

Serving Sonoma, Napa, Marin & Yolo Counties

Track 2: Engaging in Health Information Exchange for Care Transitions

Additional Activities:

10:45 AM - 1:30 PM

*Help Squad – one-on-one PCMH and Meaningful Use Support (Innovation Room)

*Promising Practices Gallery Walk Raffle (Inside perimeter of the office)

1:00 PM

*Promising Practices Raffle (Training Room)
See the back of your agenda to participate

Leveraging Health Information Exchange for Care Transitions

Symposium on the Future of Complex Care

Humboldt County, CA

136,646 people

- ~40% Medicaid Lives
- ~40 % Commercial Lives
- ~15% Medicare Lives
- ~5 % Uninsured

3 Hospital Systems

Rapidly consolidating practice environment

Community Health Issues: Substance Use Disorder (SUD), Mental Health Access, Adverse Childhood Experiences (ACES)

Context - Two Organizations

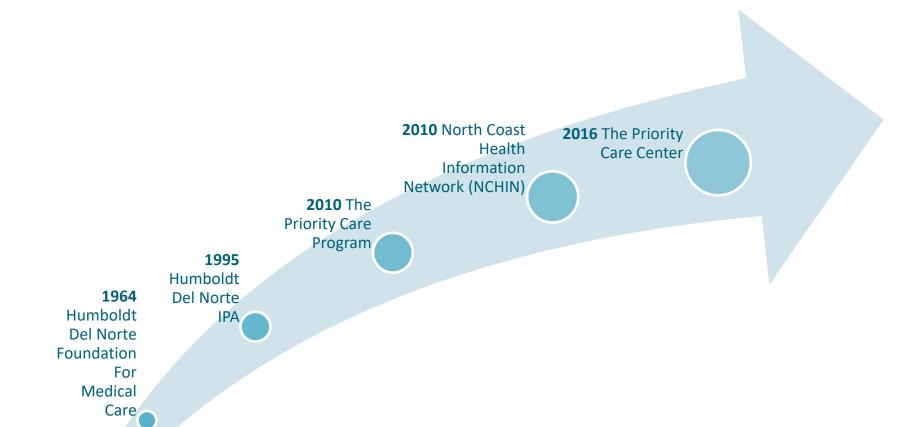
Humboldt Independent Practice Association

- Managed Care Contracting
- Third Party Adminstrative Services
- Accountable Care Organization
- Care coordination
- Primary Care
- Physician Board

