Health Information Exchange in Maryland
Agenda

- What is Health Information Exchange (HIE)?
- CRISP Services Overview
- Role of MHCC and the HIE Policy Board in HIE
- State-Designation of an HIE
- Current HIE regulations
Health Information Exchange

Effective October 1, 2018, Maryland law defines a Health Information Exchange as "an entity that provides or governs organizational and technical processes for the maintenance, transmittal, access, or disclosure of electronic health care information between or among health care providers or entities through an interoperable system."

The goal is to electronically deliver the right health information to the right place at the right time – providing safer, more timely, efficient, effective, equitable, patient-centered care.
Maryland’s Vision for HIE

- Enable and support the Maryland health care community to appropriately and securely share data in order to:
  - Create efficiencies in the health care delivery system
  - Reduce duplicate medical tests and improve care coordination among health providers
  - Enable providers to view a patient’s full record electronically, which could include other physician visits, lab work, medications, etc.

- Facilitate public health and reporting efforts
HIE Services to Support Maryland Practitioners

Summer 2018
About CRISP

Regional Health Information Exchange (HIE) serving Maryland, West Virginia, and the District of Columbia.

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Typical Week</th>
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<tbody>
<tr>
<td>Admit, Discharges from Hospitals and Ambulatory</td>
<td>4,159,212</td>
</tr>
<tr>
<td>Laboratory Reports Received</td>
<td>964,712</td>
</tr>
<tr>
<td>Received Transcriptions/Reports</td>
<td>236,335</td>
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<tr>
<td>Received Radiology Reports</td>
<td>163,407</td>
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<tr>
<td>Encounter Notifications Sent</td>
<td>852,411</td>
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<tr>
<td>InContext Requests for HIE Registry data</td>
<td>470,060</td>
</tr>
<tr>
<td>Delivery of Registry into EMRs</td>
<td>311,040</td>
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<tr>
<td>InContext Requests for PDMP Data</td>
<td>369,580</td>
</tr>
<tr>
<td>Delivery of PDMP Data into EMRs</td>
<td>95,540</td>
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<tr>
<td>Patients Searched</td>
<td>61,489</td>
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<tr>
<td>Patients searched in ULP Portal</td>
<td>41,403</td>
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<tr>
<td>Patients searched from an EMR</td>
<td>13,606</td>
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<tr>
<td>Images Viewed</td>
<td>176</td>
</tr>
<tr>
<td>New data sent to MPI</td>
<td>1,833,000</td>
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Mission and Guiding Principles

Mission
We will enable and support the healthcare community of Maryland and our region to appropriately and securely share data in order to facilitate care, reduce costs, and improve health outcomes.

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.
Opt-Out Policy and Patient Education

• Opt-out model gives patients the right to block electronic access to their information shared through the HIE
  • All CRISP participating providers must update Notice of Privacy Practices and make patient education materials available
  • Improved patient education materials are being developed at the request of the CRISP Data Use Committee
• If a patient opts out, no information will be available through the portal and notifications about hospitalizations for this patient will be blocked
• EXCEPTION: By Maryland law, opt-outs do not apply to PDMP and this data will still be visible in a patient’s record
Maryland’s Total Cost of Care Model

• Maryland and CMS entered into a new initiative to improve care and reduce the growth in health care spending
  ➢ Modernized the 40 year-old Medicare Waiver by allowing policies and programs aimed at care redesign
  ➢ Hospital global budgets set under an all-payer model are aligned with non-hospital settings, including mental health and long-term care

• Hospitals, physicians, and policymakers chose to invest in shared health technology infrastructure
  ➢ Existing state-designed Health Information Exchange leveraged and expanded upon
  ➢ Shared tools, resources, and data encourage provider-led innovation and better care coordination
CRISP Core Services

1. **POINT OF CARE: Clinical Query Portal & In-context 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

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: CRISP Reporting Services (CRS)**
   - Use Case Mix data and Medicare 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. **PUBLIC HEALTH SUPPORT:**
   - Deploying services in partnership with Maryland Department of Health
   - Pursuing projects with the District of Columbia Department of Health Care Finance
   - Supporting West Virginia priorities through the WVHIN

5. **PROGRAM ADMINISTRATION:**
   - Making policy discussions more transparent and informed
   - Supporting Care Redesign Programs
1. Real-time visit notifications (ADTs)
   • Show events for patients as they progress through the continuum of care
2. Master Patient Index (MPI)
   • Link patients in disparate systems together based on probabilistic matching
3. Provider Panels
   • Track health care relationships to send ENS alerts, create more transparency across programs, and audit CRISP search activity
4. HIE Registries
   • Provide critical information in fast, scalable, and flexible ways
5. Clinical Documents
   • Display patient health information from multiple sources
6. Administrative Data Sets
   • Enable CRISP Reporting Services and Total Cost of Care Model support
CRISP Clinical Architecture

User Query
(InContext or ULP)

CRISP API Gateway

- CCDA Repository
- PDMP Registry
- Alerts Registry
- Lab Registry
- Image Exchange
Unified Landing Page (ULP)

Main point of access for CRISP applications; search page allows multiple patients to be selected for specific apps
PDMP data available as an app in the ULP with user-friendly features such as sorting by column, inter-state search, and multiple patient selection; PDMP also available directly within certain EHRs.
View of critical patient data including care alerts, care teams, and prior visits with customizable widgets
Critical data available at the point of care through API, FHIR, or CCDA; single-sign-on to full CRISP portal
Encounter Notification Service

Real-time or batch alerts to appropriate providers based on treatment and care management relationships
ENS PROMPT Census View
FY18 theme “It Just Works” relied on strategic thinkers helping direct investments for the future

FY19 theme “Use It Well” will ask individual users how applications and data can be more effective

Strategies to help hospitals and practices incorporate CRISP information:

1. **Define high-value initiatives**: use EHR-specific user groups to build consensus (modeled after the Epic User Group)
2. **Prioritize improvements to current offerings/integrations**: work with frontline users to identify opportunities then develop accordingly
3. **Better integrate data in workflows**: explore under-served audiences for existing offerings
4. **Expand use of administrative data**: outreach and training for CCLF-based reports
Open Questions about Data Ingestion

1. What data is most important to providers?
   • Does CRISP have that data?
   • Is it accessible and accurate?

2. Are there already workflows in the EHR utilizing that data?
   • Do standard processes exist by department? Provider type? Entity?

