



CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS

Welcome

The e-Health Update is a resource that shares current CRISP initiatives as well as pertinent healthcare related 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.

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Registration Is Now Mandatory

New Law Requires Providers to Register With and Use PDMP

The **Maryland Prescription Drug Monitoring Program (PDMP)** was created to support providers and their patients in the safe and effective use of prescription drugs. The PDMP is part of Maryland's response to the **epidemic of opioid addiction and overdose deaths**.

Maryland PDMP Facts

- Authorized by law in 2011
- Maryland Department of Health and Mental Hygiene (DHMH) program
- Contains data on Rx controlled dangerous substances (CDS) dispensed to patients in Maryland
- Providers get free, online access through [Chesapeake Regional Information System for our Patients \(CRISP\)](#)

Legal Changes Affecting Providers

On April 26, 2016, Governor Hogan signed into law HB 437 which includes the following legal changes:

1. Mandatory PDMP Registration for CDS Prescribers & Pharmacists

Pharmacists: Licensed in Maryland must be registered with the PDMP by **July 1, 2017**.

Prescribers: Beginning **October 1, 2016**, practitioners authorized to prescribe CDS in Maryland must be registered with the PDMP prior to obtaining a new or renewal state CDS Registration (issued by the Division of Drug Control) **OR** by **July 1, 2017**, whichever occurs sooner. *This applies to physicians, physician assistants, nurses practitioners, nurse midwives, dentists, podiatrists and veterinarians. This mandate does not apply to nurses.*

2. Mandatory PDMP Use by CDS Prescribers & Pharmacists

Beginning **July 1, 2018**:

- **Prescribers must**, with some exceptions, query and review their patient's PDMP data prior to initially prescribing an opioid or benzodiazepine **AND** at least every 90 days thereafter as long as the course of treatment continues to include prescribing an opioid or benzodiazepine. Prescribers must also document PDMP data query and review in the patient's medical record.
- **Pharmacists must** query and review patient PDMP data prior to dispensing **ANY** CDS drug if they have a reasonable belief that a patient is seeking the drug for any purpose other than the treatment of an existing medical condition.

Information regarding Mandatory Use is available on the [DHMH PDMP website](#). DHMH will provide additional information and reminders closer to but before the implementation date.

3. CDS Prescribers & Pharmacists May Delegate PDMP Data Access

Prescribers and pharmacists may delegate healthcare staff to obtain CRISP user accounts and query PDMP data on their behalf. Delegates may include both licensed practitioners without prescriptive authority and non-licensed clinical staff that are employed by, or under contract with, the same professional practice or facility where the prescriber or pharmacist practices.

[To Learn More](#)

Visit the DHMH PDMP website for updated information, important compliance dates and Frequently Asked Questions: <http://bha.dhmh.maryland.gov/PDMP>.

For more information about the opioid addiction and overdose epidemic in Maryland and what healthcare providers can do to help, visit http://bha.dhmh.maryland.gov/OVERDOSE_PREVENTION/.

REGISTER NOW with the PDMP through CRISP at <https://crisphealth.org/>. Click on PDMP 'Register' button on the left hand side of the screen. For registration help, call 1-877-952-7477.

CRISP Research Initiative

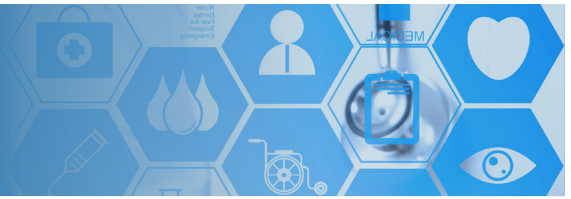
For the last several years, CRISP participants have been asking if the data flowing through CRISP can be used for research purposes (beyond the established permitted purposes of clinical care, public health, and operations). Adding research, our stakeholders have reasoned, would materially contribute to the creation of a learning health system. Our staff has worked with our Board, state regulators, advisors and stakeholders to develop a framework for expanding permitted purposes of data exchanged through CRISP. This lengthy process has resulted in an amendment to the CRISP Participation Agreement (effective April 20th, 2016), and changes to the state regulations governing HIEs (effective June 20th).