North Coast Health
Improvement and
Information Network

- Health Information Exchange
- Community Health Improvement
- Community Board

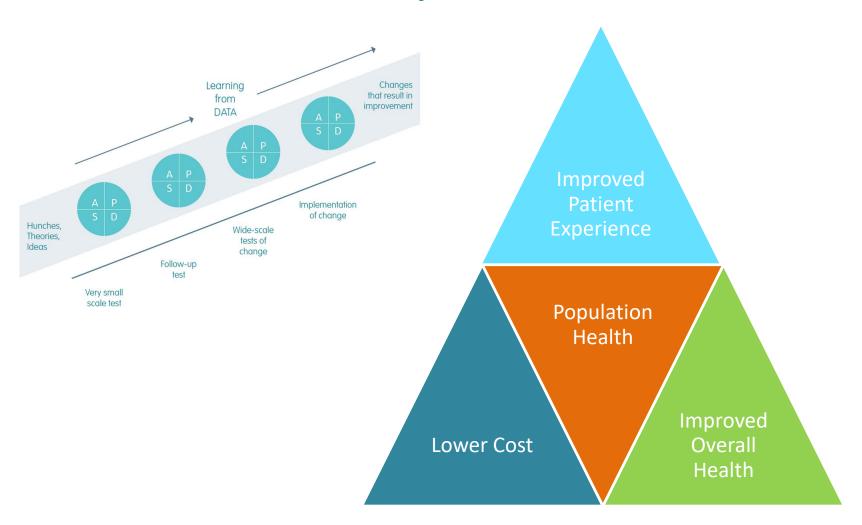
History of Humboldt IPA



Peeling Back the Layers

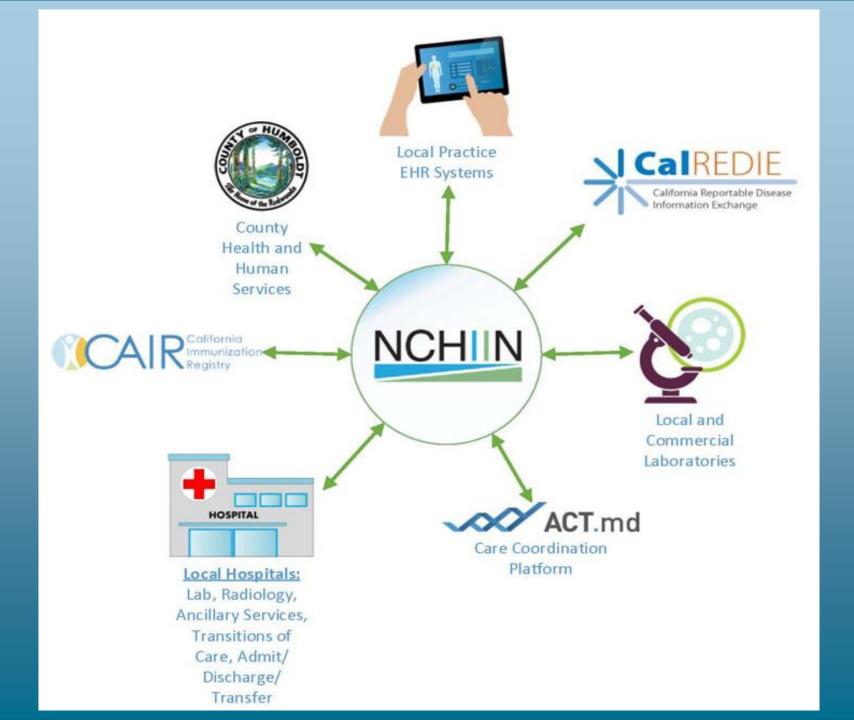


Core Values Triple Aim



North Coast Health Improvement and Information Network (NCHIIN)

- Non-Profit Community Health Information Exchange
- Initiated in 2010 out of a data sharing and interoperability collaborative
- 2016: NCHIN to NCHIIN
 - Updated name reflect the organization's community care improvement initiatives



ADT for Care Coordination

- What is ADT?
 - Admission, Discharge, Transfer messages
- ADT as a tool for care coordination:
 - Real-time data
 - Prevent duplication of hospital/imaging services
 - Bridge care to services/appropriate Care
 - Identify high risk patients/patients with high needs

ADT: 2 Use Cases for Care Coordination



Alerts for Social Care

- Hospital (Emergency and In-Patient) Alerts
- Jail Alerts



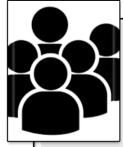
Alerts for Primary Care

- IPA-Utilization Management
- PCC-Nurse Practitioner transitionalist, RN care coordinator

Premise: Alerts for Social Care



Clients have high emergency dept. use



Multiple case managers involved

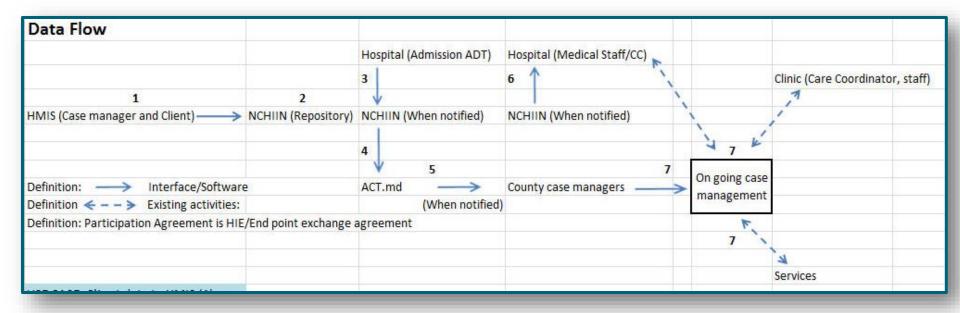


Lack of information sharing infrastructure

Hypothesis:

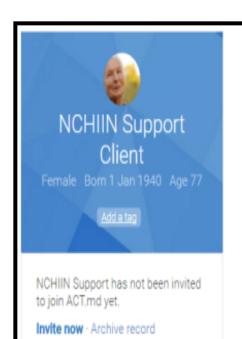
Data linkages between NCHIIN's healthcare participants and Department of Health and Human Services (DHHS) can improve care for individual clients and reduce burden on impacted systems

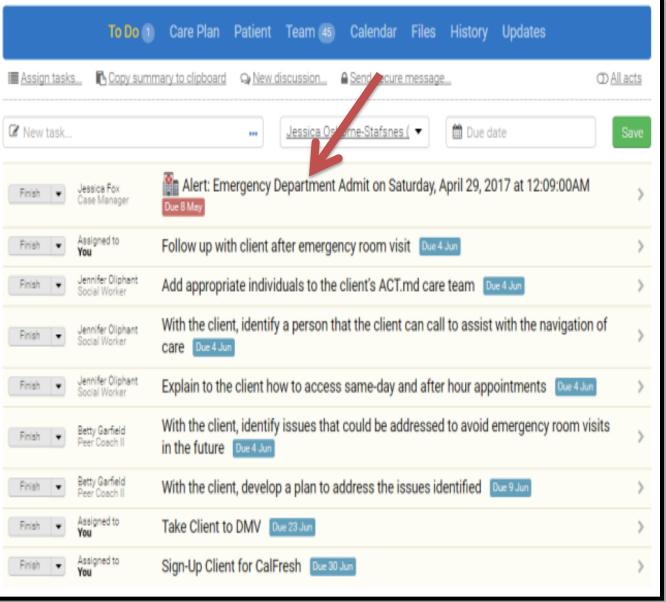
Alerts for Social Care: Data Flow



Data Elements:

- Client Name and Basic Demographics
 - Housing Program Enrollment
 - Case Manager Name
 - Hospital Event Notification (ADT)
 - PROMIS







ED Report Patient Summary

DISCLAIMER: This summary report contains data held in the NCHIIN repository. It may not represent all healthcare information about the patient. Only a subset of available lab results is reported.

REFERENCE ONLY—Not part of the permanent record.

Demographics

Name: Doe, John S. DOB: 01/31/1970

1234 Main Street, Eureka, CA 95501

PHONE (H): 707-555-1212 Distinct addresses seen in last year: 4321 Street Avenue, Arcata, CA 95521 PO Box 987, Fortuna, CA 95540

Special Alerts

9 ER Visits in the last year
2 Inpatient Admissions in the last year
Permanent Supportive Housing Client
MEDICAL ONCOLOGY PATIENT
RADIATION ONCOLOGY PATIENT

ER Visits last 90 days

Date	Location	Chief Complaint	
Date 12/12/15 11/23/15 11/10/15 10/14/15	SJHS	Abdominal Pain	
11/23/15	MRCH	SOB	
11/10/15	SJHS	Chest Pain	
10/14/15	SJHS	"Feels lousy"	

Inpatient last 90 days

D/C Date Location Diagnoses 11/11/15 SJHS Chest Pain Arrythmia

MRI last 365 days

Date Location Procedure 11/23/15 MRCH C Spine

CT last 90 days

Date Location Procedure 11/23/15 MRCH CT Lumbar Spine wo contrast

Care Managers Involved with Pt

 Name
 Contact #
 Program

 Jane Doe
 707-555-2121
 PSH

 Jenifer King
 707-443-4563
 Priority Care

 John Manager
 707-555-9876
 Open Door

X ray last 90 days

Date Location Procedure 11/23/15 MRCH Chest 2 views

Allergies (hospital)

