



## Welcome

The e-Health Update is a resource that shares current CRISP initiatives as well as pertinent healthcare information for our region.

Each issue will provide updates on CRISP Services available and a sneak peek into what's to come. We will also feature spotlights on providers and Health IT leaders who are using CRISP to make positive impacts on patient care.

## About Us

CRISP is the regional health information exchange (HIE) serving Maryland and the District of Columbia. We are a not-for-profit organization advised by a wide range of stakeholders who are responsible for healthcare throughout the region.

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## CRISP Offers New Tool For CQM Reporting



**CALiPHR** | CQM Aligned Population Health Reporting Tool

The CQM Aligned Population Health Reporting (CALiPHR) Tool was designed to give Eligible Providers (EPs) and Hospitals (EHs) the ability to meet the Stage 1 and Stage 2 Meaningful Use measures required to qualify for funding under the American Recovery and Reinvestment Act (ARRA). The tool allows providers to calculate and report clinical quality measures (CQMs), which are tools used to ensure that health care providers are delivering effective, safe, and timely care to patients. CALiPHR v1.0.0 was certified on December 21, 2015 by ICSA Labs, an Office of the National Coordinator-Authorized Certification Body (ONC-ACB) and is compliant in accordance with applicable criteria adopted by the Secretary of Health and Human Services (HHS).

CALiPHR meets the following ONC HIT certifications criteria:

- 170.314 (c) (1) Clinical Quality Measures - Capture And Export
- 170.314 (c) (2) Clinical Quality Measures - Import And Calculate
- 170.314 (c) (3) Clinical Quality Measures - Electronic Submission
- 170.314 (d) (5) Automatic Log-Off
- 170.314 (g) (4) Quality Management System

CALiPHR relies on incoming consolidated-clinical document architecture (CCDA) or quality reporting document architecture category 1 (QRDA 1) feeds from providers that participate. Through Electronic Health Record (EHR) integration, clinical data will be transmitted from EPs and EHs to the CALiPHR solution on an ongoing basis, and securely stored for CQM reporting. The measure engine utilizes this data to calculate various CQMs. EPs and EHs have access to a user portal that allows them to view their perspective measure results and patient level data.

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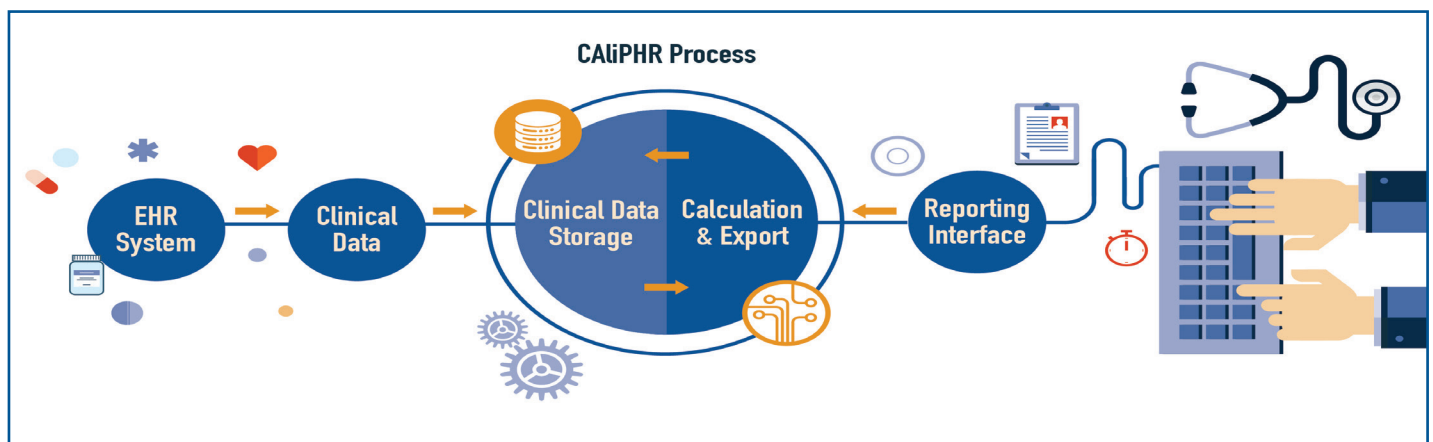


## CALiPHR (Continued from cover)

EPs must report from 44 clinical quality measures which includes, 3 Core, 3 Alternate Core, and 38 additional CQM. CALiPHR has been approved for all of the CQM shown below.

