



Using Hospital Admission, Discharge, and Transfer Data to Coordinate Care: Lessons from Tennessee and Washington

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Questions? Email Heather Howard at heatherh@Princeton.edu.

Agenda

- **Tennessee: Care Coordination Tool**
- **Washington: *ER is for Emergencies***
- **Discussion**



**ADMISSION DISCHARGE AND
TRANSFER IN TENNESSEE**

Brooks Daverman, Director of Strategic Planning

ADTs are the most actionable real-time electronic information in health care today

ADT uses

- Increase primary care follow up from ED and inpatient visits
- Help primary care and behavioral health providers find hard-to-reach patients
- Facilitate patient education on appropriate ED use
- Increase access to patients' care history

Tennessee Providers see the benefit of ADT

- “We’ve been able to really monitor the ADT feeds and recently noticed we had a consumer that went 18 times for a hospitalization or ED visit over 90 days. That was eye opening for us.”- Andrea Westerfield, Mental Health Co-op
- “We had a patient we’d been treating since 1993 for schizophrenia. When we started receiving admission, discharge and transfer feeds from the hospitals, we discovered that she would come to our office and then immediately head to the ER for treatment of her physical health conditions. This was a real opportunity for us to improve care.” –Pam Womack, CEO, Mental Health Co-op
- “It is not uncommon for one of our patients to discharge from the hospital and not understand what the next step would be in having their condition addressed. We utilize the information from the ADT export as well as the ADT summary to help our patients stay on track post discharge [...]It is very helpful to have the name of the physician (at the hospital), and the admit diagnosis so we can link our members to resources and additional follow up appointments. We also utilize the ability to pull ADT history, to identify patterns of hospitalizations for our patients. This allows us to build supports for the member that would reduce the need for rehospitalization for a condition that can be safely and appropriately addressed here at our office.” – Victoria Allen, LifeCare

[Two minute video of Tennessee providers talking about ADT at: https://youtu.be/9Em69paklfY](https://youtu.be/9Em69paklfY)

In 2015 and 2016, MCO reps and consultants met with all Tennessee hospitals to ask them to send ADT data. This is what they heard:



Sometimes we were talking to the wrong person

TennCare and the Tennessee Hospital Association (THA) have a history of working together to solve problems. In 2017, we worked together to get agreement with all hospitals to share ADTs.



Technical expertise through Audacious Inquiry (Ai)

Priority created by THA Board (agreement to timeline)

