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306  Bridging the Interoperability Gap Between Referring Physicians and Post-Acute Care Providers
The Interoperability Gap
What post-acute providers need to know

Meet Nick Knowlton

Nick Knowlton is the Vice President of Strategic Initiatives for Brightree. He leads the company’s interoperability initiatives and partnership development, amongst other areas.

Nick brings more than 20 years of business experience to Brightree across sales, marketing, product and strategy roles for technology and health information technology businesses. Prior to joining Brightree, Nick ran strategic initiatives for Greenway Health, a market leader in the physician practice EHR space.

Nick is extremely active in the post-acute industry -- he is the vice-chair of the board of directors of CommonWell Health Alliance and is on the board of HCTAA and PDHCA, which are affiliates of NAHC.

Nick has a Bachelor of Science degree with a major in Biochemistry from the University of Notre Dame.
The Interoperability Gap: What Post-Acute Providers Need to Know

New research reveals a significant gap between what referring providers want and what post-acute care providers are prepared to deliver when it comes to interoperability.

Post-acute provider organizations who mind the gap and embrace true interoperability will increase their odds of successfully navigating the new value-based care economy and creating lasting and successful relationships with referral sources.

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Key findings

- A staggering **60% of referring physicians say they would switch to a new post-acute care provider** if that organization was able to accept electronic referrals and interoperate with them effectively.
- **70% of home health and hospice organizations** report having experienced an increase in the number of referral sources requesting referral data to be sent electronically over the past 1-2 years.
- Archaic processes like faxing orders and calling for additional documentation are still rampant among many post-acute care providers. In fact,
  - **36% of home health and hospice organizations still use the fax machine to receive referrals**
  - **20% report that phone calls are their primary means of referral receipt**
  - **4% use interoperability through technology like an EHR system**

Top frustrations among referring providers with post-acute organizations that do not accept electronic referrals

- **Phone tag / phone calls**
- **Inability to see how my patients are progressing**
- **Don’t take all payers for those patients referred**
- **Can’t perform initial service in acceptable timeframe**
- **Other**
5 practical steps to bridge the gap

Step 1 –
Move towards a common definition of true interoperability across care settings
1 – Move towards a common definition of true interoperability

- Most resonating definition among both referring entities and post-acute organizations was:
  - “The ability of different info technology systems and software applications to communicate, exchange data and use the information that has been exchanged.” (HIMSS definition)

- True interoperability is not just technical specifications
  - Interoperability requires engagement of multiple stakeholders
  - Interoperability ≠ integrations

- In an ideal scenario, the data flows from the referring provider’s EHR system directly into a patient record on the post-acute care provider’s EHR system, so there is no need for duplicate data entry and less risk of human error or lost orders.
  - Unfortunately, 92% of organizations reported that they were not able to automatically populate their EHR systems with data and documentation

NOTE: PDFs that lock data in a document and require rekeying into another system is hardly usable and not considered true interoperability

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eReferrals through direct secure messaging

[Image of eReferrals through direct secure messaging]
Step 1 – Crossing care settings

**Strategy in action:** Start the conversation with your referral partners with the most common application of interoperability – electronic referrals

**Case study snapshot**

**Problem:** Post-acute provider was approached by their ACO wanting to exchange electronically.

**Solution:** Adopted eReferral through EHR and educated other referral sources directly.

**Results:** Referral source they thought would never get on board is currently their highest user through eReferrals via direct secure messaging and impressed with the ease of process and access - creating a competitive advantage in the market.

Step 2 –
Investigate the maturity of your EHR’s interoperability capabilities
2 – Investigate the maturity of your EHR’s interoperability capabilities

- To remain competitive and meet the growing demands of referral partners, EHR vendors must provide the proper platform for seamless flow of data and documentation between your business and your referral sources’ business
- The Office of the National Coordinator (ONC) is proposing to increase the standards, such as the API standard called Fast Healthcare Interoperability Resources (FHIR) that EHR vendors must be able to support going forward
- When asked if their EHR currently accepted electronic referrals, 52% said no, even though many of the vendors they reported using do offer some sort of interoperability
- Another 13% of responders stated they did not know if their EHR vendor support electronic referrals
- Post-acute providers must thoroughly inspect the capabilities of their vendor and ensure it is a good fit due to the rising importance in attracting and retaining referral sources
- The emergence of PDGM amplifies the need for interoperability now and for the future

Non-federal acute care hospitals that electronically exchanged clinical information with ambulatory care providers or hospitals outside their organization: 2008-2015

SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement.
Step 2 – Evaluate your situation

**Strategy in action:** Start an open dialogue with your EHR vendor

**Case study snapshot**

**Problem:** Post-acute provider was on an inadequate system for growth, poor interoperability capabilities and high clinician turnover

**Solution:** Put clinicians in the driver’s seat of evaluating new systems - exceptional implementation process, industry-leading interoperability, including access to CommonWell and Carequality and easy-to-use POC app

