

**Helping Healthcare Providers Adopt
Digital Health Technologies and Achieve
HIE Connectivity in the District**



**ARPA Home and Community Based Services (HCBS)
Digital Health
Technical Assistance (TA) Program**

June Learning Community:

*How to harmonize your EHR and HIE integration
to improve workflows and patient care*



The eHealth DC Milestone 8 learning communities are designed to promote knowledge sharing amongst participants and will require ongoing interaction and active participation among attendees.





- **Full Participation** (Required): Attendees are required to be present for the entire duration of the Learning Community. Note that facilitators will be soliciting reactions and responses to discussion topics from all participants.
- **Interactive Contribution** (Required): Actively contribute to the Learning Community through chat or audio interactions. Your insights and questions contribute to the collective learning experience.
- **Camera Presence** (Strongly Encouraged): We encourage attendees to turn on their cameras for a more interactive and engaging experience. While it's not mandatory, having your camera on enhances the sense of community and connection.



- Use **CHAT** to share comments and questions with group
- Use **RAISE HAND** function to be queued up for commenting/ unmuting and share your comments with the group



Agenda

- ↘ Key Benefits of Leveraging the HIE With Your EHR
- ↘ CRISP DC Patient Privacy and SUD Consent
- ↘ Telehealth Consent Management and Policies
- ↘ Best Practices: Using HIE Tools to Enhance EHR Functionality
- ↘ Cohort Specific Breakout Room Sessions
- ↘ Wrap Up, Milestone 8 Announcements & Resources

Why Harmonize Your EHR and HIE?

Highlighting Key Benefits of
Leveraging the HIE With Your EHR

Key Benefits of Leveraging the HIE With Your EHR

- 1 Interoperability
- 2 Data Quality and Consistency
- 3 Real-Time Data Access
- 4 Patient Consent and Privacy
- 5 Population and Health Analytics
- 6 Feedback Mechanisms and Technical Assistance

CRISP DC Patient Privacy and SUD Consent

Understanding Policies and Processes



- **Policy:** DC operates as an opt-out territory. Patients are automatically enrolled in having their data shared with the HIE and other authorized entities, unless they explicitly choose to opt out.
- **Process:** Use the HIE Opt-out form available on the CRISP DC website to prevent their data from being shared with CRISP Shared Services HIEs.

Note: Under the CRISP DC Participation Agreement, providers must inform patients about the opt-out process for the HIE and HIE-based exchange, which can be outlined in the Notice of Privacy Practice.



Notice of Privacy Practices (NPP)

Informs patients about how their protected health information (PHI) is disclosed.

When an organization participates in data sharing with HIE, they are legally required by both law and the CRISP DC Participation Agreement to inform their patients through their Notice of Privacy Practices (NPP).

