Briefing

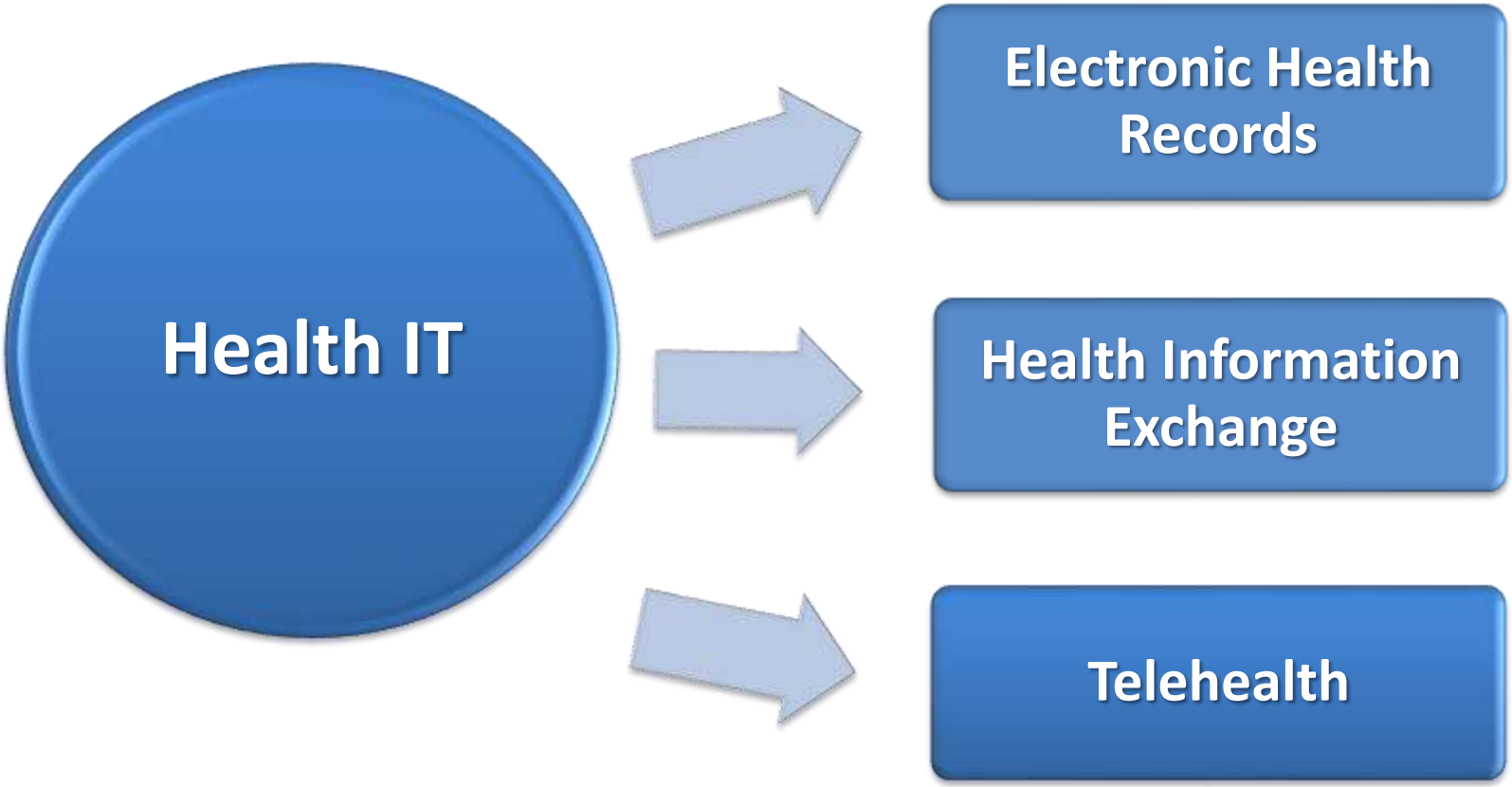
Health Information Technology

Health and Government Operations Committee

January 19, 2016

The MARYLAND
HEALTH CARE COMMISSION

Briefing Components



Our Role

The MHCC is responsible to advance a strong, flexible health IT ecosystem that can appropriately support clinical decision-making, reduce redundancy, enable payment reform, and help to transform care into a model that leads to a continuously improving health system. In addition, foster innovation in a way that balances the need for information sharing with the need for strong privacy and security policies.