Long-term trusting partnership

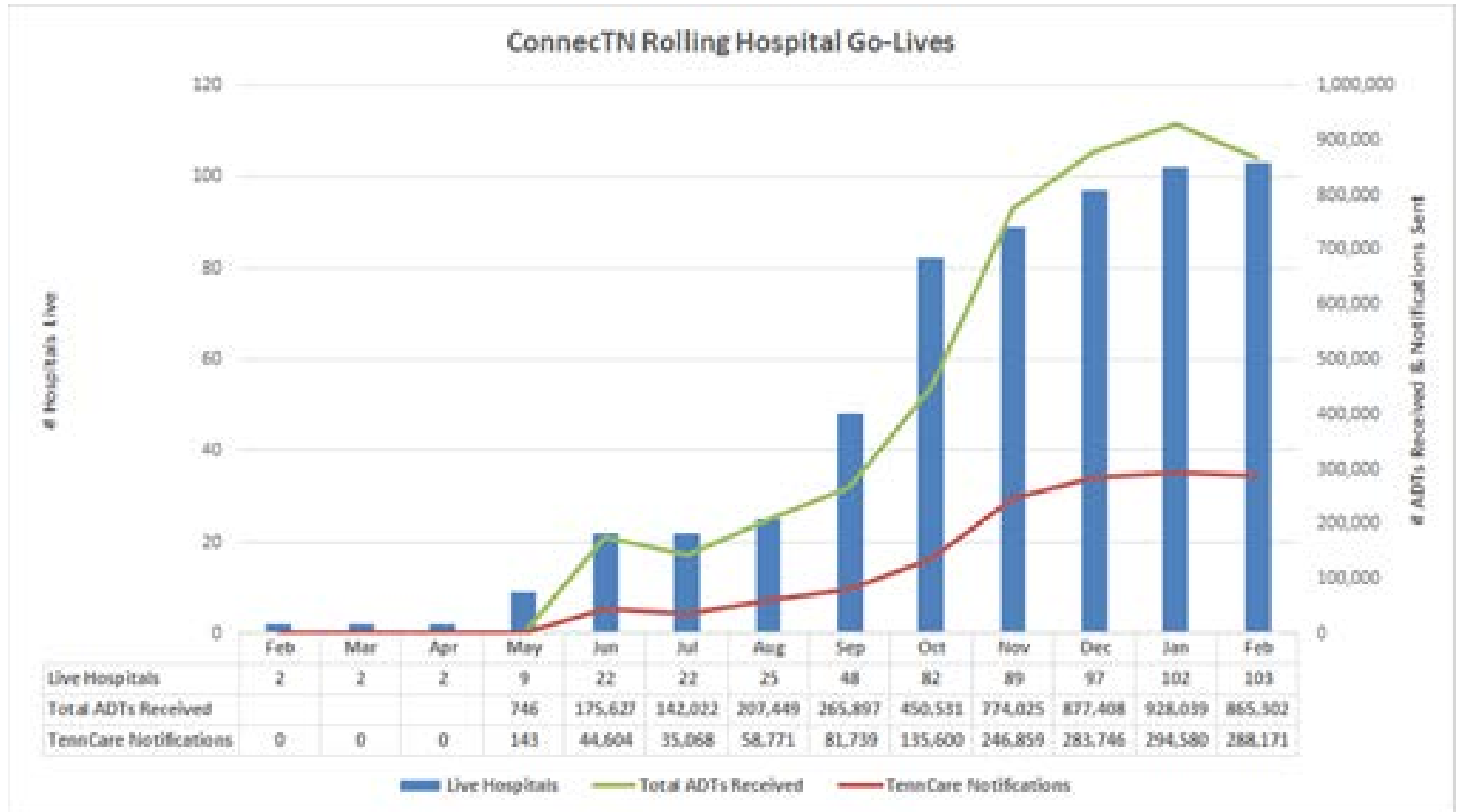
Hospitals can use data on readmission

THA was able to connect to the right person



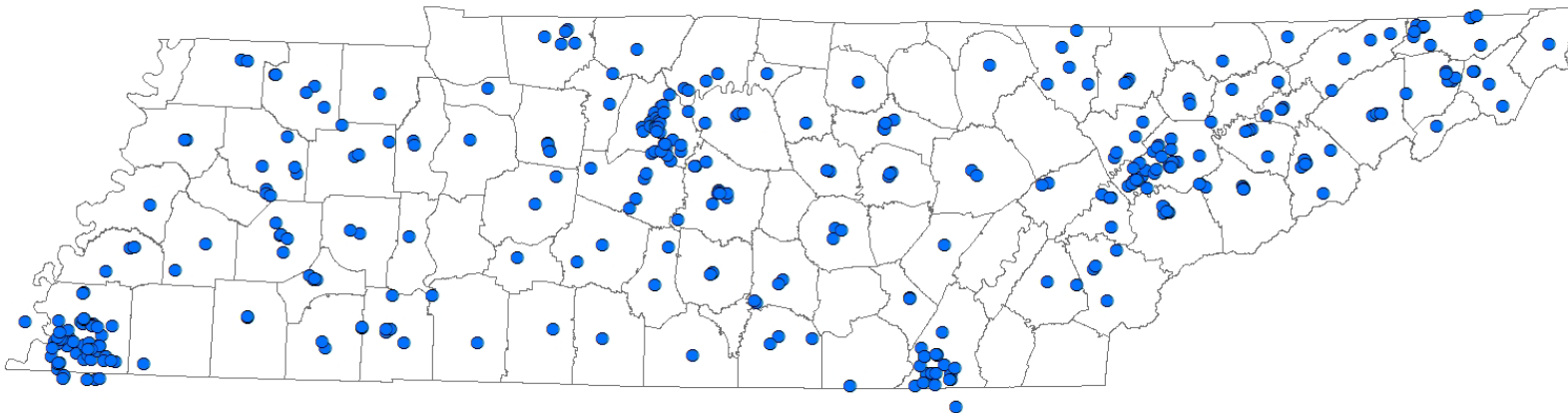
TennCare also tied hospital pool payments to submitting ADT data.