<b>CMS2</b> PREVENTIVE CARE AND SCREENING: SCREENING FOR CLINICAL DEPRESSION AND FOLLOW-UP PLAN	<b>CMS22</b> PREVENTIVE CARE AND SCREENING: SCREENING FOR HIGH BLOOD PRESSURE AND FOLLOW-UP DOCUMENTED	<b>CMS50</b> CLOSING THE REFERRAL LOOP: RECEIPT OF SPECIALIST REPORT	<b>CMS52</b> HIV/AIDS: PNEUMOCYSTIS JIROVECI PNEUMONIA (PCP) PROPHYLAXIS	<b>CMS56</b> FUNCTIONAL STATUS ASSESSMENT FOR HIP REPLACEMENT
<b>CMS62</b> HIV/AIDS: MEDICAL VISIT	<b>CMS65</b> HYPERTENSION: IMPROVEMENT IN BLOOD PRESSURE	<b>CMS66</b> FUNCTIONAL STATUS ASSESSMENT FOR KNEE REPLACEMENT	<b>CMS68</b> DOCUMENTATION OF CURRENT MEDICATIONS IN THE MEDICAL RECORD	<b>CMS69</b> PREVENTIVE CARE AND SCREENING: BODY MASS INDEX (BMI) SCREENING AND FOLLOW-UP
<b>CMS74</b> PRIMARY CARIES PREVENTION INTERVENTION AS OFFERED BY PRIMARY CARE PROVIDERS, INCLUDING DENTISTS	<b>CMS75</b> CHILDREN WHO HAVE DENTAL DECAY OR CAVITIES	<b>CMS77</b> HIV/AIDS: RNA CONTROL FOR PATIENTS WITH HIV	<b>CMS82</b> MATERNAL DEPRESSION SCREENING	<b>CMS90</b> FUNCTIONAL STATUS ASSESSMENT FOR COMPLEX CHRONIC CONDITIONS
<b>CMS122</b> DIABETES: HEMOGLOBIN A1C POOR CONTROL	<b>CMS123</b> DIABETES: FOOT EXAM	<b>CMS124</b> CERVICAL CANCER SCREENING	<b>CMS125</b> BREAST CANCER SCREENING	<b>CMS126</b> USE OF APPROPRIATE MEDICATIONS FOR ASTHMA
<b>CMS127</b> PNEUMONIA VACCINATION STATUS FOR OLDER ADULTS	<b>CMS129</b> PROSTATE CANCER: AVOIDANCE OF OVERUSE OF BONE SCAN FOR STAGING LOW RISK PROSTATE CANCER PATIENTS	<b>CMS130</b> COLORECTAL CANCER SCREENING	<b>CMS131</b> DIABETES: EYE EXAM	<b>CMS132</b> CATARACTS: COMPLICATIONS WITHIN 30 DAYS FOLLOWING CATARACT SURGERY REQUIRING ADDITIONAL SURGICAL PROCEDURES
<b>CMS133</b> CATARACTS: 20/40 OR BETTER VISUAL ACUITY WITHIN 90 DAYS FOLLOWING CATARACT SURGERY	<b>CMS134</b> DIABETES: URINE PROTEIN SCREENING	<b>CMS135</b> HEART FAILURE (HF): ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY FOR LEFT VENTRICULAR SYSTOLIC DYSFUNCTION (LVSD)	<b>CMS137</b> INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT	<b>CMS138</b> PREVENTIVE CARE AND SCREENING: TOBACCO USE: SCREENING AND CESSATION INTERVENTION