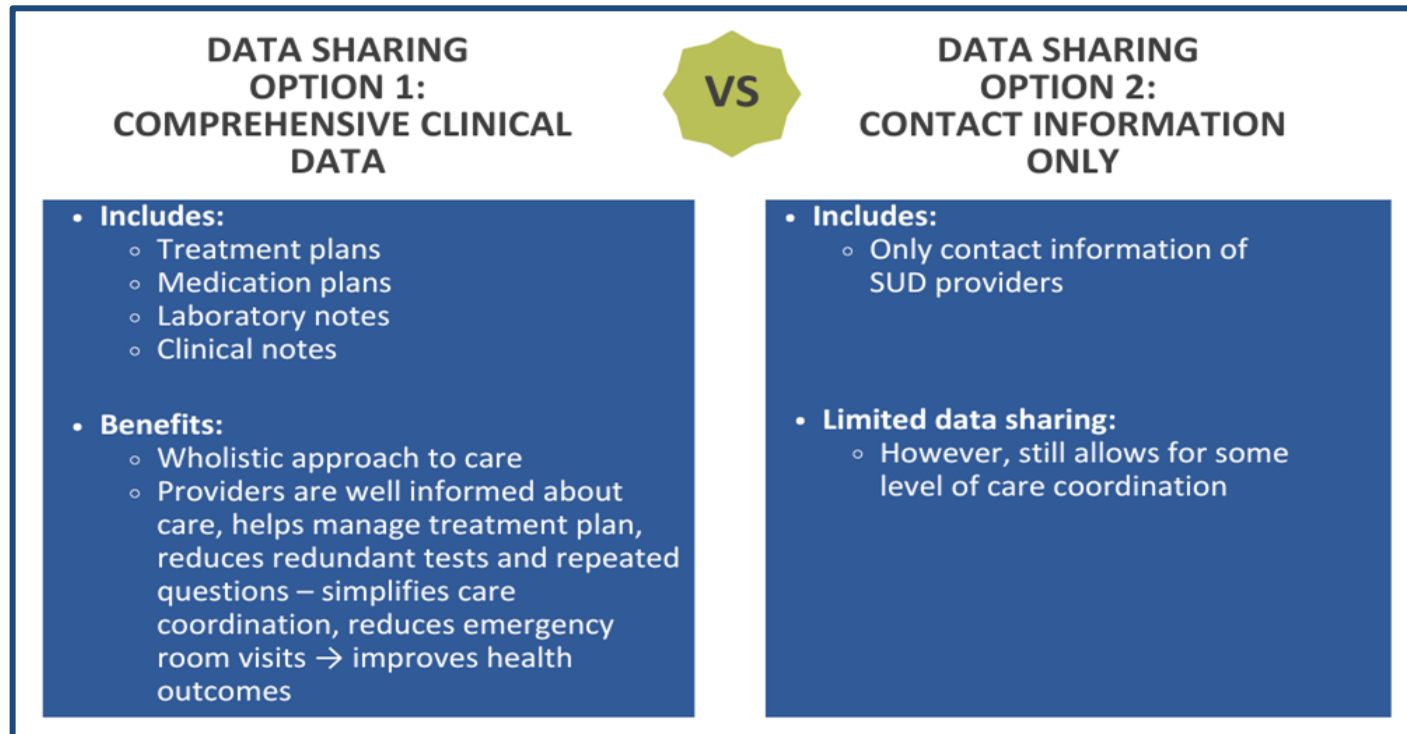
SUD Consent - 42 CFR Part II

Obtains explicit consent from patients to share their SUD treatment data, protected under 42 CFR Part II, with other treatment providers through the HIE.

Any member of the patients care team can register a consent to see their patients SUD data within the HIE.

Part II Provider Consent forms are available through the CRISP DC Portal, the CRISP DC InContext application or by leveraging the paper telehealth form.

- 42 CFR Part II
 - A federal regulation that governs the confidentiality of drug and alcohol abuse records
 - Applies to federally assisted providers and programs who “hold themselves out as providing,” and provide, SUD services.
 - Generally more restrictive than the Health Insurance Portability and Accountability Act (HIPAA), requiring patient consent for disclosure of Part 2 records even for purposes of treatment, payment, and health care operations
- SUD Data
 - Is **not** automatically shared and requires explicit consent from patient to be shared through the HIE

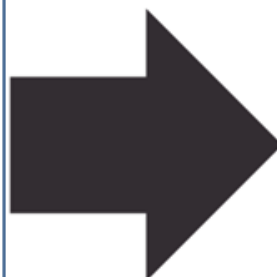




Key Changes

HHS made updates to Part II Regulations enabling single consent signed for use and disclosure:

- **Treatment**
- **Payment**
- **Operations**
- Can have an **expiration date of none**
- Part II Penalties align with HIPAA criminal and civil penalties



Next Steps

CRISP-DC will:

- Update the consent tool to align with updates to Part II Final Rule
- Update the Notice of Privacy Practices (NPP) and Qualified Services Organization Addendum (QSOA)

Part II Organizations **MUST:**

- **Update their NPP** with language that aligns with final Rule (CRISP-DC will provide sample NPP Language)
- **Sign a new QSOA**

NOTE: CRISP-DC will stop the flow of data for Part II Organizations that do not meet these requirements



Building Trust with Patients

Best Practice:
Adopt an “All Hands On Deck” approach

Key to Success:
Establish trustful patient relationships



Overcoming Barriers with Empathy and Education

Best Practice:
Emphasize staff education & patient initiatives

Key to Success:
Address stigmas & misconceptions empathetically



Continuous Engagement and Support

Best Practice:
Utilize peer support specialists

Key to Success:
Share personal recovery stories



Integration and Workflow Persistence

Best Practice:
Track & manage the consent attempts through the EHR

Key to Success:
Integration tools (i.e., memos and prompts in patient charts, appointment reminders)

Telehealth Consent Management and Policies

Overview of DC Telehealth Policies

Telehealth Consent in the District of Columbia

Telehealth Consent Policies vary by state

Consumer Responsibility:

Beneficiary must provide written or verbal consent to receive telemedicine services in lieu of in-person services.

Provider Requirements:

Beneficiary's consent to telemedicine must be documented:

Written Consent:

Any method that documents the agreement to receive telehealth services.

Verbal Consent

A detailed service note that describes the beneficiary's verbal consent is required.

Telehealth is an excellent option for facilitating the transition of care. Utilize the HIE tools to ensure seamless coordination of care after discharge.

Reference: (2022) TELEMEDICINE PROVIDER GUIDANCE. Available at: dhcf.dc.gov.

SAMPLE LANGUAGE TO OBTAIN VERBAL TELEHEALTH CONSENT AND DOCUMENT IN MEDICAL RECORD

Patient understands, agrees, and expressly consents to obtaining, using, storing, and disseminating to necessary third parties' information about you the patient, including the patient's image, as necessary to provide the telehealth/telemedicine services.

After review of telehealth services, patient has authorized and consented to an audio-only or an audio-visual telehealth visit and consultation.

