



CRISP HEALTH

Chesapeake Regional Information System for our Patients

National Capitol Area HIMSS Chapter
October 15th, 2009

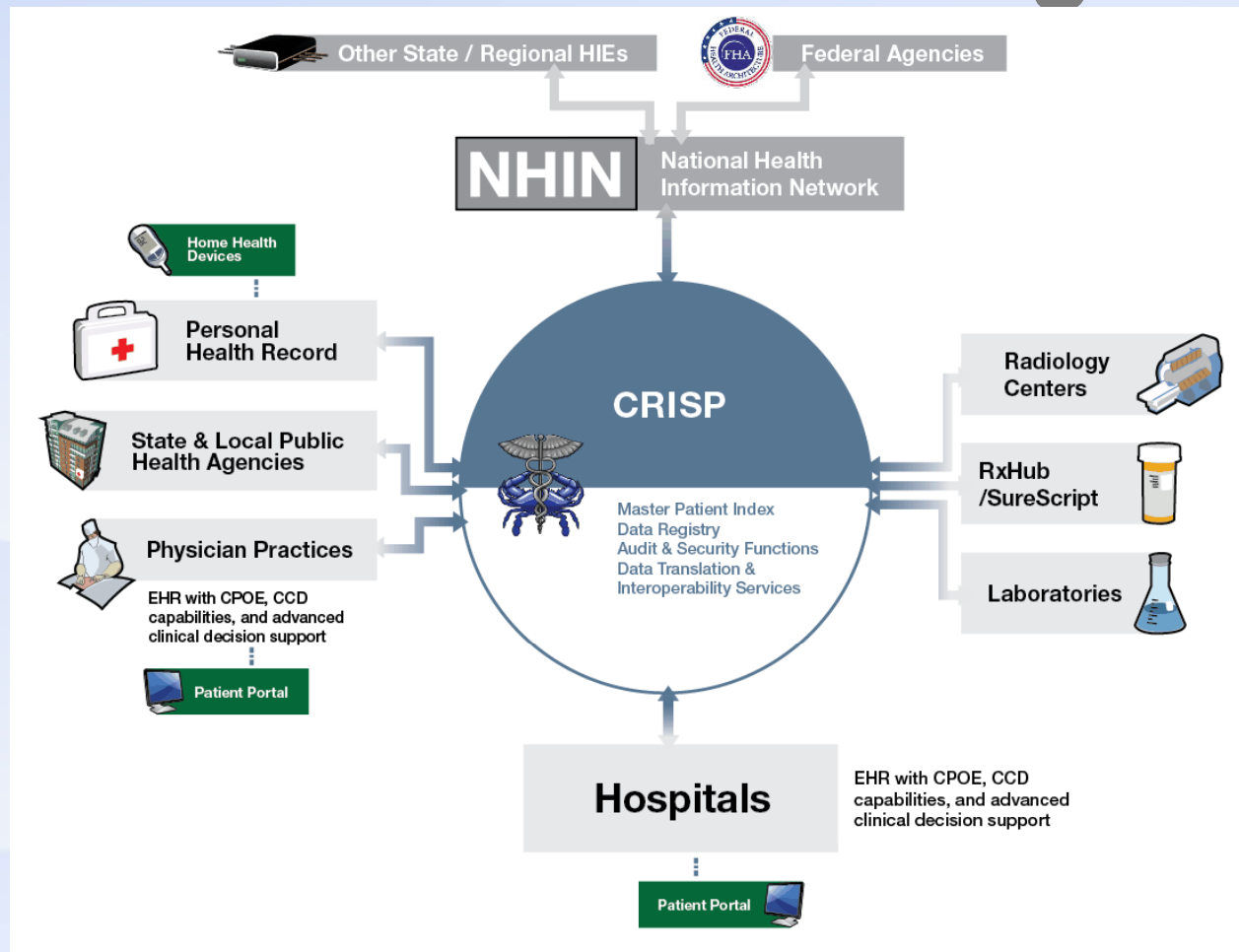
An Overview of the CRISP REC Approach

Mission Statement

Our mission is to advance the health and wellness of Marylanders by developing health information technology solutions that are best adopted through cooperation and collaboration. We will empower our members, and all Maryland healthcare providers to appropriately and securely share data, facilitate and integrate care, and improve outcomes.



Infrastructure Design



Standards-based, SOA, distributed infrastructure model with the ability to store data in local edge devices, shared edge devices, consumer driven health record banks, and/or hosted repositories.



Exchange Services

CRISP has identified clinical exchange services that will be enabled through the HIE. These services were defined during the CRISP planning process. CRISP has empanelled an Advisory Committee (Clinical and Technology Leadership) to ensure on-going relevance and value of these use-cases as CRISP begins implementation activities.