<b>CMS139</b> SCREENING FOR FUTURE FALL RISK	<b>CMS140</b> BREAST CANCER: HORMONAL THERAPY FOR STAGE IC-IIIC ESTROGEN RECEPTOR/PROGESTERONE RECEPTOR (ER/PR) POSITIVE BREAST CANCER	<b>CMS141</b> COLON CANCER: CHEMOTHERAPY FOR AJCC STAGE III COLON CANCER PATIENTS	<b>CMS142</b> DIABETIC RETINOPATHY: COMMUNICATION WITH THE PHYSICIAN MANAGING ONGOING DIABETES CARE	<b>CMS143</b> PRIMARY OPEN ANGLE GLAUCOMA (POAG): OPTIC NERVE EVALUATION
<b>CMS144</b> HEART FAILURE (HF): BETA-BLOCKER THERAPY FOR LEFT VENTRICULAR SYSTOLIC DYSFUNCTION (LVSD)	<b>CMS145</b> CORONARY ARTERY DISEASE (CAD): BETA-BLOCKER THERAPY- PRIOR MYOCARDIAL INFARCTION (MI) OR LEFT VENTRICULAR SYSTOLIC DYSFUNCTION (LVEF <40%)	<b>CMS146</b> APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS	<b>CMS147</b> PREVENTATIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION	<b>CMS148</b> HEMOGLOBIN A1C TEST FOR PEDIATRIC PATIENTS
<b>CMS149</b> DEMENTIA: COGNITIVE ASSESSMENT	<b>CMS153</b> CHLAMYDIA SCREENING FOR WOMEN	<b>CMS154</b> APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION (URI)	<b>CMS155</b> WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN AND ADOLESCENTS	<b>CMS157</b> ONCOLOGY: MEDICAL AND RADIATION – PAIN INTENSITY QUANTIFIED
<b>CMS158</b> PREGNANT WOMEN THAT HAD HBSAG TESTING	<b>CMS159</b> DEPRESSION REMISSION AT TWELVE MONTHS	<b>CMS160</b> DEPRESSION UTILIZATION OF THE PHQ-9 TOOL	<b>CMS161</b> MAJOR DEPRESSIVE DISORDER (MDD): SUICIDE RISK ASSESSMENT	<b>CMS163</b> DIABETES: LOW DENSITY LIPOPROTEIN (LDL) MANAGEMENT
<b>CMS164</b> ISCHEMIC VASCULAR DISEASE (IVD): USE OF ASPIRIN OR ANOTHER ANTITHROMBOTIC	<b>CMS165</b> CONTROLLING HIGH BLOOD PRESSURE	<b>CMS166</b> USE OF IMAGING STUDIES FOR LOW BACK PAIN	<b>CMS167</b> DIABETIC RETINOPATHY: DOCUMENTATION OF PRESENCE OR ABSENCE OF MACULAR EDEMA AND LEVEL OF SEVERITY OF RETINOPATHY	<b>CMS169</b> BIPOLAR DISORDER AND MAJOR DEPRESSION: APPRAISAL FOR ALCOHOL OR CHEMICAL SUBSTANCE USE
<b>CMS177</b> CHILD AND ADOLESCENT MAJOR DEPRESSIVE DISORDER: SUICIDE RISK ASSESSMENT	<b>CMS182</b> ISCHEMIC VASCULAR DISEASE (IVD): COMPLETE LIPID PANEL AND LDL CONTROL			