3. Can the EHR accept the data from an HIE?
   • Does the EHR already use outside information?
   • What format must the data be in?
   • What is the criteria for ingestion?

4. Would you use it?
   • Is the data worth incorporating?
   • Is there a return on investment?
Training materials, recorded webinars, and patient education flyers can be found at: https://crisphealth.org/resources/

For general questions, please reach out to CRISP Customer Care Team: support@crisphealth.org | 877-952-7477

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State Designation of an HIE - Background

Planning and legislative authority

- Two multi-stakeholder groups worked independently to identify the best implementation strategy (May 2008 - Feb 2009)
- Legislative authority to designate a statewide HIE in May 2009 - House Bill 706, *Electronic Health Records – Regulation and Reimbursement*

In 2009, the **Chesapeake Regional Information System for our Patients (CRISP)**, a non-profit organization, was selected by the Maryland Health Care Commission (MHCC) and the Health Services Cost Review Commission (HSCRC) based on a competitive application process to build the statewide HIE.
State Designation of an HIE – The Vision

- State-designation supports secure **clinical data sharing** and provider **access to patient data** across institutional boundaries and ensures that consumers have access to the highest quality, most efficient, and safest care.

- The long-term goal of the State-Designated HIE is to build the fundamental **foundation for interoperability**.

- Enables communities with regional HIEs to **connect to other communities** around the State and with providers in other states.
HIEs Currently Registered in Maryland:

- Adventist HealthCare
- Chesapeake Regional Information System for our Patients (CRISP)
- Children’s IQ Network
- Peninsula Regional Medical Center
- Surescripts
MHCC and the HIE Policy Board

- In 2009, MHCC assembled the HIE Policy Board (Policy Board) as a staff advisory group.
- The MHCC considers the recommendations of the Policy Board in developing HIE regulations.
- The Policy Board develops policies that ensure a high level of privacy and security protections for HIEs in Maryland.
HIE Policy Board Operations

➢ The MHCC staff works with the participants through an informal process to achieve a majority of participant support on proposed policies

➢ The development process includes

  o Identifying policies for development or changes to existing HIE regulations
  o Making recommendations to MHCC staff based on deliberations of the workgroup
  o Sharing results in draft form electronically with all members
  o Legal review of final recommendations by MHCC legal staff
May 19, 2011, House Bill 784, Medical Records – Health Information Exchanges (HB 784) law

- Stipulates that MHCC adopt regulations for the privacy and security of protected health information (PHI) exchanged through all HIEs in the State

- Regulations went into effect in March 2014 and amended in June 2016, June 2017, and August 2018

Background: COMAR 10.25.18
Health Information Exchange Privacy and Security
Key Provisions of the Current Regulations

- Health care consumer rights
  - An opportunity to opt-out of allowing the exchange of their health information
  - Information concerning who has accessed their health information
  - Accurate and current information about their rights

- Access, use, or disclosure of Protected Health Information (PHI)
  - Procedural and technical controls that must be in place, including authorization and authentication
  - Use of data is only permitted for treatment, payment, certain health care operations, reporting to public health authorities, and some secondary uses
Key Provisions of the Current Regulations (Continued)

- Access, use, or disclosure of Sensitive Health Information (SHI)
  - An HIE may exchange SHI through transmissions other than secure message or email (point-to-point) if granular patient consent is supported and maintained in alignment with nationally recognized standards.

- Auditing requirements
  - At least monthly, an HIE must conduct random audits of user access to the HIE, and promptly investigate any unusual findings identified.
  - Conduct an annual privacy and security audit.

- Remedial actions to be taken by an HIE
  - Immediately suspend access rights when it is necessary to avoid serious harm to the privacy and security of health information available through an HIE.
**Key Provisions of the Current Regulations (Continued)**

- **Notice of breach or violation**
  - Participating organizations and consumers must be notified regarding any violation of the privacy and security of PHI through an HIE.
  - Notification must be provided no later than 60 days from the time of the breach or violation and include certain information.

- **Registration and enforcement**
  - HIEs must register and annually renew registration with MHCC to operate in the State.

- **Secondary use of data and emergency access**
  - HIEs may release data for secondary purposes to participation organization for research or population care management.
  - HIEs may release data for emergency access by authorized health care providers to PHI through an HIE under certain circumstances.
Key Provisions of the Current Regulations (Continued)

- **Consumer Access**
  - HIEs must appropriately verify the identity of the health care consumer requesting electronic access.
  - HIEs must allow the consumer to authorize another person to have access to their health information, such as a family member or caregiver.
  - Patient’s information available through the HIE, must be equivalent to what is made available to health care providers using the HIE.

- **Exemption**
  - An HIE may request a one year exemption from certain requirements in the regulation, when certain conditions are met.
  - An HIE may not be exempted from any provisions of the regulation that is in current federal law or other State law.
Resources

- CRISP: http://crisphealth.org/
- HIE Regulations
- HIE Policy Board Meeting Schedule
  http://mhcc.maryland.gov/mhcc/Pages/home/workgroups/workgroups_hie_policyboard.aspx
- Maryland General Assembly