6 Exchanging Data with Target Facilities

Introduction & Learning Objectives

Data Sources to Identify Patients for Episodic Care Management

Common Challenges with Data Exchange

Solutions for Improving Data Exchange

Best Practices for Data Exchange

Test Your Knowledge

Activity Instructions

Introduction & Learning Objectives

HW   **HealthTeamWorks Workforce_Development**

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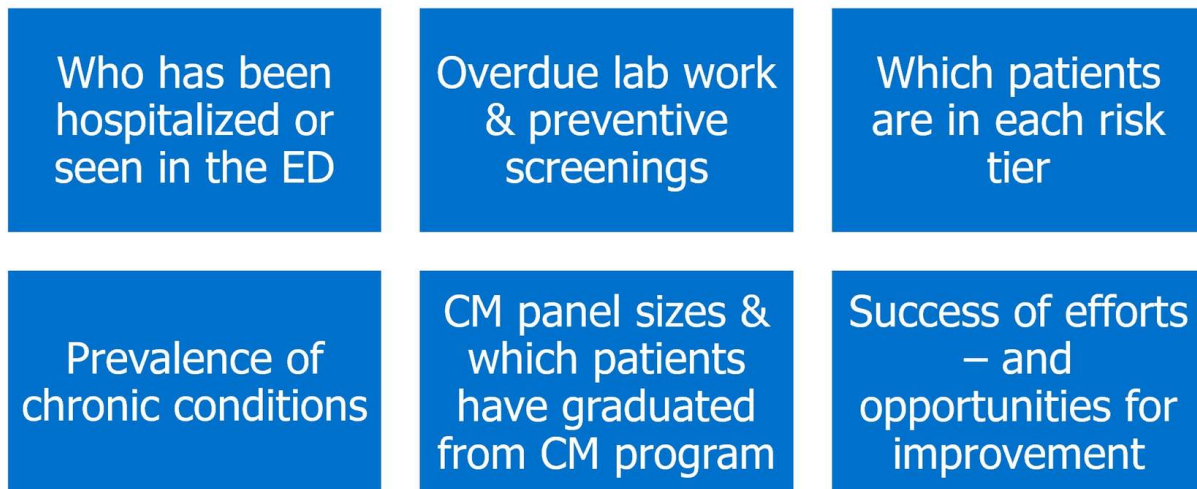

Why does data matter to a care manager?

Data can be a scary word for many. It brings up memories of statistics class or anything math related. However, data for a care manager is a large chunk of the foundation of their work. Without it, they will be shooting in the wind hoping that they're reaching the right patients and that their efforts are making a difference.

Learning Objectives

Following the completion of this course, the learner should be able to:

- Precisely recall the data sources commonly used to identify patients for Episodic Care Management.

- Easily identify common challenges and solutions to exchanging data.

- Illustrate the importance of developing collaborative relationships with care managers in target facilities through online discussion with fellow participants.

The data that we need help us to understand the following:

Who has been hospitalized or seen in the ED	Overdue lab work & preventive screenings	Which patients are in each risk tier
Prevalence of chronic conditions	CM panel sizes & which patients have graduated from CM program	Success of efforts – and opportunities for improvement

- Data tells us which patients have been to the ED in the last 24 hours. It also tells us who was admitted and discharged from the hospital. If we are lucky, we might even have data that tells us WHERE the patient was discharged to; home, skilled nursing facility, long term care facility, or home with home care.

- The data from risk stratification tells us how many patients are in each risk tier and who the sickest patients are.

- From data, we can also learn about the chronic conditions our patients have and the prevalence of those conditions in the population.

- Data tells us how many patients we are following in care management along with whether or not our targeted efforts are working so we can decide if a plan to improve needs to be created.

The point of describing these scenarios is to show that data is your friend! It's a very important piece of your work as a care manager and work becomes easier when you embrace not only the need for data but also figuring out how to GET the data you need. Once you have the data, it can be turned into actionable steps to make improvements.

Data Sources to Identify Patients for Episodic Care Management

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Health Information Exchange (HIE), Real time alerts

Portal access to facility EHR

Automated facility reports (e-fax/email)

Referral Order

For the purposes of this course, we are going to focus on the data you will need to find the patients who will benefit from episodic care management. There are other types of data that can help analyze the effectiveness of episodic care management, but they will be addressed in another course.

There are a variety of ways to identify patients for episodic care management.