Electronic Health Records

Challenges

- The cost of an EHR system can be significant for smaller practices
- Re-engineering practice workflows while maintaining practice patient volumes
- Training can be fragmented; practices often rely on scribes for documenting in the EHR system for a period of time
- Managing privacy and security risks associated with maintaining electronic health information (i.e., breach, cybersecurity)

Accelerate Meaningful Use

- EHRs are considered a critical tool for advancing high quality patient centered care and are essential to practice transformation
- Achieving efficiencies in clinical practice and in quality requires using EHRs in a meaningful way
- MU is aligned with the national health care triple aim to improve patient care quality and satisfaction, increase population health, and reduce health care costs
- MU supports national quality strategies to:
  - Increase patient safety
  - Ensure patient engagement and care coordination, and
  - Promote prevention, healthy living and treatment best practices

State Incentives

- Maryland is the first State to build on the Medicare and Medicaid EHR adoption incentive programs requiring State-regulated payors to provide incentives for the adoption of EHRs

- State incentives are separate and independent of federal incentives; there are different eligibility and participation requirements for each program

- Enabling Legislation

  - 2009 House Bill 706 *Electronic Health Records – Regulation and Reimbursement* requires MHCC to establish regulation requiring State-regulated payors to offer incentives to providers to promote the adoption of EHRs

  - 2011 House Bill 736 *Electronic Health Records – Incentives for Health Care Providers – Regulations* further clarifies the incentive program established under HB 706

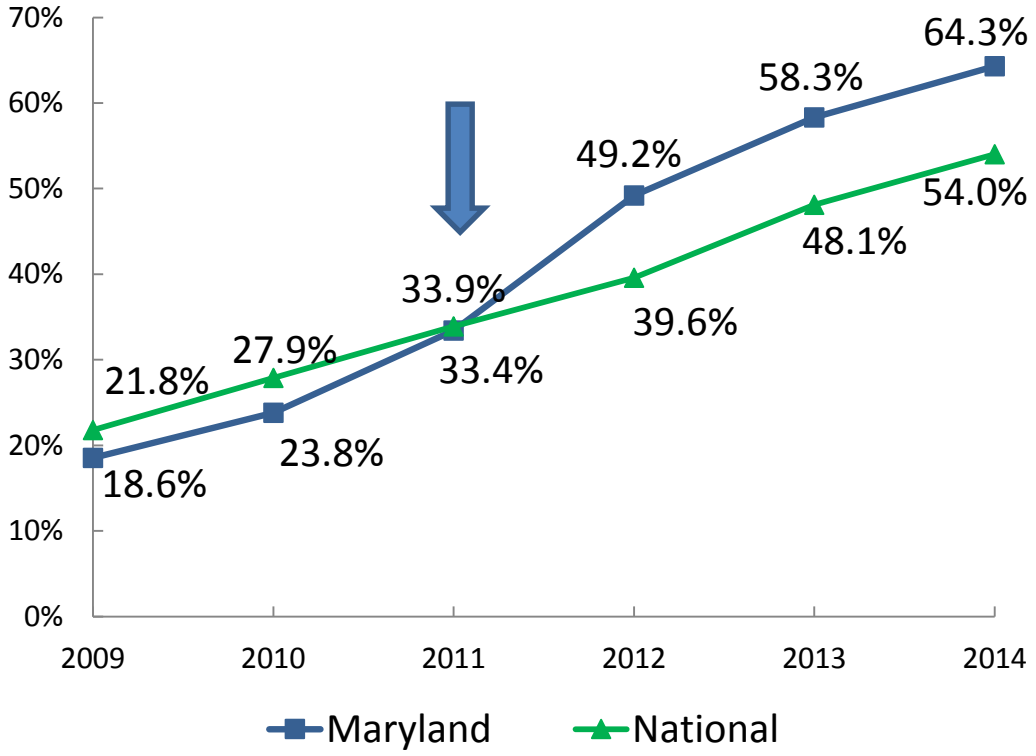
State EHR Incentive Program Progress by Payor