Allergy Severity Reaction
Penicillins MO UNKNOWN
Lisinopril MO SWELLING

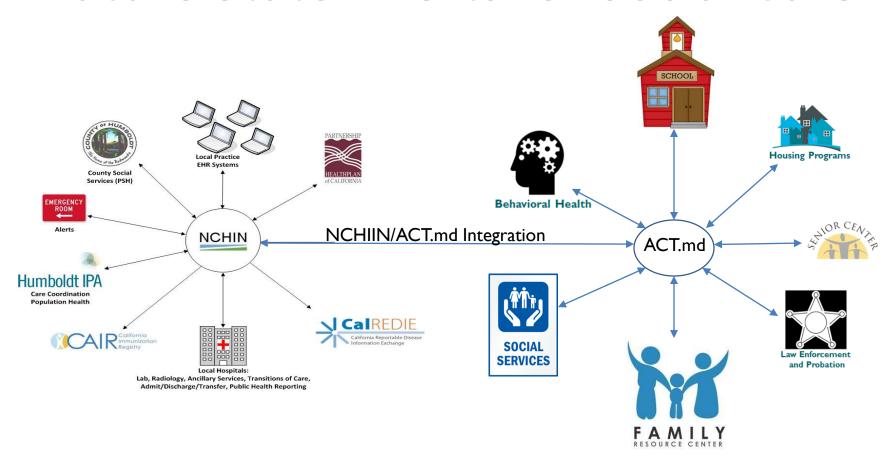
Providers seen in last 180 days

Provider Most Recent Date
Abbassi, Shahram 03/09
Korenstein, Steven 05/23

Labs within last 90 days

Results	Ref Range	Flag		Sndr
6.00 K/Cmm	3.5-10.0 K/Cmm	Normal		SJ
15.9 g/dL	•	Normal	6/29	SJ
28 mg/dL	7-18 mg/dL	High	6/29	SJ
119 K/Cmm	140-340 K/Cmm	Low	6/29	SJ
95 mg/dL	74-106 mg/dL	Normal	6/29	SJ
1.96 mg/dL	0.7-1.3 mg/dL	Normal	6/29	SJ
30 U/L	16-61 U/L	Normal	6/29	SJ
	6.00 K/Cmm 15.9 g/dL 28 mg/dL 119 K/Cmm 95 mg/dL 1.96 mg/dL 30	6.00 3.5-10.0 K/Cmm 15.9 13.5-16.5 g/dL 28 7-18 mg/dL 119 140-340 K/Cmm 95 74-106 mg/dL 1.96 0.7-1.3 mg/dL 30 16-61	K/Cmm K/Cmm 15.9 13.5-16.5 Normal g/dL g/dL 28 7-18 High mg/dL mg/dL 119 140-340 Low K/Cmm K/Cmm 95 74-106 Normal mg/dL mg/dL 1.96 0.7-1.3 Normal mg/dL mg/dL 30 16-61 Normal	Date 6.00 3.5-10.0 Normal 6/29 K/Cmm K/Cmm 15.9 13.5-16.5 Normal 6/29 g/dL g/dL 28 7-18 High 6/29 mg/dL mg/dL 119 140-340 Low 6/29 K/Cmm K/Cmm 95 74-106 Normal 6/29 mg/dL ng/dL 1.96 0.7-1.3 Normal 6/29 mg/dL mg/dL 30 16-61 Normal 6/29

Future State: Alerts for Social Care



Using ADT in Primary Care

- Background on Priority Care Center
- Current/Future State
- Team-based care practice model
- 10 building blocks as a framework

