CRISP

CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS

CRISP Care Management Support

February 2015

7160 Columbia Gateway Drive, Suite 230
Columbia, MD 21046
877.952.7477 | info@crisphealth.org
www.crisphealth.org

Vision – Mission – Guiding Principles

Our Vision

To advance health and wellness by deploying health information technology solutions adopted through cooperation and collaboration.

Our Mission

We will enable and support the healthcare community of Maryland and our region to appropriately and securely share data in order to facilitate care, reduce costs, and improve health outcomes.

Our Guiding Principles

1. *Begin with a manageable scope and remain incremental.*
2. *Create opportunities to cooperate even while participating healthcare organizations still compete in other ways.*
3. *Affirm that competition and market-mechanisms spur innovation and improvement.*
4. *Promote and enable consumers' control over their own health information.*
5. *Use best practices and standards.*
6. *Serve our region's entire healthcare community.*

General Maryland Strategy

1. Identify the high utilizer and high risk Medicare patients ~ 40,000 beneficiaries through a combination of Case Mix data and Medicare data
   - Using data in a limited way to identify patients at risk, but not yet sharing for care management.
2. Use a methodology to associate these patients to hospitals (Hospital Case Mix data) and to PCPs (Medicare data and ENS panels)

3a. Engage hospitals to provide care management for their associated patients, either at a local level, through regional cooperatives, or through a statewide care management program.
   - Patients will consent to participation in care management.
   - Patient level data may not be shareable until patient consent is obtained.

3b. Engage ambulatory clinicians in the care management process.
   - PCPs could receive $500 from CMS for care management.
   - Financial alignment strategies are needed.

4. Ask clinicians who care for one of the 40,000 to create a sharable Care Profile or Care Plan.
   - A mechanism to share care profiles, summaries, and plans will be needed.
5. Plan for future interventions to benefit a broader group of Medicare patients ~ 200,000 beneficiaries.

Using Health Data

Four venues where information is needed:

1. Statewide reporting services
2. At the point of care
3. Care management
4. Patient engagement

1. Statewide Reporting Services

- CRISP can already create a report of Medicare high utilizing patients, from the Hospital Case Mix data.
  - To distribute these reports, we need a data use policy which will allow sharing of either the patient demographics, or the more complete patient record, presumably after a patient consent.
  - The reports could be added to a monthly schedule for each hospital, regional consortium, or ACO.
  - We could contract with an organization to create more sophisticated risk-scored reports from the hospital Case Mix data.
- Patient relationship identification for hospitals can be done through Hospital Case Mix data and for ambulatory clinicians could be done partially from ENS panels.
  - Currently 2 Million patients are in the ENS provider panels.
- Both activities can be accomplished more accurately and completely if Medicare claims data is eventually obtained.
  - We would need to contract with a firm possessing Medicare data expertise.

Patient Details

Patient ID: C3

Date Range:

This would allow user to look at a different time range in this

Inpatient and Outpatient Hospital Utilization Detail

Inpatient Services

Facility Name	From DOS	Through DOS	Readmit	DRG	DRG Description	PQI	Discharged to LTC
Greater Baltimore Medical Center	2/1/2014	2/5/2014		139	Other pneumonia	Yes	
Johns Hopkins Hospital	3/16/2014	3/21/2014		165	Coronary bypass w/ cath or percutaneous cardiac proc		
Greater Baltimore Medical Center	4/15/2014	4/21/2014	Yes	253	Other & unspecified gastrointestinal hemorrhage		Yes
....							

Observation Services

Facility Name	From DOS	Through DOS	Revisit	DX CCS	Dx CCS Description	PX CCS	PX CCS Description
Greater Baltimore Medical Center	3/15/2014	3/16/2014		7.2.4	Coronary atherosclerosis	16.18	Cardiac stress test
....							

ED Services

Facility Name	From DOS	Through DOS	Revisit	DX CCS	Dx CCS Description	PX CCS	PX CCS Description	From Day	From Time
Greater Baltimore Medical Center	8/3/2014	8/3/2014	Yes	7.2.5	Nonspecific chest pain	16.18	Cardiac stress test	Wed	14:30
Greater Baltimore Medical Center	11/2/2014	11/2/2014		16.8	Contusion			Thu	11:00
Greater Baltimore Medical Center	12/20/2014	12/20/2014		9.12.1	Constipation			Sun	18:10
....									

