



EXPLORING CRISP DATA

Best Practices for Access and Use

OCTOBER 18, 2024

CME Disclosure, Accreditation and Designation Statement



Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint providership of MedChi, The Maryland State Medical Society and The Maryland Health Care Commission. MedChi is accredited by the ACCME to provide continuing medical education for physicians.

Designation Statement

MedChi designates this virtual meeting for a maximum of 1AMA PRA Category 1 Credits. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

► The planners and reviewers for this activity have reported no relevant financial relationships to disclose.

Learning Objectives



- ► The value and clinical benefit of health information exchange (HIE)
- Strategies for utilizing data from CRISP, the State-Designated HIE, to improve care delivery and chronic care management
- Tips for incorporating HIE reports, including radiology and laboratory reports, into your practice workflow

AGENDA

- I. Gene Ransom, MedChi, Opening Remarks
- II. **Melanie Cavaliere**, *MHCC*, Overview of Maryland Landscape and MHCC Practice Transformation Activities
- III. Sheena Patel, MD, Executive Director, Public Health Modernization, CRISP, Subject Matter Expert
- **IV. Lisa Hugh, DHA**, Founder and CEO, Southern Maryland Dietician, Practice Perspective
- v. Sarah Merritt, MD, President, Lifestream Health Center, Practice Perspective
- **VI. Sanjay Saxena, MD, CPC**, Hagerstown Family Medicine, Practice Perspective

VII. Q&A







Gene Ransom

MedChi, The Maryland State Medical Society (MedChi)



Snapshot of Maryland



- ► 6.18 million people (Source: <u>United States Census Bureau</u>)
- ► 16.9% of population is age 65 and over (Source: <u>United States</u> <u>Census Bureau</u>)





Advancing Practice Transformation



Background



- Advancing practice transformation has been an MHCC strategic priority for more than a decade
- ► Maryland law tasked MHCC with implementation and management of the Maryland Multi-Payor PCMH Program from 2011 through 2016
- ► The MHCC, MedChi, and the University of Maryland School of Medicine Department of Family and Community Medicine partnered with the New Jersey Innovation Institute to complete practice transformation activities in Maryland as part of the federal Transforming Clinical Practice Initiative from 2015 to 2019
- ► The MHCC has contributed to planning and policy development for the Maryland Primary Care Program since its inception in 2017

Advancing Practice Transformation Program Overview



- ▶ In June 2021, MedChi CTO was competitively awarded a grant to complete transformation activities
- A crucial role of MedChi CTO is providing practice coaching on specific transformation topics and approaches, such as quality improvement and tools to help sequence and manage change essential to succeed in a value-based care model
- Program milestones:
 - Milestone 1 Readiness Assessment
 - Milestone 2 Workflow Redesign
 - Milestone 3 Training
- Approximately 72 practices have completed program milestones to date

Learning Network Events



- ► The MHCC convenes peer learning network events in collaboration with local and national health care leaders on topics such as health equity, advanced care delivery, and practice transformation
- More information on learning network events is available at:
 - mhcc.maryland.gov/mhcc/Pages/apc/apc _icd/apc_icd_learning_networks.aspx



Advanced Care Delivery Events



▶ Prior events available on the <u>Learning Network</u> include:





ENHANCING PATIENT EXPERIENCE THROUGH PATIENT AND FAMILY ENGAGEMENT

April 2024

Representatives from two ambulatory practices and a practice transformation coach discuss key considerations around engaging patients and families to improve care quality and patient safety, and other considerations that can influence engagement.

Watch Now

Download Slides



Sheena Patel, MD

Executive Director, Public Health Modernization, CRISP

Subject Matter Expert



Questions to Consider

- ▶ How much does it cost to participate in CRISP?
- How does CRISP secure/protect patient data?
- Do patients have the right to opt out of having their data shared via CRISP?
- ► How do I become a participant, or if already participating, can I receive more in-depth training to better utilize the services?



CRISP Overview Tools & Services

October 18, 2024

10480 Little Patuxent Parkway, Suite 800 Columbia, MD 21044 877.952.7477 | <u>support@crisphealth.org</u> www.crisphealth.org



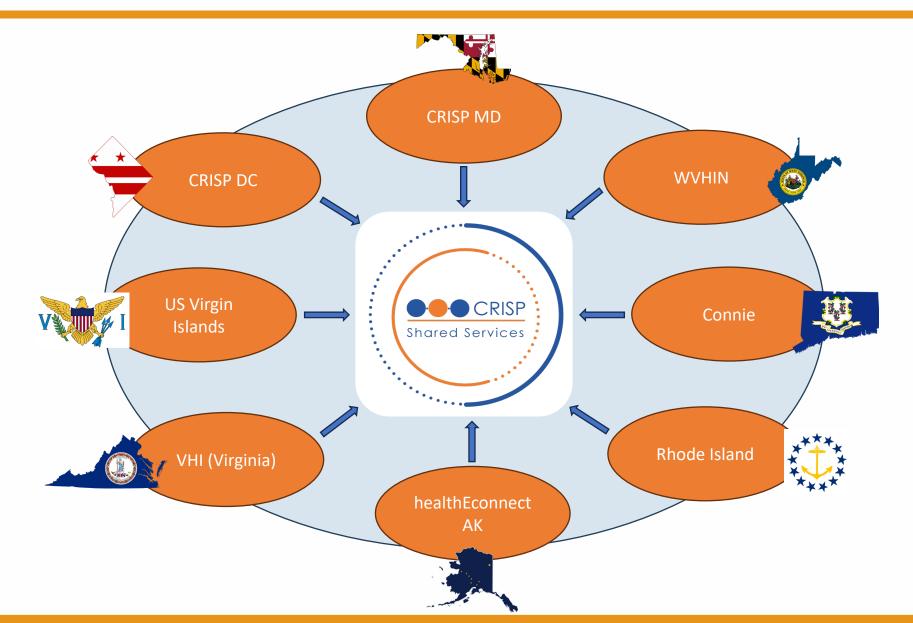
State Designated Health
Information Exchange (HIE) serving
Maryland, and in affiliation with the
HIEs in several other states

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

Guiding Principles

- Begin with a manageable scope and remain incremental.
- 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.





History of CRISP Shared Services

First Steps

CRISP begins when John Erickson and the CIOs of Maryland's three largest health systems ask how to make medical records for seniors available when they visit the hospital.

Early Innovation

In addition to traditional portal access, CRISP and partners at Audacious Inquiry pioneer push notifications based on provider panels.

New Data

Working with state partners, CRISP produces claims-based reports, launches Maryland's Prescription Drug Monitoring Program, and routes CCDAs at hospital discharge.

Scaling Infrastructure

Connie is the next statewide HIE to begin leveraging shared technology.

Public Health Modernization

Virginia Health Information joins CSS to accelerate public health use cases.

Rural Health

healtheConnect Alaska becomes a CSS affiliate.

Efficiency

Tools are enhanced to exceed security and performance goals.

Regional Partners

CRISP and the West Virginia Health Information Network collaborate to reuse infrastructure.

2009

2010

2014

2015

2016

2017

2019

2020

2021

2022

2023

Getting Connected

CRISP is designated as Maryland's statewide Health Information Exchange through a competitive process and connects the first providers.

Collaboration

The first inter-state data sharing begins with Delaware Health Information Network ADTs and direct hospital connections in Washington, DC.

Enhanced Workflows

The InContext App goes live directly within an EHR, removing the need for log ins and patient searches, while Medicare and Medicaid data begin enhancing HIE tools.

