



CRISP

Connecting Physicians With Technology
to Improve Patient Care in Maryland

Chesapeake Regional Information System for our Patients

Use Case Description: Encounter Reporting System (ERS)

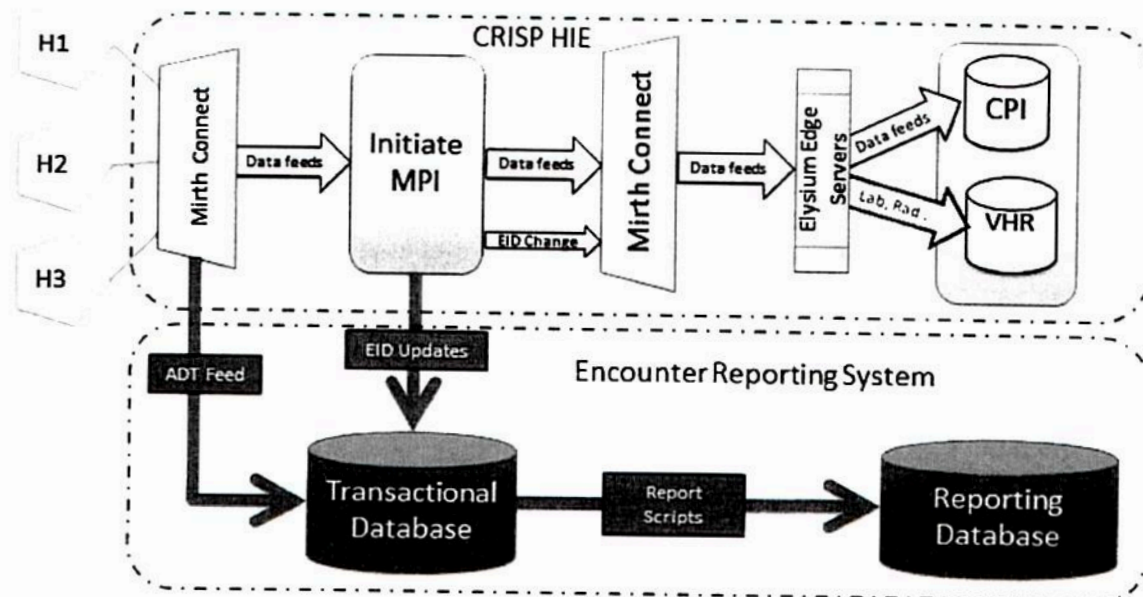
Overview:

Delivering summary reports to a provider with ADT information on medical services encounters their patients had with other HIE participants in the period prior to or the period after receiving treatment from the provider. For example, this use would include reports to a hospital on the number of readmissions their patients had to another hospital within 30 days of discharge. If such reports include identifying information, such as medical record numbers or small groupings, criteria must be followed to ensure information is related to encounters which happened within a short timeframe of the treatment event at the provider receiving the report and opt out capabilities must be maintained.

Permitted Purpose Category:

For quality assessment and improvement activities, including care coordination, defined in HIPAA as a subset of health care operations activities (Permitted Purpose #3).

Technical Design:





Use Case Description:

CRISP can currently provide two types of standard reports for hospitals: Readmission Reports and Custom Reports. CRISP's Clinical Committee may review report definitions and approve additional standard reports.

There are at least two types of Readmission Reports, which are currently under development. The first type of Readmission Report is a 30-day all cause basic readmission report which simply assigns the readmission to the previous hospital visited by the patient, regardless of cause. The second type of readmission report is a 30-day all cause HSCRC readmission report, which implements the concept of a "pre-month", applies fixed 30-day episode of care windows, and implements other elements of the ARR readmission logic from HSCRC regulations.

Hospitals could also request custom one-time or recurring reports using either the existing CRISP data or the CRISP data enhance with the requesting hospital's input. Hospitals can work with CRISP to specify custom report request and/or provide additional data for CRISP to create more customized and informative reports using enhanced visit data.

Once a report is provided, the participant may then use the information only as defined in the permitted purposes of CRISP's Policies and Procedures, namely for quality assessment and improvement activities, including care coordination.

Reports containing identifiable patient information will be limited to a 3-month look back period.

Opt Out Applicability:

Opt out will not apply to ERS reports when the data is in aggregate and de-identified. If an element of patient-identifiable information is included in the reports, for example MRN or patient name, then opt out will apply.

Eligible Participants:

ERS could offer substantial additional value to hospitals who know about their own patients' visits but do not know how those visits relate to visits at other hospitals. Hospitals can use ERS to evaluate their inter-hospital readmission rates, the top source/destination hospitals visited by their patients, and volume of patient movements.

Approval:

This Use Case Policy has been approved by the Clinical Advisory Board.

Chairperson

JUNE 4, 2012

Dated