



CRISP

*Connecting Physicians With Technology
to Improve Patient Care in Maryland*

Chesapeake Regional Information System for our Patients

Chesapeake Regional Information System for Our Patients 2010 Annual Report

December 2010

Chesapeake Regional Information System for Our Patients

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Mission Statement

To advance the health and wellness of Marylanders by deploying health information technology solutions adopted through cooperation and collaboration. We will enable the Maryland healthcare community to appropriately and securely share data, facilitate and integrate care, create efficiencies, and improve outcomes.



Key Sponsors, Board Members & Staff

Key Sponsors

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Executive Summary

At the end of its first fiscal year of operation, the Chesapeake Regional Information System for Our Patients has made considerable progress towards the goal of empowering Maryland clinicians through interoperable electronic health records and health information exchange. Still, we're only in the early innings of a long-term game, the final outcomes of which must be the effective and meaningful use of these new tools by clinicians to provide even better care for patients. Along the way, the healthcare community may also find new ways that technology can drive down costs—by reducing unnecessary tests and procedures, for example, and by better engaging patients in their own care.

Maryland is well positioned to lead the way among states in realizing the benefits of health IT. This is the case for several reasons. First, the engagement and cooperation of stakeholders from across the healthcare industry—many of whom compete on other issues—has been remarkable. CRISP is strong proof of this cooperation; its founding members include the state's three largest hospital systems, all of whom agreed to work together to make the statewide health information exchange a reality because they understand its value for patients and clinicians alike. Second, our policymakers have been forward-looking, proactive, and innovative with regards to transforming our healthcare delivery system. The active engagement with CRISP of the Governor and Lieutenant Governor, the innovative legislation enacted in Annapolis, and our daily collaboration with the Maryland Health Care Commission are all critical to success.

Both of CRISP's programs, the statewide health information exchange (HIE) and the regional extension center for health IT (REC), are on schedule. Thanks to the hard work of many organizations, the HIE is now live. Data is available for secure exchange from several hospitals as well as the largest networks of laboratories and radiology centers. All 47 hospitals in the state of Maryland have committed to connecting with the HIE over the next few years, many by the middle of 2011. The REC and its partners, state-designated management services organizations, have contracted with 200 primary care providers to help with selecting and installing electronic records—well on its way to achieving the goal of serving at least 1,000 such providers. We are looking to these providers to be a core group of users of data from the HIE as well.

2010 has been a year of laying foundations—formalizing key relationships and commitments, securing start-up funding, and choosing trusted technology partners. 2011's themes will be growth and continued cooperation. Throughout the year, hundreds more Maryland primary care providers, in addition to specialists and other clinicians, will be making the transition from paper to electronic recordkeeping so as to maximize their share of more than \$20 billion in Medicare and Medicaid incentives. The bulk of Maryland's hospitals will come online with the HIE, in addition to practices and clinics across the state. As this occurs, CRISP will be deepening its collaborations with the provider community and ensuring its sustainability once the initial rollout is completed.

What is CRISP?

CRISP is a not-for-profit membership corporation advised by a wide range of stakeholders responsible for the healthcare of Maryland's citizens. We receive input and advice from patients; hospital systems; physicians; insurance providers; technology providers; privacy advocates; public health officials; and advocates for seniors, the uninsured, and the medically underserved.



While we don't know exactly how quickly and in which ways patient care will be changed by new technologies, we can be sure that the change will be profound. CRISP is committed to being a positive force of change for the healthcare community. This annual report details Maryland and CRISP's accomplishments for 2010 while also laying out its goals for 2011 and beyond.



Overview of Accomplishments during FY2010

Eighteen months ago CRISP was an informal coalition of willing participants and good ideas; still unincorporated, without staff, and without funding. CRISP's formal operation dates to April 2009 when bylaws were adopted and officers appointed. State designation as the HIE was achieved in July 2009, a \$10 million funding commitment was secured in August 2009, and the first employee was hired in September 2009. Since then, CRISP has:

- Established a governance structure

Building governance structures started last fall with the appointment of three Advisory Board committees, followed by the wintertime meetings of the MHCC-convened policy board, and then the summertime appointment of the Small Practice Advisory Board affiliated with the REC. The Advisory Board members are an impressive group, representative of a broad array of interests across the state, and the recent reappointment of all but a few demonstrates their ongoing participation.