The above-named client understands, acknowledges, and accepts the following:

- *This telehealth visit is intended to take the place of a face-to-face visit,*
- *This telehealth visit is a covered benefit,*
- *This telehealth visit is medically necessary, and*
- *This covered benefit is clinically appropriate to be delivered via telehealth communication.*

Best Practices: Using HIE Tools to Enhance EHR Functionality

Overview of Best Practices to Harmonize the
HIE with the EHR



HIE

- Comprehensive Health Information Access
- Interoperability and Data Sharing
- Tools for Comprehensive Care

HIE + EHR

- Enhanced Patient Data Access
- Improved Clinical Decision Making
- Streamlined Workflow
- Real-Time data Synchronization
- Compliance and Reporting



EHR

- Data Custodian
- Efficient Clinical Operations
 - Scheduling and Coordination
 - Targeted Patient Education
 - Enhanced Pre-visit preparedness

Use the CSS Event Notification Delivery (CEND) Tool to:

- Curate Patient Panel to improve the data that you see to enhance care coordination
 - Consider adding Care Team Relationships, MCO Attribution, Confirmed Dx from your EHR.....
- Identify Discharge of Patients with Chronic Conditions within 24 hours
.....- Prioritize Follow-up based on: Encounter Type, Pre-Existing Conditions, Hospital Utilizations, Health Related Social Needs
.....- Create Care transition alert message in EHR defining actionable follow-up

Use the Clinical Information Application to:

- Leverage structured data to retrieve medications, problem list, immunizations
.....- Utilize dynamic search to identify pertinent labs and clinical documents
.....- Create Care transition alert message in EHR defining actionable follow-up

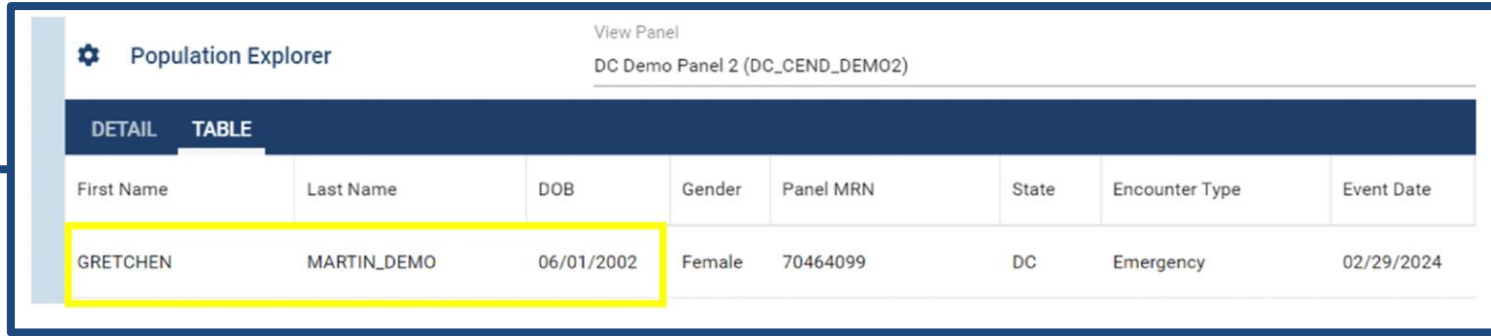
The screenshot shows the 'Population Explorer' interface. At the top, there is a search bar for 'Search Applications & Reports' and a 'HOME' button. Below this, the 'View Panel' section shows 'DC Demo Panel 2 (DC_CEND_DEMO2)' and an 'Export' button. The main area is a table with columns: First Name, Last Name, DOB, Gender, Panel MRN, State, Encounter Type, Event Date, and Follow-Up Status. The first row, for Gretchen Martin_Demo, is highlighted with a red box. A dropdown menu for 'Follow-Up Status' is open, showing options like 'Complete', 'Not Started', 'Encounter Date', etc. The bottom of the screen shows pagination: 'Page 1 of 7' and 'Displaying 1 - 25 of 163'.

First Name	Last Name	DOB	Gender	Panel MRN	State	Encounter Type	Event Date	Follow-Up Status
GRETCHEN	MARTIN_DEMO	06/01/2002	Female	70464099	DC	Emergency	02/29/2024	Complete
MICHAEL	MOORE_DEMO	06/01/1984	Male	11508831610	MD	Observation	02/27/2024	Not Started
BARBARA	STEIN_DEMO	06/01/1941	Female	01180458	VA	Inpatient	02/26/2024	Not Started
BARBARA	STEIN_DEMO	06/01/1941	Female	01180458	VA	Inpatient	02/23/2024	Not Started
MICHAEL	MOORE_DEMO	06/01/1984	Male	11508831610	MD	Inpatient	02/23/2024	Not Started
BARBARA	STEIN_DEMO	06/01/1941	Female	01180458	VA	Outpatient	02/22/2024	Not Started
BARBARA	STEIN_DEMO	06/01/1941	Female	01180458	VA	Outpatient	02/22/2024	Not Started
MICHAEL	MOORE_DEMO	06/01/1984	Male	11508831610	MD	Outpatient	02/22/2024	Not Started