National Exchange

National Network queries and responses go live in production, and additional data is connected through county health departments and Emergency Medical Services.

Health Data Utility

CSS fully supports advance use cases by leveraging the Insights data platform.

Shared Services

CRISP Shared Services is formed as an independent non-profit.



1. POINT OF CARE: Clinical Portal & InContext Information

- Search for your patients' prior health records (e.g. labs, radiology reports, etc.)
- Determine other members of your patient's care team
- View external records in a SMART on FHIR app inside your EHR

2. CARE COORDINATION: Event Notifications (CEND)

- Be notified when your patient is hospitalized in any regional hospital
- Enhance workflows across multiple care settings and teams

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

• Use administrative and clinical data to design and measure interventions

4. PROGRAM ADMINISTRATION:

- Making policy discussions more transparent and informed
- Disseminating evidence-based best practices and technology

5. PUBLIC HEALTH DATA UTILITY:

- Deploying services in partnership with health officials
- 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	205,000			
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			



Technology Components

Health Department Systems of Record

Immunization Registry

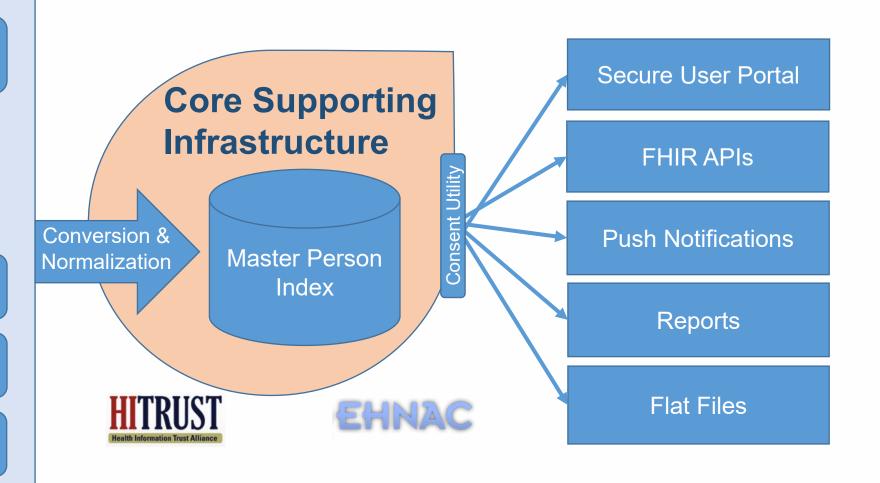
Vital Statistics (Mortalities)

Reportable Conditions

Hospital, Medicare, & Medicaid Claims

Hospitals, Clinics, EMS (Participant Data)

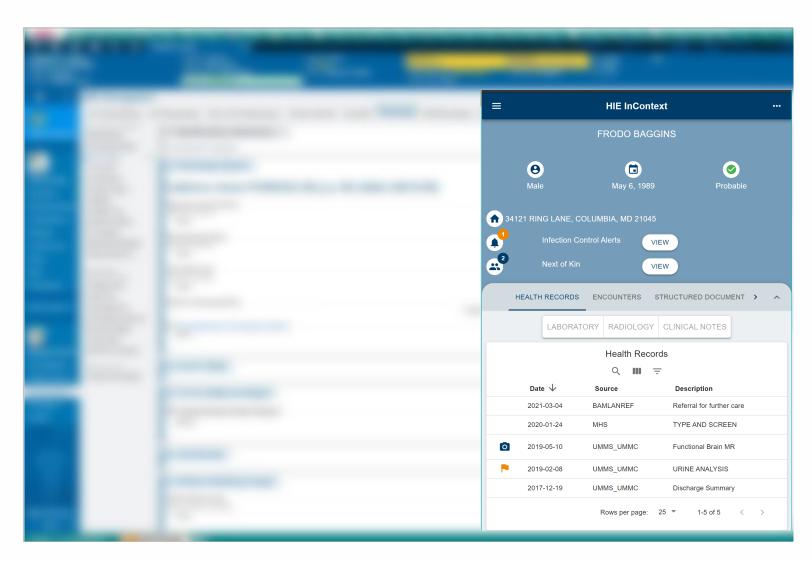
National Exchange Networks





Point of Care: InContext Data Delivery

- View of patient data, pulled from multiple repositories and sources, embedded in the end user's EHR
- Integrations can occur in EHR native app stores or through API queries
- CRISP delivers over 1.5M
 pieces of data per week
 through this method (and
 rising)





Prescription Drug Monitoring Program (PDMP)

8

Clinical Information



Point of Care: Prescription Drug Monitoring Program

Mission (not formally adopted):

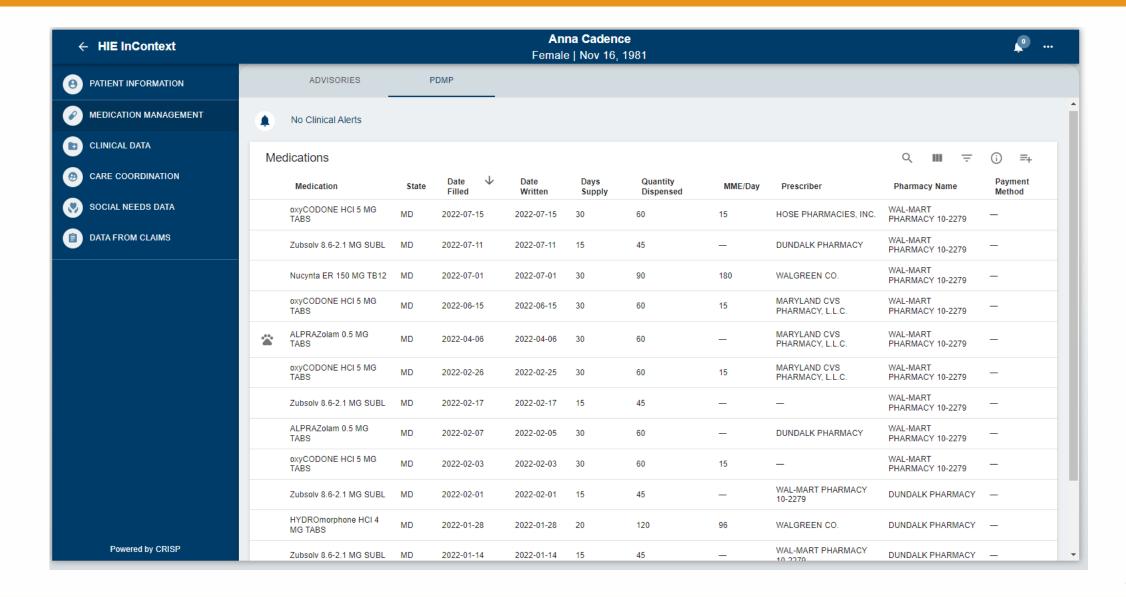
The Maryland PDMP collects controlled dangerous substance (CDS) prescription dispensing information and enables authorized users' access to these data for the purpose of improving the health and safety of Maryland patients and the public.