- Won federal funds for Maryland

CRISP partnered with MHCC on an application for American Recovery & Reinvestment Act (ARRA) funding through the Statewide HIEs Program and the Regional Centers for Health IT program. Maryland won \$9.2 million and \$5.5 million from these ARRA programs, respectively. The Office of the National Coordinator for Health IT clearly endorsed the CRISP/MHCC approach to implementing health IT in our state, as evidenced by their early approval of the state health IT plan.

- Procured a core HIE technology infrastructure

Earlier in 2010, CRISP selected Axolotl's Elysium Exchange as its core HIE infrastructure and Initiate Systems to provide its master patient index technology. The process was open, transparent, and effective in engaging the expertise of many stakeholders. Having the base infrastructure installed by the beginning of the summer was critical to bringing the HIE online according to our schedule.

- "Turned on" the HIE and secured connectivity commitments

In some ways the acid-test of the year's HIE work was always going to be whether the stakeholders would actually connect. The September go-live was very encouraging, with seven participating organizations. All 46 acute care hospitals in Maryland committed via letter-of-intent to join the CRISP HIE. Outreach efforts and MHCC partnership were instrumental in achieving this result, which well exceeded expectations.

- Established the REC program



Upon being awarded Maryland's REC grant, CRISP secured several important partnerships to help ensure the program will find success. First among them was partnering with MHCC's management services organizations (MSOs) certification program as a means to provide skilled services on the ground, in physicians' practices. Second, CRISP established a close working partnership with key medical professional societies, including MedChi, the state medical society. As of December 2010, CRISP has contracted through MSOs with more than 260 primary care providers to provide EHR implementation support, well on its way to the goal of serving 1000 such providers.

- Maintained a commitment to supporting Maryland minority business enterprises (MBEs)

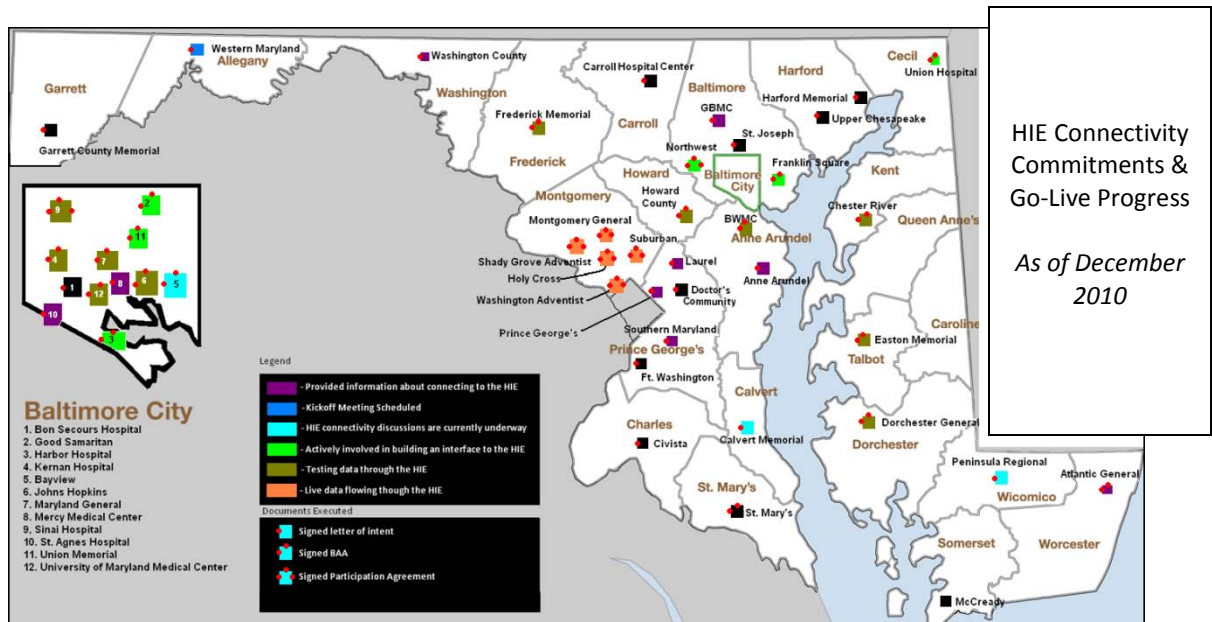
While CRISP is a private, not-for-profit organization, it shares the state's commitment to fostering a successful minority business community. CRISP could not have achieved the other accomplishments described above without the hard work and commitment of its MBE partners.



