



CRISP

Data to Support HERCs Applicants

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Agenda

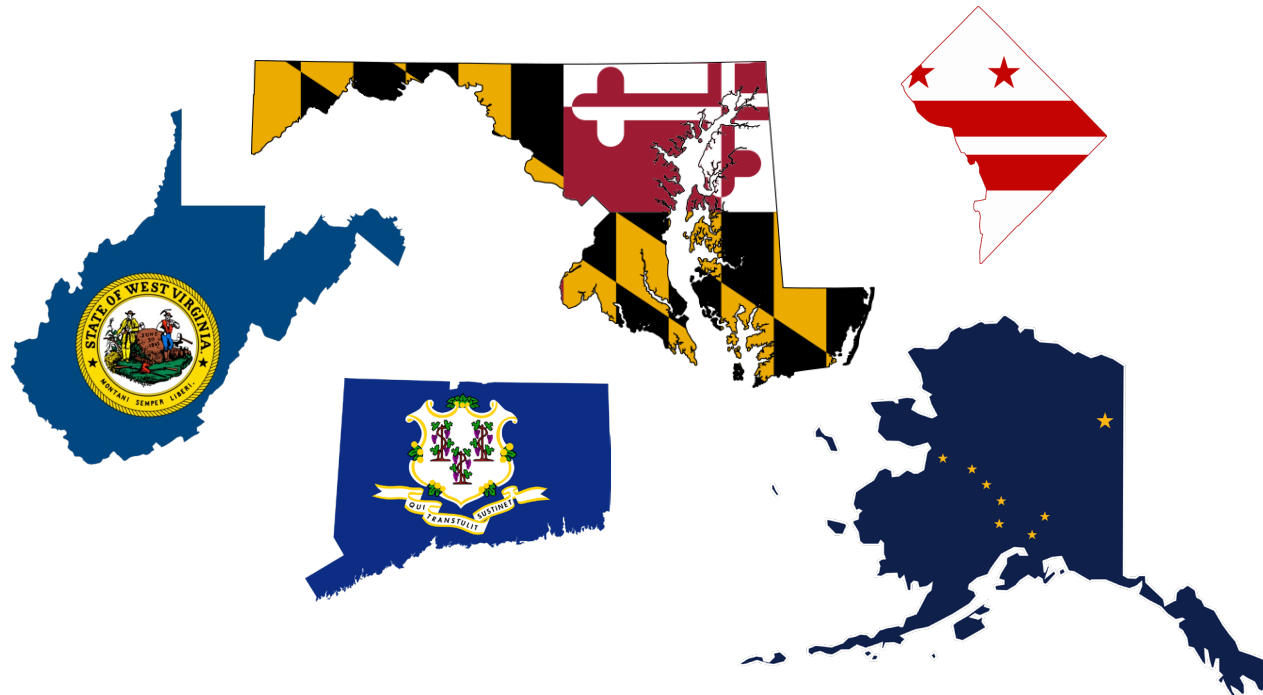
1. Introduction to CRISP and role in HERCs Grant
2. Introduction to Public Use Files and consideration of other data
3. Demo using Health Data File for a specific zip code
4. Demo using SDOH File for a specific zip code
5. Demo combining zip codes



About CRISP:

Regional Health Information Exchange (HIE) serving Maryland, and in affiliation with the HIEs in Virginia, West Virginia, the District of Columbia, Connecticut, and Alaska.

Vision: To advance health and wellness by deploying health information technology solutions adopted through cooperation and collaboration



Guiding Principles

1. Begin with a manageable scope and remain incremental.
2. Create opportunities to cooperate even while participating healthcare organizations still compete in other ways.
3. Affirm that competition and market-mechanisms spur innovation and improvement.
4. Promote and enable consumers' control over their own health information.
5. Use best practices and standards.
6. Serve our region's entire healthcare community.



