Five Best Practices for Improving Transitions in Care with Health Information Exchange (HIE)

Session 15, February 12, 2019

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AmeriHealth Caritas Family of Companies

AmeriHealth Caritas
Care is the heart of our work

Conflict of Interest

Andrea Gelzer, M.D., M.S., FACP

Has no real or apparent conflicts of interest to report.

Joe Miller, FHIMSS

Has no real or apparent conflicts of interest to report.

Agenda

- Session objectives.
- Overview of AmeriHealth Caritas Family of Companies.
- Value of HIEs.
- Our HIE experience.
- Five best practices.
- Wrap up.
- Questions.

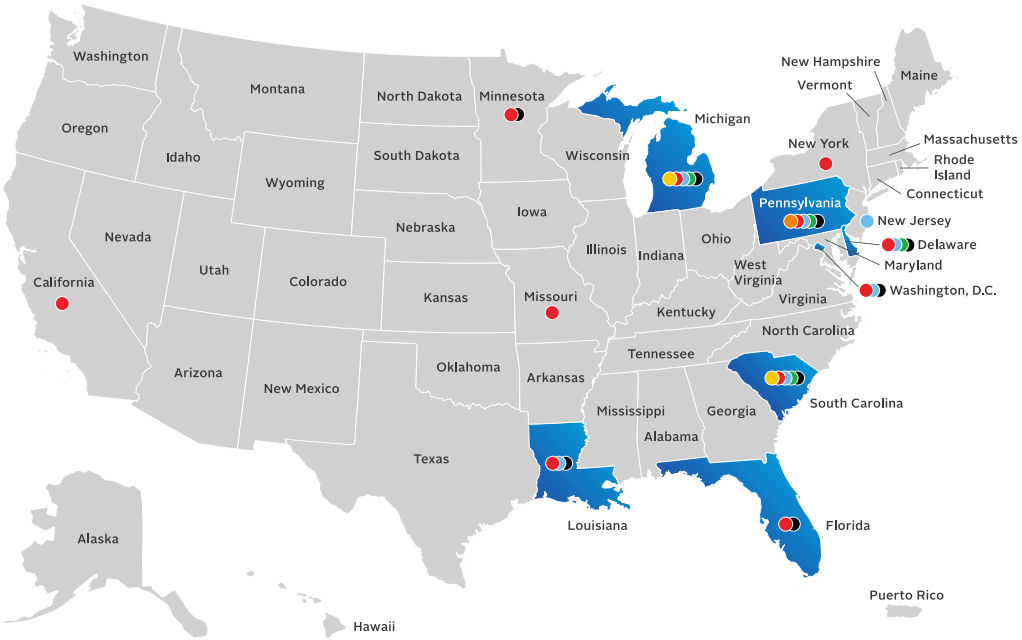
Session Objectives

- Describe the current state of a health plan's health information exchange (HIE) engagement within the context of HIEs nationally, and assess the opportunities for using data to improve transitions of care in a multi-stakeholder and resourced care community.
- Plan how to connect to HIEs for optimal value, identifying essential processes and technologies that will help meet the goal of improving transitions in care.
- Identify key limitations and challenges that can reduce the value of HIE information, particularly when connecting to more than one HIE, and how to address them to maximize return on investment.

AmeriHealth Caritas

- Has more than 35 years of experience expanding access to care for members and striving to maximize value for health care providers, community organizations, and government stakeholders.
- Is backed by two of the largest and most well-respected Blue companies, Independence Health Group and Blue Cross Blue Shield of Michigan.
- Works every day to fine-tune the future of health care through innovation, compassion, and an unwavering dedication to eliminating health disparities.

AmeriHealth Caritas Markets



Blue states Existing AmeriHealth Caritas Medicaid health plan markets

- Dual eligible special needs plan (D-SNP)
- Medicare-Medicaid plan (MMP)
- Behavioral health managed care
- Specialty pharmacy
- Long-term services and supports (LTSS) experience
- Pharmacy benefit management

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Why Transitions in Care?

- It's a vulnerable time for patients.
- Poorly managed transitions associated with increased rates of potentially avoidable hospitalizations.
- Nearly 1 in 5 Medicare patients discharged from hospital are readmitted within 30 days.
- Fewer than 50% of patients see their primary care provider (PCP) within 14 days of hospital discharge.