Statewide Health Information Exchange

The rollout of the statewide health information exchange has benefited substantially from the years of structured planning as the program transitioned into implementation. That planning bore fruit in 2010 as CRISP conducted a transparent and competitive procurement process to identify technology partners, successfully deployed that technology infrastructure on schedule, and established connectivity with early adopter healthcare providers.

Our implementation strategy incorporated the guidance of many stakeholders including our Board of Directors, Board of Advisors and the Maryland Health Care Commission. In particular, the Exchange Technology Committee, one of CRISP's advisory boards, provided oversight and direction during the procurement process and continues to provide recommendations on the implementation. Critical considerations included where to begin implementation work geographically and what types of clinical data should be exchange through the network at the outset. The CRISP Clinical Excellence and Exchange Services Committee arrived at a series of recommendations defining what clinical information would provide the most immediate clinical value and that was also most readily available from most hospital information systems. That data included encounter information, laboratory results, radiology reports, discharge summaries, history and physicals, operative reports, and consultation reports. In determining what location in the state to begin deployment, CRISP looked to the strong previous work and collaboration in Montgomery County that had been forged by the Montgomery County Health Information Exchange Planning effort. By September 30th, 2010, the HIE's go-live date, we had integrated with Holy Cross Hospital, Suburban Hospital, Montgomery General Hospital, Washington Adventist Hospital, Adventist Shady Grove Hospital, LabCorp, Quest, American Radiology, and RadNet Radiology and executed participation agreements with each of the organizations.



As important to the HIE's progress in 2010 has been the Maryland Health Care Commission's HIE Policy Board, a group tasked with making recommendation to the MHCC on key HIE policy matters. The Policy



Board includes representation from a wide array of consumer representatives, providers, business people, community representatives, and public health experts. The Policy Board is a critical part of the overall HIE implementation and adoption process, as the recommendations that are put forth, when adopted by the MHCC, govern the operation and rules of the HIE. The Policy Board will seek to define policies and then iteratively improve those policies as the Maryland HIE, federal connectivity efforts, and health information technology more generally continue to evolve.

Sustainability modeling and planning has been an on-going priority for both CRISP staff and the Finance Committee. While CRISP is currently financed by state and federal grant funding, the organization must generate enough value for its stakeholders to justify fees to support ongoing operations. Based on a recommendation from the Finance Committee and approved by the board of directors, CRISP has developed a sustainability plan that relies largely on hospital fees. The fees will be gradually implemented over the next four years, so as to best align the costs of participation with the increasing value of a maturing HIE. However, CRISP will continue to evaluate how and to whom value inures and will update the sustainability plan over time.

As we transition into 2011, our attention is increasingly focused on adoption and participation in the HIE; in particular, we will place special emphasis on connectivity with ambulatory physicians. One avenue to achieve that connectivity will be close coordination with the activities of the Regional Extension Center. We will also seek to gain connectivity with a majority of hospital in Maryland over the course of 2011, and we will work to ensure that health information can be securely delivered to providers making treatment and diagnosis decisions in both inpatient and outpatient settings. Additionally, we will pursue connectivity with the Maryland Department of Health and Mental Hygiene to deliver electronic lab results for infectious diseases, enabling our public health experts to react more expeditiously and efficiently to communicable disease threats.



