CRISP Overview of Tools & Services
American College of Physicians
Annual Scientific Meeting

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User Story 1

• Dr. Zolet and his partners have a Primary Care Practice.
• They collectively care for a roster of patients and submit it to CRISP
• When one of their patients, Jon, is discharged from the hospital, the office manager, Susie, gets a real time notification.
• Susie reaches out to Jon and schedules an appointment after explaining to Jon the importance of following up
• When Jon comes is, Dr. Zolet learns that his meds have changed and adjusts his meds to better control his blood sugar
Mrs. Dorothy Smith presents to Maryland General Hospital with chest pain from the nursing facility.

Dr. Horrocks sees her and notes that she is at risk for coronary artery disease based on her age and comorbidities which include hypertension and pre-diabetes.

Dr. Horrocks accesses his EMR but sees no prior record of Mrs. Smith. He does, however, see that Mrs. Smith had recently visited St. Agnes Hospital for chest pain. He then accesses CRISP and sees a cardiac catheterization. Surprisingly, her coronaries were completely clean. Knowing this, he is able to discharge Mrs. Smith with a diagnosis of GERD in lieu of admission for coronary risk stratification.
Regional Health Information Exchange (HIE) serving Maryland and the District of Columbia,

Collaborating with Delaware, Northern Virginia, Pennsylvania, and West Virginia

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

<table>
<thead>
<tr>
<th>Data source or attribute</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live hospitals</td>
<td>91</td>
</tr>
<tr>
<td>Live clinical data feeds</td>
<td>261</td>
</tr>
<tr>
<td></td>
<td>(lab, rad, encounter, clinical documents)</td>
</tr>
<tr>
<td>Live ENS practices</td>
<td>+1,300</td>
</tr>
<tr>
<td>Long-term and post-acute care facilities</td>
<td>160</td>
</tr>
<tr>
<td>Standalone labs and radiology centers</td>
<td>16</td>
</tr>
<tr>
<td>Unique patients in index</td>
<td>+16 million</td>
</tr>
</tbody>
</table>
Mission and Guiding Principles

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.

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.
Core Services
CRISP Core Services

1. POINT OF CARE: Clinical Query Portal & In-context Information

2. CARE COORDINATION: Encounter Notification Service (ENS)

3. POPULATION HEALTH: CQM Align Population Reporting tool (Calipr)

4. PUBLIC HEALTH SUPPORT: Opioid Overdose, Infections disease alerting

5. PROGRAM ADMINISTRATION: HSCRC Waiver Care Redesign
1. POINT OF CARE:

Clinical Query Portal
- Search for your patients’ prior hospital records (e.g., labs, radiology reports, etc.)
- Monitor the prescribing and dispensing of PDMP drugs
- Determine other members of your patient’s care team
- Be alerted to important conditions or treatment information
- Launch Radiology images

In-context Alerts
- Meta data and direct links to information in the Query Portal - *Embedded in EMR*
Manual patient search to view Prescription Drug Monitoring Program, labs, radiology results, recent encounters, and documents.
View Radiology and Clinical data side by side
In-Context - Alert
Critical data available at the point of care through API, FHIR, or CCDA; single-sign-on to patient record
2. CARE COORDINATION:

**Encounter Notification Service (ENS)**
- Be notified when your patient is hospitalized in any regional hospital
- Receive special notification about ED visits that are potential readmissions
- Know when your MCO member is in the ED

**DocHalo**
- Send and receive PHI on mobile texting application

**Program Directory**
- Link patients to Care Management Programs
Encounter Notification System (ENS)

Real-time or batch alerts to appropriate providers based on treatment and care management relationships.
How Does ENS Work?

1. **A resident goes to the hospital**
   - At registration the hospital asks the resident for basic information (name, DOB, etc.) and the reason for the visit. The registrar enters that information into an Electronic Medical Record.

2. **Hospital Registration**
   - When the registrar has completed entering the information, and pushes ‘save’, a copy of that information is immediately sent to CRISP.

3. **CRISP**
   - A facility who has submitted a resident panel to CRISP that includes this resident receives a real-time or batch notification that the resident has been to the hospital.

4. **CRISP**
   - The facilities that submitted resident panels to CRISP may also consult ENS Prompt for the resident’s discharge disposition and location, and the Patient Care Overview for important details about the resident’s prior hospitalizations and care coordination activities.
Proactive Management of Patient Transitions (ProMPT)
Filter Your Patient’s Data
## Identify Where Your Patients Go

### Most Recent Event

- **Event Date:** 7/28/16 7:39 AM
- **Event Type:** ER Admit
- **Event Location:** Toronto General Hospital
- **Practice Location:** Howard County
- **Hospital Service:** Diagnosis
- **Patient Diagnosis:** CAR66 LOW B/P
- **Discharge Disposition:** Discharged/transferred to an intermediate care facility ICF
- **Discharge to Location:** Home
- **Patient Complaint:** WEC731 Stomach Pain
- **Admit Source:** Physical Referral

### Status Log

- **12/14/16 3:51 PM:** Crisp set this notification to In Progress

### Event History

- **7/20/16 1:22 PM:** Diagnosis: NIB19LT LEG PAIN/FOOTBALL
- **Complaint:** PAP5 Stomach Pain
- **Hospital Service:** Diagnosis
- **Discharge Disposition:** Discharged/transferred to an intermediate care facility ICF
- **Discharge to Location:** Hospital
- **Admit Source:** Transfer from a hospital
DocHalo – Secure texting
DocHalo Adoption:

CRISP has connected:
- 2 Home Health teams
- 4 Community Care Management teams
- 6 Hospitals
- 20 Primary Care / Specialists Practices
- 30 Skilled Nursing Facilities

Integrated with:
- University of Maryland Medical System
- Holy Cross Hospitals

2,000 users

10,000 users
User story 3: PCP to ED

PCP office

Answering Service

ED

PCP

• Dr. Roper wants to send his patient to the ED

GAP

• Dr. Roper calls the Unit Secretary and is put on hold

ED Doc

• Dr. Andrews has no background information about the patient and begins a workup that was not intended
User story 3: PCP to ED

- PCP office
- PCP/on call ED Doc
- ED

**PCP**
- Dr. Roper wants to admit his patient to IP

**Secure Text**
- No intermediary
- Relevant clinical information

**ED Doc**
- Dr. Andrews has a direct line of communication
User Story 4: TCM Value Proposition

Over a 12 month period, we have successfully billed over 700 TOC’s and received over $125,000 in reimbursement.

- 434 clients enrolled
- 120 clients connected with health insurance
- 222 clients connected with a PCP
- 73% of scheduled PCP appointments kept
- 78% have 0 visits in the first month post case closed
- 65% have 0-1 visits 4 months post case closed
- 64% reduction in ED visits
- 80% reduction in inpatient stays
- Approximately $632,000 in avoided charges to date

Readmission rate – 13.7% (goal is <15%)
28.9% TCMs per eligible stay (goal is >80%)
ED Recurrence rate – 26.7% (goal is <20%)
YTD hospital stays – 214.5/1000
403/1000 ER visits

Data from Jan-Dec 2015:

<table>
<thead>
<tr>
<th>TCM Codes</th>
<th>Claims Submitted</th>
<th>Billed Charge</th>
<th>Payment Paid</th>
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</thead>
<tbody>
<tr>
<td>99495 (7-day)</td>
<td>15</td>
<td>$3,945.00</td>
<td>$2,510.08</td>
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<tr>
<td>99496 (14-day)</td>
<td>48</td>
<td>$17,808.00</td>
<td>$9,500.03</td>
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<tr>
<td>Total</td>
<td>63</td>
<td>$21,753.00</td>
<td>$12,010.11</td>
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3. POPULATION HEALTH:

CAiPR

- CQM Align Population Reporting tool
What is CAliPR?
The CQM Aligned Population Reporting (CAliPR) tool is designed to calculate eCQMs at a provider, practice, payment arrangement, and community level to support incentive and value-based payment programs.

Highlights:
- Capable of calculating eCQMs from C-CDA or QRDA Category 1 files
  - Integrating claims import capabilities 2018
- Achieved ONC 2015 Edition Certification
- Multiple data collection methods (XDS.b, sFTP, Direct, manual upload)
- Aggregates clinical data from across various healthcare settings for eCQM calculations
- Capable of accepting and calculating custom quality measures
4. PUBLIC HEALTH SUPPORT:

Partnerships with Maryland MDH, District of Columbia DHCF, and West Virginia through the WVHIN

- Opioid Overdose Alert
- Infectious Disease Alert
Public Health Reporting
Brief Poll

Respond at PollEv.com/karanmansukh082

Text KARANMANSUKH082 to 22333 once to join, then A, B, C, or D
How important is it to you to know that there are radiology images available for a patient in the context of your EMR?

- Not important: A
- Somewhat important: B
- Important: C
- Very important: D

Respond at PollEv.com/karanmansukh082
Text KARANMANSUKH082 to 22333 once to join, then A, B, C, or D
Question 2:

How comfortable do you feel communicating via secure text with ER docs and hospitalists outside your health system?

- Not comfortable: A
- Somewhat comfortable, only if it's important: B
- Somewhat comfortable, only if I know the doctor: C
- Very comfortable, even if I don't know the doctors: D

Respond at PollEv.com/karanmansukh082 or text KARANMANSUKH082 to 22333 once to join, then A, B, C, or D.
Question 3:

How important is for you to see patients immunization history?

<table>
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</table>

- **A**: Not important, I collect all of that information myself
- **B**: Somewhat important, if its complete
- **C**: Important, if it shows retail pharmacy information
- **D**: Very important, however complete it is
How important is it to you to know the location of your patients in real time?

Respond at PollEv.com/karanmansukh082
Text KARANMANSUKH082 to 22333 once to join, then A, B, C, or D

A. Not important, I’m too busy
B. Somewhat important, I would check it to know where one of my patients is
C. Important, I may check it a few times a week
D. Very important, I would check it every day to know where my patients are to better manage their care
Question 5:

What role do you play in healthcare?

- Hospitalist: A
- PCP: B
- Intensivist: C
- Other: D

Respond at PollEv.com/karanmansukh082
Text KARANMANSUKH082 to 22333 once to join, then A, B, C, or D
Question 6:

How many times per week do you use CRISP?

- Respond at PollEv.com/karanmansukh082
- Text KARANMANSUKH082 to 22333 once to join, then A, B, C, or D

<table>
<thead>
<tr>
<th>Never</th>
<th>A</th>
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</thead>
<tbody>
<tr>
<td>1-5</td>
<td>B</td>
</tr>
<tr>
<td>5-10</td>
<td>C</td>
</tr>
<tr>
<td>&gt;10</td>
<td>D</td>
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</table>
Last question:

What data would make CRISP more valuable to you?

When poll is active, respond at PollEv.com/karanmansukh082
Text KARANMANSUKH082 to 22333 once to join

No responses received yet. They will appear here...
Questions and Discussion

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