Basic Description of the Maryland PDMP:

- Secure, state-wide, electronic database
- Contains Schedule II-V pharmaceutical controlled dangerous substance (CDS) Rx dispensed in Maryland
- Rx data can be disclosed for clinical, investigative and research/pub education purposes as allowed by law

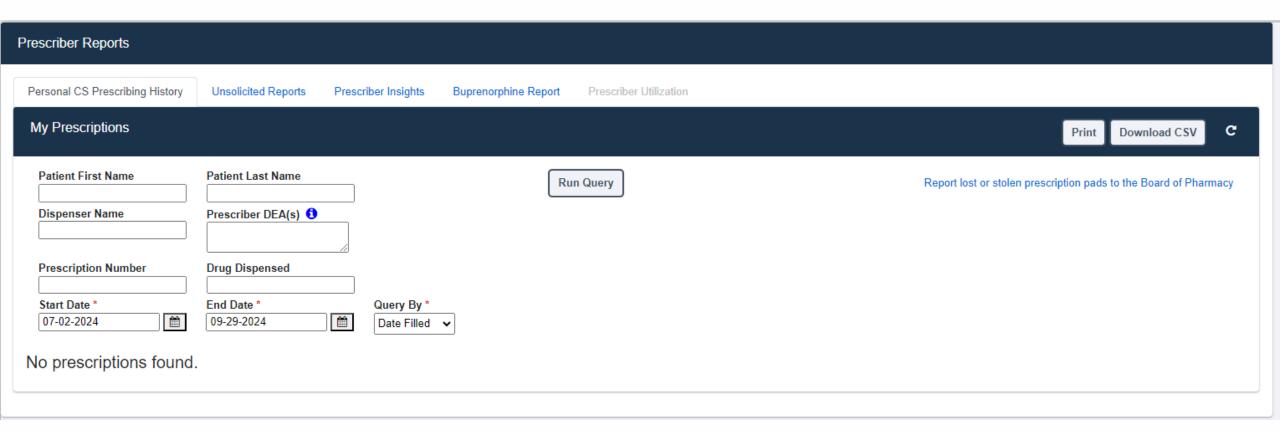


Point of Care: Prescription Drug Monitoring Program



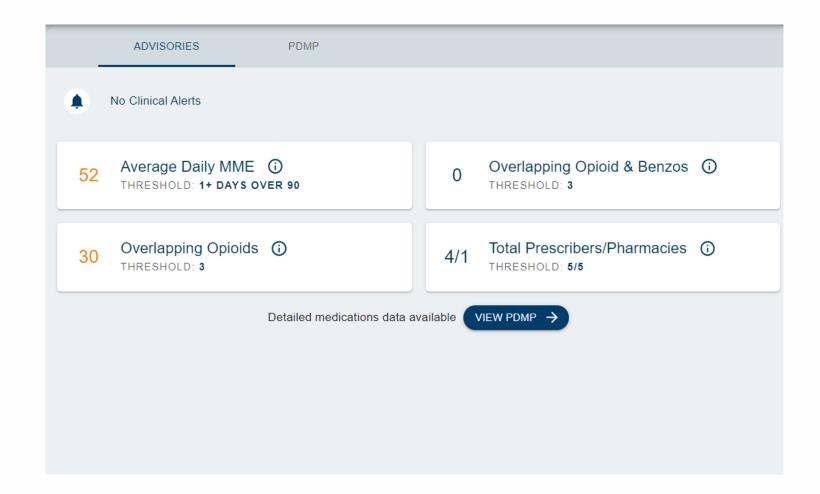


Individualized Prescriber insights



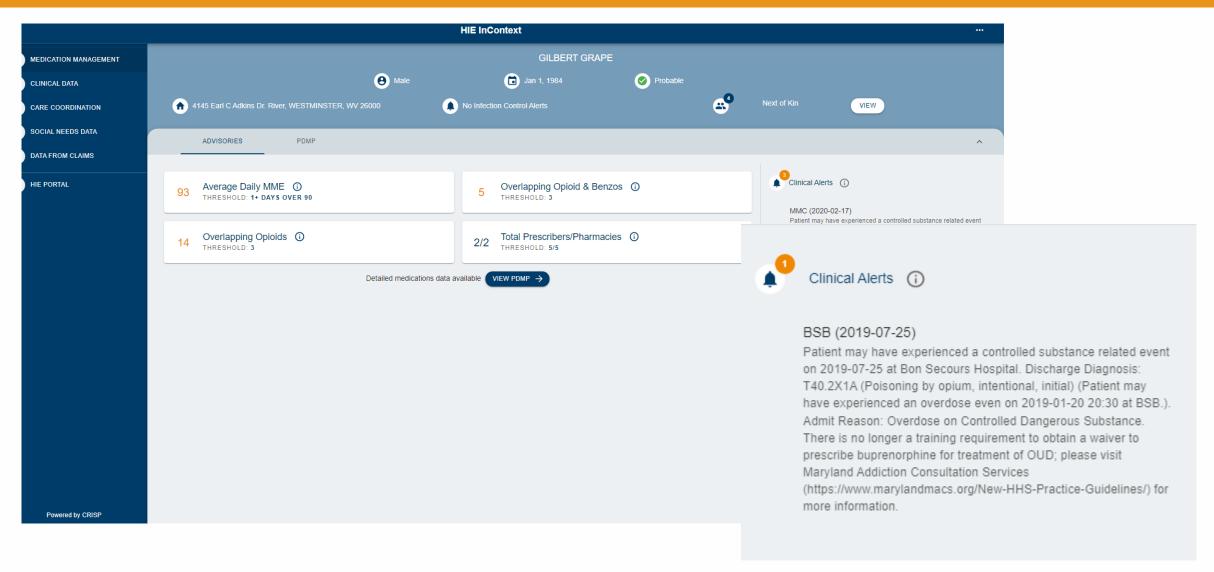
In addition to the PDMP data, common PDMP advisories are available to support providers:

- Average Daily MMEs
- Overlapping Opioids and Benzodiazepines
- Overlapping Opioids
- Total Prescribers & Pharmacies