Chronic Conditions

Condition	Present
Asthma	
Behavioral Health Condition	Yes
Coronary Artery Disease/Angina	Yes
Heart Failure/CHF	
Diabetes	
Hypertension	Yes

Draft Template for Report
For Discussion Purposes Only
Data Sharing Policy will need to be addressed

2. Point of Care

These following are possible extensions of CRISP's existing services to clinicians at the point of care:

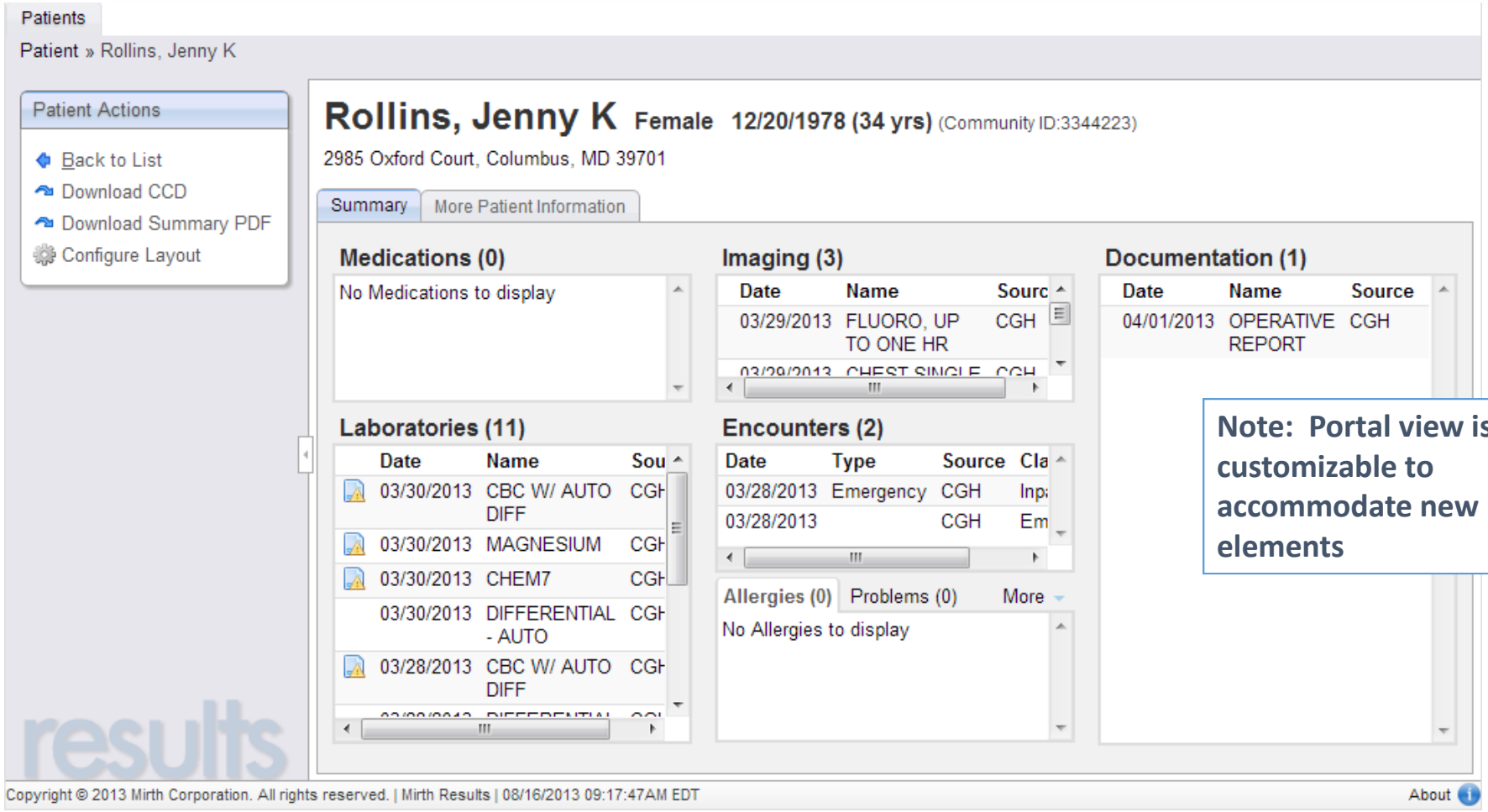
1. Visit List, showing the recent treatment encounters at participating community providers, displayed in the Clinical Portal or fed to the care management systems of individual or regional organizations.
2. Clinician relationship identification, displayed in the Clinical Portal, based on ENS panels or another methodology.
3. Provider Directory, in the Clinical Portal to facilitate communication between providers.
4. Care Profile, standards-based and displayed in the Clinical Portal, in some cases pulled from a more comprehensive Care Plan.
5. In-context alerting mechanism, so providers realize when a patient who presents is under care management, or meets other criteria.

CRISP has already credentialed about 5,000 providers to use the Clinical Portal, and necessary processes for monitoring and managing access already exist.

More complete information requires connecting ambulatory practices to the HIE, and that is no small undertaking.

A patient summary could be augmented by a hospital utilization summary pulled from the Case Mix data.