Sources: Kashiwagi, et al, "Do Timely Outpatient Follow-up Visits Decrease Hospital Readmission Rates?", American Journal of Medical Quality, August 2011. "Community-based Care Transitions Program", https://innovation.cms.gov/initiatives/cctp, accessed January 8, 2019.

It’s a Place to Prove Value

- Care transitions offer a good opportunity to intervene.
- Successful handling reduces cost.
- Failure rates are easily measurable.
- Encounter notification data are readily available.
- Best practices are applicable to future use cases.

Our HIE Journey and State HIE Connection History

2014	2015	2016	2017	2018	2019
Pilot with Chesapeake Regional Information System for Our Patients (CRISP) to determine value of leveraging HIE	Invested in HIE infrastructure and founded HealthShare Exchange (HSX) in Pennsylvania	Implemented multi-state HIE gateway	Integrated transactions coming through our HIE gateway with back-end systems	Fully integrated to care management and provider applications	Implement FHIR API pilot Expand direct secure messaging capabilities

State HIE connections

2014	2015	2016	2017	2018	2019
District of Columbia	Southeastern Pennsylvania	Louisiana Michigan	Florida	Delaware	Central Pennsylvania

HIE at a Glance

6

State/regional HIEs exchanging data with our health plans

1,641

Hospitals sending data to our plans via HIE

1.3M

Members in plans exchanging information with HIEs

275,009

Continuity of Care Documents (CCDs) received through HIEs

3.8M

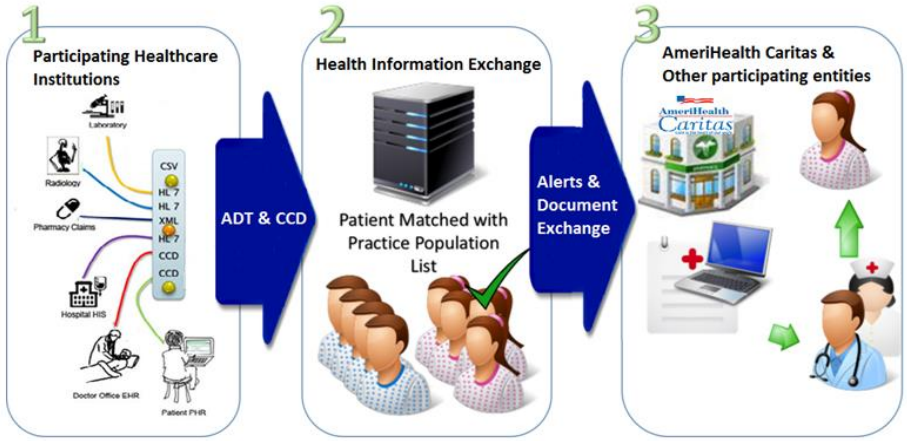
Admission, discharge, and transfer (ADT) encounter notification alerts

Collaboration With State HIEs

Plan	HIE	Transactions (August 2017 – August 2018)
AmeriHealth Caritas Louisiana	Louisiana Health Information Exchange (LaHIE)	**100,379**
Keystone First and Keystone First VIP Choice	HealthShare Exchange (HSX)	**778,996**
Prestige Health Choice	Florida HIE Services (FL HIE)	**374,035**
AmeriHealth Caritas District of Columbia	Chesapeake Regional Information System for Our Patients (CRISP)	**181,139**
AmeriHealth Caritas VIP Choice and Blue Cross Complete of Michigan	Michigan Health Information Network (MiHIN) Shared Services	**981,024**
AmeriHealth Caritas Delaware	Delaware Health Information Network (DHIN)	**5,400***

* Implemented 2018

AmeriHealth Caritas HIE Model



1. Participating facilities send ADT alerts and CCDs to AmeriHealth Caritas via the HIE in real time or near real time (within 24 hours).
2. Our HIE gateway validates the member and applies rules and predictive modeling.
3. Alert information is routed into the workflow of AmeriHealth Caritas care managers and providers.

Five Best Practices

Real-time data

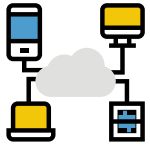
Obtaining and using HIE data in near real time

Predictive analytics

Using clinical markers to hone in on critical cases

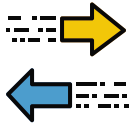
Back-end integration

Integrating the information with back-end processes



Enrich data

Enriching the data to see the whole person needs



Bi-directional exchange

Closing the loop through bi-directional exchange

Best Practice 1: Build for Real-Time Data

- Provides access to the right information, for the right person, at the right time.
- Enables timely patient follow-up.
- Enables physicians to make better decisions.