PDMP: Overdose Data





Clinical Information



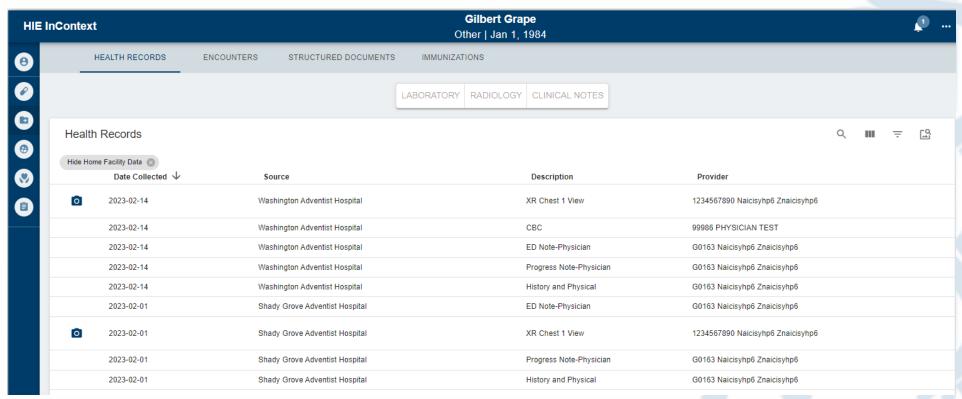
Medication Management: Non-CDS Meds

ST 90 D	AYS	ALL						
Repor	ted Me	dications - Last 90 Days						Q
		Generic Name 🔨	Medication Name	Dose	Sig	Provider	Start Date	Last Report Date
		Alprazolam 0.5 MG Oral Tablet [Xanax]	Xanax 0.5 mg oral tablet	0.5 mg	1 tab, Oral, TID, PRN for anxiety, # 30 tab, 0 Refill(s)	_	2022-05-18	2024-09-06
		aspirin 81 MG Oral Capsule	aspirin 81 mg oral capsule	81 mg	1 cap, Oral, Daily, do not exceed 48 capsules in 24 hours, # 30 cap, 0 Refill(s)	_	2022-05-18	2024-09-06
		cetirizine hydrochloride 10 MG Oral Tablet [Zyrtec]	ZyrTEC 10 mg oral tablet	10 mg	1 tab, Oral, Daily, # 30 tab, 0 Refill(s)	_	2022-05-18	2024-09-06
	Δ	ergocalciferol 1.25 MG (50,000 UNT) Oral Capsule	VITAMIN D2 1,250 mcg (50,000 unit) capsule	50000 U	take 1 capsule by mouth every week	_	2024-07-21	2024-07-21
		Losartan Potassium 25 MG Oral Tablet [Cozaar]	Cozaar 25 mg oral tablet	25 mg	1 tab, Oral, Daily, 0 Refill(s)	_	2022-05-18	2024-09-06
		Metoprolol Tartrate 50 MG Oral Tablet [Lopressor]	Lopressor 50 mg oral tablet	50 mg	1 tab, Oral, BID, # 60 tab, 0 Refill(s)	_	2022-05-18	2024-09-06
		Prinivil 5 mg oral tablet	Prinivil 5 mg oral tablet	5 mg	1 tab, Oral, Daily, 0 Refill(s)	_	2022-05-18	2024-09-06
		Rosuvastatin calcium 10 MG Oral Tablet	rosuvastatin 10 mg oral tablet	20 mg	2 tab, Oral, Daily, 0 Refill(s)	_	2022-05-18	2024-09-06
	Δ	rosuvastatin calcium 20 MG Oral Tablet	rosuvastatin (CRESTOR) 20 mg tablet	20 mg	Take 1 tablet (20 mg total) by mouth daily.	_	2024-07-21	2024-07-21
		vardenafil HCl 10 MG Oral Tablet	vardenafiL (LEVITRA) 10 mg tablet	10 mg	Take 1 tablet (10 mg total) by mouth daily as needed for erectile dysfunction.	_	2024-07-21	2024-07-21



Patient data includes:

- Labs
- Radiology
 Reports+Image
 (where available)
- Clinical Notes
- Immunizations
- Structured Documents (CCDAs)
- All data can be printed/downloaded



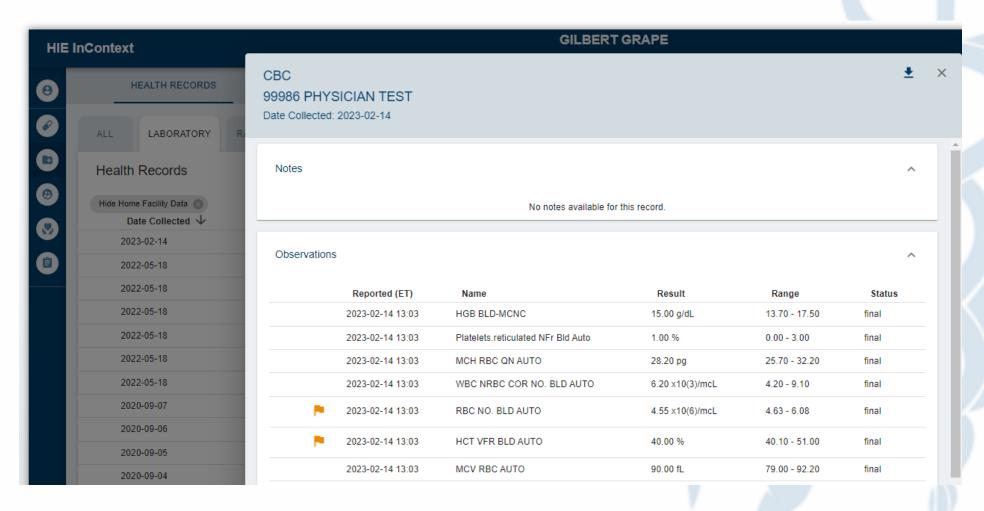


Available Information:

 Lab Results, including cultures

Benefits:

- Historical data
- More complete patient history





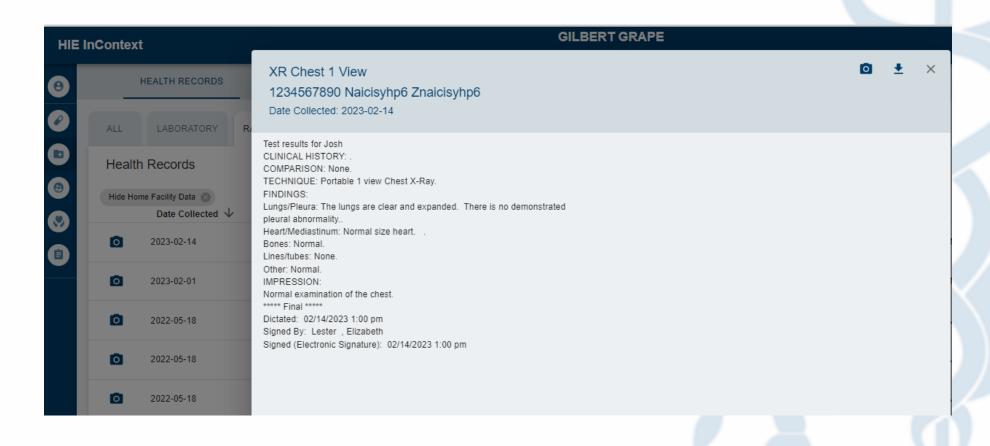
Clinical Information – Radiology

Available Information:

- Radiology Reports
- Diagnostic Quality Images from all MD hospitals and over a dozen outpatient radiology centers

Benefits:

- Comparison images
- Reduce duplicative imaging





Clinical Information – Clinical Notes

Available Information:

- Clinical Notes
 - D/C Notes
 - Progress Notes
 - H&Ps
 - Consult Notes
 - And more!

Benefits:

- Improved medical history
- Enhanced care coordination

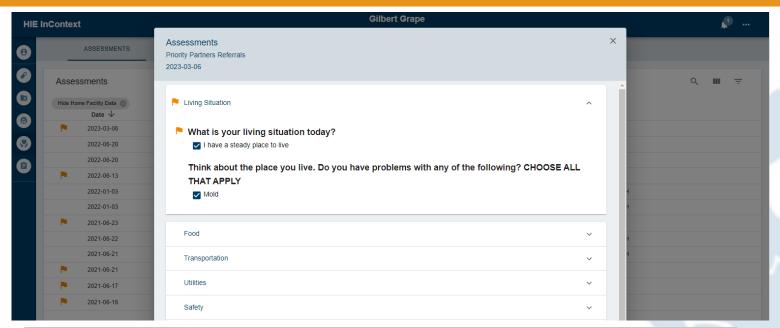




Clinical Information: Social Needs

Patient data includes:

- Social Needs Assessments
- Conditions (z-codes)



