Welcome
The e-Health Update is a resource that shares current CRISP initiatives as well as pertinent healthcare information for our region.

Each issue will provide updates on CRISP Services available and a sneak peek into what’s to come. We will also feature spotlights on providers and Health IT leaders who are using CRISP to make positive impacts on patient care.

About Us
CRISP is the regional health information exchange (HIE) serving Maryland and the District of Columbia. We are a not-for-profit organization advised by a wide range of stakeholders who are responsible for healthcare throughout the region.

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

CRISP REPORTING SUPPORTS HOSPITALS AND REGIONAL PARTNERSHIPS

In 2014, CRISP began offering reporting services (CRS) to all Maryland hospitals through a secure web portal. Our first step was to make it possible for hospitals to retrieve information on patient readmissions to their hospital and to other hospitals. Reports added recently will further benefit hospitals by providing additional data that supports efforts to improve patient care and reduce unnecessary utilization. Our goal is to assist with hospital efforts to proactively manage patients, especially their high utilizers.

In partnership with the Centers for Medicare and Medicaid Services (CMS), Maryland is the only state to operate an all-payer hospital rate regulation system. Under the new model, Maryland hospitals will work toward quality targets to promote better care. They include: reduction in hospital readmission rates, reduction in acquired conditions, and a performance report for various population health measures. With the new

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Anne Lara, Ed.D., RN, CNE, CPHIMS, the Chief Information Officer of Union Hospital of Cecil County in Elkton, Maryland, is pushing the boundaries of health information technology. Trained as an advanced practice nurse with a graduate degree in innovation and organizational leadership, she eagerly pursues and advocates for technology solutions that promote population health.

Having an increased interest in technology, Lara transitioned to a new role in healthcare. She spent time working for Siemens, an earlier maker of EMR systems, and WellDoc, an innovative HIT start-up company. She learned how mobile health technology would make sharing patient initiated and generated data possible across the continuum of health care.

Joining Union hospital of Cecil County as CIO, Lara has sought to understand the past, leverage new technology, and move forward. Her first task at Union, along with a dedicated staff, was to facilitate the implementation of a new version of the Meditech system. She continues to leverage new technology where it is not mandated but “makes financial and patient sense.” She and her team are diligently working to realize a “high reliability,” “always connected” infrastructure. Such an infrastructure would mean that clinicians and consumers would always have ready access to data needed to make both individual and population health-related decisions.

During her first days as CIO, knowing only that “we are a member,” she “knocked on CRISP’s door” and asked them to help her with “what are we doing and what could we do?” The collaborative relationship between Union and CRISP has resulted in a significant increase in the use of CRISP services by the hospital community. Team members utilize CRISP’s Clinical Query Portal and Encounter Notification Service (ENS) services. They also have access to view hospital-specific data through CRISP Reporting Services. Lara calls CRISP staff “the best folks in the world, always responsive.”

Capitalizing on the regional technology of both the Delaware Health Information Network (DHIN) and CRISP, Lara is exploring a regional perspective that will help providers obtain a patients’ records when they cross state boarders. Her hospital team can access data from both the DHIN and CRISP in a secure and confidential manner. Using both HIEs, she is testing how Union can send information to the Delaware Department of Health by leveraging the shared technology of DHIN and CRISP.

Lara strongly encourages every healthcare provider to begin using the many CRISP services; “There’s data out there; know how to use it.” Whether searching data through the Clinical Query Portal or having CRISP push ENS notifications directly to a provider, this information can prove a valuable resource in improving healthcare.
ENS, the service that enables providers and care coordinators to receive real-time alerts of their patients’ hospitalizations, has recently added new features.

- **Auto Subscribe:** Patient Panels can now be uploaded and updated through a connection with your EMR.

- **Readmission Alerts:** CRISP can now let your hospital know when a patient you have recently discharged is readmitted to another hospital within 30 days. In addition CRISP can let your registration/triage area know when a patient who has just registered is a 30 day readmission from any other hospital.

**Clinical Query Portal**

CRISP is always focused on developing new features for the Clinical Query Portal allowing providers access to the best possible picture of your patients’ health. New features include:

- **Summary of Care Documents:** Now access summary of care documents from the hospital.

- **Increased Speed:** Significant upgrades have been made to improve responsiveness and reduce search time by 50%.

- **PDMP:** As of December 20, 2013, PDMP data for all Schedule II-V CDS prescribed in the state of Maryland are available in the portal.

- **PDMP Interstate Sharing:** You can now view your patients’ PDMP data from Virginia and we are actively working with other neighboring states to share data. Maryland data will also display in the Interstate PDMP tab soon.

- **Immunizations:** You will soon be able to see ImmuNet registry data in the Clinical Query Portal.

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**CRISP CLINICAL QUERY PORTAL DASHBOARD 08/2015**

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<table>
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Medicare waiver, targeted to both control costs and improve quality, CRS has quickly become an imperative tool within Maryland hospitals.

The Health Services Cost Review Commission (HSCRC) recently awarded $2.5 million to eight groups for the development of Regional Partnerships for Health System Transformation in support of Maryland’s new all-payer model. The partnerships include: Regional Planning Community Health Partnership, Baltimore Health System Transformation Partnership, Trivergent Health Alliance, Bay Area Transformation Partnership, NexusMontgomery, Howard County Regional Partnership for Health System Transformation, University of Maryland Upper Chesapeake and Hospital of Cecil County Partnership, and Southern Maryland Regional Coalition for Health System Transformation. Their goal is to identify and address their regional health needs and priorities, and ultimately to improve the future of Maryland’s health care by enhancing patient care, improving population health and lowering total health care costs.