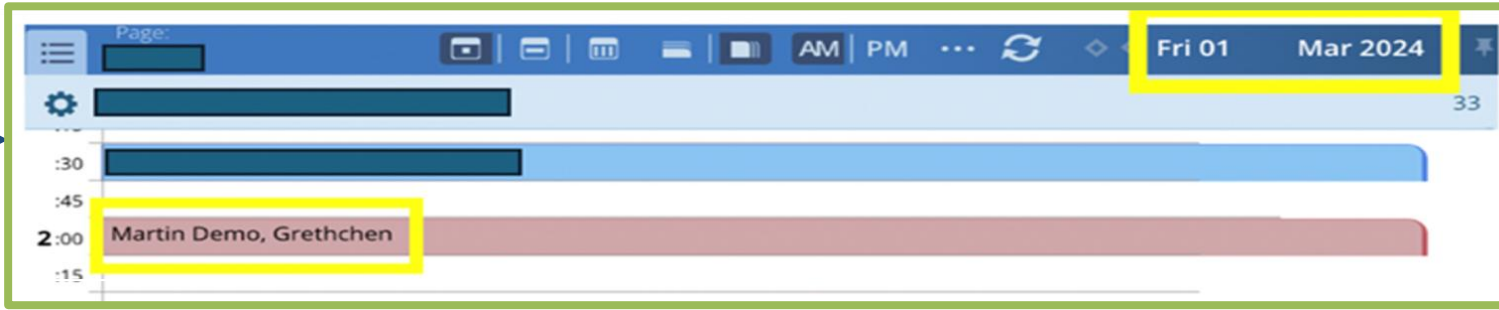
1. Care team member identifies recent discharge from ER/IP setting from CEND

Using the CEND Tool and Your EHR for Care Coordination

A



First Name	Last Name	DOB	Gender	Panel MRN	State	Encounter Type	Event Date
GRETCHEN	MARTIN_DEMO	06/01/2002	Female	70464099	DC	Emergency	02/29/2024

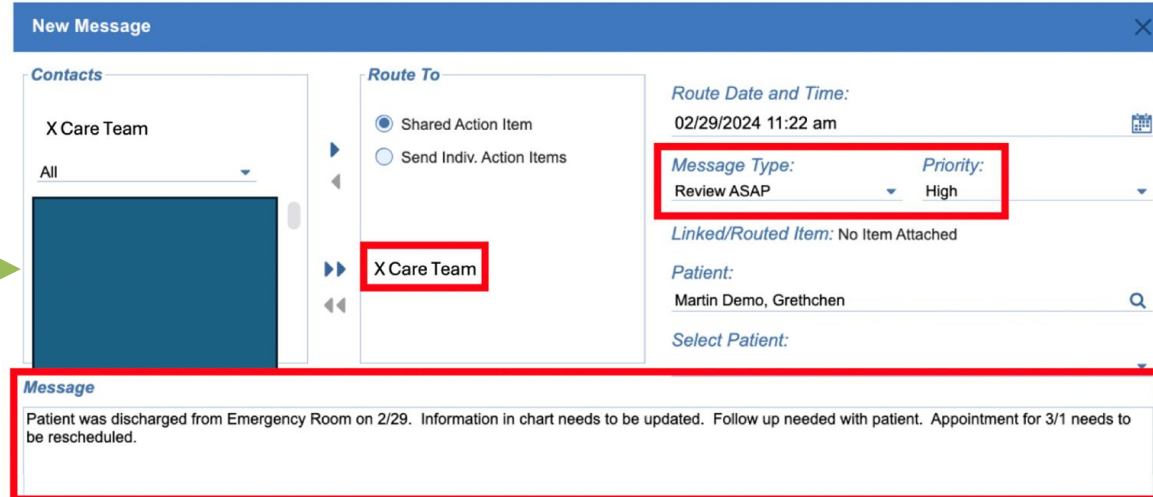


Page: [redacted] AM | PM ... Fri 01 Mar 2024

2:00 Martin Demo, Grethchen

- Care team member pulls up the patient record in EHR and notices that the patient has an upcoming appointment.
 - Members of the care team are alerted

B



New Message

Contacts
X Care Team
All

Route To
 Shared Action Item
 Send Indiv. Action Items
X Care Team

Route Date and Time:
02/29/2024 11:22 am

Message Type: Review ASAP **Priority:** High

Patient: Martin Demo, Grethchen

Message
Patient was discharged from Emergency Room on 2/29. Information in chart needs to be updated. Follow up needed with patient. Appointment for 3/1 needs to be rescheduled.