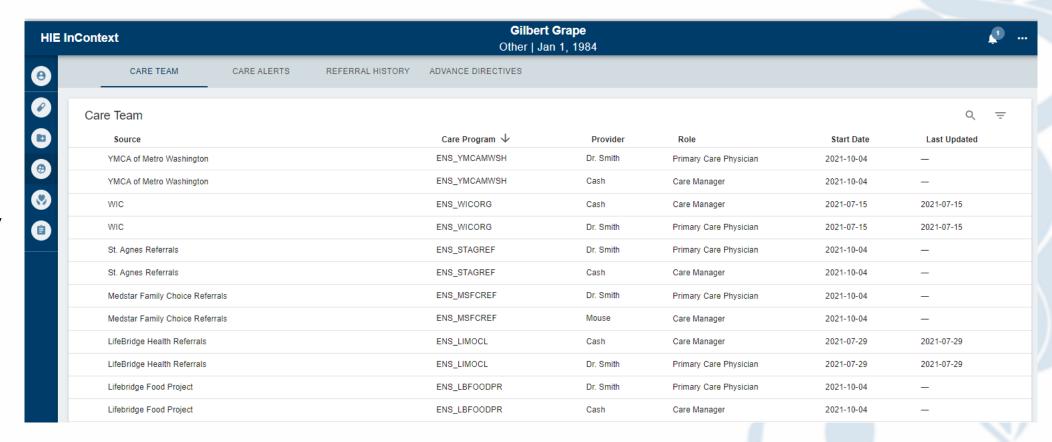




Clinical Information: Care Coordination

Patient data includes:

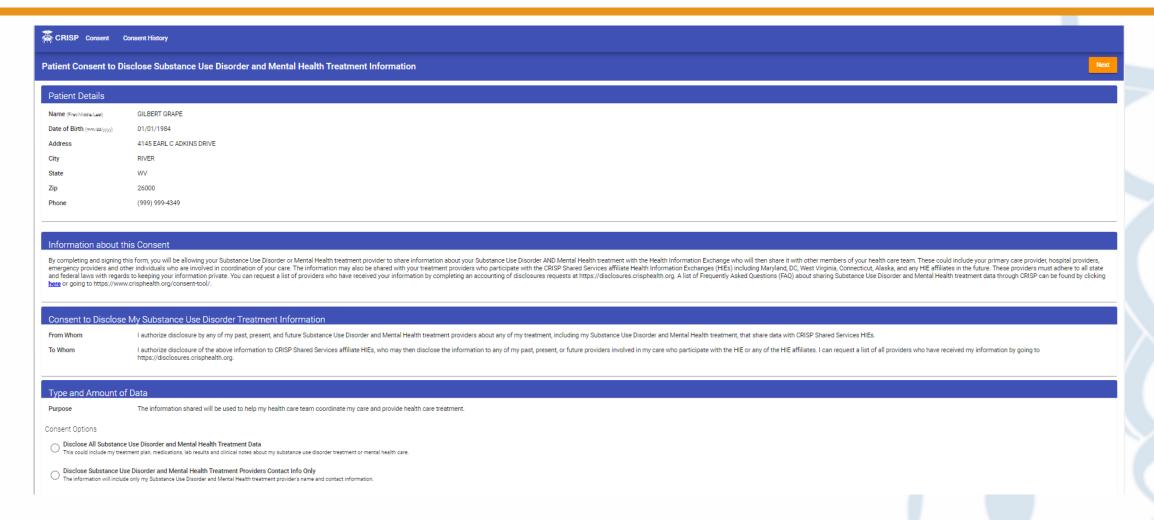
- Care Team
- Care Alerts
- Referral History
- Advance Directives





Supplemental Tools



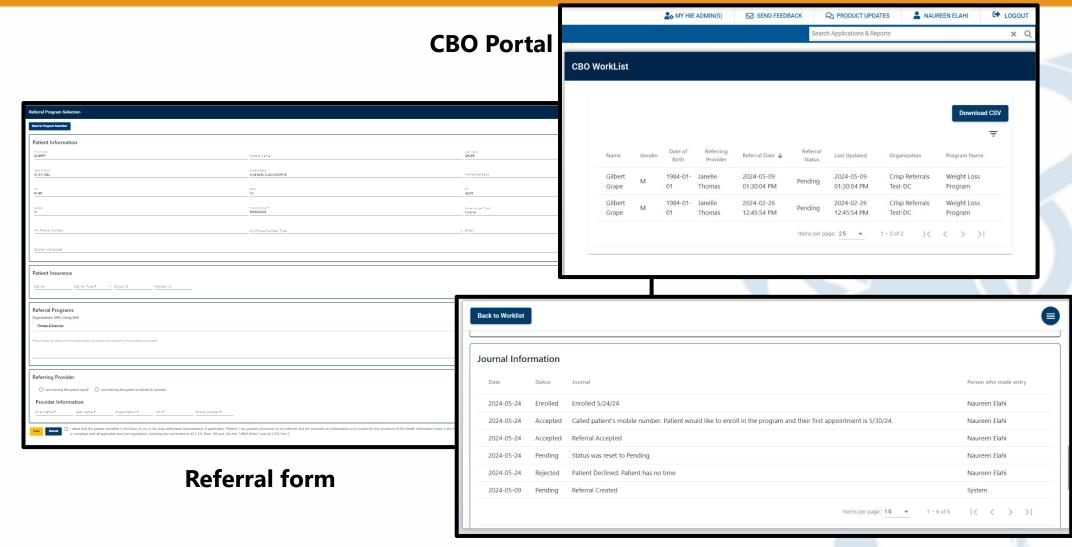


Ability to complete consents to disclose SUD/MH information



Closed loop referral workflow:

- Send referral
- CBO can manage incoming referrals
- Provider can track referrals they have sent



Provider Portal



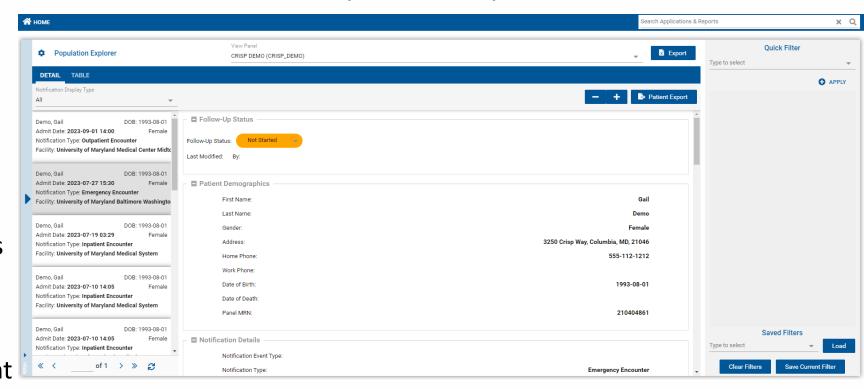
Care Coordination



Care Coordination: CSS Event Delivery Service (CEND)

- Real-time alerts to appropriate providers based on treatment and care management relationships
- Interactive user interface within CRISP Portal or messages delivered into EHRs
- CEND subscription
 information (a patient's Care
 Team) is displayed at the point
 of care through Portal or In Context

Population Explorer





Care Coordination: CEND Custom Alerts

- CRISP can now support custom alerts outside of standard Population Explorer event notifications
- The alerts can leverage CPT, ICD10 and LOINC coding standards to identify specific healthcare events and alert the patient's care team for improved care coordination, reduced readmissions, and a better patient experience.
- CRISP alerts are delivered within a provider's workflow and are highly configurable, so users receive actionable data.

