HB1022: Public Health – State Designated Exchange – Clinical Information

Position: Support

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Background

CRISP appreciates this opportunity to provide comments to House Bill 1022. As Maryland's State-Designated Health Information Exchange (HIE), CRISP's vision is to advance health and wellness by deploying health information technology solutions adopted through cooperation and collaboration. Robust data feeds are essential to fulfilling that vision, therefore we ask for a favorable report on House Bill 1022.

Maryland's HIE is accessed by thousands of providers each day. Using CRISP, providers see information such as the prescribing history of controlled dangerous substances through the Prescription Drug Monitoring Program (PDMP), real-time hospital visits, clinical details from insurance claims, other members of a patient's care team, laboratory results, diagnostic quality images, and care alerts. A summary of CRISP utilization is provided in the table to the right.

HIE Category	Count
CRISP Participating Organizations:	
with Clinical Data Feeds	1,098
using the Clinical Portal or App	3,788
receiving Encounter Notifications	1,237
accessing PDMP	7,030
Weekly Provider Utilization *(week ending 2/21)**:***	
Secure Portal or App Queries	160,520
Image Views	3,835
InContext Alerts returned	1,300,000
InContext PDMP Data returned	261,873
Encounter Notifications sent	3,100,000
Report accesses	4,260

While there are 1,098 organizations (such as hospitals and clinics) sending either real-time visits or clinical documents through automatic electronic health record (EHR) connections, this represents a fraction of the health care providers in the state. Additional connectivity is time-consuming and expensive. The most efficient way to share data is to leverage existing data feeds; this is the approach Maryland took with other data types and the approach in this bill.

Benefits

Secure, appropriate, workflow-friendly access to patient information is necessary for quality care. CRISP is successful at pushing data into workflows so an emergency room clinician can see a patient's prior hospital visits or a prescriber can see all controlled dangerous substances dispensed to the patient. Both of these use cases, and many others, are only possible because healthcare industry partners share the information with the State-Designated HIE. Neither hospitals nor pharmacies are compensated for this work; they do for the health and safety of Marylanders.

House Bill 1022 leverages these same principles and technologies to give providers more information for patient care. This happens in two distinct ways:

1) Skilled Nursing Facilities will have the data submission infrastructure used for COVID-19 support efforts extended beyond emergency use. They will have an on-going, operational process for consolidated reporting so the Maryland Department of Health and industry stakeholders can develop programs to enhance long-term and post-acute care.

2) Ambulatory clinics, urgent care centers, and other practices will reuse data being sent through Electronic Health Networks (EHNs) to share care team and visit information through CRISP to other providers.

The result of these two enhancements will be widespread connectivity to the HIE with actionable data. Working with partners, the provisions of this bill will allow the HIE to:

- **Expand statewide Public Health capabilities for current and future needs.** CRISP provided extensive support to the Maryland Department of Health through COVID-19 reporting, contact tracing, and sharing data with providers; additional connectivity with nursing homes and practices would add speed and depth to reporting and an expansion of clinical support. In particular, House Bill 1022 would help close a gap in understanding in immediate trends in urgent care visits, such as existed during the start of the COVID-19 pandemic.
- **Provide a more comprehensive view into a patient's care team.** When a patient is discharged from a hospital, staff will know of the patient's community relationships which will enable the most appropriate follow-up care. Likewise, the lack of care team may indicate the need for a referral to a primary care practice.
- **Reduce the burden for providers sharing information with the HIE and other partners.** HIE users must share patient rosters to enable privacy controls or to receive care coordination messages, and many EHR vendors make it difficult to extract this information. EHNs already share encounter data at-scale so CRISP will use this information instead of manually generated files.
- **Show providers and policymakers summary data regarding non-hospital services.** The Maryland Model uniquely holds hospitals accountable for the total cost of care for patients, yet without comprehensive views into non-hospital care, population health leaders and policymakers lack information as they seek to design optimal strategies.
- **Enhance system efficiency by leveraging existing connections.** Working with providers one-on-one to build new connections is expensive, particularly where vendors create blockages; EHNs are already integrated into EHRs and can copy the HIE on transactions just like laboratories do with results and pharmacies with controlled dangerous substance data.

Technical Considerations

Clinics pay a fee to EHNs to send claims information from their EHR to the payer. These EHNs process millions of transactions across dozens of payers each year. The proposed legislation requires EHNs to copy the State-Designated HIE on these transactions, much like copying a new recipient on an email. This process is similar to the process labs take when copying CRISP on results back to the ordering providers. Labs are not compensated for contributing data to the State's HIE on behalf of their customers, just as EHNs would not be. The same is true for pharmacies submitting data to the PDMP – which is a more burdensome process. CRISP and the Maryland Health Care Commission completed a study demonstrating this as a viable strategy to accomplish the shared goals of this bill at a broad scale.

A final note is regarding the interests of the EHNs, which may pursue opportunities to sell data and would not like the State-Designated HIE to become competition. The Maryland Health Care Commission regulates the State-Designated HIE which is already prohibited strictly from selling the data it receives. MHCC will further regulate use of these data feeds to just the important public health purposes they are intended.

Maryland invested in a statewide infrastructure for data exchange to safely share actionable data across the healthcare industry. House Bill 1022is an essential step forward to accomplish that vision.