- A Health Information Exchange (HIE) is very effective and timely. Some communities or regions have worked together to set up an HIE to ensure successful data exchange across facilities.

- Automated electronic methods are the most effective because they limit the potential for human error and decrease workload through automated processes.

- Some practices don't have the technology to interface with local hospitals and other target facilities. In cases like this, it will be important to establish a collaborative partnership with these target facilities where your patients are being treated. Find ways to ensure bi-directional exchange of information. It may be helpful to consider a collaborative care agreement.

- Patients who require episodic care management due to complex treatment, high-risk medication or other acute issues may be referred to the care manager from within the practice. For these cases, it's helpful to have an established referral process that is routed through the EHR.

Common Challenges with Data Exchange

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There are several common challenges care managers and practices experience with data exchange. One of the most common issues reported is the timeliness of data. Some practices report receiving hospital and ED discharge information weeks, or even months after the hospitalization or ED event has taken place. In order to provide effective episodic care management, the care manager needs to receive data in a timely manner, ideally at the time of discharge, but definitely within 24-hours of discharge. Research has shown that delayed transitional care results in higher readmissions, visits to the ED, and even adverse safety events (AHRQ Project Red). Lack of timeliness can occur due to many different factors. If this is something that your practice is dealing with, you will need to identify the root cause of the issue, in order to be able to fix the problem.

Many care managers have reported that it's difficult to reliably obtain discharge information because the practice does not have sufficient technology to exchange data effectively. This often results in patching together manual-based processes that rely on human factors – which can easily be disrupted by staff turnover or illness. For example, a solo practice site with limited money to put toward health IT is not able to interface with the local hospital EHR. They have established a process with a staff person in the medical records department at the hospital where that individual manually faxes patient discharges to the practice. When this person at the facility is sick and takes off work – or worse, leaves their position – the process can easily fall apart.

Another challenge that can disrupt data exchange is if the facility is unable to identify who the patient's PCP is or if they have incorrect information about the PCP. Even a solid HIE can't solve what might otherwise seem like a very minor detail.

The last challenge to talk about is how much data should be shared. You need enough data to act upon the information and at the same time, you don't want so much information that it's difficult to determine what's important, and then you spend too much time wading through irrelevant information.

Next, we will take a look at some ways that you can work to resolve these challenges, so you have some tools in your pocket.

Solutions for Improving Data Exchange

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Issue: Timeliness of Data

There can be many different issues that contribute to the lack of timeliness of data. Some possible solutions include:

- Conduct a root cause analysis to identify the reason for the issue.

- Engage or establish a Quality Improvement (QI) team to address the issue.

- Establish real-time alerts for admission/discharge.

- Consider presenting data to practice leadership such as:

  - Evidence about the importance of timeliness of care and the unintended consequences when care transitions are not managed.
  - Specific information about the lack of timeliness of receipt of data from facilities (e.g., do a study for two weeks keeping track of each patient that was seen in the hospital/ED and document how many days post discharge the information was received).

Issue: Insufficient Technology

If insufficient technology is an issue that your practice is facing, this will also require engagement with your practice leadership to find effective solutions. Some practices, especially independent practices, simply do not have the financial resources to participate in a community-wide HIE, or to purchase costly interfaces with hospital EHR. Creative solutions will need to be identified! Some ways that other practices have tackled this challenge include:

- Engaging practice leadership and brainstorm solutions.

- Partnering with other independent practice sites or facilitators to improve technology with shared resources.

- Join a Physician Hospital Organization (PHO) or Independent Practice Association (IPA) in the community. Often a PHO will offer reduced rates for this technology.

- Seek grant funding for the practice.

Issue: Staff Turnover

Staff turnover can be devastating to established processes like data exchange, especially when it's an entirely manual process. Bear in mind that manual processes are not ideal for exchanging data. That said, a manual process may be necessary until your practice is able to invest in the necessary IT infrastructure. So if you are using a manual process, these are some possible solutions that can smooth out the process and ensure you receive the data needed:

- Partner with another facility to develop a collaborative care agreement, building into the agreement what each party is responsible for.

- As part of the agreement, each party should designate a particular role within the organization that will bear responsibility for the data exchange.

- Test or PDSA the process over time, to ensure that it's working for both parties.

Issue: Facility unable to identify the patient's PCP

Sometimes all of the best Health IT is in place, and you still don't receive notification for some of your patients. This could be due to the simple issue of the facility not knowing the correct PCP. Sometimes patients forget the name of their PCP or maybe they don't recognize the importance of giving correct information to the hospital. Or perhaps they've even arrived at the hospital in crisis and cannot think clearly.