Alert Category	Alert Type	Description 🔻
Condition Specific	End Stage Renal Disease (ESRD)	Notification that a patient is diagnosed with End Stage Renal Disease.
Care Coordination	Readmission	Notification that a patient has a hospital readmission.
Condition Specific	Diabetic Ketoacidosis (DKA)	Notification that a patient with Diabetes has a Diabetic Ketoacidosis event.
Condition Specific	COVID-19+	Notification that a patient is diagnosed with COVID-19.
Care Coordination	Immunization Alert	Notification that a patient misses a routine immunization.
Care Coordination	Pregnancy Lab Alert	Notification that a patient has a positive pregnancy test.
Care Coordination	LANE Diagnosis Alert	Notification that a patient has an Emergency Room visit for a low-acuity condition.
Care Coordination	Death Notice	Notification that a patient has expired.
Care Coordination	Timely Follow-up	Notification that a patient with achronic condition has had a hospital encounter.



Program Administration & CRISP Reporting Services (CRS)

All Payer Reports

Use Cases

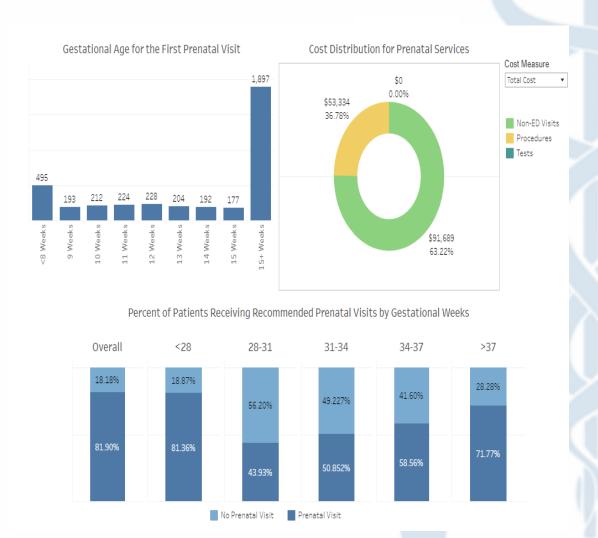
- View total patient visit count and charges
- Study your overall population by geographic locations and/or chronic conditions and, by age
- Analyze and compare total patient hospital cost for a subset of patients
- Track prenatal and postnatal care trends for completed or ongoing pregnancies over time
- View and compare hospital utilizations for attributed beneficiaries against a reference rates group

Data Sources

- Case Mix
- Medicare Claim and Claim Line Feed
- Medicaid

Reports

- Patient Total Hospitalizations (PaTH)
- Pre/Post Report
- NEW: Multi Payer Reporting Suite





Public Health Data Utility



Public Health: Health Data Utility

HB1127 requires the State-Designated HIE (CRISP) to operate as a Health Data Utility (HDU) for the State. Purposes include:

- 1. The collection, aggregation, and analysis of clinical information, public health data, and health administrative and operations data to assist the Department, local health departments, the Commission, and the Health Services Cost Review Commission in the evaluation of public health interventions and health equity;
- 2. The communication of data between public health officials and health care providers to advance disease control and health equity; and
- 3. The enhancement and acceleration of the interoperability of health information throughout the State.

Source: https://mgaleg.maryland.gov/2022RS/bills/hb/hb1127T.pdf



Key Pillars of a Health Data Utility

Services

- Enrich Data
 - Link disparate data sets
 - Use multiple sources to fill gaps
 - Improve data feeds
 - Surface key insights
- Distribute Information
 - Create visualizations
 - Control access levels
 - Push individual clinical records
 - Share analytic files
- Enable Interventions
 - Flag patients at the point of care
 - Notify appropriate end users
 - Share relationships between organizations

Value



All data becomes more useful when it is linked, normalized, deduplicated, and cleansed within a single analytics engine



User experience is enhanced and usage increases when a single entity is responsible for governance and distribution



Alignment between population level reports and actionable individual experiences is more likely to result in positive change



Resources

Training materials, recorded webinars, and patient education flyers can be found at: https://crisphealth.org/



Thank you!

Sheena Patel, MD, CMPE sheena.patel@crisphealth.org



Lisa Hugh, DHA

Founder and CEO, Southern Maryland Dietician

Practice Perspective



Questions to Consider

- Which healthcare providers can use CRISP?
- ► Can for-profit, private practices access CRISP?
- ► CRISP seems complicated, how can it help us?





About Southern Maryland Dietitian

- Private Practice
- Registered Dietitians & Clinical Nutrition Specialists
- Licensed in Maryland
- Started as in-person, solo practice
- Pivoted to Telehealth during Covid
- Participated in Advancing Practice Transformation Program
- ▶ Grew to team of 15+ providers





Challenges

- Private Practice
 - No corporate team
 - ▶ EHR not integrated with other providers or disciplines
 - Difficulty obtaining referrals and medical records
 - ▶ New projects & tools can be difficult to implement





Challenges

- High demand & need for nutrition services but lack of awareness
 - Many patients have good insurance coverage but don't know it
 - Referring providers often don't know either
 - We can see patients throughout the state
 - (Patients search by zip code; so do insurance companies)
 - We provide a range of services not just weight loss.
 - ▶ (Diabetes, Tube Feeding, Peds, Bariatric Services, Thyroid, PCOS, Medically Complex patients)





CRISP Helps us Help Patients

- Clinical Information
 - Providers use patient's medical records for more robust nutrition assessment & documentation
 - ► More accurate clinical information = more accurate Southern Maryland Dietitian insurance billing
 - ▶ Better assessments = better outcomes for patients = better word of mouth & more referrals

The Road to Wellness Leads to SoMD Dietitian



CRISP Helps us Help Patients

- Best Practices
 - Get Started one step at a time
 - Create CRISP profiles for all new providers as part of onboarding process
 - ▶ When in doubt, Check CRISP
 - Use Your Resources Our billing company helps with Patient Roster
 - Google Calendar Reminders (recurring)



The Road to Wellness Leads to SoMD Dietitian



CRISP Helps us Help Patients

- Next steps
 - Population Explorer & CEND custom alerts (hospitalizations)
 - ▶ Goal is to be more proactive with our past and current patients



- Referrals
 - Goal is to be more be more visible to referring providers in CRISP and accept referrals as a Community Based Organization (CBO)
- Win-Win-Win (Patients Our Practice Medical Neighborhood)



Sarah Merritt, MD

President, Lifestream Health Center

Practice Perspective



Questions to Consider

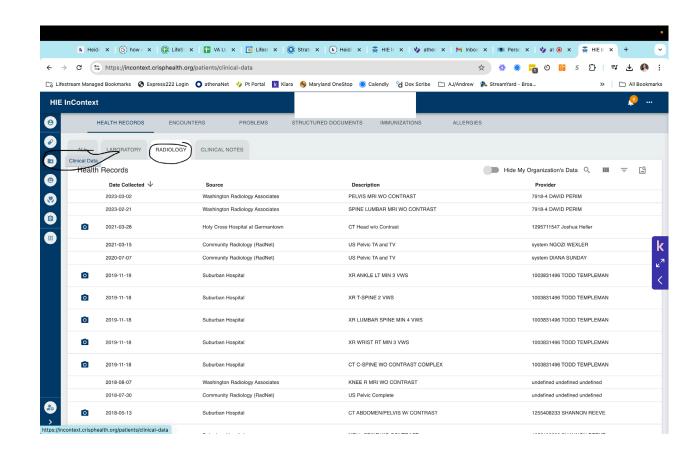
- What EMRs does CRISP/HIE integrate with? Or Will my EMR do this?
- Who do I talk to at CRISP to start the process?
- How often do you check the charts for updates?
- ▶ How can I incorporate this into my practice?