HIEs with real-time APIs

- HealthShare Exchange (ADTs and CCDs).
- Michigan Health Information Network (ADTs and CCDs).
- Delaware Health Information Network (ADTs).

Getting To Real Time Data

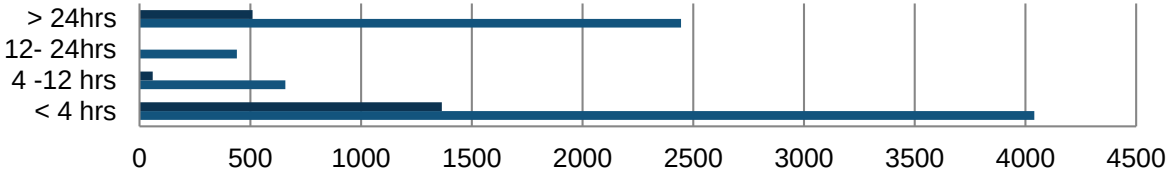
	Hospital discharge	HIE receives	HIE sends	Lapsed time
Best case	Monday 5:46 a.m.	Monday 5:47 a.m.	Monday 6:00 a.m.	14 minutes
Average	Thursday 3:59 a.m.	Thursday 4:15 a.m.	Thursday 6:17 a.m.	2 hours, 18 minutes
Worse case	Tuesday 6:59 a.m.	Wednesday 4:45 a.m.	Thursday 5:00 a.m.	45 hours, 59 minutes

The Trends We're Seeing

- 74 percent of inpatient discharge transactions and 62 percent of emergency discharge transactions were transmitted from the point of service to the HIE and then to AmeriHealth Caritas within four hours.

- A few outliers were observed where there was a latency in the timing of the facility sending data to the HIE.

Real-time ADT data



	< 4 hrs	4 -12 hrs	12- 24hrs	> 24hrs
Inpatient	1365	59		510
Emergency	4040	658	439	2445

* Dataset uses a representative sample for one HIE for a two-week period in October to November 2018.

Best Practice 1 Guidance

- Build for APIs for data exchange.
- Remove latency at all steps.
- Set expectations for real time with HIEs and facilities.
- Monitor continuously to identify problems.
- Create a flexible HIE “gateway” that can connect to multiple partners.
- Challenges: Some facilities and HIEs do not provide real-time exchange, but rather a daily batch exchange.

Best Practice 2: Apply Predictive Analytics Filters

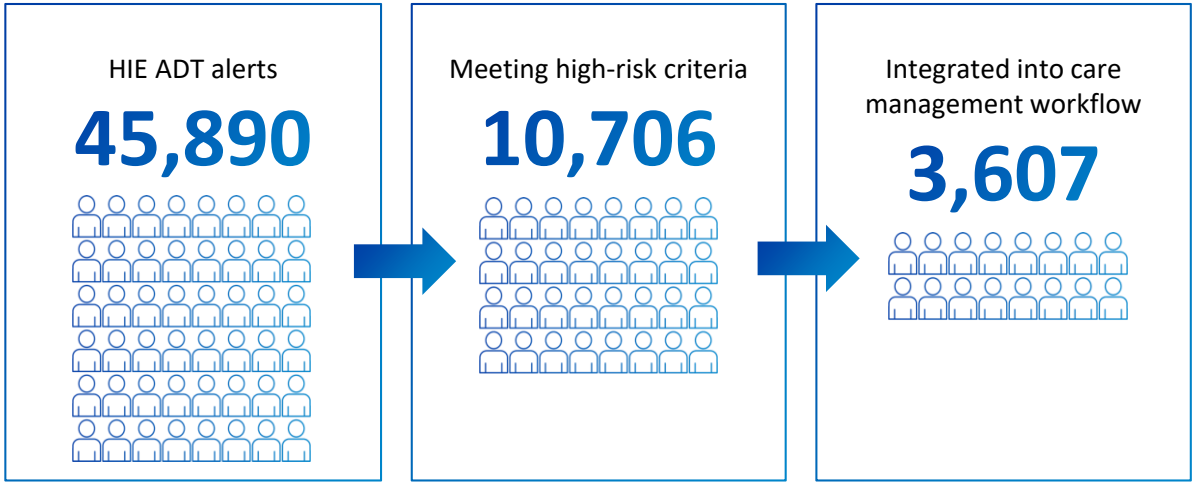
- Volume of transactions is enormous.
- Not all discharges are created equal.
- Data within the ADT transaction is limited, and facilities vary in how much information they send. (See below sample from an actual report.)