Over the past year, Tennessee has connected most hospitals in the state

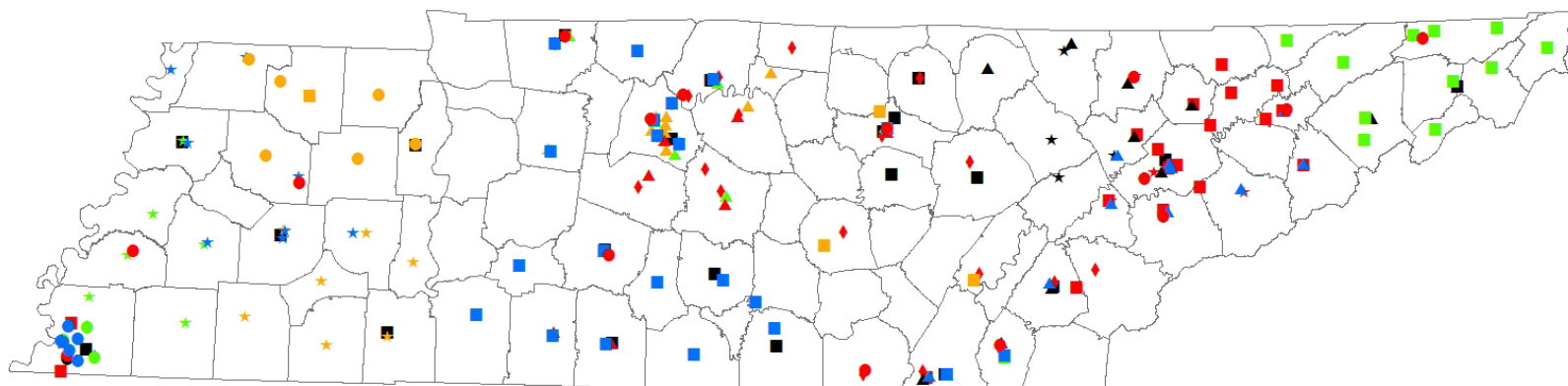


Providers receiving ADT information

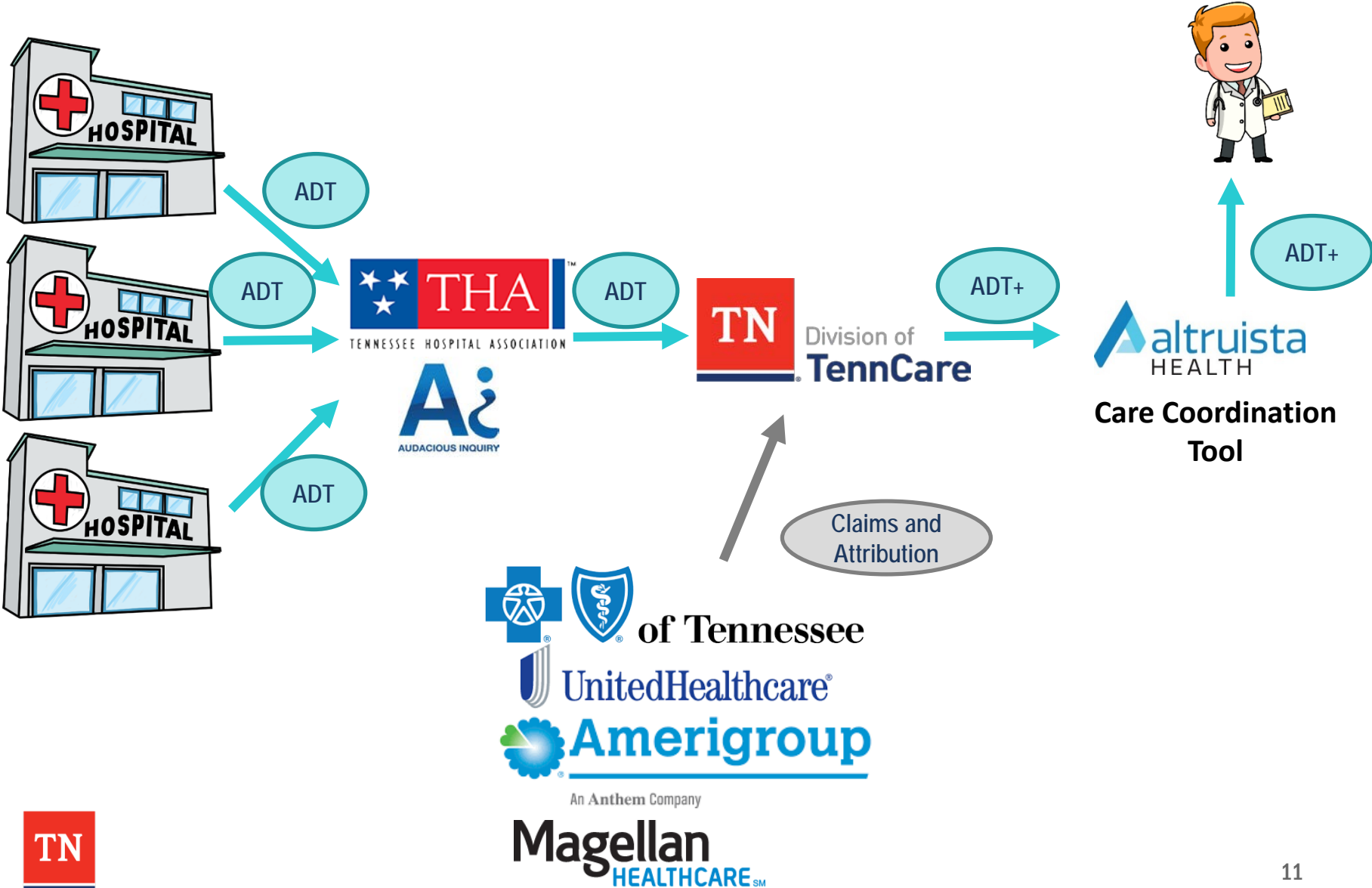
Patient-Centered Medical Home (PCMH): 67 primary care organizations caring for **450,000 TennCare members** at over **300 sites** throughout the State.