HOME Search Applications & Reports

Population Explorer View Panel
DC Demo Panel 2 (DC_CEND_DEM02) Export

DETAIL TABLE Export

<p>MARTIN_DEMO, GRETCHEN DOB: 2002-06-01 Encounter Type: Emergency Gender: Female Event Time: 2024-02-29 11:53</p>	<p>Diagnosis Details</p> <table border="1"> <thead> <tr> <th>Diagnosis Code</th> <th>Diagnosis Description</th> </tr> </thead> <tbody> <tr> <td>R45.851</td> <td>SUICIDAL IDEATIONS</td> </tr> <tr> <td>Z59.00</td> <td>HOMELESSNESS UNSPECIFIED</td> </tr> <tr> <td>M54.31</td> <td>SCIATICA, RIGHT SIDE</td> </tr> <tr> <td>J45.909</td> <td>UNSPECIFIED ASTHMA, UNCOMPLICATED</td> </tr> <tr> <td>M54.32</td> <td>SCIATICA, LEFT SIDE</td> </tr> <tr> <td>Z72.0</td> <td>TOBACCO USE</td> </tr> <tr> <td>E53.1</td> <td>PYRIDOXINE DEFICIENCY</td> </tr> </tbody> </table>	Diagnosis Code	Diagnosis Description	R45.851	SUICIDAL IDEATIONS	Z59.00	HOMELESSNESS UNSPECIFIED	M54.31	SCIATICA, RIGHT SIDE	J45.909	UNSPECIFIED ASTHMA, UNCOMPLICATED	M54.32	SCIATICA, LEFT SIDE	Z72.0	TOBACCO USE	E53.1	PYRIDOXINE DEFICIENCY
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M54.32		SCIATICA, LEFT SIDE															
Z72.0	TOBACCO USE																
E53.1	PYRIDOXINE DEFICIENCY																
<p>MOORE_DEMO, MICHAEL DOB: 1984-06-01 Encounter Type: Observation Gender: Male Event Time: 2024-02-27 18:56</p>																	
<p>STEIN_DEMO, BARBARA DOB: 1941-06-01 Encounter Type: Inpatient Gender: Female Event Time: 2024-02-26 07:57</p>																	
<p>STEIN_DEMO, BARBARA DOB: 1941-06-01 Encounter Type: Inpatient Gender: Female Event Time: 2024-02-23 14:58</p>																	
<p>MOORE_DEMO, MICHAEL DOB: 1984-06-01 Encounter Type: Inpatient Gender: Male</p>																	

1 of 7

3. Care team member identifies new diagnoses captured in CEND

Using the CEND Tool and Your EHR for Care Coordination



HOME Search Applications & Reports

Population Explorer View Panel DC Demo Panel 2 (DC_CEND_DEMO2) Export

DETAIL TABLE Export

Encounter Type	Event Time	Diagnosis Code	Diagnosis Description
Emergency	2024-02-29 11:53	R45.851	SUICIDAL IDEATIONS
Observation	2024-02-27 18:56	Z59.00	HOMELESSNESS UNSPECIFIED
Inpatient	2024-02-26 07:57	M54.31	SCIATICA, RIGHT SIDE
Inpatient	2024-02-23 14:58	M54.32	SCIATICA, LEFT SIDE
Inpatient		J45.909	UNSPECIFIED ASTHMA, UNCOMPLICATED
Inpatient		Z72.0	TOBACCO USE
Inpatient		E53.1	PYRIDOXINE DEFICIENCY

4. Care team updates problem list in EHR based on diagnoses details from CEND

A

Martin Demo, Gretchen | 06-01-2002, 22y, F

06-01-2002, 22y, F

441343 / 21705

Insurance not set

CVS/pharmacy #1343

Patient Consent

Last: __/__/__ Next: __/__/__

Timeline

Problems 3

Reviewed No Known Problems

- CANNABIS ABUSE UNCOMPLICATED F12.10 12-04-23 Current
- Pyridoxine deficiency E53.1 12-04-23 Current
- DEPRESSION, UNSPECIFIED F32.A 12-04-23 Current

B

Problems 6

Reviewed No Known Problems

- SCIATICA, RIGHT SIDE M54.31 02-29-24 Current
- PARANOID SCHIZOPHRENIA F20.0 02-29-24 Current
- HOMELESSNESS UNSPECIFIED Z59.00 02-29-24 Current
- CANNABIS ABUSE UNCOMPLICATED F12.10 12-04-23 Current

**CSS Event Notification
Delivery (CEND) Tool**



**Clinical Information
Application**



The screenshot shows the 'HIE InContext' app interface. At the top, there is a search bar for 'Search Applications & Reports'. Below it, a navigation bar includes tabs for 'HEALTH RECORDS', 'ENCOUNTERS', 'PROBLEMS' (highlighted with a red box), 'STRUCTURED DOCUMENTS', 'IMMUNIZATIONS', and 'ALLERGIES'. A vertical sidebar on the left is labeled 'Reports & Applications'. The main content area displays a table of medical problems with the following columns: Description, Code, First Reported Date, Last Reported Date (with a downward arrow), and Last Reported By.