- Medication History in the Emergency Department / Hospital
- ePrescribing
- Lab Results Delivery
- Hospital Discharge Summaries to Emergency Departments / Hospitals
- Hospital Discharge Summaries to Physicians and Clinics
- Clinical Summaries to Emergency Departments / Hospitals
- Clinical Summaries to Physicians and Clinics
- Radiology Reports Delivery
- Eligibility Verification and Claims Submission
- Quality Reporting



CRISP as the REC

Why is CRISP pursuing the REC?



Some Challenges

(and some of our thinking)

Sustainability...

We shouldn't build and sustain a large non-profit consulting organization.



Competition with Private Sector...

We should seek to spur competition within the marketplace, opposed to competing in it.



(this picture is supposed to represent competition – Google images may have failed us here...badly)

Human Resources...

The market isn't exactly teaming with qualified resources (except these guys)...



Timeframes to pull it all together...

Scary...



(David Horrocks had this look on his face when he read the REC application due date)



Overview and Vision

- The Maryland Regional Extension Center will improve the quality and quantity of information available to these practices, serving as a trusted and unbiased advisor, so they can make better decisions.
- The Center will help build a sufficient workforce of trained implementers and health informatics personnel.
- The Center will facilitate collective purchasing and other mechanisms that reduce the cost of EHRs for priority practices.

The vision for the Center is not to create a large organization that hires consultants, licenses software, or implements EHRs. Rather, steered by CRISP's guiding principle that it will, "Affirm that competition and market-mechanisms spur innovation and improvement," the Center's sponsors believe EHR implementation services can be provided in a market-driven and competitive way, supporting small businesses and driving down cost.



The Consortium

The Maryland Regional Extension Center will be overseen by a consortium of non-profit organizations with missions to advance health IT within Maryland, to serve as a resource for the state's physicians, and to improve the quality and efficiency of care for the underserved. Those organizations are:

- Chesapeake Regional Information System for our Patients (CRISP)
- MedChi, The Maryland State Medical Society
- Community Health Integrated Partnership (CHIP)



The Center

The Maryland Regional Extension Center

Education Component

- Certificate in Health Information Technology (Clinical, Technical and Training Tracks)
- Career training (4-6 week courses, geared at specific solutions/products as well as roles)
- Continuing Ed for health professionals

Clearinghouse Component/Web Portal

- Marketplace for EHRs with Pre-Negotiated Bulk Purchasing Rates
- Marketplace for Implementers with Bulk Purchasing
- Resume Bank for Qualified Professionals

Services Component

- Call center
- Implementation Advisors
- EHR "SWAT Team"
- Literature and best practices dissemination
- Coordination with National Center

Education Component

- Certificate in Health Information Technology (Clinical, Technical and Training tracks)
 - Through academic partner
 - Discount with commitment to work in Maryland for 2 years.
- Career training (4-6 week courses, geared at specific solutions/products as well as implementation project roles)
 - Discount with commitment to work in Maryland for 2 years.
- Continuing ed for health professionals
 - Administered by MedChi
 - Revenue generated from hospitals and departments who traditionally reimburse for continuing ed.?
 - Expanded offering of seminars and training sessions on all aspects of health IT



Clearinghouse Component

- **Marketplace for EHRs with Pre-Negotiated Bulk Purchasing Rates**
 - The REC would create a market in “credits” that could only be spent on services through the REC, including implementation, licenses, support.
 - Qualifying practices would receive free credits for signing up for implementation help through the REC.
 - Practices would sign a blanket agreement with the REC but contracts would be between the practices and the software and services vendors respectively.
 - User reviews (similar to Amazon) and networking with practices that have similar requirements
- **Marketplace for Implementers with Bulk Purchasing**
 - Services firms would have to meet certain criteria laid out by the REC to be listed.
 - User reviews (similar to Amazon) and networking with practices that have similar requirements.
- **Resume Bank for Qualified Professionals**
 - Health IT professionals who have received credentials through the REC-sponsored educational programs would be listed as a resource for practices and vendors.



Services Component

Intended to be a small footprint. Emphasis on in-person interaction, unbiased advice, and risk mitigation vis. implementation challenges for priority practices

- Call center
 - Implementation Advisors
- } First line of interaction for priority practices—intensive “hand holding” and assistance with decision making
- EHR “SWAT Team” to assist with at-risk and failed implementations
 - Literature and best practices dissemination
 - Coordination with National Center

Messaging to Providers

Must be simple and compelling. Benefits of the REC solution:

- Unbiased advice and no conflicts of interest
- Volume discounts via collective purchasing
- Pre-negotiated, simplified contract terms
- Post-implementation support—SWAT, “we won’t leave you high and dry”
- Extra \$\$ incentive available nowhere else for qualifying practices



Questions ?