Tennessee Health Link: a health home program providing care coordination for 65,000 TennCare members with significant behavioral health needs with **22 behavioral health providers** at over **100 sites** throughout Tennessee



TennCare ADT Data Flow



Care Coordination Tool Functions

- Allows practices to view their attributed member panel
- Real time admissions, discharges, and transfers (ADT feeds) and follow-up tracking
- Patient risk scores
- Generates and displays gaps-in-care based on quality measures and tracks completion of activities
- Displays claims – including pharmacy

CCT Screenshot: Landing Page



Select

Member Accessed



Dashboard





Population

Category	Count	Details
ACTIVITIES	1	Pending Activity Request(s)
MY MEMBERS	0	New Member (Last 30 Days)
QUALITY MEASURES	0	Not Addressed
	0	In-Progress
CARE TRANSITIONS ADT	0	Member(s) with Not Addressed Status
	0	Member(s) with In-Progress Status

- My Members
- Quality Measures
- Admission/Discharges
- My Calendar
- Knowledge Library
- Requests



CCT Screenshot: ADT Tab

	Last Name	First Name	DOB	Altruista ID	Health Plan	Risk Score	Load Date	Admit Date	Facility Name	Event Type	Discharge Date
- 	EDWARDS	MARCUS	09/12/1951	32063789495	TN Select	0	09/29/2017	08/02/2017 00:00:00	Henry County Medical Center	A02 : Transfer a Patient	N/A
	Load Date	Admit Date	Facility Name	Event Type	Discharge Date	Next Activity					
	09/29/2017	08/02/2017 00:00:00	Henry County Medical Center	A01 : Admit / Visit Notification	N/A	N/A					
	09/29/2017	08/02/2017 00:00:00	Henry County Medical Center	A03 : Discharge/End Visit	08/05/2017	N/A					
	09/29/2017	07/26/2017 00:00:00	Henry County Medical Center	A01 : Admit / Visit Notification	N/A	N/A					

CCT Screenshot: ADT Detail

EMR DETAILS

EVENT A08	Event Date Time 9/1/2017 12:53:00 PM	Origin Date Time 09/01/2017	Facility of Visit Cookeville Regional Medical Center	MSG Receiving Date Time 9/1/2017 12:53:00 PM
Patient Class Emergency	Point of Care EMR	Admitting Physician ID N/A	Admitting Physician Last Name GAILMARD	Admitting Physician First Name WILLIAM
Admit Date 8/29/2017	Discharge Date 8/29/2017			

Diagnosis Codes	Diagnosis Description
K21.9	GERD WITHOUT ESOPHAGITIS

This is the actual coded diagnoses TennCare receives in the DG1 segment of the HL7. This is a diagnosis someone entered in the EMR at the time of visit.