- One solution is to develop a new patient onboarding process, thereby ensuring that patients have this education up front. As part of this education, explain the importance of knowing WHO your PCP is, and communicating the name of the PCP to the treating facility. Explain the WHY behind knowing who your PCP is because people respond to understanding the why, and are more apt to follow instructions if they understand why something is important.

- For patients that have been established in the practice already, consider doing a campaign to educate patients on the importance of knowing and communicating WHO their PCP is when they're being treated anywhere within the healthcare system.

- Another successful strategy is to provide your patients with the business card of their PCP to keep in their wallet. That way, they always have the information on hand.

Issue: How much data to share

The last issue to discuss around exchanging data is how much information should be shared? There's a fine line between "just enough" information to be effective in your work as a care manager, and "too much" information. It's easy to get caught up in the sheer volume of information and become inefficient in our work. It's important to figure out what information you need to be most effective and communicate that to the facilities you're collaborating with.

- Meet with the care team in your practice to find out what they need to be effective.

- Share this with your target facilities and see if you can establish a process to receive the information needed.

- It's important to remember that this is a partnership, and the target facilities will benefit from information from primary care as well.

- Find out what information they need, and establish a way to provide this to them.

Best Practices for Data Exchange

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Ultimately, it's up to the partner organizations to determine the best method of working together. Some methods that practices have used include:

- A daily TARGETED and BRIEF morning phone huddle to discuss admissions and discharges. At this time, pertinent social data can be shared, as well as medication information and discharge plan.

    - If daily is too frequent, consider a Monday/Wednesday/Friday schedule.

    - Or once a week, supplemented by electronic communication.

    - If a phone huddle is too much, a process for messaging through a portal can be established, or a 1:1 phone call between care managers to discuss key details of the case.

    - Another helpful thing to consider is for the ambulatory care manager to be available for a care conference on complex patients in the hospital. Often times, the primary care manager's input is extremely helpful in these circumstances.

- Determine together a standard timeframe for receiving notification from the hospital/ED. The ideal would be within 24 hours.

- Identify the minimum data needed. This includes identifying information, discharge diagnosis, treatment plan, and discharge disposition.

- Partner with care managers in the inpatient facilities where your patients are treated and find an effective process that works for both facilities to ensure continuity of care.

No matter what you decide, be mindful of the ask. Keep in mind that there may be other primary care practices making a similar request for collaboration. Be mindful of the time it takes, and work to establish methods that are respectful of everyone's time.

Test Your Knowledge

What are the MOST common data sources utilized in ECM? (Choose all that apply.)

- [ ] Automated reports from facilities such as labs or ED

- [ ] Patient stories

- [ ] Health Information Exchange (HIE)

- [ ] Care team huddle notes

What are examples of challenges that exist in data exchange between facilities? (Choose all that apply.)

- [ ] Data is not received in a timely manner.

- [ ] There can be so much information that you don't know what to share or analyze.

- [ ] There are no data exchange challenges.

- [ ] The facility (ED, lab) does not know who the patient's PCP is.

Examples of solutions to the challenge of timeliness of data receipt include: (Choose all that apply.)

☐ Involve practice leadership in helping to solve data challenges.

☐ Call the facility that you want to receive data from twice a day until you receive it.

☐ Conduct a root cause analysis to determine why there are challenges.

☐ Establish real-time alerts when data is received.

Why are collaborative relationships with other facilities important? (Choose all that apply.)

☐ Ensure a bi-directional flow of information regarding patient care.

☐ Care transitions are often more successful.

☐ Practices don't need relationships. They can do a better job taking care of patients independent from other facilities.

☐ Facilities can develop shared goals to improve the care of common patients.

What does data help us to understand?

○ Who has been hospitalized

○ Who is in each risk tier

○ What labwork is overdue

○ All are correct

Activity Instructions

Practical application of what you are learning helps with skill development and retention. We have created an activity that will guide you in that type of application.

☐   Visit https://www.healthteamworks.org/resource/essentials-care-management-activities-and-resources.

☐   Find and download the activity assigned for this course.

☐   Complete the activity. You are encouraged to work with your team to complete the activity.

☐   Email the completed activity to caremanagement_nachc@healthteamworks.org.

☐   Make sure to add the Course Activity Title you are submitting and your full name to the Subject Line of your email.

☐   You will receive feedback on your completed assignments.