CRISP established Research Subcommittee of our existing Clinical Committee to oversee and approve appropriate uses of data by signees of the CRISP Participation Agreement. The Research Subcommittee met for the first time on August 10th and is working with CRISP staff to build out the processes and use cases under which data can be released for research. As with all of our initiatives, we will be starting off incrementally and will build our capabilities and experience over time. Our first use case was approved on November 8th and covers studies that have been approved by a participant's Institutional Review Board on subjects who have expressly consented for their CRISP data to be used for research purposes. The Research Subcommittee will now begin reviewing data requests for studies that fit under this narrow use case. Our initial goal is to support ten studies using CRISP data by June 30th, 2017.

Members of the CRISP Research Subcommittee include:

- o Dr. Christopher Chute (Chair) – Bloomberg Distinguished Professor of Health Informatics at Johns Hopkins University
- o Ms. Del Price – Patient representative
- o Dr. Robert Rudin – Research Scientist, RAND
- o Dr. Kate Tracy – Associate Professor and Director of Clinical Translational Research and Informatics Center at the University of Maryland School of Medicine
- o Dr. Neil Weissman – President of the MedStar Health Research Institute

The Subcommittee is being supported by CRISP staff members Dr. Ross Martin, Lindsey Ferris, Jazmin Hampton, and Razan Yasin. For more information, contact Dr. Martin at ross.martin@crisphealth.org.



CRISP Image Exchange

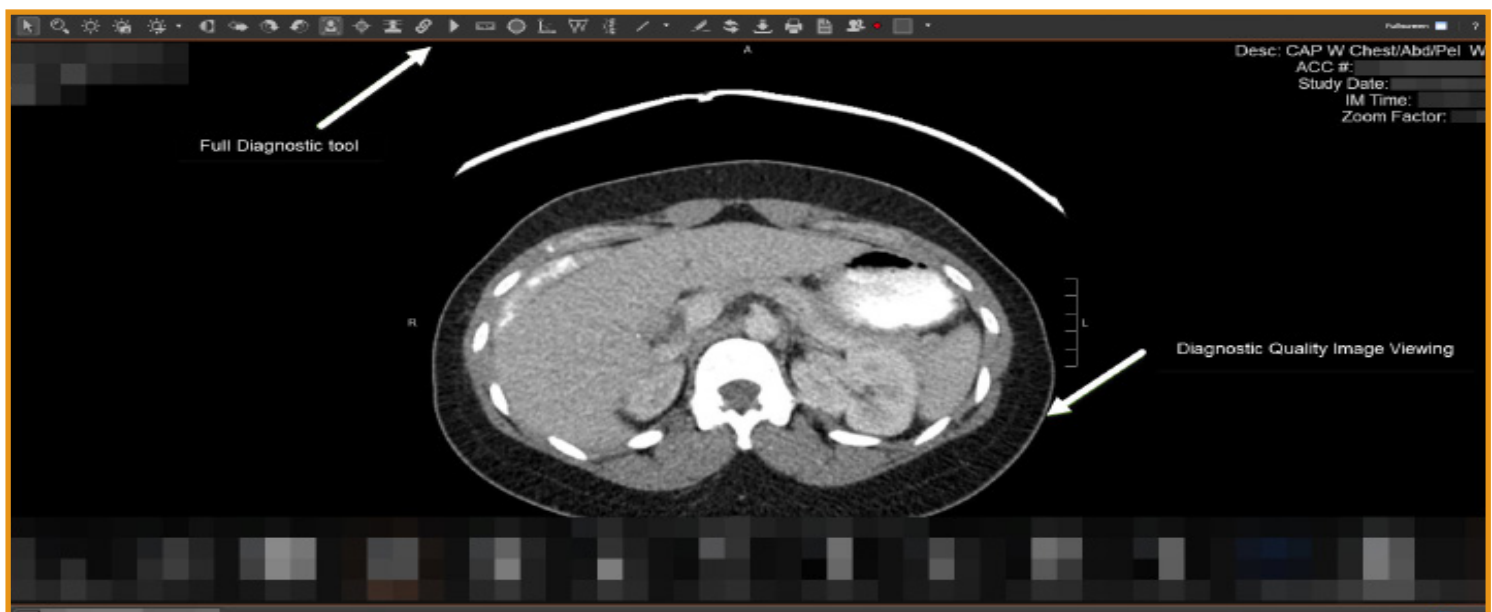
Image Exchange improves the quality and efficiency of healthcare by giving healthcare providers ready access to diagnostic quality medical images when and where they are needed. Image Exchange has been designed to integrate with all common PACS technologies, with virtually all HIE and EHR platforms, providing the following image-enabled clinical workflows:

- With a single click, authorized CRISP users can launch a study of interest from any connected imaging location (there are currently 5 hospitals in our pilot) with a fully diagnostic-quality FDA 510(k) Class II medical device.
- View and compare imaging studies from different locations. Authorized CRISP providers can access a Community-Wide Imaging Worklist for their patients, enabling them to manipulate, sort, and view one or multiple imaging studies from different imaging provider locations in a web browser window.
- Collaborate with other healthcare providers anywhere in the community in real time: users can initiate an immediate screen sharing consultation session with any other authorized care provider in the community—for second opinions and consultations between referring physicians and specialists.
- Access images from external locations directly from their EMR. Studies can be accessed by Single Sign On users from within their respective EMR system.

Participating Hospitals include:

- LifeBridge Sinai Hospital, LifeBridge Northwest Hospital, Carroll Hospital Center, Mercy Medical Center and Upper Chesapeake Medical Center.
- Diagnostic and Cardiology available at Carroll Hospital Center and Upper Chesapeake Medical Center
- Diagnostic studies available at ALL locations
- Cardiology coming soon for LifeBridge Health Hospitals.

For more information about CRISP Image Exchange or to start contributing to Image Exchange, contact CRISP Support at **1.877.952.7477** or by email at support@crisphealth.org.





New Medicaid & Medicare EHR Incentive Program Update

On November 1, 2016 the Centers for Medicare & Medicaid Services (CMS) released changes to the Medicaid and Medicare EHR Incentive Programs. One of the most significant changes pertained to the EHR reporting period for program participants. The Final Rule allows all returning participants in the Medicaid and Medicare EHR Incentive Programs to report on for a 90-day EHR reporting period in Program Years 2016 and 2017. The final rule was published on November 14th and comments will be accepted until December 31, 2016. Maryland is in the planning phase to implement this rule into the State's Registration and Attestation System, eMIPP. If you have questions about this rule, please email dhmh.MarylandEHR@maryland.gov.

Please visit <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-11-01.html> for more information.

New CRISP Website

Have you seen the new CRISP website? We welcome you to visit our new and improved website at: www.crisphealth.org. Here you will find general information about CRISP and the services that we provide as we continue to promote care coordination in the region. We hope that you find our new design and information not only useful, but also user friendly as we strive to continue to build successful partnerships with our customers.