For more information and to sign up for CRISP CQM Aligned Population Health Reporting Tool (CALiPHR), contact Marc Falcone at 301.560.6999 x222 or email [Marc.Falcone@crisphhealth.org](mailto:Marc.Falcone@crisphhealth.org).





# The Integrated Care Network Infrastructure

CRISP's Integrated Care Network (ICN) infrastructure is among the latest in CRISP's efforts to improve health outcomes for our region. The ICN focuses on connecting providers across multiple care settings and providing pertinent information to improve health outcomes and reduce costs. The ICN will create new tools, data, and services by building upon the existing services within the CRISP portfolio to enhance clinical care and care coordination for our region's patients. This initiative is a multi-year project that consists of seven major initiatives:

1. **Ambulatory Connectivity:** Connect more practices, long-term care facilities, and other health providers to the CRISP network.
2. **Data Router:** Build a data router that includes data normalization, patient consent management, patient-provider relationships – for sharing patient-level data.
3. **Clinical Portal Enhancements:** Enhance the existing Clinical Query Portal with a care profile; a provider directory; information on other known patient-provider relationships; and risk scores.
4. **Notification & Alerting:** Create new alerting tools to allow notifications to happen within the context of a provider's existing workflow.
5. **Reporting & Analytics:** Expand existing CRISP reporting services and make them available to a wider audience of care managers.
6. **Basic Care Management Software:** Support care management efforts throughout the state and region – through data feeds, reports and potentially a shared care management platform.
7. **Practice Transformation:** Assist provider's efforts to improve care delivery by training them on leveraging CRISP data and service, sharing best practices, and supporting collaborative partnerships.

Over the next few issues, the e-Health Update will take you inside each initiative to provide you more details and insight on what these efforts mean for our region's providers.



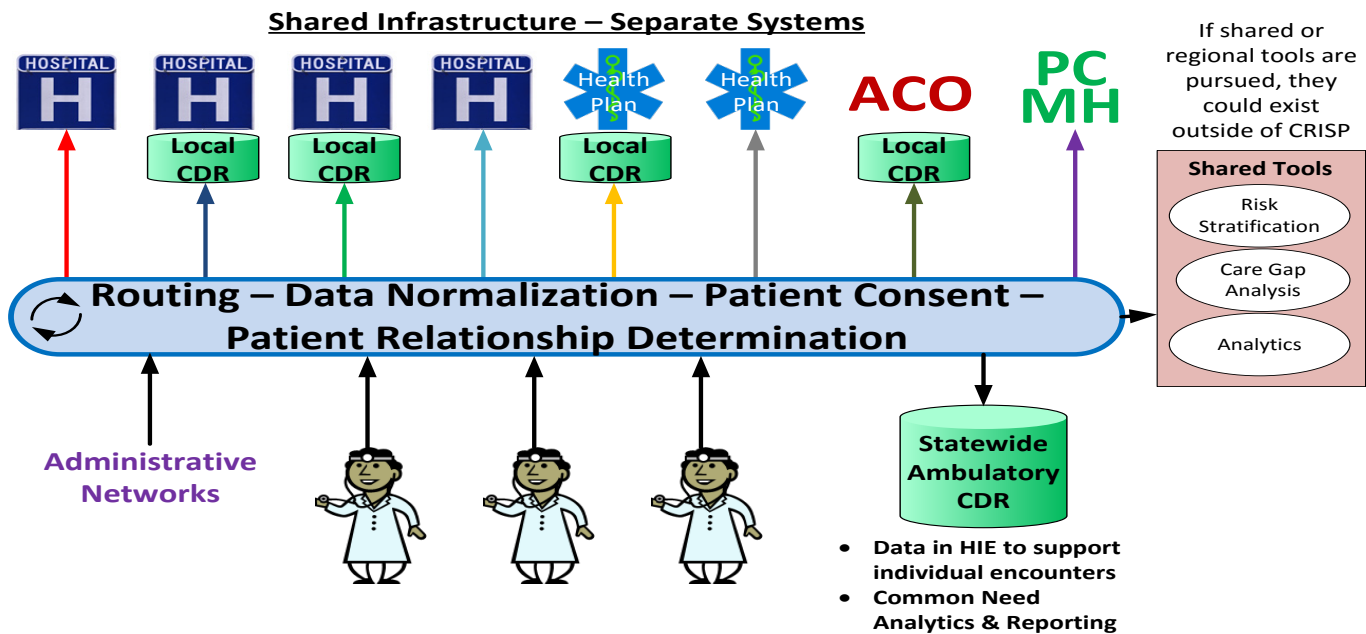


ICN (Continued from page 3)

