CRISP

CRISP Reporting Services

August 5, 2016

Medicare Data

➢ Maryland hospital leaders have expressed considerable interest in access Medicare data to support planning and implementation activities for the new All-Payer Model

➢ The two general types of data needs are:

    1) Sufficiently detailed data to support performance monitoring, policy, and planning

    2) Patient-level, identifiable data to support implementation of care coordination activities

➢ Each data need requires different processes for access and rationales for use

Performance Monitoring and Planning

➤ HSCRC, MHA, and CRISP have access to non-identifiable Medicare data through the Chronic Conditions Warehouse (CCW)

➤ Significant administrative challenges with CCW, including cell size limits

➤ Two different reports (one current, one under development) are based on the CCW access:

1) County-level total cost of care reports for 2011-2015, currently available through CRISP

2) Service-area and per beneficiary total cost of care reports, under development for scheduled release in September through CRISP
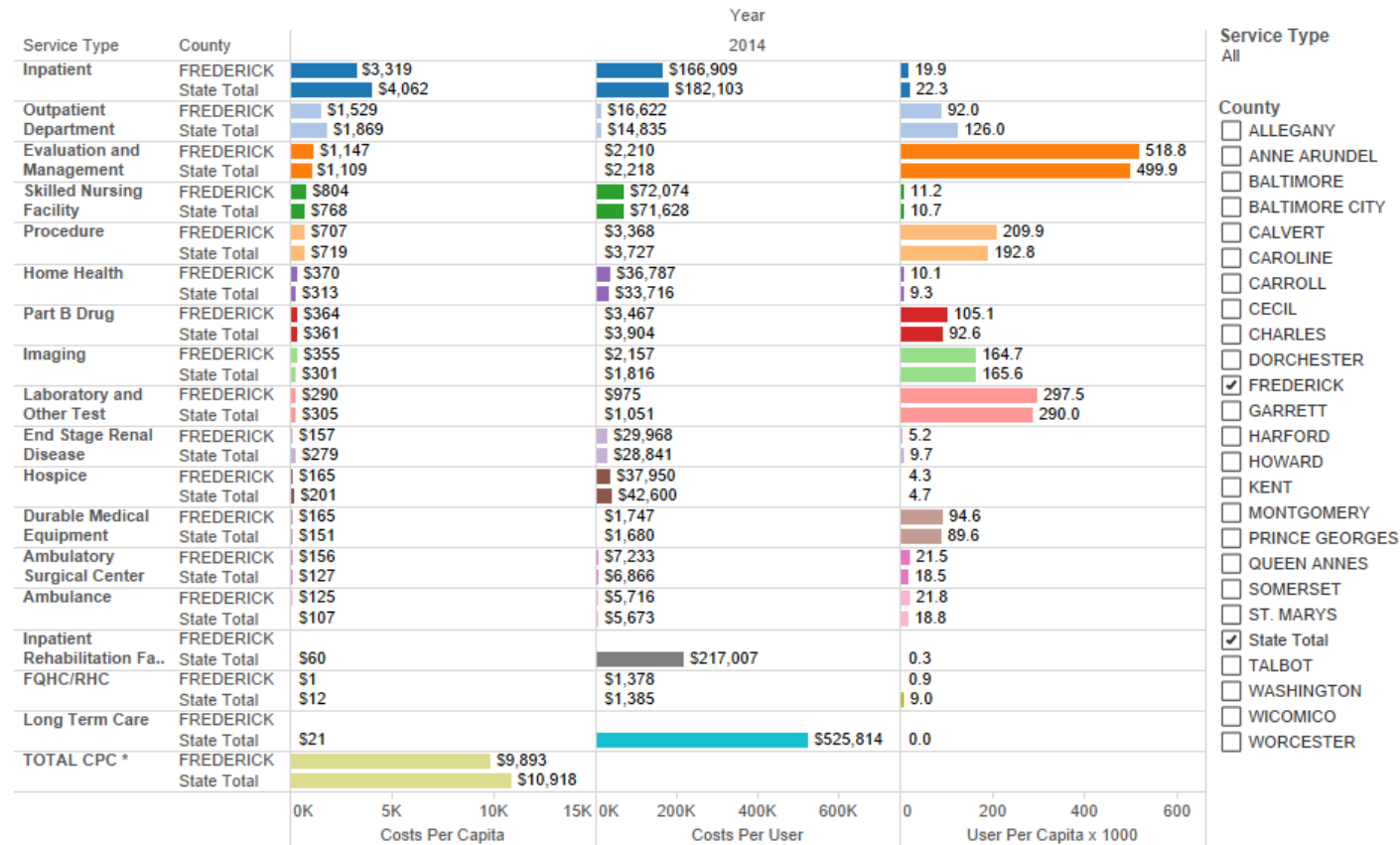
Source: Maryland-specific Data Produced for HSCRC by CMS/CMMI

| Patient Characteristic | Costs Per Capita by Service Type | County Cost Profile | County Cost Profile % change | Costs Per Capita Comparison | Costs Per Capita Comparison - Multiple Counties | Costs Per Capita Summary T.. |

County Cost Profile - Filtered by Year, Service Type and County

Year: 2014

Service Type: All

County:
- [ ] ALLEGANY
- [ ] ANNE ARUNDEL
- [ ] BALTIMORE
- [ ] BALTIMORE CITY
- [ ] CALVERT
- [ ] CAROLINE
- [ ] CARROLL
- [ ] CECIL
- [ ] CHARLES
- [ ] DORCHESTER
- [x] FREDERICK
- [ ] GARRETT
- [ ] HARFORD
- [ ] HOWARD
- [ ] KENT
- [ ] MONTGOMERY
- [ ] PRINCE GEORGES
- [ ] QUEEN ANNES
- [ ] SOMERSET
- [ ] ST. MARYS
- [x] State Total
- [ ] TALBOT
- [ ] WASHINGTON
- [ ] WICOMICO
- [ ] WORCESTER