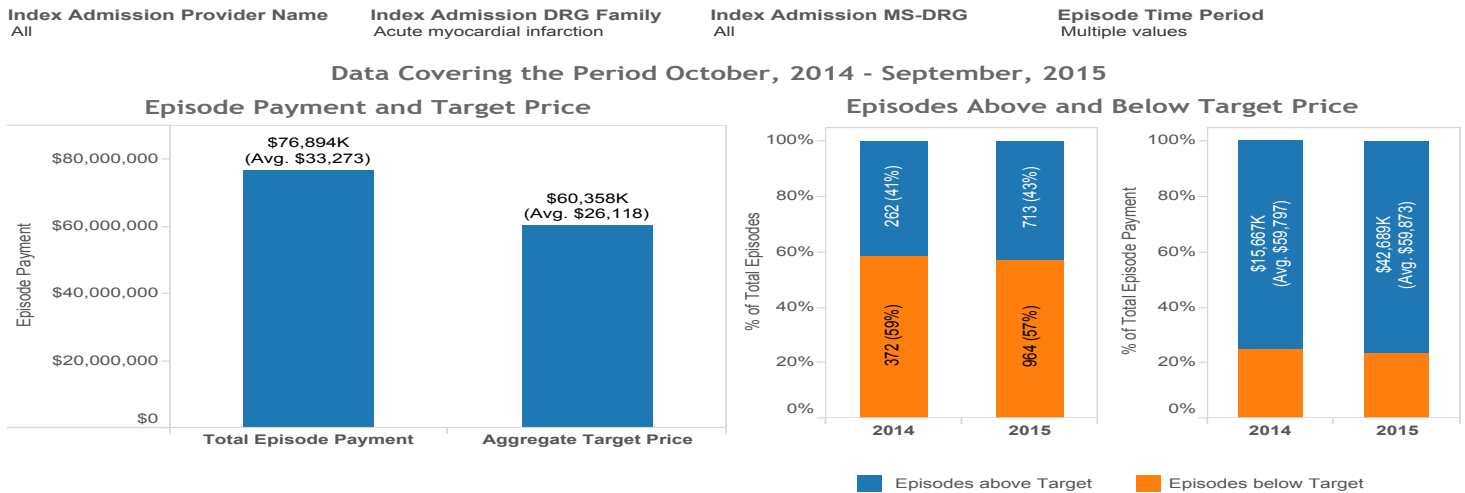
CRISP Reporting Services Offers New Medicare Analysis

CRISP Reporting Services (CRS) has historically used the HSCRC Casemix dataset as the primary data source for reporting and analytics. This changed last quarter when CRS began offering analytics tools based on data from Medicare's Limited Data Set (LDS) and Chronic Condition Warehouse (CCW).

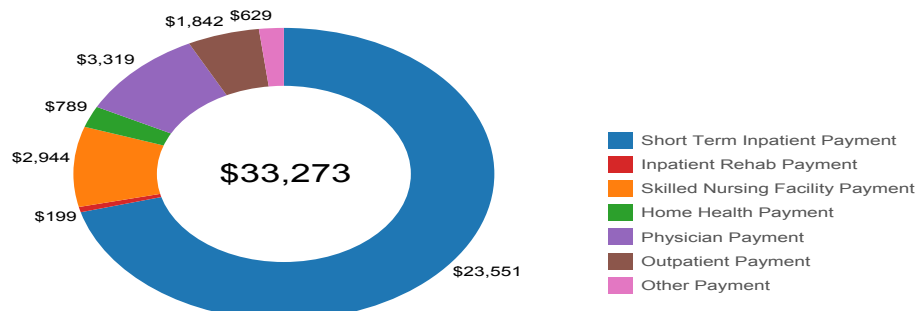
CRS Medicare LDS reports are patient-level, non-identifiable reports that allow users to view and interact with a series of dashboards on population and episode analytics. The population analytics provide users an understanding of demographic and service use. The episode analytics allows users to review their hospital's acute and post-acute service utilization with Maryland financial targets. Currently, this LDS release includes Medicare beneficiary visits through December 31, 2015 and is available to hospital-based users only.

CRS Medicare CCW reports are summary-level, non-identifiable. These reports are a series of 14 dashboards that allow users to view aggregate costs of services broken down by service type and zip code. Users can also view per beneficiary, per month cost trends. These reports allow users to monitor Medicare Total Cost of Care by Global Budget Revenue Primary Service Area (GBR PSA). Currently, the Total Cost of Care by GBR PSA reports contain Medicare beneficiary visits through June 30, 2016 and is available to health department and public health users, in addition to hospital-based users. This report is updated monthly.

If you want to learn more, please email us at support@crisphealth.org.