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CCT Screenshot: Member Panels and Risk Scores

- Within the My Members tab, CCT users can:
 - View information about their attributed members for each MCO
 - View the member's risk information at a glance and stratify members by risk or disease

The screenshot displays the Altruista Health CCT interface. At the top, there is a navigation bar with the Altruista Health logo, a search bar, and utility icons. Below this is a secondary navigation bar with a home icon, a 'Member Accessed' dropdown, and an 'Alerts' bell icon.

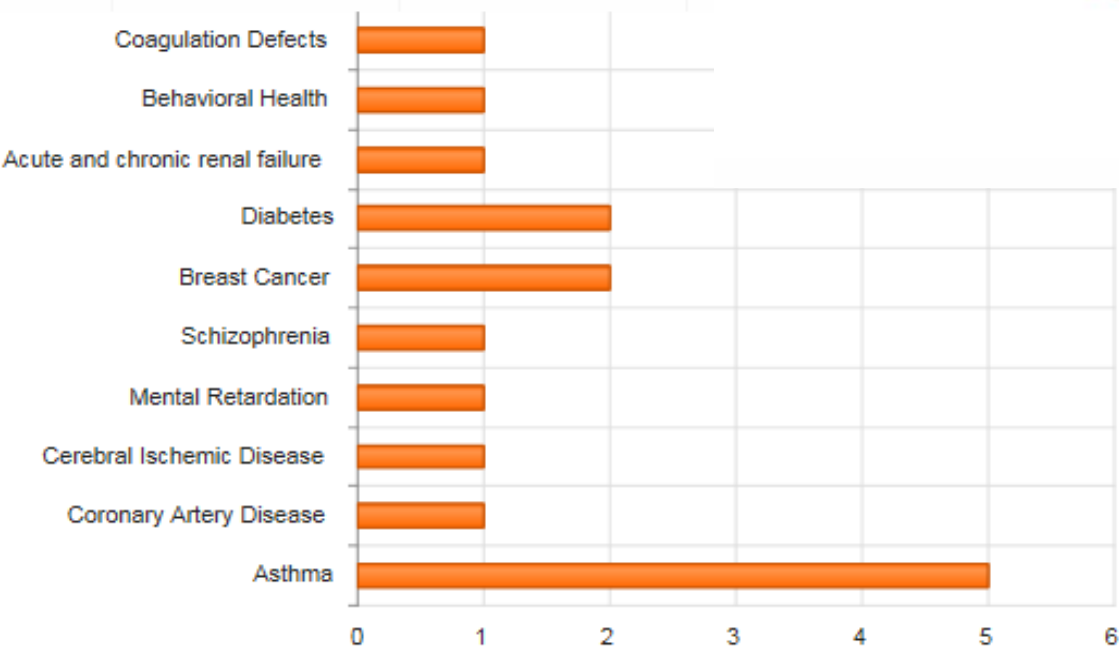
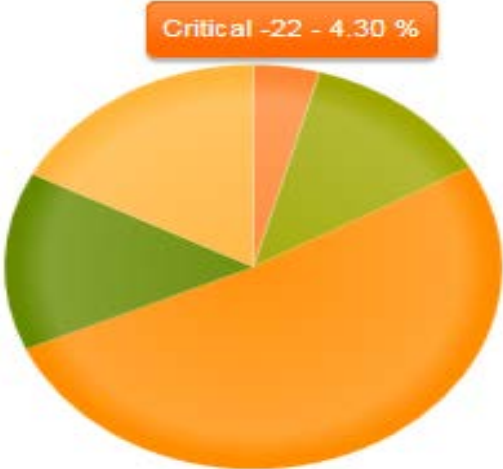
The main content area is titled 'My Members' and contains a search and filter section. The search section includes a 'Care organization' dropdown set to 'Demo Profile [12345 (TAX ID)]', an 'NPI' dropdown, a 'Health Plan' dropdown, and an 'Additional Search Parameters' dropdown. There are 'Search' and 'Reset' buttons. Below the search section is a search input field with 'Save Search', 'Save & Set As Default', and 'Clear' buttons, along with a 'Saved Search' dropdown and a 'Set as Default' checkbox.