Year: 2014

Service Type	County	Costs Per Capita	Costs Per User	User Per Capita x 1000
Inpatient	FREDERICK	$3,319	$166,909	19.9
	State Total	$4,062	$182,103	22.3
Outpatient Department	FREDERICK	$1,529	$16,622	92.0
	State Total	$1,869	$14,835	126.0
Evaluation and Management	FREDERICK	$1,147	$2,210	518.8
	State Total	$1,109	$2,218	499.9
Skilled Nursing Facility	FREDERICK	$804	$72,074	11.2
	State Total	$768	$71,628	10.7
Procedure	FREDERICK	$707	$3,368	209.9
	State Total	$719	$3,727	192.8
Home Health	FREDERICK	$370	$36,787	10.1
	State Total	$313	$33,716	9.3
Part B Drug	FREDERICK	$364	$3,467	105.1
	State Total	$361	$3,904	92.6
Imaging	FREDERICK	$355	$2,157	164.7
	State Total	$301	$1,816	165.6
Laboratory and Other Test	FREDERICK	$290	$975	297.5
	State Total	$305	$1,051	290.0
End Stage Renal Disease	FREDERICK	$157	$29,968	5.2
	State Total	$279	$28,841	9.7
Hospice	FREDERICK	$165	$37,950	4.3
	State Total	$201	$42,600	4.7
Durable Medical Equipment	FREDERICK	$165	$1,747	94.6
	State Total	$151	$1,680	89.6
Ambulatory Surgical Center	FREDERICK	$156	$7,233	21.5
	State Total	$127	$6,866	18.5
Ambulance	FREDERICK	$125	$5,716	21.8
	State Total	$107	$5,673	18.8
Inpatient Rehabilitation Fa..	FREDERICK			
	State Total	$60	$217,007	0.3
FQHC/RHC	FREDERICK	$1	$1,378	0.9
	State Total	$12	$1,385	9.0
Long Term Care	FREDERICK			
	State Total	$21	$525,814	0.0
TOTAL CPC *	FREDERICK	$9,893		
	State Total	$10,918		

* Total CPC is calculated as total costs of care of the selected county devided by the average of Part A and Part B beneficiaries.

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More Monitoring and Planning

➢ HSCRC have advocated for hospitals to have direct access to Medicare claims data to support their unique needs

➢ CMMI established a process for Maryland hospitals and other providers to access non-identifiable claims-level data through Limited Data Sets (LDS)

➢ Key attributes of the LDS are:

  ➢ All Medicare Part A and Part B claims for 2012-2015
  ➢ 100% of physician data (rather than 5% sample)
  ➢ All Maryland beneficiaries (except substance abuse)

LDS Request Process

➢ All hospitals must sign a Data Use Agreement (DUA) with CMS to access LDS data and reports

➢ There are two options for receiving information:
   1) Rely on CRISP for hosting and analytics, including reports without cell size suppression
   2) Receive the raw data from CMS directly to run custom analytics

➢ All hospitals who execute the DUA will have access to CRISP reports

➢ Directions and a pre-populated DUA (for option 1) are available from laura.mandel@crisphealth.org

Care Coordination

- Identifiable data for care coordination activities will be provided under the Care Redesign Amendment currently being processed by CMMI
  - Hospitals that choose to do so, may access patient claims data, share resources, and participate in financial alignment initiatives
- CRISP has prepared for the role of supporting coordination activities with Medicare claims data
  - Request for Proposal for Medicare Data and Analytics vendors was posted in July
  - CRISP will have a solution in place to support ACO-like analytics for organizations requesting support

Current Statewide Infrastructure

➢ CRISP tools support enhanced patient care and coordination:

  ➢ CRS reports for reviewing total hospital utilization (2 examples follow)

  ➢ Patient Care Overview in the Clinical Query Portal shows real-time encounters, provider relationships, and care alerts

  ➢ Single-sign-on places this information within current EHR workflows

➢ Ambulatory connectivity enables real-time data for care coordination

  ➢ As CRISP engages more providers, hospitals and other stakeholders will have better data than claims for care management

Medicare High Utilizers

➢ Reporting and Analytics Subcommittee of the CRISP Board, working with HSCRC and subject matter experts, requested a simple report to show:

1) Patients who use significant hospital resources
2) Which hospitals those patients use
3) Other relevant information when prioritizing resources

➢ "High Utilizers" dashboard, available in CRS dynamic (Tableau) portal shows patients with 3+ bedded care visits and the hospitals they visit

➢ 50% of these patients visit a single hospital; 75% visit just two hospitals

Medicare High Utilizers

Purpose is to allow hospitals to view Medicare high utilizers of inpatient services and gather enough information to make care management decisions

➢ High utilizer = 3 or more bedded care admissions (IP and Obs >24hrs) in 12 months

➢ Information included: hospitals visited, dates, subscribed panels, utilization counts, chronic conditions

Patient Total Hospitalizations Dashboard - High Utilizer
Medicare FFS High Utilizers During the Last 12 Months

Key Population Health Metrics

➢ **HSCRC has identified specific metrics to monitor performance**

➢ **CRISP worked closely with HSCRC to align with many of the metrics**

➢ **CRISP developed a high level dashboard to show each hospital how it is performing in their GBR PSA across time periods**

  ➢ Enhancements are under development for regional collaborations and detailed information

HSCRC Key Metrics