Payor	October 2011 – April 2013		May 2013 - December 2013		January 2014 - September 2014		October 2014 - March 2015		October 2011 - March 2015	
	18 months		8 months		9 months		6 months		40 months	
	Payments Made	Total Amount Paid ($)	Payments Made	Total Amount Paid ($)	Payments Made	Total Amount Paid ($)	Payments Made	Total Amount Paid ($)	Payments Made	Total Amount Paid ($)
Aetna, Inc.	84	848,842	47	426,941	106	974,098	52	211,190	289	2,461,071
CareFirst BlueCross BlueShield	86	932,736	84	920,040	98	1,036,976	48	345,425	316	3,235,177
CIGNA Health Care Mid-Atlantic Region	80	31,412	94	63,235	71	52,902	61	77,301	306	224,850
Coventry Health Care	70	551,592	39	326,796	57	452,172	30	29,775	196	1,360,335
Kaiser Permanente	5	39,228	12	47,248	15	108,704	9	32,229	41	227,409
UnitedHealthcare, MidAtlantic Region	85	247,584	75	271,648	46	145,176	57	178,667	263	843,075
Total	**410**	**2,651,394**	**351**	**2,055,908**	**393**	**2,770,028**	**257**	**874,587**	**1,411**	**8,351,917**
Total Unique Practices	**107**		**124**		**169**		**100**		**370**	

Source: Data reported by payors for period October 2011– March 2015

* Includes both Base and Additional incentive amounts, where applicable.