The 'My Members' table has a filter dropdown and 'Show' and 'Save' buttons. The table columns are: Last Name, First Name, Altruista ID, DOB, Risk, Risk Score, Health Plan, THL Status, Assigned Date/Attribute Date, and SSN. A red box highlights the 'Risk' and 'Risk Score' columns for the last two rows of data.

	Last Name ▲	First Name	Altruista ID	DOB	Risk	Risk Score	Health Plan	THL Status	Assigned Date/Attribute Date	SSN
+	ABEL	RONALD	68400646974	1989-01-28	High	2.013	United	Active	07/31/2017	272996174
+	ABEL	JASON	10631778746	1968-01-07	Medium High	1.192	United	Active	07/31/2017	609598623
	ABEL	WILLIAM	07351180156	2020-03-02	Low	0	AG	Active	07/31/2017	746561473
	ABEL	SIMON	73876487079	1983-01-06	Medium High	1.505	AG	Active	07/31/2017	132790267
+	ABEL	ELIZABETH	79897097323	1982-06-01	Medium High	1.741	AG	Active	07/31/2017	983017891
	ABEL	BETTY	27919430701	2026-11-18	Low	0	AG	Active	07/31/2017	782106856
+	ANDERSON	FIONA	23494143709	2017-09-09	Low	0.513	BCBS	Active	04/16/2017	468795219
	ANDERSON	CHERYL	87925034325	1964-09-23	Low	0.217	TN Select	Active	04/16/2017	080012756

CCT Screenshot: More Population Health Tools

CCT users can easily stratify their population by risk score and by disease state.



CCT Screenshot: Gaps in Care

- CCT users can view Gaps in Care for all of their attributed members. These Gaps are closed based on weekly claims data loads and HEDIS-like rules.

Dashboard
 My Members
 Quality Measures
 Admission/Discharges
 My Calendar
 Knowledge Library
 Requests

Care organization: Demo Profile [12345 (TAX ID)] All NPI: Select

Search By: Select Health Plan: Select

Additional Search Parameters: Select **Search** **Reset**

Enter search name **Save Search** **Save & Set As Default** **Clear** Saved Search: Select Set as Default

Quality Measures

Measure Version: 2018 Quality Measure Group: Default In Progress Export Excel

Scorecard	Last Name	First Name	DOB	Altruista ID	Health Plan	RISK SCORE	SSN	Adult BMI Asses...	Antidepressant ...
100%	KIRK	THOMAS	12-10-2016	05530069819	TN Select	0.072	373361046	—	—
80%	four	test	10-11-2005	ALT8113	Altruista_Test...	0.112	SSN_1	V	—
100%	BRABSON	SHARON	01-08-1973	00721407781	United	0.195	N/A	V	V
0%	LAKE	ROBYN	07-27-2015	01351255880	United	0.072	765885288	—	—
0%	HARRIS	NANCY	11-23-2016	12607164834	BCBS	0.072	476456034	—	—
0%	TAYLOR	HERBERT	12-28-2016	49912025078	AG	0.513	267979418	—	—
0%	HARRIS	BRIAN	03-28-2016	93562101632	AG	0.072	991814917	—	—
100%	CLARKSON	BETTY	08-30-2016	56010351286	TN Select	0.072	715596988	—	—

Total Care Opportunities : 5 **0** **0**

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Thank you

Brooks.Daverman@tn.gov



ER is for Emergencies: Implementing Emergency Room Best Practices

Charissa Fotinos, MD
Deputy Chief Medical Officer
Clinical Quality and Care Transformation

Mary Fliss
Deputy for Clinical Strategy and
Operations

September 6, 2018

Background

- Some patients visiting emergency departments could be treated effectively in a less costly setting
- There are evidence-based practices that can reduce low-acuity emergency room visits, coordinate care, and save health care dollars

Creating the Partnership: Government

- In 2012, the Legislature passed House Bill 2127.
- Requires all Washington hospitals to implement seven best practices.