The Priority Care Program Background

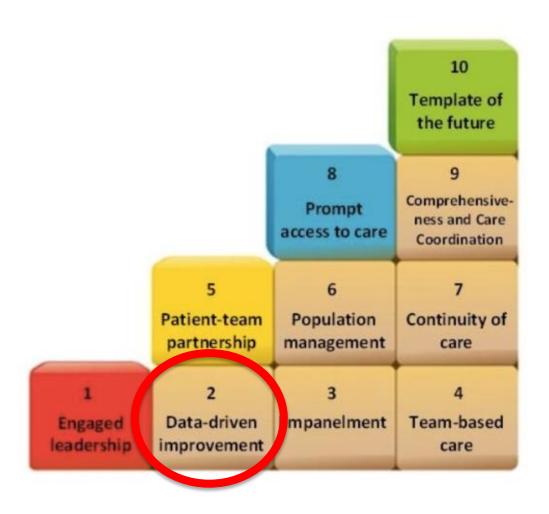
- Intensive Care Coordination
- Transitionalist
- Wellness Coaching
- Diabetes Education Program
- Mental Health
- Shared Decision Making
- Population Health

Priority Care Center

Vision

For all people served through the Priority Care Center, to receive the right care, at the right time, by the right provider.

The 10 Building Blocks of High-Performing Primary Care



ADT in practice

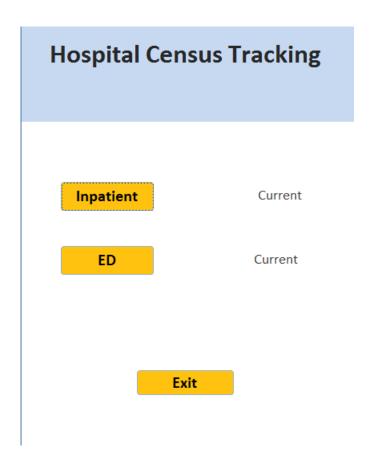
NCHIIN receives real-time ADT messages from local hospitals

System looks for:

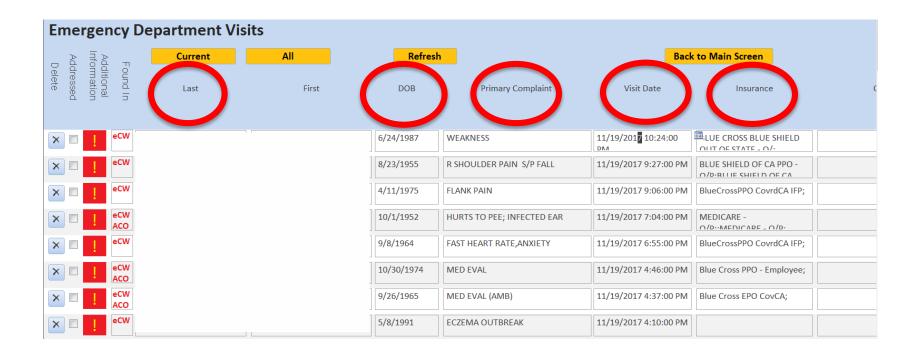
- Admit
- Discharge
- Transfer

IT department collects 24-hours worth of messages and imports data to hospital census tracking.