EHR Adoption Among Office-based Physicians

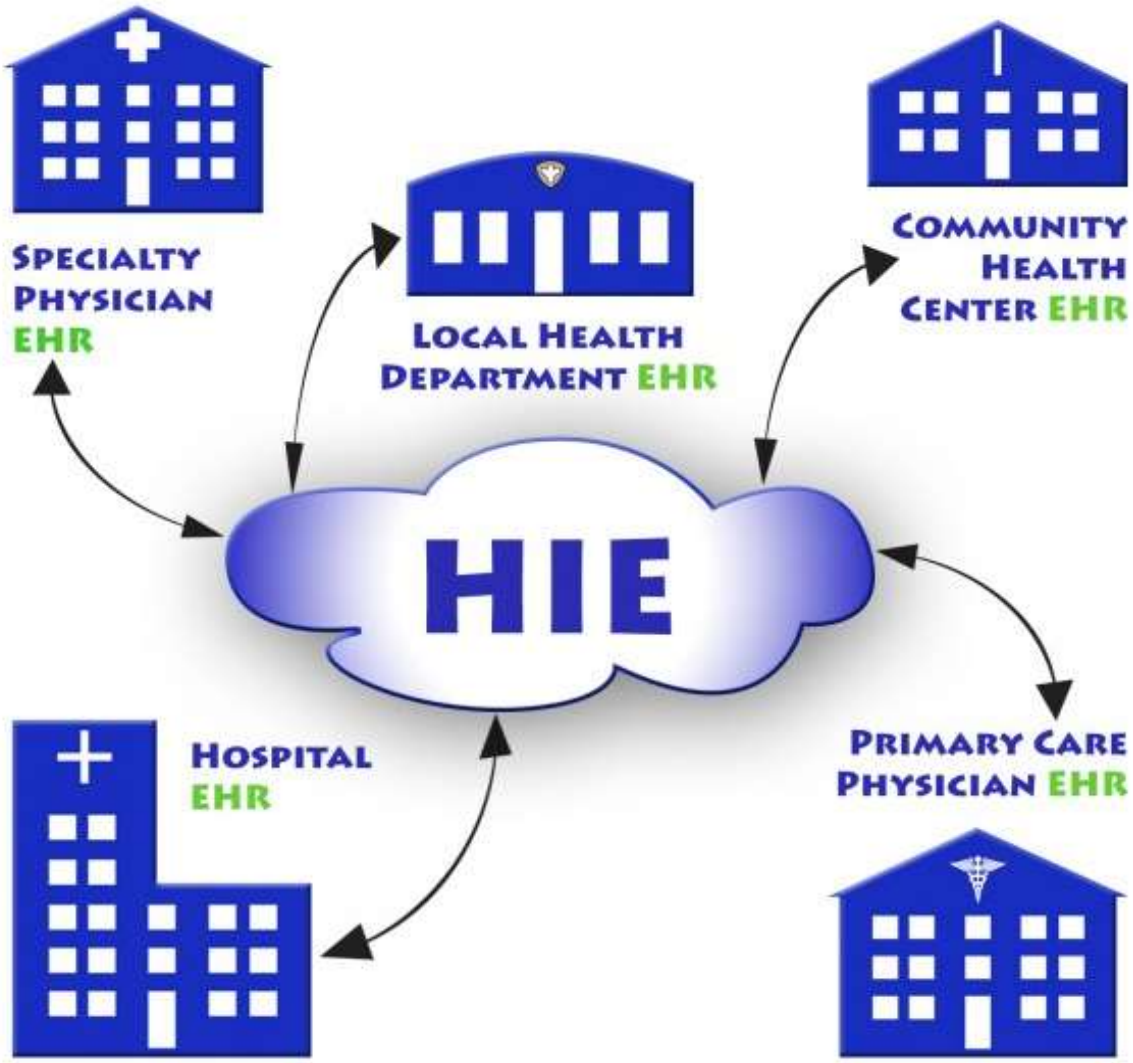


EHR adoption among Maryland office-based physician has increased from 33.4 percent in 2011 (around the time the State incentive program went into effect) to 64.3 percent in 2014

Sources:

- Maryland Data – Maryland Board of Physicians
- National Data – 2009-2013 National Center for Health Statistics
- National Data – Centers for Medicare and Medicaid Services EHR Incentive Program data, December 2014

Health Information Exchange



Challenges

- Seamless integration of HIE with EHRs; most EHR vendors require practices to pay for integration and the ongoing maintenance costs
- National standards to support the exchange of a patient clinical record have been slow to emerge; technology vendors must wait for the Office of the National Coordinator for Health Information Technology to identify standards
- Practice costs associated with HIE; subscription model versus per-transaction fees for exchanging electronic health information
- Managing privacy and security risks associated with exchanging electronic health information (i.e., breach, cybersecurity)

The State-Designated HIE

- Planning for private and secure HIE began in 2006
- House Bill 706 (2009) granted MHCC authority to designate a statewide HIE
- The Chesapeake Regional Information Systems for our Patients (CRISP) was competitively selected in August 2009
- CRISP is a not-for-profit collaborative effort among the Johns Hopkins Health System, MedStar Health, University of Maryland Medical System, Erickson Retirement Communities, and Erickson Foundation; more than two dozen major stakeholders across the State participate on CRISP advisory committees

Leading CRISP Services

- Query Portal
  - Allows providers the ability to securely look up patient information through the Internet
- Direct Secure Messaging
  - Enables secure point-to-point messaging among providers with Direct accounts (similar to other secure email systems)
- Encounter Notification Service
  - Notifications to providers when their patients have an encounter at any hospital in Maryland
- Encounter Reporting System
  - Monthly reports to each hospital on its inter-hospital readmissions for those patients discharged from the hospital
- Prescription Drug Monitoring Program
  - CDS dispensers electronically submit information on drugs dispensed to patients in Maryland and this information is securely stored and disclosed to appropriate users through the CRISP Query Portal

Key Performance Metrics - CRISP

HIE Category	Sept	Oct	Nov	Total[a] #	Total[b] %	Growth Rate[i]
Ambulatory Practice Data Consumption *(# of organizations)* N=5,099[c]						
Signed participation agreements - CRISP Portal	17	18	17	641	12.6%	2.8%
CRISP portal live	15	10	13	460	9.0%	2.6%
Direct message accounts live	21	23	12	669	13.1%	2.7%
Encounter notification service live	27	9	17	412	8.1%	3.3%
Hospital Data Submission *(# of hospitals)* N=47						
Laboratory reports	0	0	0	41	87%	0.0%
Radiology reports	0	0	0	46	98%[d]	0.0%
Transcribed reports	0	0	0	44	94%[e]	0.0%
Continuity of care documents	2	2	0	14	30%	8.0%
Long Term Care Data Consumption *(# of organizations)* N=233[f]						
Signed participation agreements - CRISP Portal	0	1	0	98	42%	0.5%
CRISP portal live	5	0	0	70	30%	0.0%
Encounter notification service live	0	0	5	44	19%	6.2%
CRISP Portal Participation and Usage						
Single-sign on live in Maryland hospitals	0	0	0	8	17%	0.0%
Users in Prescription Drug Monitoring Program[g]	40	129	86	6,844	9%	46.6%
CRISP Portal queries[h]	99,883	101,145	99,160			-0.4%
Patient Metrics						
Number of Patients Opting Out	138	167	161	5,453	0.04%	0.0%
Unique Patient Identifiers (MPI)	120,159	91,602	1,176,748	13,944,595	99.96%	0.0%

CRISP Expansion

- **CRISP is developing an Integrated Care Network (ICN) infrastructure to support care coordination and care management efforts that will lead to enhanced patient care, improved health outcomes, and lower costs**
  - **The ICN is being developed through new efforts and by building on the existing HIE platform that has evolved over the last seven years; the ICN will support Maryland's All-Payer Hospital System Modernization activities**
- **CRISP organized the ICN infrastructure build out into seven work streams:**