Description	Code	First Reported Date	Last Reported Date ↓	Last Reported By
OTHER CONSTIPATION	K59.09	2021-12-07	2023-03-12	Hartford Healthcare
GERD (GASTROESOPHAGEAL REFLUX DISEASE)	K21.9	2011-08-12	2023-03-12	Meritus Medical Center
LYMPHEDEMA OF BOTH LOWER EXTREMITIES	I89.0	2021-10-04	2023-03-11	Meritus Medical Center
HYPERLIPIDEMIA, UNSPECIFIED	E78.5	–	2023-03-11	A Plus Medical PC
OTITIS EXTERNA, UNSPECIFIED CHRONICITY, UNSPECIFIED LATERALITY, UNSPECIFIED TYPE	H60.90	–	2023-03-09	Ruby Memorial
FLU-LIKE SYMPTOMS	R68.89	–	2023-03-09	UMMS EPIC
GANGLION OF WRIST, RIGHT	M67.431	–	2023-03-08	Meritus Medical Center
LEFT FOOT PAIN	M79.672	2021-08-18	2023-03-08	Anne Arundel Medical Center
LIPOMA OF ABDOMINAL WALL	D17.1	2017-09-21	2023-03-07	Berkeley Medical Center
SCREENING FOR DIABETES MELLITUS	Z13.1	–	2023-03-07	Greater Baltimore Medical Center
HAGLUND'S DEFORMITY OF LEFT HEEL	732.5	2023-01-10	2023-03-07	Connecticut Orthopedic Specialists PC
ABNORMAL FINDING OF BLOOD CHEMISTRY UNSPECIFIED	R70.0	–	2023-03-06	St. Joseph's Hospital

1. Care team member reviews problems within the clinical information app



HOME Search Applications & Reports

← HIE InContext

- PATIENT INFORMATION
- CLINICAL DATA
- MEDICATION MANAGEMENT**
- CARE COORDINATION
- SOCIAL NEEDS DATA
- DATA FROM CLAIMS
- APPS
- USER SETTINGS

Reports & Applications

DEFINITIONS

LAST 90 DAYS ALL

Reported Medications - Last 90 Days

This medication data is sourced from electronic medical records. This is not necessarily prescribed medications and may not reflect a patient's complete medication list.

Generic Name ↑	Medication Name	Dose	Sig	Provider	Start Date	Last Reported Date
acetaZOLAMIDE 250 MG Oral Tablet	acetaZOLAMIDE (DIAMOX) 250 mg Immediate Release tablet	250 mg	Take 1 tablet (250 mg total) by mouth 2 (two) times daily.	—	2024-03-20	2024-03-20
amitriptyline HCl 10 MG Oral Tablet	amitriptyline (ELAVIL) 10 mg tablet	10 mg	Take 1 tablet (10 mg total) by mouth nightly.	—	2024-03-20	2024-03-20
> ⚠ 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	—	2024-03-28	2024-03-28
LEVITRA 10 MG Oral Tablet	varденаfil (LEVITRA) 10 MG Tab	1	take 1 tablet by mouth if needed for ERECTILE DYSFUNCTION	—	2024-03-20	2024-03-20
nabumetone 500 MG Oral Tablet	nabumetone (RELAFEN) 500 mg tablet	500 mg	Take 1 tablet (500 mg total) by mouth 2 (two) times daily as needed.	—	2024-03-20	2024-03-20
> ⚠ rosuvastatin calcium 20 MG Oral Tablet	rosuvastatin (CRESTOR) 20 mg tablet	20 mg	Take 1 tablet (20 mg total) by mouth daily.	—	2024-03-28	2024-03-28
varденаfil HCl 10 MG Oral Tablet	varденаfil (LEVITRA) 10 mg tablet	10 mg	Take 1 tablet (10 mg total) by mouth daily as needed for erectile dysfunction.	—	2024-03-28	2024-03-28

Powered by CRISP

- Quickly access last 90 days of the patient's medications in the Clinical Information App

Using the Clinical Information App for Care Coordination

The screenshot shows the Clinical Information App interface. At the top, there are tabs for HEALTH RECORDS, ENCOUNTERS, PROBLEMS, STRUCTURED DOCUMENTS, IMMUNIZATIONS, and ALLERGIES. Below these, there are filter buttons for ALL, LABORATORY (highlighted with a red box), RADIOLOGY, and CLINICAL NOTES. A search bar (also highlighted with a red box) is located below the filters. To the right of the search bar, there is a toggle for 'Hide My Organization's Data', a search icon (highlighted with a red box), and icons for filters and sharing. The main content is a table of laboratory results.