Existing Clinical Portal



Note: Portal view is customizable to accommodate new elements

3. Care Management

- CRISP does not have existing interfaces to Care Management programs, but such interfaces would allow CRISP to “feed” relevant information to those providing Care Management services. The ability to interface with local or regional tools would have to be determined on a one-by-one basis.
- CRISP could easily customize the existing Clinical Portal to store and view a common Care Profile statement, Patient Summary, or Care Plan document generated by Care Managers. We could also forward new documents to PCPs or Case Managers through ENS.
- A standardized Health Risk Assessment could also be stored and accessed through the existing Clinical Portal.
- The functionality to generate a common Care Profile statement, Patient Summary, or Care Plan document in the various EMRs around the state is not a slam dunk, but it is becoming more realistic with the CCDA document structure.
- The ability to edit a common Care Profile, Patient Summary, or Care Plan does not currently exist and would be difficult to pull off without use of a common tool of some kind. Clinicians have expressed interest in making basic annotations to a care summary.

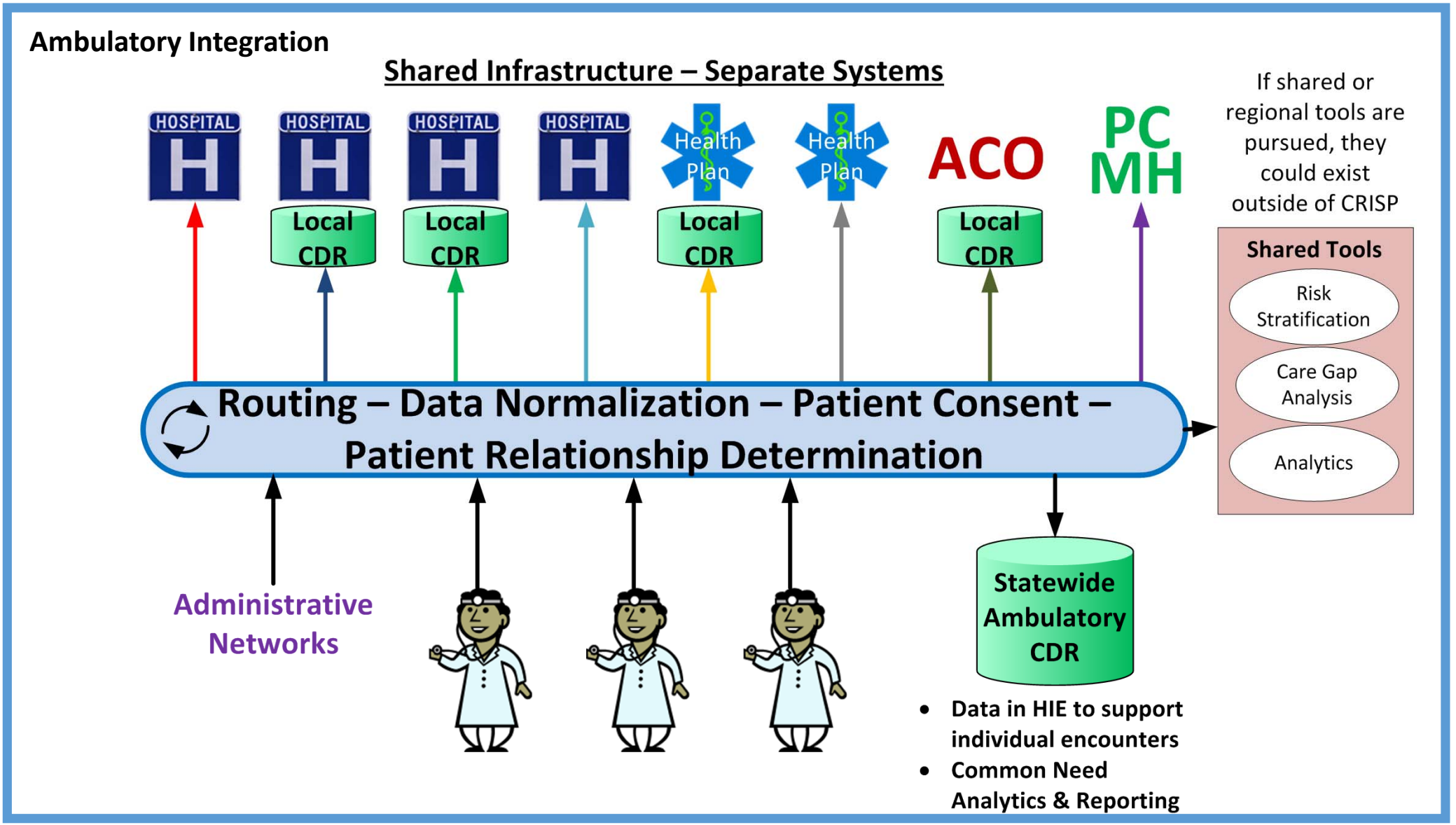
4. Patient Engagement

Other than one small pilot, CRISP has not built any services which directly engage patients. The first concern is not to weaken the patient-provider relationship. A second concern is the difficulty of offering a shared service which consumers would actually value.