CRISP plays a vital role in supplying these Regional Partnerships with healthcare data they can use to determine and address the region’s health concerns. We provide interactive reports for each regional partnership to analyze various utilization metrics. CRISP is actively developing additional metrics and reports that will improve care coordination and provide valuable insight to key healthcare stakeholders. For more information please contact us at support@crisphealth.org.

NEW INITIATIVES PROVIDE FREE SUPPORT TO MARYLAND PRACTICES

The Virginia Health Quality Center (VHQC), which is now the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Maryland and Virginia, has launched several no-cost initiatives to help Maryland practices improve their financial performance, successfully participate in incentive programs, avoid Medicare payment penalties and demonstrate better outcomes for patients with diabetes and cardiac disease.

Working with CRISP and with Maryland Managed Services Organizations (MSOs), the VHQC promises assistance, as needed, to help providers satisfy the PQRS and meaningful use requirements and to qualify for incentive payments possible through these programs.

In addition, providers may join the VHQC population health network, which offers providers and their staff assistance from its expert team and opportunities to learn from other physicians. Network members also acquire access to free resources, webinars and an online learning community.

To learn more about the VHQC programs or to join the network, please refer to the links below:

http://qin.vhqc.org/population-health/practice-participation-agreement/
http://qin.vhqc.org/

If you have questions, please contact Peggy Oehlmann, VHQC Improvement Consultant, at poehlmann@vhqc.org or 443.924.4431.
AMBULATORY SPOTLIGHT ON DR. JESSE SADIKMAN

A graduate of the George Washington University School of Medicine and Health Science, Dr. Jesse C. Sadikman completed his training in Family Medicine at the Mayo Clinic in Rochester, MN.

At the Mayo Clinic, Dr. Sadikman became familiar with the benefits of a medical system that shared records with physicians through integrated electronic records. Although in Maryland he found a high standard of medical practice, he recognized a further need for the integration of records. Pursuing the subject, he studied medical informatics and health information exchange (HIE) and became convinced that he should move his clinical work to leverage electronic records, communication, and quality metrics to improve, optimize, and coordinate care.

A long time supporter of CRISP, he views its work as central to efforts to gather and exchange health information. Wanting to get more involved, he has served on the organization’s small practice advisory committee, focusing on improving communication among primary care providers and hospitals and utilization CRISP’s services in the community.

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In addition to his private practice, Dr. Sadikman serves as Medical Director of Primary Care Integration with the Holy Cross Health Network, a not-for-profit health system that works with physicians in the community, providing a full range of inpatient, outpatient, and innovative community-based services. As HIE Partners with CRISP, the network’s hospitals, Holy Cross Hospital and Holy Cross Germantown Hospital, are able to use its ENS services to obtain encounter information, admit reason, and discharge disposition. They then log into the query portal to view clinical information.

Dr. Sadikman points to the clinical benefit of knowing what your patients are doing and being able to retrieve information in the portal on their transitions of care. This is also beneficial as Medicare has authorized higher codes for transition of care visits.

Because CRISP offers clinical data on both outpatient and inpatient visits throughout the region, Stadikman states that he can receive relevant clinical information on patients who have been hospitalized, such as ICU chart data and progress notes.

The next step, as he sees it, is the creation of system interoperability on a wider, even nationwide, scale. Usefully, the new Medicare law introduces language that supports the concept of interoperability. In light of current needs, Dr. Sadikman is confident that CRISP will play a greater role as care coordination becomes a focus of practice improvement.
On March 30, 2015, Centers for Medicare and Medicaid Services (CMS) released its Meaningful Use (MU) Stage 3 Proposed Rule. The rule aims to provide simplicity, flexibility and clarity to the MU program, while ensuring long-term sustainability. The fact that providers have been using different reporting periods and are attesting to multiple stages of MU has increased the program’s complexity over the years. Having Medicare and Medicaid eligible providers and eligible hospitals at three different stages of the program has resulted in essentially twelve different versions of the current MU program, according to Elizabeth Myers, Policy and Outreach Lead for CMS eHealth Initiatives. The proposed rule aims to reduce these complexities and the associated provider burden.

The Stage 3 proposal offers a single stage and a single reporting period for all providers. After an optional year in 2017, all providers would report on a single definition of Meaningful Use for Stage 3, beginning in 2018, regardless of prior participation in the program. There is an exception for Medicaid providers demonstrating MU for the first time; these providers will be allowed a 90-day reporting period.

The Stage 3 proposal would further simplify the MU program by requiring just 8 core objectives, roughly half of the objectives required in Stage 2. CMS analyzed the objectives and measures in Stage 1 and Stage 2 and removed measures that were redundant and measures that were being achieved at a high rate of performance. The proposed 8 objectives are Protect Patient Health Information, Electronic Prescribing, Clinical Decision Support, Computerized Provider Order Entry, Patient Electronic Access to Health Information, Coordination of Care through Patient Engagement, Health Information Exchange, and Public Health and Clinical Registry Reporting.


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**CRISP USER RESOURCES**

CRISP has a support email support@crisphealth.org and phone line 1-877-952-7477 that is manned during business hours (8am-5pm). The team is available to help you with any log-in issues or to assist with adding addition CRISP services or users to your organization.

- Accounts that have no activity during the last 90 days will be locked. Users must call CRISP directly to unlock an account or email from the email address on file.

- Requests for password resets, account unlocks, etc. must come directly from the user.