## Initiative 2: Data Router



The “data router” is a key component to the ICN infrastructure. The primary purpose of the data router is to provide a more robust method for managing patient-level data sharing - including more granular patient consent options and identifying specific patient-provider relationships. In the absence of a data router, our ability to support advanced consent options has been limited. With the data router we will be able to give patients more control over what data they want to share (including expanding data access from what we can do without explicit consent - like opting in to clinical research) and what providers want to see. The data router will provide a suite of back-end tools and services that support the collection and delivery of patient-level data to the healthcare providers, who can put it to best use for care management and care coordination. The data router will support data normalization, determining and documenting patient-provider relationships, and forwarding data according to appropriate data sharing and context specific rules. These approaches may rely on connectivity through a health system, through a hosted EHR, directly to the practice, or via an administrative network.



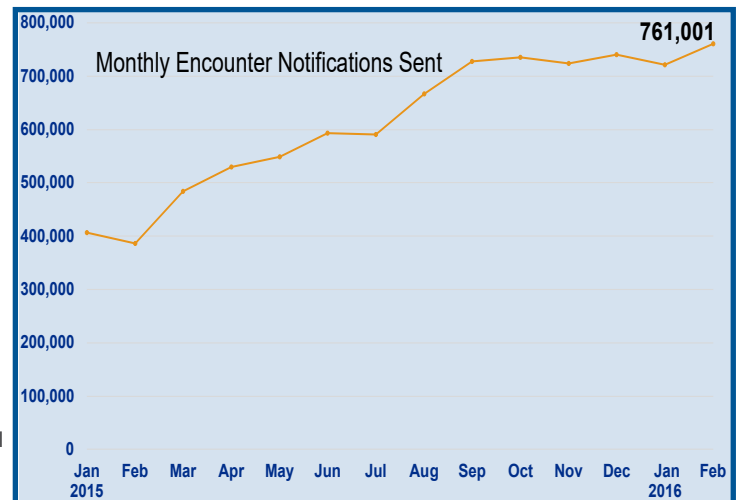


## CRISP Updates

### Encounter Notification Service (ENS)

The CRISP ENS has recently added new features.

- **Auto Subscribe:** Patient Panels can now be uploaded and updated through a connection with your EHR.
- **Expanding Alerts:** CRISP can now send you ADT alerts from Northern Virginia and Delaware hospitals.
- **Tracking Admissions:** ENS alerts now provide you with a 6 month admission count.



### Clinical Query Portal

CRISP is consistently focused on developing new features for the Clinical Query Portal. New features include:

- **PDMP Interstate Sharing:** You can now view your patients' PDMP data from Virginia, West Virginia, Connecticut, and Arkansas.
- **Opt-Out:** Patients can now choose to opt-out of either sharing data from their doctor's office or hospitals. Click [here](#) for revised opt-out form.

### CRISP CLINICAL QUERY PORTAL DASHBOARD

03/2016

Data Source Statistics		Grand Totals
Live Hospitals		61
Clinical Data Feeds		232
Long-term & Post-Acute Care Facilities		51
Labs & Radiology Centers		15
User Statistics		Grand Totals
# of Unique Users		17,475
# of Monthly Queries		+114,401

## CRISP USER RESOURCES

CRISP has a support email [support@crisphealth.org](mailto:support@crisphealth.org) and phone line 1-877-952-7477 that is staffed during business hours (8am-5pm). The team is available to help you with any log-in issues or to assist with adding CRISP services or users to your organization.

- Accounts that have no activity during the last 90 days will be locked. Users must call CRISP directly to unlock an account or email from the email address on file.
- Requests for password resets, account unlocks, etc. must come directly from the user.