Date Collected ↓	Source	Description	Provider
2024-05-31	University of Maryland Medical Center	Gyn Cytology Final Report	1447478615 IPMDU1ST
2024-02-02	St. Agnes Hospital	HIGH SENS TROPONIN I 3 HR	KOWDLEGOP GOPAL KOWDLEY
2024-02-02	St. Agnes Hospital	HIGH SENS TROPONIN I 1 HR	KOWDLEGOP GOPAL KOWDLEY
2024-02-02	St. Agnes Hospital	HIGH SENS TROPONIN I BASELINE	KOWDLEGOP GOPAL KOWDLEY
2023-04-13	WVHIN - WVU - Potomac Valley Medical Center	POCT ISTAT CHEM 8 - RESULTS	907690 PROVIDER UNKNOWN
2023-04-13	WVHIN - WVU - Potomac Valley Medical Center	POCT ISTAT BNP - RESULTS	907690 PROVIDER UNKNOWN
2023-04-13	WVHIN - WVU - Potomac Valley Medical Center	POCT ISTAT CHEM 8 - RESULTS	907690 PROVIDER UNKNOWN
2023-04-13	WVHIN - WVU - Potomac Valley Medical Center	POCT ISTAT CHEM 8 - RESULTS	907690 PROVIDER UNKNOWN
2022-12-24	MedStar Franklin Square Hospital Center	AMB Rapid COVID-19 POC-Form	1497913651 Betsy Eapen
2022-12-22	MedStar Franklin Square Hospital Center	AMB Rapid COVID-19 POC-Form	1497913651 Betsy Eapen
2022-12-21	MedStar Franklin Square Hospital Center	AMB Rapid COVID-19 POC-Form	1497913651 Betsy Eapen
2022-12-21	MedStar Franklin Square Hospital Center	AMB Rapid COVID-19 POC-Form	1497913651 Betsy Eapen
2022-11-08	WVHIN - WVU - Ruby Memorial Hospital	BODY FLUID CELL COUNT WITH DIFFERENTIAL	1720216286 DAVID HOWELL
2022-11-08	WVHIN - WVU - Ruby Memorial Hospital	BODY FLUID SEROUS MAN DIFF	1720216286 DAVID HOWELL
2022-11-07	WVHIN - WVU - Ruby Memorial Hospital	MANUAL DIFF AND MORPHOLOGY-SYSMEX	1720216286 DAVID HOWELL

- Care team member uses the Clinical Information App to query the patient's clinical record to identify pertinent labs from the recent ER visit



← HIE InContext

2024-05-27	MedStar Washington Hospital Center	T4 Fre
2024-05-27	MedStar Washington Hospital Center	TSHC
2024-05-27	MedStar Washington Hospital Center	VitD
2024-05-26	MedStar Washington Hospital Center	DAS Ur w/Fentanyl
2024-05-26	MedStar Washington Hospital Center	Trop HS
2024-05-26	MedStar Washington Hospital Center	.GFRU
2024-05-26	MedStar Washington Hospital Center	CBC w/ Diff
2024-05-26	MedStar Washington Hospital Center	CMP
2024-05-26	MedStar Washington Hospital Center	Etoh
2024-05-26	MedStar Washington Hospital Center	MDiff
2024-05-26	MedStar Washington Hospital Center	Smr Rev
2024-05-26	MedStar Washington Hospital Center	Trop HS
2024-05-06	Holy Cross Hospital	APAP SerPI-sCnc
2024-05-06	Holy Cross Hospital	Comp Metab 2000 Pnl SerPI
2024-05-06	Holy Cross Hospital	Ethanol Bid-sCnc
2024-05-06	Holy Cross Hospital	Salicylates SerPI-sCnc
2024-05-06	Holy Cross Hospital	CBC W Diff pnl,unspecified Bld
2024-05-06	Holy Cross Hospital	Manual diff Bid
2024-05-06	Holy Cross Hospital	SARS-CoV-2 RNA Resp Ql NAA+probe
2024-05-06	Holy Cross Hospital	Drugs of abuse Pnl Ur Scn
2024-05-06	Holy Cross Hospital	Nuclear IgG Ser Ql IA

4. Care team member searches lab reports for drug screenings and identifies a screening that had an abnormal value within the Clinical Information App

Using the Clinical Information App for Care Coordination



Patient Demographics

Name: [REDACTED] Date of Birth: [REDACTED] Gender: [REDACTED]
 Address: [REDACTED]

Drugs of abuse Pnl Ur Scn

Source: Holy Cross Hospital
 Provider: [REDACTED]
 Date Collected: 2024-05-06

Health Records

Notes

Results of these tests are to be used for medical/diagnostic purposes only.

Amphetamine	Assay cutoff	1000 ng/mL
Barbiturates	Assay cutoff	300 ng/mL
Benzodiazepine	Assay cutoff	300 ng/mL
Fentanyl	Assay cutoff	100 ng/mL
Opiates	Assay cutoff	300 ng/mL
Cocaine	Assay cutoff	300 ng/mL
Cannabinoid	Assay cutoff	50 ng/mL
Phencyclidine	Assay cutoff	25 ng/mL

Observations

Interpretation	Reported (ET)	Name	Result
Abnormal	2024-05-06 13:35	Amphet Ur Qi Scn	Detected
	2024-05-06 13:35	Barbiturates Ur Qi Scn	Not Detected
	2024-05-06 13:35	fentaNYL Ur Qi	Not Detected
	2024-05-06 13:35	Benzodiaz Ur Qi Scn	Not Detected
	2024-05-06 13:35	Cocaine Ur Qi Scn	Not Detected
	2024-05-06 13:35	Cannabinoids Ur Qi Scn	Not Detected
	2024-05-06 13:35	Opiates Ur Qi Scn	Not Detected
	2024-05-06 13:35	PCP Ur Qi Scn	Not Detected

Specimens

Interpretation	Name
	Urine

5. Care team member downloads lab report from the Clinical Information App to upload into EHR

Martin Demo, Grethchen | 06-01-2002, 22y, F

441343 / 21705

06-01-2002, 22y, F

Insurance not set

CVS/pharmacy #1343

Patient Consent

Last: __/__/__ Next: __/__/__

Timeline

New Upload

Upload to Chart Cancel

Provider: - Other Provider -

Folder: Results

Doc. Type: Lab

ICD: Click here to add codes

Date: 02/29/2024

Name: Lab

Description: **Drug Abuse Panel Urine Screening**

Hold High Priority

Document to Upload: Choose File Drug of Abuse Panel



The screenshot shows a calendar interface. At the top, a date picker is set to 'Fri 01 Mar 2024'. Below it, a horizontal bar chart shows appointment slots. A specific appointment is highlighted with a yellow box, labeled 'Martin Demo, Grethchen' at the time '2:00'.