Average Episode Payment Details





CRISP Team Member Highlights



Howard Community College is dedicated to the advancement of education in the community. The CRISP team made a respectable showing at the Howard Community College 5K Challenge, which included medicine balls, running up and down a parking garage, a bungee crawl, tires, a burpee station, and a steeplechase. This event focused on corporate health and wellness while promoting healthy minds, healthy bodies, and healthy lives. None of the challenge stations were too extreme (this was definitely not a Spartan race), but they clearly added the “challenge” to what was otherwise a pleasant run on a perfect fall morning. The team finished 22nd out of 80 teams.

Team results:

Mike Banfield – 26:23 (63rd out of 415)
Ross Martin – 26:39 (70th)
Marcia Hewitt – 31:52 (155th)
Ryan Bramble – 33:07 (183rd)



Jazmin Hampton, Customer Success Coordinator for the Outreach Team, has been awarded a scholarship from the American Public Health Association for her Masters of Public Health studies at The George Washington University, where she is focusing on health policy and global health. She is a recent graduate of Howard University with a bachelor of science degree in Human Performance: Sports Medicine.

Cheryl Jones, Sr. Director of HR and Operations was selected to represent CRISP as a member of the Leadership Howard County Class of 2017. The program is designed to empower and connect community leaders, keep them engaged in the critical issues facing Howard County and the region, and enhance their leadership skills. The class members represent a cross section of business, nonprofit, government and educational organizations.





What Else Is New?

Encounter Notification Service (ENS)

The CRISP ENS has recently added new features.

- **Auto Subscribe:** Patient panels can now be uploaded and updated through a connection with your EHR.
- **Expanding Alerts:** CRISP can now send you ADT alerts from Northern Virginia and Delaware hospitals.

Clinical Query Portal

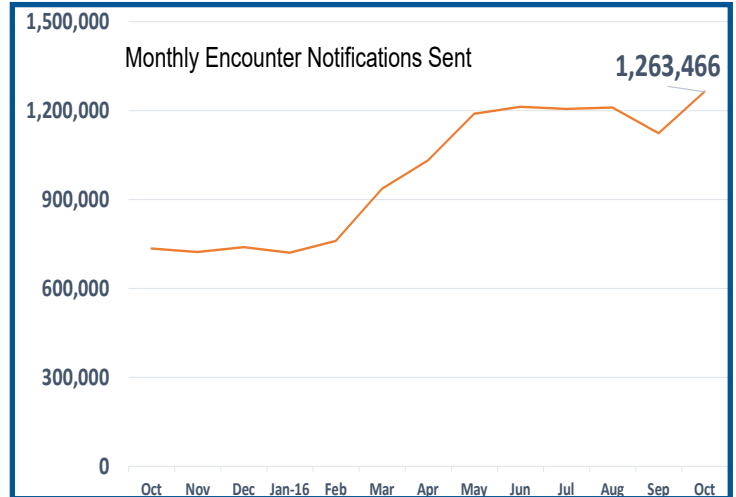
CRISP is consistently focused on developing new features for the Clinical Query Portal. New features include:

- **IMMUNET Data:** Registry data is now available within the portal!
- **Opt-Out:** Patients can choose to opt-out of either sharing data from their doctor's office or hospitals. Click [here](#) for the revised opt-out form.

CRISP Reporting Services (CRS)

CRS is dedicated to enhancing our analytic tools to help you improve patient care. New features include:

- **New Reports:** Our newest reports include Medicare LDS, HSCRC Key Metrics, and Care Coordination Enrollment.
- **New Training Available:** Contact support@crisphealth.org to take part in a CRS training webinar, Super User conference call, or on-site CRS training.



CRISP CLINICAL QUERY PORTAL DASHBOARD		11/2016
Data Source Statistics		Grand Totals
Live Hospitals		69
Clinical Data Feeds		239
Long-term & Post-Acute Care Facilities		86
Labs & Radiology Centers		16
User Statistics		Grand Totals
# of Unique Users		+40,000
# of Monthly Queries		+120,000

CRISP USER RESOURCES

CRISP support email (support@crisphealth.org) and phone line (1-877-952-7477) are staffed during business hours (8am-5pm). The team is available to help you with any log-in issues or to assist with adding 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.