Regional Extension Center for Health Information Technology

Since winning receiving ARRA funding in April 2010 and quickly building out its staff, the REC has worked diligently with its partners at both the federal (Office of the National Coordinator ONC) and state (Maryland Health Care Commission (MHCC)) levels to develop a program tailored to Maryland's needs. The program is on track to meet its goal of assisting at least 1,000 primary care providers across the state, particularly those in rural or medically underserved areas, in implementing and meaningfully using electronic health records.

Our approach is based on partnerships with local small businesses, hospital groups, non-profits and others that serve as management services organizations (MSOs). These MSOs are working with us to provide the direct assistance support that small provider offices need in order to understand meaningful use requirements, select and implement an EHR system, and obtain incentive payments from Medicare and Medicaid. Moreover, as CRISP expands the reach of the health information exchange, MSOs will also work with their small-practice clients to get connected to the HIE. By leveraging the existing experience of the MSOs, rather than trying to build its own, centralized implementation team, CRISP believes it has a winning formula to serve hundreds of small, sometimes geographically remote, practices quickly and efficiently. When we started out in April, our model looked markedly different than most other REC programs across the country, although some of those programs are beginning to change their approaches to look more like ours.

In its first calendar year, outreach and education to the physician community has been one of the REC's most important functions. Much confusion and skepticism exists among clinicians about the benefits and practicality of EHRs as well as the federal incentives program. Many also believe, incorrectly, that the ARRA-funded incentives are part of the health reform law. As such, the REC has focused the first phase of its outreach and education efforts on providing physicians with details on the program and the requirements for achieving meaningful use. The REC's current list of MSO partners are offering practices not only skilled support and implementation teams, but often also established relationships with the EHR vendors, and deep experience in the needs of small practices.

We have partnered with MedChi, the state medical society, to develop and execute our outreach and education program. We have also expanded our relationship with other medical societies, such as the Medical Group Managers Association, the American Congress of Obstetricians and Gynecologists, and Monumental City Medical Society to supplement our education program. We have also engaged a key group of physicians through our Small Practice Advisory Committee. This group helps us to understand physician interests and keep them at the center of our decision making. It has also been insightful in its ability to highlight what will work the best with our target group by providing feedback on our outreach, marketing, policies, and strategies. We hope that many members of the committee will become key advocates within the primary care community of the benefits of EHR adoption.

Through these partnerships, our MSO relationships, and through direct activities, the REC has participated in more than a dozen events where primary care providers are gathered. These events have



included MedChi-sponsored CME events, specially scheduled seminars on health IT, and webinars sponsored by CRISP. While these events have been met with modest success, the program is looking at a number of other communications channels through which to reach the target audience.

Finally, a significant level of time and energy has also been committed to being good stewards of our ARRA funding. The nature of stimulus-funded programs requires a range of reporting requirements. For example, the REC must have the ability to document the delivery of services from the MSO to the physician. As our model differs from those of most other RECs, the ability to report on services delivered by these third-party organizations creates some unique challenges. MHCC has been and continues to be a critical partner in developing appropriate policies and ensuring proper reporting.



As we move into 2011, our outreach efforts are shifting from general awareness and education to urgency and a call to action. To date, the program is working with more than 260 primary care providers, well on its way to serving 1,000 by 2012. Based on our communication with other RECs and with ONC, this pace is about on average. We must stay on pace to meet our goal, while nurturing strong and effective MSO partners and persuading the physician community that our program meets their needs. While we know there is difficult work ahead, the REC program looks forward to the challenge of serving even larger numbers of providers so that they can reap the benefits of certified, interoperable electronic health records.



Appendix A: Advisory Boards

Clinical Excellence and Exchange Services Committee

Peter Beilenson, MD
Howard County Health Department

Felicia Benjamin, MBA, RN
Adventist Healthcare

Richard Boehler, MD
St. Joseph Medical Center

Dean Calcagni, MD
Johns Hopkins Applied Physics Lab

Ernest Carter, MD, Ph.D
VIPMedRx, Inc.

