



Cross-Facility Patient-Level Data Sharing Policy

Last Update: November 10, 2016

Introduction

CRISP currently generates reports and offers analytic tools that rely on HSCRC abstract data linked to the CRISP unique patient identifier. To date, most reports have been aggregated data and not identifiable at a patient-level. Within the patient-level reports provided to hospitals, no detailed data (such as diagnosis information) has been included about visits to other hospitals.

Providers are increasingly responsible for playing a key role in coordination care and managing the health of patients to whom they have provided care. To effectively act in this capacity, providers have requested access to information on their patients that is created both within their organization and during visits at other locations. CRISP has the current capability to create detailed cross-hospital reports and has developed reports that enables users to analyze patient utilization across all Maryland hospitals and other participating sites. CRISP also has the capability to combine hospital information with other data, including but not limited to Admission, Discharge, and Transfer (ADT) events and practice panels. The multi-site reports would enable authorized users to identify their patients who are high utilizers of services or who may benefit from care coordination.

The purpose of this policy statement is to define the guidelines under which authorized users will be permitted to access multi-site, patient-level reports to identify their patients, including data produced at other locations, who could benefit from care coordination efforts.

CRISP Permitted Purpose Category

The CRISP permitted purpose category under which this policy is governed is for quality assessment and improvement activities, including care coordination, defined in HIPAA as a subset of health care operations activities.

Background on CRISP Data Sharing

CRISP currently enables providers actively treating a patient to access health information in real-time created by any other participating provider through the CRISP query portal. The query portal is a point of care solution that is currently used by providers across the state roughly 120,000 per month to access patient information to support treatment and diagnosis decision-making. The content that is accessible through this secure portal include clinical encounter data such as lab results, scheduled prescription medication data, discharge reports, operative reports, and consultation reports.

CRISP also operates the Encounter Notification Service (ENS) that enables providers and care managers to receive real-time alerts when their patients are hospitalized. Subscribing providers and care managers submit panels with patients for whom they would like to be notified. Based on current CRISP policy, a subscriber can only include a patient on their panel if they have seen them in the last 18 months, attest that they are a principle care provider for the patient, and have no reason to believe the patient has stopped coming to their practice. For care management programs, the patient must be actively enrolled into the program. Hospitals are permitted to "auto-subscribe" to discharged patients for up to 60-days. In this approach, a patient is automatically added to a hospital panel using the discharge message already flowing to CRISP as the source of the subscription. If the patient has another hospitalization within the 60-day window, a notification will be sent to a pre-identified individual at both the prior discharging hospital and the current hospital. ENS also routes clinical documents in the form of C-CDAs to subscribing providers. Overall, roughly 600,000 notifications are sent each month.

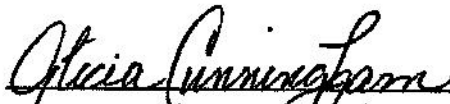


For both the query portal and ENS, if a patient has opted out of CRISP, their health information will not be searchable and notifications will not be sent to a subscribing provider.

Policy for Multi-Site Reporting

CRISP will generate and make available multi-site, patient-level reports to participants as outlined by the criteria below. The reports are inclusive of data produced during encounters at other hospitals or provider sites to which certain policies will apply. Authorized users will access the report through a secure website provided by CRISP.

- 1) The cross-facility reports may only be used for purposes of care coordination, quality assessment, and quality improvement.
- 2) Authorized users will be permitted to access summary and patient-level reports for patients with whom they have an active treatment relationship inclusive of patient data produced during visits at other locations for a 12-month period.
- 3) Reports may include data from any permitted CRISP sources, including but not limited to HSCRC case mix data, ADT encounter information, the Prescription Drug Monitoring Program, and the CRISP master patient Index.
- 4) Reports may include derived analytic enhancements such as readmission flags, Prevention Quality Indicators, risk scores, and other measures.
- 5) As stated in the CRISP Participation Agreement, organizations that access CRISP data must provide materials and resources to patients describing their sharing of patient information for care coordination purposes.
- 6) Users with access to multi-site, patient-level reports will be required to enter into a specific user agreement that codifies permitted and appropriate uses of the reports.
- 7) Report data that has special disclosure requirements will be handled according to the relevant laws and regulations, including 42CFR Part 2 and Maryland's Confidentiality of Medical Records Act.
- 8) Any patient that has opted out of CRISP will have identifying information excluded from the reports but may be included in aggregate counts or rates.
- 9) Users are prohibited from using multi-site, patient-level reports, or any derivative or downloaded content from the reports, for marketing or patient outreach activities unrelated to care coordination and quality improvement.
- 10) Users may only download or store protected health information from CRISP reports to a secure network operated by the Participating Organization; any downloaded data must include a prominent indication that the report is restricted for use in care coordination activities. This provision does not apply to inclusion of a single patient's information in a clinical/care management record.



Chair Signature - Reporting and Analytics Committee

12-28-16

Date