**Results:**

- 77% of caregivers felt the technology supported them
- 58% of staff found starting easy
- 74% of caregivers report that they’ve learned a lot of new tech knowledge
- 51.1% saw less FTE hours
- 54.4% saw less claims errors
- 42% saw fewer schedule errors

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Step 3 –
Evaluate the financial implications of your interoperability strategy
3 – Evaluate the financial implications of your interoperability strategy

- The lack of interoperability strategies and technologies among post-acute care providers and their referral partners contribute to:
  - High care delivery costs
  - Patients falling through the cracks
  - Unnecessary readmissions
  - Draining profit margins due to lack of automation and manual processes/labor
- As PDPM and PDGM payment systems take effect, it will become even more critical for post-acute organizations to know more about the patients coming into their care
- With truly interoperable systems that are connected to nationwide networks (such as CommonWell Health Alliance and Carequality), provider organizations can query for more complete patient histories, including important items such as co-morbidities, recent hospitalizations, and past home-health episodes of care

Get connected
Example of connected care through CW/CeQ

- 170 million different patient encounters
- for 63 million unique individuals
- with over 110 million documents shared via the CW/CeQ network as of August.

Step 3 – Evaluate your financial position

**Strategy in action:** Evaluate your patient and referral source mixes to assess benefits

**Lessons learned:**
- **PDGM preparation** – NAHC PDGM Roadshow discussions shed light on the importance of interoperability
- **Market trend** – Increase in hospice organizations adding palliative care

“Even with great relationships with your referral sources, obtaining all of the necessary information on intake can be very difficult. Patient-centric interoperability has the ability to improve care from day-one, enhance clinician satisfaction, save time through automation and strengthen referral relationships.”

- Tarrah Lowry, CEO, Sangre de Cristo Home Health, Hospice & Palliative Care
Step 4 – Leverage your interoperability strategy to differentiate your business

4 – Leverage your interoperability strategy to differentiate your business

- The survey indicated that other than providing the best patient outcomes, referring providers agree that “being easy to do business with” was the second most important attribute of a post-acute care referral partner.
- Being able to accept patient data and physician documentation electronically into your system and being able to share important patient progress notes directly with the referring physician can be a big differentiator for your organization.
- Not only does it make your organization easier to do business with, it also enables you to participate as a valuable player in the emerging at-risk payment models, like bundled payments.
- The data collected in the post-acute care setting can be easily pushed back to the preferred partner’s system for more thorough and easy tracking and reporting.
Step 4 – Stay competitive and relevant

**Strategy in action:** Share lessons learned and opportunities for interoperability with referral sources

Case study snapshot

**Problem:** Post-acute provider not receiving as much engagement as initially hoped from referral sources via interoperability

**Solution:** Provider went to referral sources directly and educated them on the process and what was available, so that it became mutually beneficial for both parties

**Results:** Currently exchanging documents via CommonWell/Carequality and receiving referrals and communicating with referral sources via direct secure messaging.

Step 5 – Stay informed with the organizations creating and enforcing standards in all care settings
5 – Stay informed with the organizations that are creating and enforcing the standards in all care settings

- CMS and ONC are taking major steps to ensure both healthcare providers and the vendors who serve them are enabling greater sharing of patient data. They simultaneously released proposed rules on February 11, 2019, designed to promote greater interoperability for the healthcare industry and patient access to their health information.
  - The CMS “Interoperability and Patient Access” proposed rule outlines the technical path to greater care coordination and health information exchange requirements via open application programming interfaces (APIs) that must be enabled by all major stakeholders.
  - The ONC proposed rule is focused mainly on the vendors who supply the systems healthcare providers use. By updating the provision in the 2017 21st Century Cures Act, the ONC is setting new IT standards by which systems must collect and share information. For example, the rule formally adopts FHIR by which all systems must be able to write to maintain their certification (CEHRT).
- Talk with your EHR vendor to find out their level of involvement with these and other similar national organizations and evaluate your opportunities to participate in betas and test groups with your EHR for interoperability releases.
- By staying informed and engaged in the developments of these rules, you can make sure that your organization is properly represented and that the unique complexities of post-acute care services are well understood by policy makers and legislators.

Step 5 – Engage with partners and associations

**Strategy in action:** Discuss with your EHR vendor how they are positioning and defining their roadmap in light of rule changes.

**Lessons learned:**

- **HCTAA** – recommendation of Board for providers to engage with EHR vendors in PDGM preparation
- Questions for discussion with your EHR:
  - How are these evolutions impacting your technology strategy
  - What opportunities to get engaged are available?

“We’re participating in CommonWell Health Alliance network and have started accepting referrals for patients. We were a part of the beta for this initiative and like being part of those early adopter programs and providing feedback and testing.”

- Michael Bell, Vice President of Data Integration & Project Management for ViaQuest
In closing

- Post-acute is already playing catch-up to acute and ambulatory partners when it comes to embracing true interoperability

- Following the steps to close the Interoperability Gap will move you from mere survival to success in today’s value-based economy

Today’s Panel

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