CRISP Services

1. POINT OF CARE: Clinical Query Portal & InContext Information

- Search for your patients' prior hospital records (e.g. labs, radiology reports, etc.)
- Monitor the prescribing and dispensing of PDMP drugs
- Determine other members of your patient's care team
- Be alerted to important conditions or treatment information inside your EHR
- View external records in a SMART on FHIR app inside your EHR

2. CARE COORDINATION: Encounter Notification Service (ENS)

- Be notified when your patient is hospitalized in any regional hospital
- Receive special notification about ED visits that are potential readmissions
- Know when your MCO member is in the ED

3. POPULATION HEALTH REPORTS: CRISP Reporting Services (CRS)

- Use Case Mix data, Medicare, and Medicaid claims data to:
 - Identify patients who could benefit from services
 - **Measure performance of initiatives for QI and program reporting**
 - Coordinate with peers on behalf of patients who see multiple providers

4. PROGRAM ADMINISTRATION:

- Making policy discussions more transparent and informed
- Supporting Care Redesign Programs

5. PUBLIC HEALTH SUPPORT:

- Deploying services in partnership with Maryland Department of Health
- Providing information and services to state and local health departments
- Supporting COVID-19 response efforts

Service	Typical Week
Data Delivered into EMRs	1,500,000
Patients Manually Searched	195,000
ENS Messages Sent	3.5 mil
Clinical Documents Processed	675,000
Portal Users	107,000
Live ENS Practices	1,580
Reports Accessed	2,750
Report Users	2,000



CRISP Role in HERCs

RFP Phase

- CRISP will work with CHRC to provide public access to data files (“Public Use Files”) to support applicants as they prepare HERCs applications.
 - Applicants can use these data files to identify specific disparities in their communities and highlight areas of need but are not limited to disparities identified in the data files.

Grant Phase

- Grantees will submit participants’ information to CRISP
- CRISP will provide patient level and/or aggregate hospital encounter data for your participants
- Patient level data dependent on HIPAA relationship with participants



Required Data Submission

- **HERC grantees will be expected to collect the following information as part of their Patient Intake Data Elements / Process**
- **Crucial to enable CRISP can provide outcome information on hospital and health data!**

Patient Intake Data Elements

- Unique Participant Identifier (Patient_ID, etc.)
- First Name
- Last Name
- DOB
- Address
- Gender
- Race
- Ethnicity
- Program Enrollment Date using mm/dd/yyyy format



Public Use Files

CHRC is providing two files organized by zip code:

1. HERCs Public Use Social Determinants of Health file
 - Includes data from the American Community Survey (Census)
 2. HERCs Public Use Health Data file
 - Includes data from the HSCRC and American Community Survey
- **Strongly recommend that users review the Read Me and data dictionaries available in both files.**

Access the RFP and data files at:

<https://health.maryland.gov/mchrc/Pages/notices.aspx>



Health Data File

- The specific variables chosen were based on the health disparities highlighted in the Maryland Health Equity Act and public comments
- Cell sizes less than 11 are suppressed

Health outcomes listed in Act	Data provided on:	Group breakdown available by:
Asthma	Hospital Emergency Department (ED) Visits with Asthma	Race, Ethnicity, Gender, Zip Code
Diabetes	Hospital visits with Diabetes	Race, Ethnicity, Gender, Zip Code
Heart Disease	Hospital visits with heart disease	Race, Ethnicity, Gender, Zip Code
Hypertension	Hospital visits with Hypertension	Race, Ethnicity, Gender, Zip Code
Opioid-Related Disorder	Hospital ED Visits for opioid-related disorder	Race, Ethnicity, Gender, Zip Code
Pediatric Asthma	Hospital ED Visits with Asthma (age 2-17)	Race, Ethnicity, Gender, Zip Code
Substance Use	Hospital ED Visits with Substance Use Disorder	Race, Ethnicity, Gender, Zip Code



Social Determinants of Health File

- Variables chosen based on CDC's Social Vulnerability Index , elements highlighted in the Maryland Health Equity Act and public comments.

Disparities listed in the Act	Variable(s) included in SDOH spreadsheet
Race or ethnicity	Minority
Religion	X
Socioeconomic status	Poverty, Median Income, Unemployment, No High School Diploma
Gender, gender identity, sexual orientation	X
Age	Age <18, Age 65+
Mental health status	X
cognitive, sensory, or physical disability	Disability
Geographic location	Zip, County
Additional variables (not in Act)	Limited English Speaking, crowding, no vehicle access



Other Data Sources

- Applicants have the flexibility to tailor their focus to address the needs of the target population (i.e., can focus on whatever the disparity in the community, not just the ones listed).
- Applicants are welcome to use other data sources outside of the public use files, however:
- **Per CHRC recommendations, the most competitive applications will use data that is precise, robust, and identifies specific health disparities.**
- CHRC has provided a list of other potential data sources, and applicants are encouraged to work with their local health departments and hospitals to look at health needs assessments



CRISP

**Please contact Nellie Washington
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questions about the RFP.**