Gaurov Dayal, MD
Adventist Healthcare

Rene Desmarais, MD
Peninsula Cardiology Associates

Peter Greene, MD
Johns Hopkins Medicine

Brian Jacobs, MD
Children's National Medical Center

Murray Kalish, MD
MedChi

Mark Kelemen, MD (Chair)
University of Maryland Medical System

Joel Klein, MD
University of Maryland Medical System

Jon Kontor, MD
Bon Secours Baltimore Health System

John Loome, MD
Genesis Physician Services

DeWayne Oberlander, MBA, MPH
Columbia Medical Practice

Bill Russell, MD
Erickson Living

Christopher Snyder, DO
Peninsula Regional Medical Center

Uchenchi N. Wosu, MD, MPH
MedStar Health

Exchange Technology Committee

Ray Atkins
Peninsula Regional

Karen Barker (Chair)
LifeBridge

Charles Burchinal
MedStar Health

Ed Grogan
Calvert Memorial

Kimberly Moreau
Carroll Hospital Center

David Quirke
Frederick Memorial Hospital

Frank Riccardi
Adventist Healthcare

Tressa Springman
Greater Baltimore Medical Center

Sunil Vasudevan
Johns Hopkins Medicine



Finance Committee

Roger Bayne
CFBS

Thomas Dowdell
Western Maryland Health System

Bill Greskovich
St. Agnes Hospital

Mary Jean Herron
Healthcare for the Homeless

Jeffrey Joy
Johns Hopkins HealthCare

Traci LaValle (Chair)
Maryland Hospital Association

Eric Lee
Medical Group Managers Association

S. Michelle Lee
University of Maryland Medical Center

Doug Hall
Johns Hopkins Medicine

Peggy Naleppa
Peninsula Regional Medical Center

Susan Nelson
MedStar Health

Murray Oltman
Atlantic General Hospital

Small Practice Committee

Regina Hampton, M.D.
Signature Breast Care

Peter Schissler, M.D.
Peter M. Schissler M.D., P.A.

Jesse Sadikman, M.D. (Chair)
Family HealthCare

Irance' Reddix Sellers, M.D.
Sellers Family Medicine

Daniel Aukerman, M.D.
Access Carroll

Mark Seigel, M.D.
Private Practice

Peter Abbott, M.D.
Peninsula Regional Medical Center



Appendix B: Management Services Organizations

The REC has partnered with State-Designated Management Services Organizations (MSOs) as the mechanism for achieving widespread adoption and meaningful use of EHRs. On May 19, 2009, Governor Martin O'Malley signed into law House Bill 706, Electronic Health Records – Regulation and Reimbursement. This law requires the Maryland Health Care Commission (MHCC) to designate one or more MSOs that will offer EHRs throughout the state by October 2012. MSOs partnering with CRISP and the REC program must receive state designation from MHCC and certification from EHNAC.

MSOs are not merely selling a product—they also offer an array of on-the-ground services to make a practice's transition as painless as possible. Each has also committed to providing customers with connectivity to the wealth of clinical data on the statewide HIE. By signing up with an MSO, Maryland providers can get the following benefits, which are subsidized by REC program funding while it remains available:

- EHR and other relevant education and training;
- Practice and workflow redesign;
- EHR project management and implementation services;
- Assistance with connecting your EHR to the HIE; and
- Help with achieving meaningful use

MSOs are currently offering a wide range of certified EHR technologies, including, but not limited to, Agastha EHR, Allscripts MyWay, McKesson Practice Manager, RxNT EHR, GE Centricity Electronic Medical Record and Centricity Advance, Sage Intergy EHR, NextGen EHR, Quest Diagnostics Care360 EHR, EpicCare EMR, e-MDs EHR, eClinicalWorks, , and Sevocity EHR.