Hospital	Admit reason	Diagnosis
1	GENERAL WEAKNESS, chest pain	(No diagnosis provided)
1	fever, fever unspecified	R50.9 FEVER, UNSPECIFIED
2	(No admit reason provided)	(No diagnosis provided)

Information from three unique ADT messages for ER visits

Finding the Needle in the Haystack

- Analytic risk stratification predictive models that use various parameters (e.g., demographics or gaps in care) are applied to member data for targeting members in need of care.
- Targeted members' ADT data is then integrated into the back-end processes for effective care coordination.



* Aggregated data are representative for July 2018.

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Best Practice 2 Guidance

- Work with clinical staff to select key clinical markers that can be used to stratify the alerts to identify the most important ones.
- Obtain data and integrate into the HIE alert receipt process.
- Refine markers as appropriate.
- Challenge: Clinical markers for providers may be different than for care managers.

Best Practice 3: Integrate with Workflow

- Care managers are the primary users of HIE information within the payer organization.
- Initially, distributing HIE data on reports is adequate.
- Eventually, busy care managers will require HIE information in their workflow.

Integration with Back-End Processes

Care management	Clinical data repository	HEDIS	Provider portal
ADT data is integrated into care management application based on pre-defined workflow rules. This allows care managers to: • Create event records and authorizations. • Update discharge information. • Close inpatient cases.	• Store ADT information in clinical repository. • Integrate ADT information with member's clinical history data for enriched reporting.	• Key CCD data is parsed and used to support HEDIS measures where appropriate. • Vital signs are particularly valuable.	• ADT data is integrated into provider portal applications based on pre-defined rules.

Best Practice 3 Guidance

- Tight integration with care management system using standard worklists and other triggers is optimal.
- HIE data should also be integrated into the broader analytics environment of the organization.
- Build in method to measure care manager follow-up and feedback loop to management.
- Challenge: Finding the balance of volume versus the value for alerts to care managers and providers.

Best Practice 4: Enrich Data for Whole-Person Needs

- Data in ADT transaction is very limited (see below).
- CCD, when received, provides a limited snapshot of the member's condition.
- Presenting information from other sources is needed for an adequate understanding to facilitate the transition in care for the care manager and provider.

Hospital	Admit reason	Diagnosis
1	GENERAL WEAKNESS, chest pain	(No diagnosis provided)
1	fever, fever unspecified	R50.9 FEVER, UNSPECIFIED
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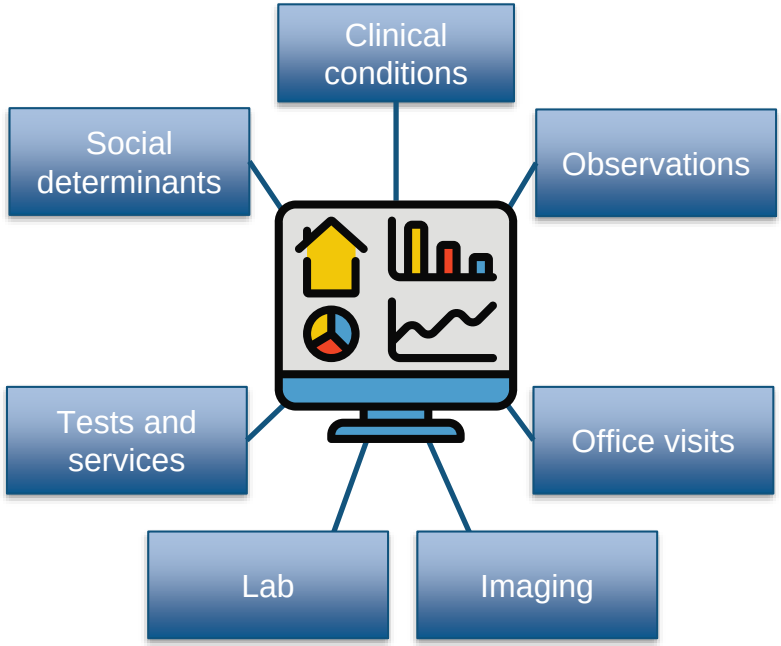
Data Enrichment for Whole-Person Needs



- Member data enriched by aggregating and combining data from different sources.
- Provides a comprehensive 360° view of the member's information.
- Fulfills whole-person needs.