6. Care team follows up with patient to reschedule appointment and notifies other care team members.

The screenshot shows a patient appointment details form. The patient name is 'Martin Demo, Grethchen ...'. The appointment date is '03/07/2024' and the time is '2:00 PM'. The 'Comments' section contains the following text: 'CEND alert: 2/29 ER discharge', 'Care team notified, chart updated', and 'Patient contacted, 3/1 appt rescheduled to 3/7'.

Provider	Facility	Column	Date	Time
			03/07/2024	2:00 PM

Appointment Type

Instructions

FOLLOW UP FOR ...

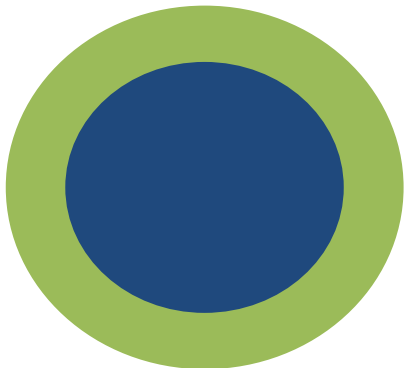
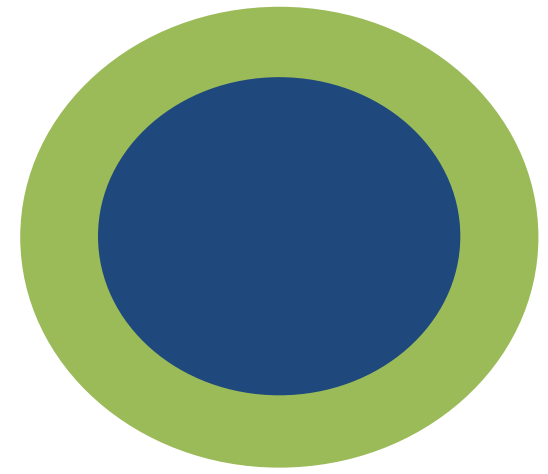
Comments

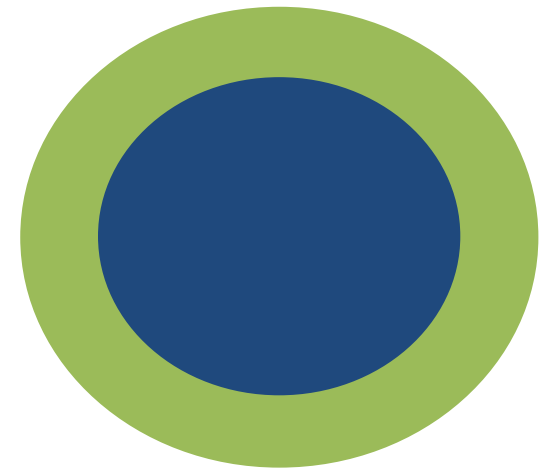
CEND alert: 2/29 ER discharge
Care team notified, chart updated
Patient contacted, 3/1 appt rescheduled to 3/7

Duration

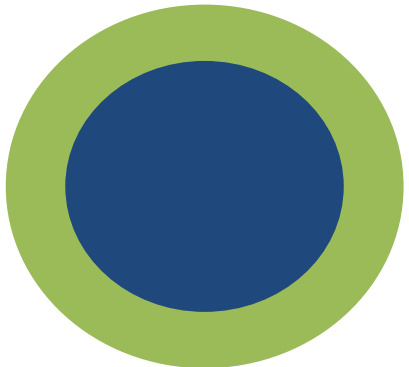
Episode

Demo CRISP-DC Portal





Breakout Session



- CEND Population Explorer User Guide
- CRISP-DC Portal User Guide
- CRISP-DC Resource Website
 - Contains useful videos detailing specific applications within the HIE Portal





What's Next:

- All attendees & primary contact of your organization will receive:
 - a copy of today's presentation and copies of additional resources
 - instructions on how to submit the post-learning community worksheet
- The post-learning community worksheet, **must be submitted by Friday, July 5th at 11:59 pm** for Milestone 8 credit

REMINDER: Register for July and August Learning Communities!

Date	Learning Community Topic
Friday, July 12	Enhancing Care Coordination
Friday, July 26	Enhancing Care Coordination
Friday, August 16	Using Population Health to Advance Care Coordination
Friday, August 23	Using Population Health to Advance Care Coordination

Questions?