MSOs may offer other services including, but not limited to:

- Practice and Revenue Cycle Management
- Computer and network services
- Personal Health Records (PHRs)
- EHR financing options
- Procurement, Purchasing, and Material Management
- Business Development
- Marketing

CRISP's current MSO partners are:

Agastha, Inc.
www.agastha.com

Anne Arundel Health System
www.aahs.org

AVS Medical
www.avsmmedical.com



Children's IQ Network
www.childrensnational.org

Community Health Integrated Partnership
www.chipmd.org

D'Souza & Associates
www.dsouzainc.com

Erickson IT
www.ericksonit.com

Frederick Memorial Health
www.fmh.org

Greater Baltimore Medical Center
www.gbmc.org

MedPlus, a Quest Diagnostics Company
www.medplus.com

Mosaic Technologies
www.mosaictechnologies.com

RxNT
www.rxnt.com

Sydian Solutions
www.emds.com

Wavelength Information Services
www.wavelengthis.com

ZaneNet Connect
www.zanenetconnect.com



Appendix C: MHCC Policy Board

Doug Abel Anne Arundel Medical Center	Frances Phillips Maryland Department of Health and Mental Hygiene
Salliann Alborn Community Health Integrated Partnership	Chris Shea Open Society Institute-Baltimore
Patricia Arzuaga Maryland Hispanic Chamber of Commerce	Liza Solomon Consumer Member
Barbara Blount Armstrong Armstrong Enterprises	Sarah Tucker National Network to End Domestic Violence
Kimberly Burton Mental Health Association of Maryland	Regan Vaughan Maryland Interfaith Legislative Committee
Beverly Collins CareFirst	Kathryn Whitmore Enterprise Solutions Group
Melissa Coretz Goemann ACLU of Maryland	Marisa Wilson University of Maryland School of Nursing
Lee Cotton Higher Ground, Inc.	Jennifer Witten American Heart and Stroke Association Mid-Atlantic Affiliate
Hoan Dang Asian Pacific American Chamber of Commerce	
Steve Daviss Baltimore Washington Medical Center	<u>Ex-Officio Members:</u>
Damien Doyle Hebrew Home of Greater Washington	Scott Afzal Audacious Inquiry
Brian England British American Auto Care	Rex Cowdry Maryland Health Care Commission
Gene Gary-Williams The National Society of Allied Health	David Horrocks CRISP
Spencer Gear Mosaic Community Services, Inc.	Donna Mazyck Maryland State Department of Education
Maria Gomez Mary's Center of Maternal and Child Care	Kurt Olsen Klafter and Olsen
Shannah Koss	Steve Ports Maryland Health Services Cost Review



Koss on Care

Mary Kraaik
AARP-MD

M.K. Lee
Chinese Culture and Community Service Center

Peggy Leonard
Genesis Healthcare

Carey Leverett
Washington County Health System

Tom Lewis
Primary Care Coalition of Montgomery Co.

Ellen Maltz
M&T Bank

John Miers
Maryland Interfaith Legislative Committee

John Nugent
Planned Parenthood of Maryland

Commission

Sarah Posner
ACLU of Maryland

Tricia Roddy
Maryland Department of Health and Mental
Hygiene

David Sharp
Maryland Health Care Commission



Appendix D: Funding Sources

Project	Funding Amount (Source)	Awardee	Purpose
Statewide HIE Planning and Implementation	\$10.0M (Maryland Health Services Cost Review Commission)	Chesapeake Regional Information System for Our Patients	<i>Plan for and implement the statewide health information exchange; funded through Maryland's unique all-payor rate setting system</i>
State HIE Cooperative Agreement Grant Program	\$9.3M (HITECH/ARRA)	Maryland Health Care Commission	<i>Build capacity for exchanging health information across the health care system</i>
HIT Extension Program: Regional Centers Cooperative Agreement Program	\$5.5M (HITECH/ARRA)	Chesapeake Regional Information System for Our Patients	<i>A regional extension center established in Maryland for EHR adoption assistance</i>