How we use CRISP/HIE

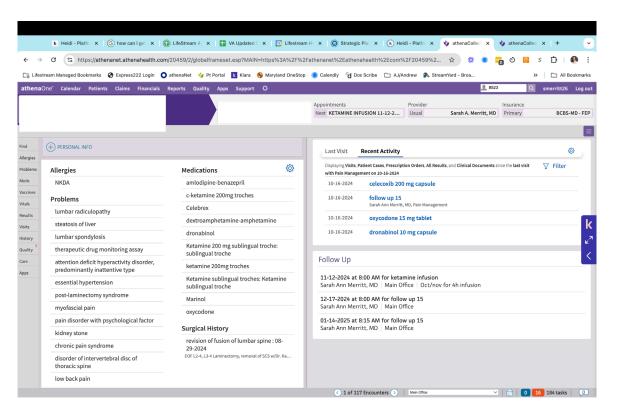
IMAGING and CLINICAL NOTES:

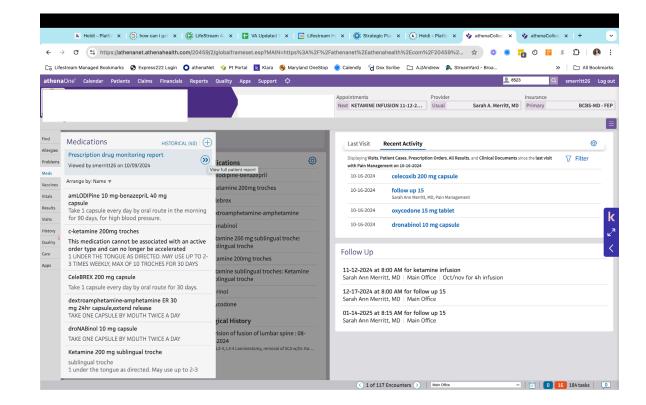
- For staff new patient protocol is to check CRISP for imaging;
 - We may additionally ask patient where they have had imaging – but checking direct is most efficient
- Athena integration so easy I can pull it up in a visit!
 - Look at radiology
 - Notes including discharge summary and procedure notes ER notes, even EMS notes





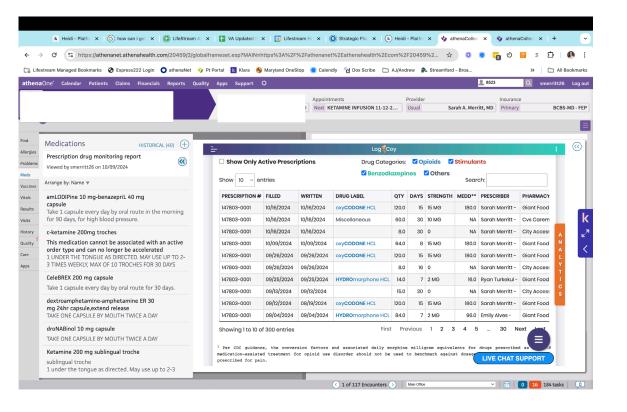
PDMP – 2 ways in EMR: Through the med list

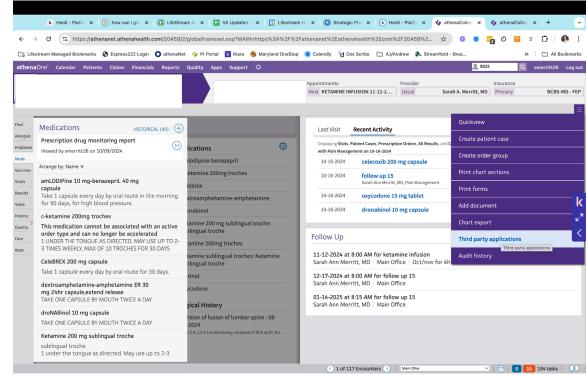






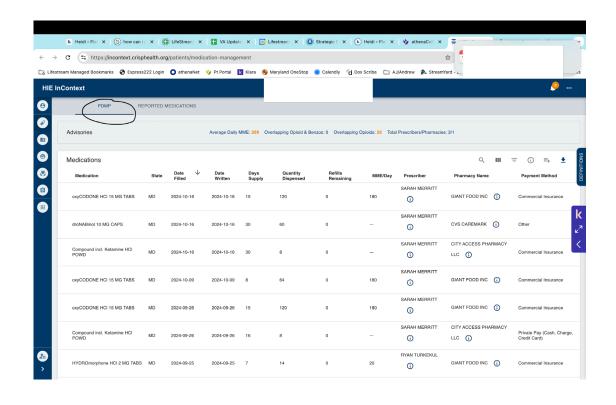
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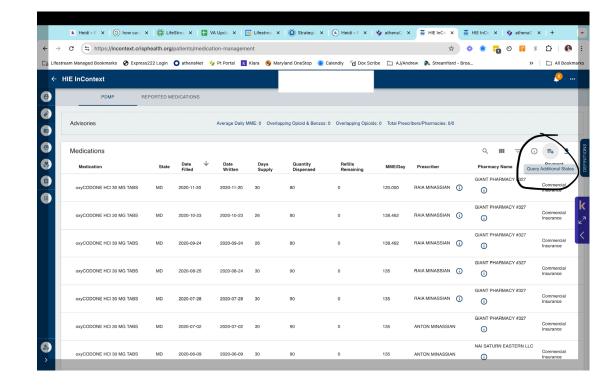






PDMP -Through "third party integration"





Case examples



- ▶ Patient JH Hospitalized and presents for evaluation postop after back surgery. Patient doesn't have exact name of operation or med list.
 - ▶ Use CRISP to pull discharge summary with med list, dates of hospitalization, exact operation, etc. to update our records.
 - ▶ Result able to bill for TCM /transition of care management visit and make sure he had appropriately filled medication to continue healing and prevent ED visit.
- ▶ Patient CA Opioid patient s/p biopsy and says she has been diagnosed with cancer.
 - Solution: Were able to review hospital records to determine she has renal cancer, and to see what medications given in hospital and recommendations at discharge.
 - Result better clinical decisions
- Patient RJ we got a CRISP alert that this patient had an ER visit.
 - Upon review, the patient had passed out in a front yard and endorsed using heroin. This wasn't information the patient had divulged or we were able to get any other way
 - Result offer transition to buprenorphine.
 - Other similar cases for patient with overdose history in ER and EMS records that was not divulged at new consult

Case examples



- Patient KS– Seen for regular follow up but had intervening unexpected hospitalization
 - ▶ Reviewed record of hospitalization with CSF leak; surgery; revisions, meningitis. Able to review records.
 - Result able to determine single prescription from another prescriber was appropriate after surgery
- Patient MC with multiple ED visits and describes loss of bowel and bladder.
 - Record review shows neurology and surgery have evaluated him and his diagnosis is functional neurologic disorder.
- Patient DR with steroid injection from ortho helps us be aware of patient total steroid injection dose in a year if we consider additional injections



Sanjay Saxena, MD, CPC

Hagerstown Family Medicine

Practice Perspective



Attitude

Example of Dr. J in our panel



Work Flow

- ► Identify one primary individual
- Time to download reports
- Research data
- Disseminate info to providers
- Submit data



Office meetings

- Identify who all is involved
- Educate importance of data mining
- Routine update meetings



