CRISP Reporting Service (CRS) Introduction

Overview of Schedules, Reports, and Access to Reports

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Webinar Agenda

▸ Background

▸ Most Common Questions to Date

▸ Case Mix Data Processing and Production Schedule Overview

▸ Current and Upcoming Reports Review

▸ Access to the CRISP Reporting Services (CRS) Portal

▸ Q&A

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HSCRC Background

▸ The CMMI all-payer model demonstration contract established a readmission reduction target that requires Maryland Medicare rates to be equal or below National Medicare rates by 2018.

▸ To support the waiver goal the Commission approved the Readmission Reduction Incentive Program in April 2014.

▸ Under this program any hospital that meets or exceeds a 6.76% readmission reduction target, will be eligible for up to a 0.5% rate increase in FY2016 provided that the update factor is favorable.

▸ This new program was the first to measure readmissions both to the same hospital and to other hospitals within Maryland.

▸ This could only be accomplished through the HSCRCs collaboration with CRISP.

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CRISP Background

▸ CRISP receives real-time encounter messages (called "ADTs") which carry facility, medical record number, visit IDs, and other important information about visits. These ADTs are currently flowing from all hospitals.

▸ The ADTs are processed through CRISP's Master Patient Index (MPI) generating a Unique Identifier (CRISP ID) linking patients across individual hospitals.

▸ Each month, the CRISP ID is linked to the IP and OP Case Mix data enabling HSCRC and CRISP to run the CMS readmission logic and to perform other inter-hospital analysis.

▸ Recently, CRISP distributed an initial set of hospital reports through a new secure site called the CRISP Reporting Services Portal – "CRS Portal".

▸ Over the coming weeks and months, enhancements to the existing reports as well as new reports will be distributed through the CRS Portal.

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Most Common Questions Since The Frist Round of Report were Distributed

▸ Who at my hospital received access to CRISP's CRS Portal?

▸ Can we request additional users to the current list of people that have access to the CRS Portal?

▸ Why did the first reports only include readmission numbers through April?

▸ What will the standard time lag be for reports distributed through CRS?

▸ What is the production schedule that HSCRC and CRISP will use moving forward?

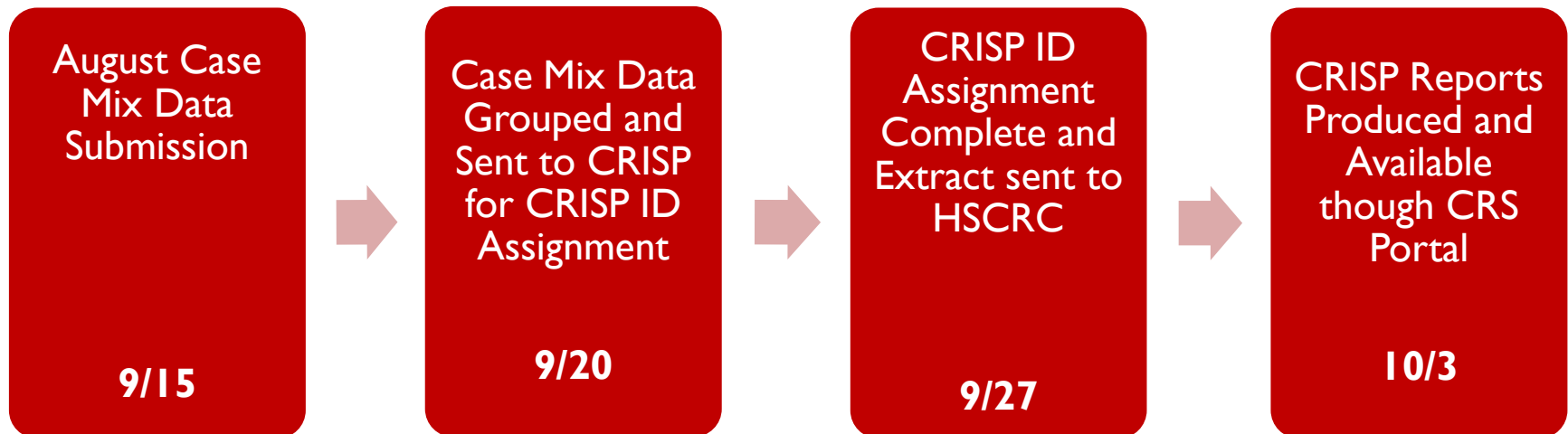▸ Why do the numbers on this report vary from the HSCRC report?

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Process and Production Schedule Overview

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General Processing Steps and Durations

▸ The processing step shown below outline time for each step to occur in order to produce the reports being distributed through the CRS Portal.

▸ While September is used as the example below, the general schedule adheres to these steps and durations.

▸ August case mix data is necessary to capture July discharges readmitted in August.

▸ In the scenario below, reports distributed in the beginning of October will include readmission data for visits through July.

August Case Mix Data Submission	Case Mix Data Grouped and Sent to CRISP for CRISP ID Assignment	CRISP ID Assignment Complete and Extract sent to HSCRC	CRISP Reports Produced and Available though CRS Portal
9/15	9/20	9/27	10/3

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Current and Upcoming Reports Review

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Readmission Trends and Locations Report (Currently Available)

There are **three** sections within the Readmission Trends and Destinations worksheet.

- Top section: Inpatient Statewide Utilization

  This section of the worksheet provides statewide discharges and readmissions (total, intra and inter) at all Maryland hospitals during the reporting timeframe. It also provides readmission rates (total, intra and inter) for all hospitals.