Clinical Summary Provides Full View

Gaps in Care

Condition	Service	Status	Last Service	Next Service
Diabetes	Blood Glucose Monitoring	At Risk		

Clinical Conditions

Hypertension

Medications (Within past 06 months)

Fill Date	Name & Strength	Days Supply	Pres
7/2/2018	METFORMIN HCL 500 MG TABLET	30	JEAN WED

Lab Data (Within past 12 months)

Date	Laboratory	Test

Inpatient Admissions (Within past 12 months)

From Date	To Date	Facility

There are no data records available for this section

Social Determinants (Within past 12 months)

Category	Date Answered

There are no data records available for this section.

ER Visits (Within past 12 months)

Date	Facility
12/10/2018	WILLIS KNIGHTON NORTH

* Sample member data

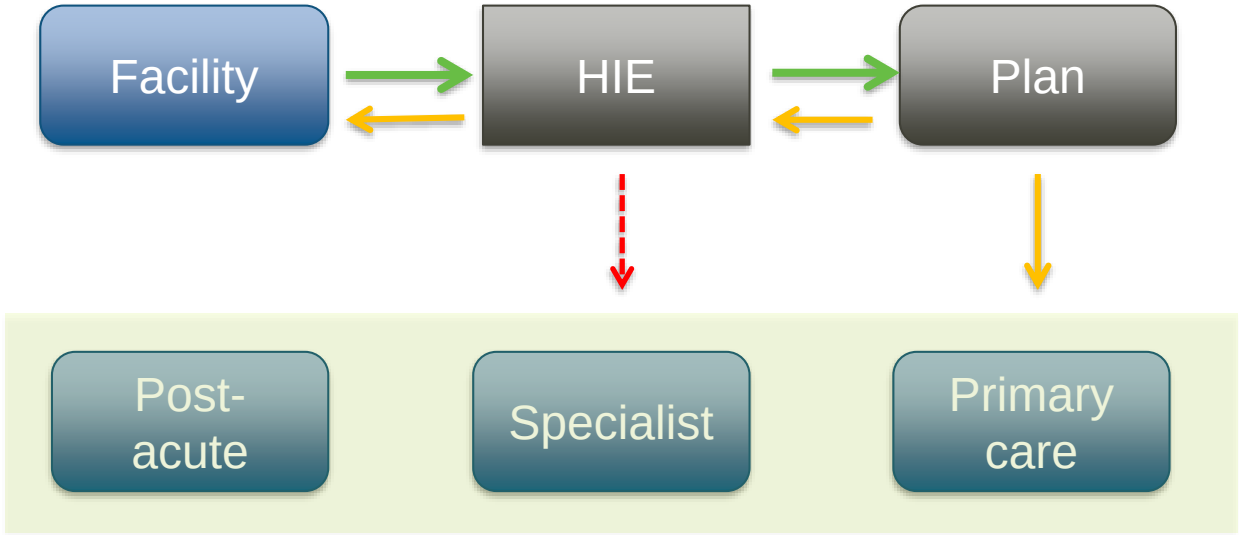
Best Practice 4 Guidance

- Offer the care team a summary of the member's clinical history that can be easily used to support the transition.
- Ensure data crosses all care sites, including the most recent facility encounter.
- Provide behavioral health and social determinants information, which can heavily factor into the transition.
- Challenge: Integrating all data sources.