Creating the Partnership: Coordinated Care

- Washington State Hospital Association
- Washington State Medical Association
- Washington Chapter of the American College of Emergency Physicians
- Washington State Health Care Authority

Power of a Statewide Goal

- Standard policies in every hospital
 - No patient shopping for a different physician
- Safe Table Learning Collaboratives to share best practices
- Friendly competition towards a shared goal

Seven Best Practices

1. Track emergency department visits to avoid ED “shopping”
2. Implement patient education
3. Institute an extensive case management program
4. Reduce inappropriate ED visits by collaborative use of prompt visits to primary care physicians
5. Implement narcotic guidelines to discourage narcotic-seeking behavior
6. Track data on patients prescribed controlled substances
7. Track progress of the plan to make sure steps are working

Project Impact

- 98 hospitals now sharing emergency room information electronically
- 97 hospitals developed and use a standardized care plan format, providing consistent care no matter where a patient goes
- Expansion of care coordination efforts to all frequently utilizers, regardless of payer
- Instant notification of Primary Care Providers

Results

- Reduced ED Visits by 9.9%
- Reduced number of visits by frequent clients by 10.7%
- Reduced visits resulting in a narcotic prescription by 24%
- Reduced low-acuity visits by 14.2%
- *High utilizers can generate multiple patient care plans, collaborative decision making as to management*
 - *Top 25 utilizers of EDs in WA have 1-7 clinical care guidelines*

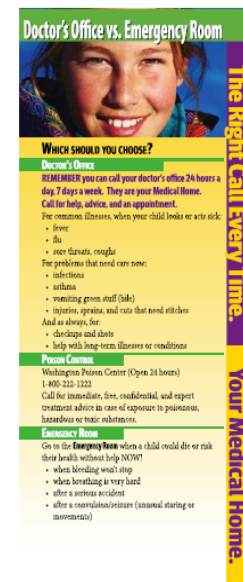
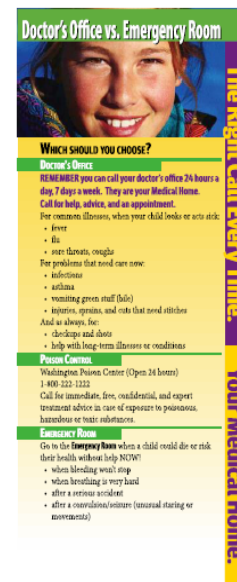
Results cont.

- Using ED metrics for non-critical access hospitals
 - ER is for Emergencies (adult and pediatric hospitals with emergency rooms only):
 - Percent of Patients with Five or More Visits to the Emergency Room at the same facility with a Care Guideline
- Using information on high risk groups/high utilizers to target interventions
- Adding claims data to enhance clinical information at the point of care

Targeted Education Campaign

ED Patient Education Pilot

- 8 WA state pediatric providers
- 50 total families
- Most common clinical problems:
 - Accidents (head injury, broken bones)
 - Ear infection/pain
 - Cough/Croup
 - Sore Throat
- Most common reasons families went to ED:
 - Felt they were in an emergency situation
 - Necessary emergency visit/referred to ED
 - Didn't know about PCP's clinic hours
- Most common times of day for ED use:
 - 6pm- 9pm
 - 9pm- midnight
 - 9am to noon



Key to Successful State Initiatives

- Evidence-based
- Measurable
- Achievable benchmark, possible for everyone to succeed with commitment and hard work
- Clear positive outcomes
- Strong partnerships

Ongoing Barriers to Care

- **Mental Health**
Among high utilizers of ER services, 80% have mental health issues
- **Access to Dental Care**
Restoration of adult dental for Medicaid Patients
- **Access to Primary Care**
Expanded medical health homes

Other Information

ER for Emergencies Data Dashboard: Go to <https://www.hca.wa.gov/about-hca/healthier-washington/data-dashboards> click on the link to AIM Data Dashboard Suite.

Charissa Fotinos, MD

Deputy Chief Medical Officer

Clinical Quality and Care Transformation

charissa.fotinos@hca.wa.gov

Tel: 360-725-9822

Mary Fliss

Deputy for Clinical Strategy and Operations

Clinical Quality and Care Transformation

Mary.Fliss@hca.wa.gov

Tel: 360-725-1810

Q&A



Thank You!

Brooks Daverman

Brooks.Daverman@tn.gov

615-532-3163

Charissa Fotinos

Charissa.Fotinos@hca.wa.gov

360-725-9822

Mary Fliss

Mary.Fliss@hca.wa.gov

360-725-1810

Dan Meuse

DMeuse@Princeton.edu

609-258-7389

www.shvs.org