- Middle section: Inpatient Hospital Utilization at the Reporting Hospital

  This section of the worksheet provides discharges and readmissions (total, intra and inter) at the single reporting hospital during the reporting timeframe.

- Bottom section: Inpatient Readmissions by Destination Hospital, Discharged from the Reporting Hospital

  This section of the worksheet reports provides counts of the reporting hospital's inpatient readmissions by the hospital that received the readmission (the destination hospital).

Readmission Trends and Locations Report – Row Details

Inpatient Statewide Utilization

	January 2014	February 2014	March 2014	April 2014	May 2014	All Payer YTD	Medicare YTD
IP Total Discharges							
IP Total Discharges with CRISP ID	56,221	50,574	54,720	52,889	54,901	269,305	99,323
IP Eligible Discharges	53,145	47,823	51,750	50,055	51,998	254,771	91,561
IP Readmits	6,632	5,937	6,277	6,191	6,169	31,206	16,229
IP Readmit Intra Hospital	4,566	4,048	4,358	4,264	4,234	21,470	11,531
IP Readmit Inter Hospital	2,066	1,889	1,919	1,927	1,935	9,736	4,698
Unadjusted IP Readmit Rate	12.5%	12.4%	12.1%	12.4%	11.9%	12.2%	17.7%
Unadjusted IP Intra Readmit Rate	8.6%	8.5%	8.4%	8.5%	8.1%	8.4%	12.6%
Unadjusted IP Inter Readmit Rate	3.9%	3.9%	3.7%	3.8%	3.7%	3.8%	5.1%
Readmission Ratio (Observed / Expected)							
Risk Adjusted IP Readmit Rate							

Inpatient Readmissions by Destination Hospital, Discharged from Example Hospital

		January 2014	February 2014	March 2014	April 2014	May 2014	All Payer YTD	Medicare YTD
210013	Bon Secours	1	3	5	3	3	4	6
210044	Greater Baltimore Medical Center	3	2	4	5	1	21	10
210005	Frederick Memorial	3	3	3	5	3	4	9
210057	Shady Grove Adventist	7	2	4	6	1		9
210019	Peninsula Regional	3	2	3	2	5	15	9
210011	Saint Agnes Hospital	4	3	4	3	1	15	6
210001	Meritus Medical Center	2	6	2	4	2	14	8
210022	Suburban Hospital	3	3	2	4	2	14	8
210040	Northwest Hospital	2	5	2	2	2	13	5
210033	Carroll County General	1	2	1	3	6	13	6
210049	Upper Chesapeake Medical Center	3	3	3	3	1	13	8
210004	Holy Cross Hospital	3	2	4	2	1	12	5
210027	Western MD Health System	3	2	4			9	2
210034	MedStar Harbor Hospital	1	4	1		2	8	4

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Inpatient Readmission by Clinical Service Line (Currently Available)

There are **two** sections within this worksheet.

- Left section: <u>Reporting Hospital</u>

  This section provides data on inpatient discharges and readmissions at the single reporting hospital during the reporting year by clinical service line.

- Right section: <u>Statewide – All Hospitals</u>

This section provides data on statewide inpatient discharges and readmissions at all Maryland hospitals during the reporting year by clinical service line.

Example Hospital								
Clinical Service Line	Eligible IP Discharges	IP Readmits	IP Readmits Intra	IP Readmits Inter	IP Readmit Rate	IP Readmit Intra Rate	IP Readmit Inter Rate	Readmit Observed/Expected Ratio
All Clinical Service Lines								
General Surgery								
Gastroenterology								
Pulmonary								
Psychiatry								
Neurological Surgery								
Neurology								
General Medicine								
Oncology								
Infectious Disease								

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Hospital 30-Day Emergency and Observation Revisits Trends and Locations (Available Next Month)

▸ Individual reports will be created for both ED and Observation revisits.

▸ One report will provide summary counts and rates for Emergency Department visits within 30-days of discharge from an Inpatient visit.

▸ Another report will provide summary counts and rates for Observation visits within 30-days of discharge from an Inpatient visit.

▸ Both 30-day ED and Observation revisits are part of potentially avoidable utilization as defined by the HSCRC.

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High Inpatient Utilizers Report (currently under development)

▸ This report is designed to support hospital efforts to engage patients who have high inpatient utilization.

▸ The report will provide hospitals with detailed information on their patients with the most inpatient admissions.

▸ The report will include the total number and costs over a 12 month period for inpatient discharges, readmissions, emergency department visits, and observations stays, including utilization at other hospitals.

▸ This report includes case level detail. No data will be provided on patients that have opted out of CRISP services.

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Case Level Detail for Inpatient Discharges, Readmissions, Emergency Department Visits and Observation Stays (currently under development)

‣ This report will provide case level detail for all inpatient discharges, readmissions, and expand the revisit definitions to include 30 day visits to Emergency Departments and Observations.

‣ This report will replace current HSCRC case-level readmission reports and be produced by CRISP and distributed in an effort to consolidate the reporting of readmission related information to one source.

‣ This report includes case level detail. No data will be provided on patients that have opted out of CRISP services.

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CRS Portal Access and Account Provisioning

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CRS Portal

▸ CRISP staff sent all HSCRC Case Mix Liaisons and current Repliweb users a username and password along with the website link to access the reports.

▸ In addition to the hospital specific reports, detailed user guides for the first two CRISP reports, and current report notes are available through the CRS portal.

▸ As new reports are distributed, additional report guides and distribution notes will be included.

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Questions?

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