HIE Privacy and Security – Oversight

- Legislative Authority
  - In 2011, the law was amended to require MHCC to adopt regulations for the privacy and security of PHI exchanged through an HIE
- Regulations
  - COMAR 10.25.18, adopted by MHCC, went into effect in March 2014
  - MHCC's HIE Policy Board, a staff advisory group consisting of various stakeholders, propose policies for privacy and security
    - Policies became the framework for draft HIE regulations
  - Proposed regulations for secondary use of electronic health information are anticipated in the Spring of 2016

Telehealth

Challenges

- Reimbursement is available from commercial payors, Medicare and Medicaid, but little incentive exists for providers to move away from traditional models of care delivery
  - Only one-half of acute care hospitals and less than 10 percent of physicians participate in telehealth
- Lack of widespread awareness about how to incorporate the effective use of telehealth into existing practice workflows
- Use cases that demonstrate the value of telehealth on hospital encounters and in improving access to care
- Medical liability insurance for services delivered through telehealth is not always offered

MHCC Grants

- Maryland law, established in 2014, authorizes MHCC to directly award grants to non-profit organizations and qualified businesses
- Diverse use cases provide an opportunity to test the effectiveness of telehealth with various technology, patients, providers, clinical protocols, and settings
- Total telehealth grants: $257,888
- Total matching funds: $610,180

October 2014 Grants – Round One

Name	*Use Case*	*Grant Award*	*Grantee Match*
Atlantic General Hospital (Worcester County)	Video consultations between the Emergency Department (ED) and Berlin Nursing and Rehabilitation Center (BNRC) to reduce ED visits and hospital admissions of patients residing in a long term care facility (LTC).	$30,000	$87,922
Dimensions Healthcare System (Prince Georges County)	Laurel Regional Hospital and Prince Georges Hospital use mobile tablets to conduct video consultations with patients residing at two LTCs, Sanctuary of Holy Cross and Patuxent River Health and Rehabilitation Center to reduce unnecessary hospital transfers.	$30,000	$42,316
University of Maryland Upper Chesapeake Health (Harford County)	Remote telemedicine examinations and consultations between hospital and a fully equipped exam room and lab located at Lorien, Bel Air facility. Technology provides EKG monitoring, sonogram and multiple cameras.	$27,888	$45,633
	Total	**$87,888**	**$175,871**

June 2015 Grants – Round Two

Name	*Use Case*	*Grant Award*	*Grantee Match*
Crisfield Clinic, LLC (Somerset County)	Rural health clinic provides mobile devises for middle school and high school aged patients to assist children in managing chronic conditions including asthma, diabetes, childhood obesity, and behavioral health issues.	$20,000	$93,983
Lorien Health Systems (Baltimore & Harford Counties)	Skilled nursing facility and residential service agency use devices installed in patients' home to monitor chronic conditions including uncontrolled diabetes, congestive heart failure, and hypertension and providing clinical support to improve care and avoid hospital admissions.	$30,000	$63,600
Union Hospital of Cecil County (Cecil County)	Hospital provides chronic care patients with mobile tablets and peripheral devices to capture blood pressure, pulse, and weight, and provide patient education to facilitate patient monitoring.	$30,000	$60,000
	Total	**$80,000**	**$217,583**

November 2015 Grants – Round Three

Name	*Use Case*	*Grant Award*	*Grantee Match*
Associated Black Charities (Dorchester & Caroline Counties)	Community association that assists minority and rural communities with navigating the health care system will utilize mobile tablets to facilitate primary care and behavioral health video consultations with a licensed nurse care coordinator from Choptank Community Health System.	$30,000	$90,000
Gerald Family Care, LLC (Prince George's County)	Patient Centered Medical Home practice will implement telehealth video consultations and image sharing services between patients at three family practice locations, and Dimensions Health System specialists providing gastroenterology, orthopedics, neurology, and behavioral health services.	$30,000	$66,726
Union Hospital of Cecil County (Cecil County)	Builds upon the original grant providing chronic care patients with mobile tablets and peripheral devices to capture blood pressure, pulse, weight and glucose levels to facilitate patient monitoring, which will support data sharing with primary care and Emergency Department providers.	$30,000	$60,000
	Total	**$90,000**	**$216,726**

The End!

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