not to support a shared platform
 - Support of multiple advanced care management software platforms:
 - Continue to support new platforms as customers select options
 - Develop “certification” or pre-purchase testing program to improve vendor selection process



CRISP Customer Success Program

Our goal is to ensure that our customers have access to health information exchange tools and services that support your success and your patients' health.

- **Why:** Our accountability with the State and you is aligned with your success. We are becoming more complex because your needs are becoming more complex.
- **What:** When CRISP understands your goals and strategies, we can match our tools and services to your needs and prioritize them.
- **How:** Together, we will craft a Customer Success Plan that outlines our shared commitments toward your stated goals.
- **Who:** CRISP will assign a Customer Success Liaison to you, who will coordinate all of your touchpoints with CRISP.





Customer Success Program

- Our products, services and customer mix – especially related to care coordination – have grown in scope and complexity.
- To optimize the customer experience, we have launched a Customer Success Program and have assigned Customer Success Liaisons (CSLs) to each of our key hospital clients initially.
- We have also developed tools to support CSLs
 - Draft Customer Success Plans
 - CRISP Wiki (internal) aggregating resources and information on customer activity and progress
- We have scheduled meetings with customer leadership to present the program (many more to go)



Customer Success Liaisons

Initial Customer Assignments



Paul
Gleichauf

Anne Arundel Medical Center
Atlantic General Hospital
Calvert Memorial Hospital
Doctor's Community Hospital
Fort Washington Medical Center
Garrett County Memorial Hospital
Greater Baltimore Medical Center
JH - Howard County General Hospital

JH - Johns Hopkins Bayview Medical Center
JH - Johns Hopkins Hospital
JH - Sibley Memorial Hospital
JH - Suburban Hospital
Laurel Regional Hospital
McCready Memorial Hospital
Peninsula Regional Medical Center
Prince George's Hospital Center



Rob
Horst

Bon Secours Baltimore Health System
Carroll Hospital Center
MedStar Franklin Square Hospital Center
MedStar Georgetown University Hospital
MedStar Good Samaritan Hospital
MedStar Harbor Hospital
MedStar Montgomery Medical Center
MedStar Southern Maryland Hospital Center

MedStar St. Mary's Hospital
MedStar Union Memorial Hospital
MedStar Washington Hospital Center
Mercy Medical Center
Northwest Hospital Center
Sinai Hospital
St. Agnes Hospital



Ross
Martin

Baltimore Washington Medical Center
Frederick Memorial Hospital
Harford Memorial Hospital
Holy Cross Hospital
Holy Cross Hospital - Germantown
Meritus Medical Center
Shady Grove Adventist Hospital
Union Hospital of Cecil County
University of MD Charles Regional Medical Center
University of MD Medical Center

University of MD Medical Center Midtown Campus
University of MD Rehabilitation and Orthopedic Institute
University of MD Shore Medical Center at Chestertown
University of MD Shore Medical Center at Chester
University of MD Shore Medical Center at Easton
University of MD St. Joseph Medical Center
Upper Chesapeake Medical Center
Washington Adventist Hospital
Western Maryland Health System Hospital



Background Slides



ICN Infrastructure Background

- As an entity established to engage in health IT initiatives best pursued cooperatively, CRISP is well positioned to manage the buildout of shared infrastructures.
- By virtue of CRISP's governance model, the stakeholders who use CRISP services direct the work efforts and decision making of the organization and provide oversight and accountability.
- This governance model extended well for building the Integrated Care Network (ICN) infrastructure, with a new Steering Committee empaneled by the Board to provide targeted oversight of the effort.
- The ICN tools and services are being developed through both new efforts and by building on the existing HIE platform that has evolved over the last 7 years.



Summary of Initial Approach

CRISP organized the ICN Infrastructure buildout into seven workstreams. They include:

1. Ambulatory Connectivity
2. Data Router
3. Clinical Portal Enhancements
4. Notifications & Alerting
5. Reporting & Analytics
6. Basic Care Management Software
7. Practice Transformation

Well developed work plans have been established for the first five workstreams. Detailed work plans for the final two workstreams are under development with the incorporating additional stakeholder direction.



Budget Status

- The current spend rate has us coming in below budget, though our rate of spend is accelerating.
- Decisions and the implementation pace of several work plans that are still under development could cause us to incur more or less costs.
- The most significant contributors to the budget are:
 - **Ambulatory Connectivity** – and the prioritization of encounter data has thus far kept costs below budget.
 - **Basic Care Management Software** – and the work plan is still under development.
 - **Practice Transformation** – the details of which will be best developed after the Ambulatory Alignment strategy is in place.
 - **Ambulatory Reporting & Analytics** – delivering robust analytics tools to 5,000 practices will be a significant undertaking if we pursue that direction.
- The original CRISP ICN Infrastructure budget for 2016 assumed roughly half of the funding would come from federal sources. A significant potential source of federal funding, called the HIE I-APD and led by DHMH, has not been finalized, though it looks promising.



Near-Term Objectives

- Accelerate Ambulatory Connectivity
 - Target priority practices to drive both encounter and clinical connectivity.
- Expand Care Plan Exchange
 - Engage additional partners to share Care Plans through CRISP's recent Care Plan Exchange capability.
- Medicare Data Request
 - Finalize strategy for receiving, processing, and reporting on claims data (1-2 weeks)
 - Rapidly execute data request process in conjunction with HSCRC and CMMI alignment efforts
- Risk Stratification Methodology
 - Incorporating HCC into casemix data and reports per the direction of the Reporting and Analytics Committee
 - Continuing to explore ACG, LACE, and other more advanced risk models and functionality
- Regional Partnership Projects
 - Begin project execution against the Regional Partnership commitments included in the RP – CRISP MOUs



Timeline and Status Highlights - Cont

◆	Completed
◆	In progress
◆	Not started

Deliverable	2015					2016						% Complete
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
4.0 Alerts and Notifications												
Readmission patient notification pilot live			◆									100%
Care alerts live at AAMC							◆					75%
Care Alerts live at BWMC								◆				0%
5.0 Reporting and Analytics												
Data Sharing Policy for Interhospital care coordination					◆							100%
PaTH Detail Dashbaord available to hospital care managers						◆						95%
Pilot Risk Stratification tools							◆					75%
Request Medicare data							◆					0%
6.0 Basic Care Management Software												
Mirth pilot initiation						◆						100%
Caradigm pilot initiation						◆						100%
eQHealth pilot initiation						◆						100%
7.0 Practice Transformation												
ENS webinar							◆					25%