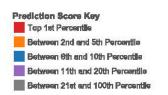
Review Reports

- ► AHI
- ▶ ED visits
- ▶ PQI

Prediction Tools

Claims available through 7/91/2024

Practice: Hagerstown Family Medicine, PC (T1MD1050) CTO: No CTO (NO_CTO)



The percentiles are determined at a single practice-level and do not vary when selecting more than one practice or sub-populations within a practice

Prediction Tool Search By Key
Avoidable Hospital Events (Pre-AH) Beneficiary ID All

Beneficiary Name	Gender	DOB	Age	Medicare Status	Dual Status	Zip+4	ADI	PracticeID	HCC Tier	HEART	PQI-Like Events	≥4 ED Visits Super Utilizer		Prediction Score	Claim Payment Amount
				Aged without ESRD	No	21740	48	T1MD1050	Complex	No	2	No		12.78%	\$41.458
				Aged without ESRD	No	21740-1901	85	T1MD1050	Complex	Yes	1	No		6.67%	\$16.802
				Aged without ESRD	No	21722-1113	43	T1MD1050	Tier 4	No	1	No		6.48%	\$32,671
				Aged without ESRD	No	21740-7241	81	T1MD1050	Tier 4	Yes	1	No		4.84%	\$15.795
				Aged without ESRD	No	21742-2479	30	T1MD1050	Complex	No	1	No		3.47%	\$68,732
				Aged without ESRD	No	21740-6988	99	T1MD1050	Complex	Yes	0	No		2.29%	\$31,160
				Aged without ESRD	No	21742-6759	46	T1MD1050	Tier 4	No	1	No		2.20%	\$3.974
				Aged without ESRD	No		21	T1MD1050	Tier 4	No	0	No		2.08%	\$35.865
				Aged without ESRD	No	21740-2484	45	T1MD1050	Tier 3	No	0	No		1.03%	\$73.071
				Disabled without ES	Yes	21740-3776	84	T1MD1050	Tier 2	No	2	Yes		1.68%	\$61.576
				Aged without ESRD	No	21740-7894	86	T1MD1050	Tier 4	Yes	0	No		1.62%	\$3,706
				Aged without ESRD	No	21740-5717	84	T1MD1050	Complex	Yes	0	No		1,59%	\$82,436
				Aged without ESRD	Yes	21783-9706	41	T1MD1050	Tier 3	No	1	No		1,58%	\$5,248
				Aged without ESRD	No	21795-4000	35	T1MD1050	Complex	No	0	No		1.54%	\$8.524
				Disabled without ES	No	21740-7842	83	T1MD1050	Complex	Yes	0	No		1.49%	\$4.017
				Aged without ESRD	Yes		59	T1MD1050	Complex	Yes	0	No		1.32%	\$6.007
				Aged without ESRD	No	21795-2178	86	T1MD1050	Complex	Yes	0	No		1.27%	\$3.082
				Aged without ESRD	No	21782-1715	45	T1MD1050	Complex	No	0	No		1.22%	\$822
				Disabled without ES	Yes	21740-5364	79	T1MD1050	Complex	Yes	0	No		1.18%	\$14,356
				Aged without ESRD	No	21740-5132	48	T1MD1050	Tier 4	No	0	No		1.10%	\$34,035
				Aged without ESRD	No	21740-5045	83	T1MD1050	Tier 4	Yes	0	Yes		1.03%	\$6.699
				Aged without ESRD	No	21740-1319	37	T1MD1050	Complex	No	0	No		0.96%	\$105.476
				Aged without ESRD	No	21722	44	T1MD1050	Complex	No	0	No		0.03%	\$780
				Aged without ESRD	No	21795-1019	86	T1MD1050	Tier 2	No	1	No	+	0.89%	\$75.729
				Aged without ESRD	Yes	21742-2829	30	T1MD1050	Complex	No	0	No		0.88%	\$80,565
				Aged without ESRD	No	21782-1317	45	T1MD1050	Tier 4	No	0	No		0.80%	\$10.271
				Aged without ESRD	No	21740-7120	81	T1MD1050	Tier 3	No	0	No		0.79%	\$6,078
				Disabled without ES	No	21795-1549	86	T1MD1050	Tier 3	No	0	No		0.79%	\$2.232
				Aged without ESRD	No	21740-7241	81	T1MD1050	Tier 3	No	1	No		0.79%	\$13.669

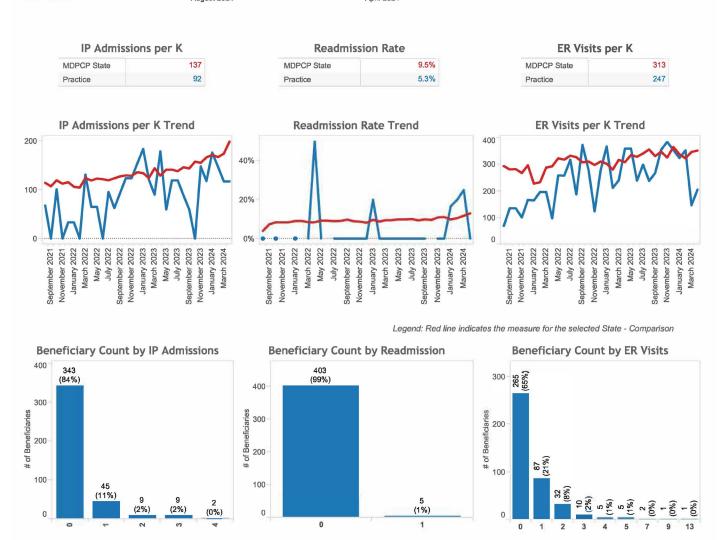
Inpatient / ER Utilization Report

Practice: Hagerstown Family Medicine, PC (T1MD1050) CTO: No CTO (NO_CTO) Claims available through 7/31/2024.

of ER Admissions

CCLF data after 4/30/2024 is considered incomplete due to lag.

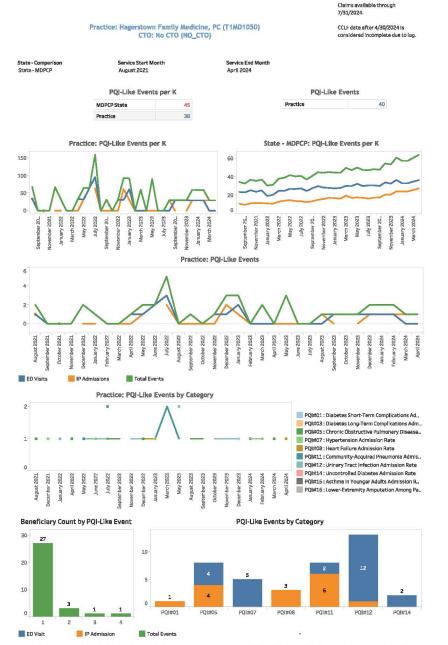
State - Comparison State - MDPCP Service Start Month August 2021 Service End Month April 2024



of Readmissions

of IP Admissions

PQI-Like Utilization Report



PQIs in this report are defined using inpatient admissions as well as emergency room visits, which differs from the standard AHRQ PQI definition. As such, this report uses the term "PQI-like" to differentiate from the standard definition. See the MDPCP Reports User Guide for more information.

Click and drag over multiple categories to access a drill-through for all selected categories





THANK YOU



Melanie Cavaliere

Chief, Innovative Care Delivery melanie.cavaliere@maryland.gov



mhcc.maryland.gov