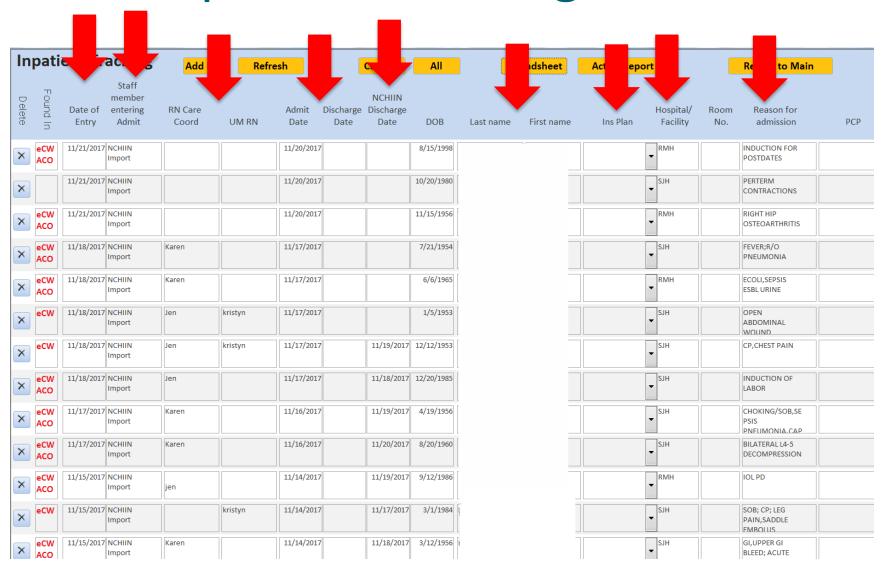
Internal ADT Tracking Process



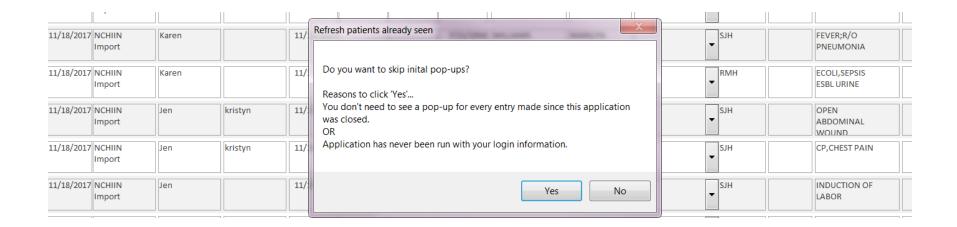
ER Tracking



Inpatient Tracking Sheet



Inpatient Tracking



A Team Approach to Using ADT Data

Inward MA



Reviews lists
Creates tasks
Low acuity to
MA
High acuity to
RN

Inpatient to NP

Outward MA



Follows up calls to ER patients

Offers Care
Coordination

RN Care Coordinator



to ER and inpatient
Offers Care Coordination
Home visits
Patient

accompaniment

Nurse Practitioner



Daily hospital rounds
Delegates tasks to team

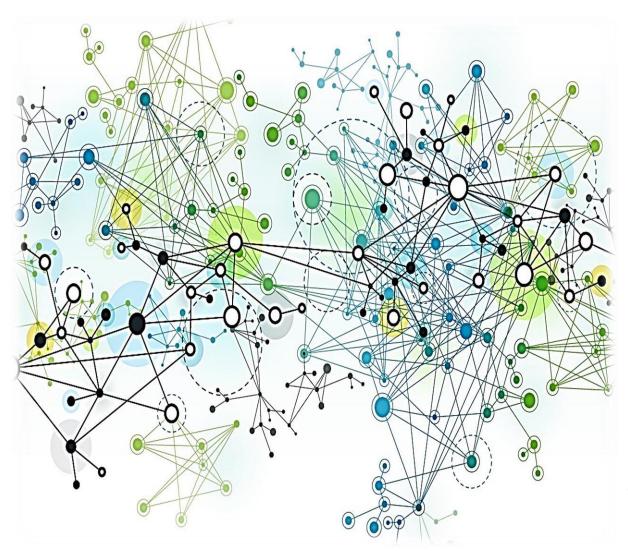
Lessons Learned

- Data to Information
 - Information should be defined by the recipient
- Who the data goes to is important (what person on the care team...)
 - Who sorts and disseminates the data?
- Trust:
 - In systems
 - In training
 - In data
- Commitment to Continual QI:
 - Identifying and responding to challenges
 - Making modification based on needs
 - Team agency to make change
- Consistency of Engaged Leadership:
 - Administrative Level
 - Clinical Level

Our Team



Feedback, Questions, Discussion



"Data moves at the speed of trust." --David Ross, ScD Public Health Informatics Institute

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Using RCHIE to Transform Care

Lisa Israel, MBA, CPHQ, CPHIMS HIT Project Manager Redwood Community Health Coalition



Serving Sonoma, Napa, Marin & Yolo Counties

Current RCHIE Environment



- Nine health centers participating (the 9th was added yesterday!)
- All are eClinicalWorks users
- Data goes to RCHC's Hub using eEHX platform
 - eEHX is a product of eClinicalWorks
- Hub is available to non-eCW users

History/Timeline of RCHIE