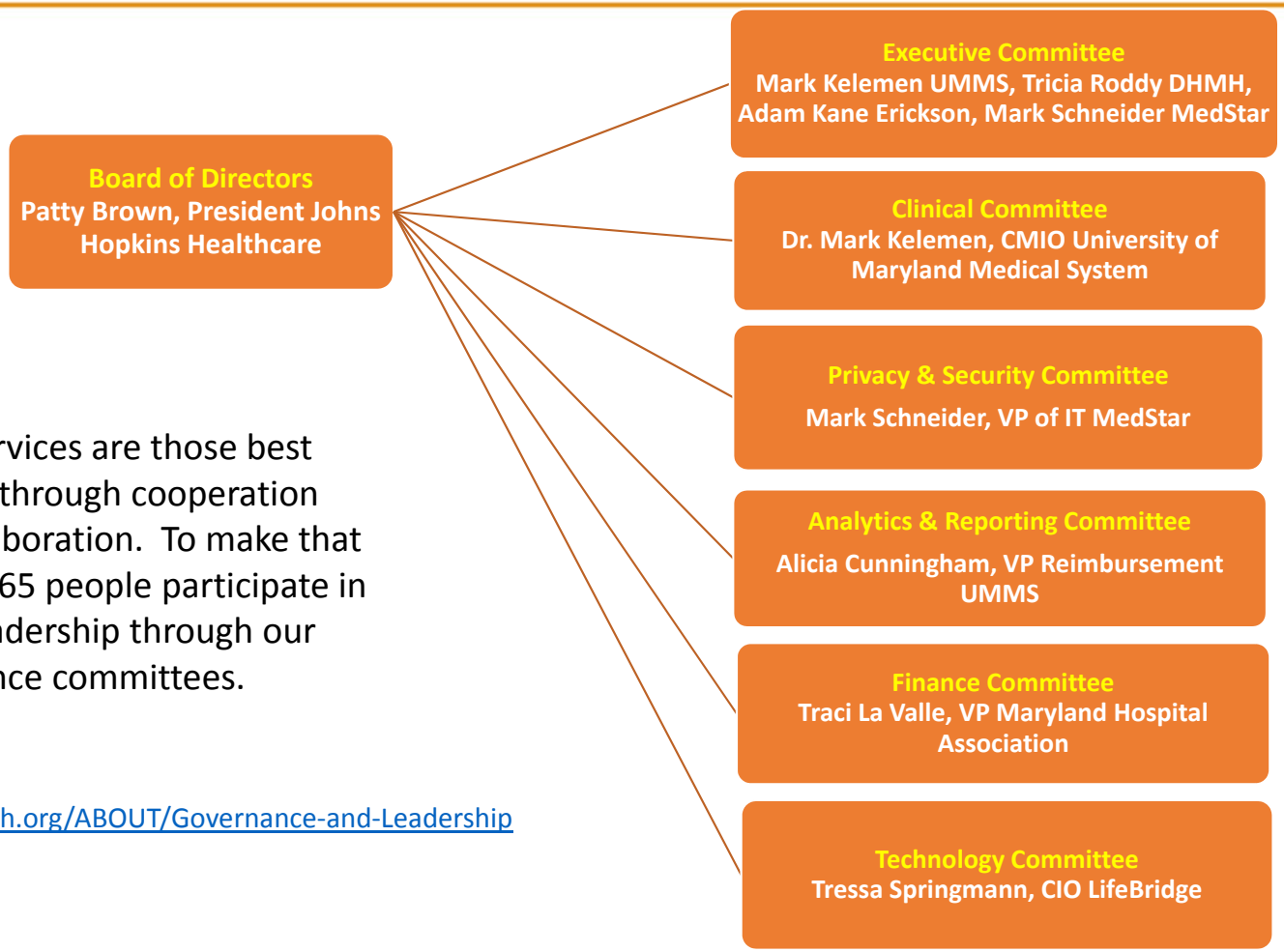
Care management and moving the data to support it will require new patient consent process. CRISP can build on it existing statewide patient consent platforms to meet this need.

Patient engagement for consent management could possibly include a patient portal. To the extent jointly-managed patient engagement tools did become a goal, CRISP would prefer to expose such services through providers' own portals.

Ambulatory Integration



CRISP Governance



CRISP services are those best pursued through cooperation and collaboration. To make that possible 65 people participate in CRISP leadership through our governance committees.

http://crisphealth.org/ABOUT/Governance-and-Leadership