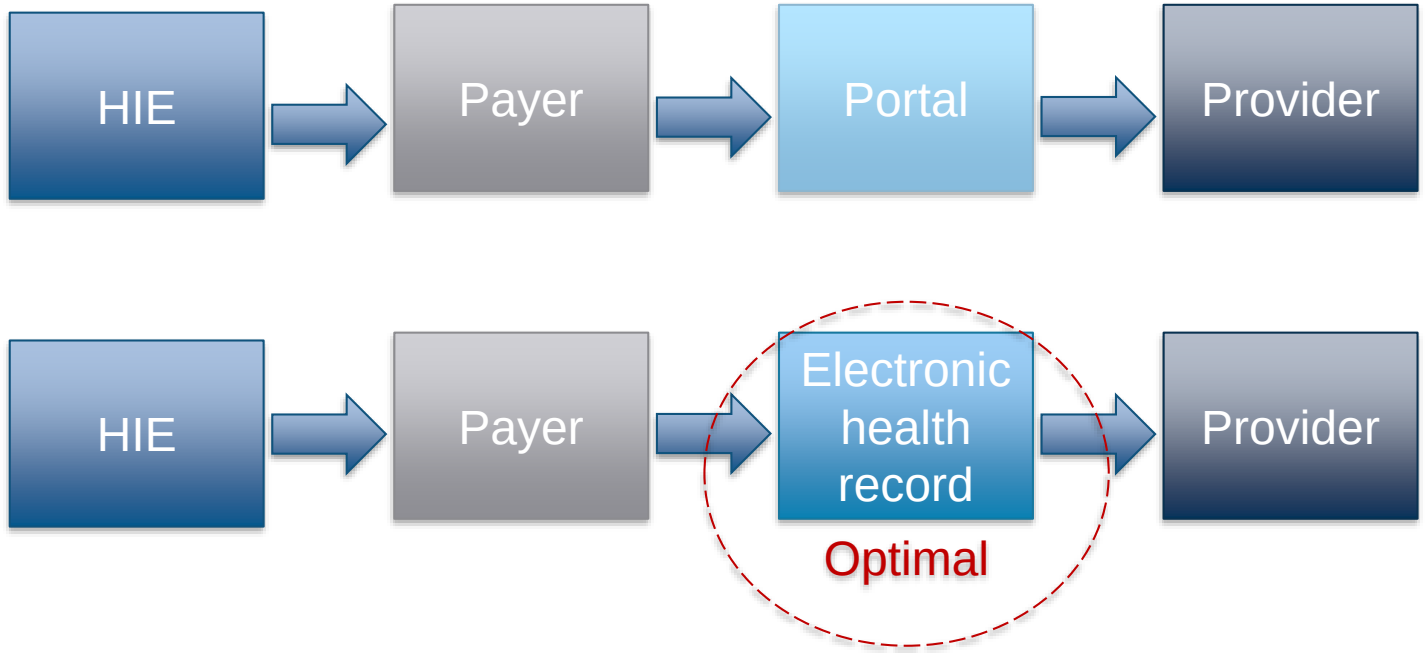
Best Practice 5: Multi-Directional Data Exchange

- HIEs tend to be uni-directional.
- Provider practices and post-acute care providers are often the last to become connected, but they are the most important recipients of information.
- Health plans need to encourage partners to connect to existing channels and, where these are inadequate, provide information through their own channels.

Typical and Ideal Information Exchange



Plan Options for Sharing Relevant Information



Best Practice 5 Guidance

- Identify the gaps in HIE coverage, with key organizations involved in the care team.
- Advocate for improvement in HIE coverage to fill gaps.
- Look at existing or new plan capabilities to share data such as portals, direct, and Fast Healthcare Interoperability Resources (FHIR).
- Challenge: Integrating data into the care team provider's electronic health record.

Benefits and Challenges

Deliver the right *information*, on the right *patient*, to the right *provider,* at the right *time*.

Best practice	Right information	Right patient	Right care manager provider	Right time
1. Real-time delivery				★
2. Analytics filters	★	★		
3. Integrated with the back end			★	
4. Comprehensive information	★			
5. Multi-directional			★	

Benefits of HIE: Aligned to Triple-Aim Goals

Improved health outcomes

- Effective coordination of care between providers.
- Integration of physical and behavioral health care into a care plan.

Better care

- 360° view of member health.
- Reduction in missed or delayed diagnoses.
- Reduction in adverse events.
- Improved health monitoring and reporting.

Reduced utilization costs

- Reduction in readmissions.
- Reduction in the frequency of ER visits.
- Prevention of duplicative or repeat tests (e.g., lab work and diagnostics).
- Reduction in the length of hospital stays.

Questions?

Contact us.

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