HOUSEKEEPING ITEMS

- Please enter your AUDIO PIN
- To communicate with speakers, please use the “chat” function;
- Ask questions at any time.
- Webcast will be recorded.
TODAY’S AGENDA/SPEAKERS

- Overview of EDIE/PreManage in Oregon
  - Susan Kirchoff, Oregon Health Leadership Council

- Care Guidelines New Features and Functionality
  - Ryan Grimmett, Collective Medical Technology

- Use of Care Guidelines--Success Stories
  - Codi Eicher, St Charles Medical Center
  - Anamaria Clemons, Peace Health
Overview of EDIE/PreManage in Oregon
Susan Kirchoff, Oregon Health Leadership Council
EMERGENCY DEPARTMENT INFORMATION EXCHANGE (EDIE)

- Real-Time ED and IP ADT Information Exchange
- Notifies on High Utilizer/Complex Needs Patients
- Improves Communication and Care Coordination
- First Info Exchange Across all WA/OR Hospitals
- Proactive, Concise, Actionable Data at Point of Care
- Push Technology - Notices/Alerts Within Care Provider Workflow
  - Anticipates provider needs (no need to look up a patient)
WHY EDIE?

• High cost of ED utilization, including high utilizers
• Medicaid expansion with reliance on ED as primary care
• Coordinated care management among hospitals, health plans, CCOs, physicians
• Hospital Transformation fund performance metric with CMS
• OHA Information Technology priority for hospital ED notification
• Builds "utility" for more focused, future opportunities
WHAT IS PREMANAGE?

- Complementary product for health plans, clinics, group practices, etc.
- Expands real-time notifications to medical groups, CCO’s, health plans, care managers, social workers etc. to better manage their patients.
- Enables health plans and providers to pull hospital notifications in real-time from a member/patient eligibility list.
- Notifications available: ED Visits, Inpatient Admission, Discharge & Transfers (ADT)
- Creates ability to coordinate care across the community
RESULTS TO DATE

EDIE

- 57 of 59 hospitals in Oregon are receiving EDIE notifications—remaining two organizations complete by July
- ED providers/care managers report notifications are very helpful, particularly when a care guideline is included
- EHR Integration of care guidelines in development

PreManage

- Several CCO’s, Health Plans and Provider groups have adopted PreManage
- Demand is increasing as organizations are learning of benefits to care coordination
OREGON HEALTH LEADERSHIP COUNCIL ROLE

- Act as fiscal sponsor EDIE Utility
- In partnership with OAHHS, provide meaningful aggregated data reports to hospitals and other key stakeholders to enable cross organizational quality improvement initiatives aimed at reducing ED utilization
- Identify and spread innovative practices and promote the optimal use of EDIE and PreManage tools
EDIE CARE GUIDELINES

- Widespread adoption and meaningful use of care guidelines has been identified as the most important priority by the EDIE Governance Committee.
- Cross organizational care coordination is seen as the best opportunity to improve the quality of care and reduce unnecessary ED utilization.
- Focus is on high utilizing patients (five visits in 12 months).
CARE GUIDELINE DEMONSTRATION

Collective Medical Technology
Ryan Grimmett
Codi Eicher
St. Charles Health System
Bend, OR
Patient #1

35 year old female with multiple ED visits for pain related complaints reporting pending pain management appointment at each visit. Oregon Prescription Drug Monitoring Portal (OPDMP) found patient to have over 55 prescribers for narcotics.

Detailed Care Guidelines (CGLs) were entered along with OPDMP findings, as well as documented conversations with local pain management specialists stating they had already seen the patient would not see the patient, and no future appointments were to be scheduled.

Following the CGL and ED provider conversation with patient regarding their findings, there was a period of over 6 months with no known utilization. The only visits since implementation of the CHL were related to a Post-Traumatic Stress flair for which the patient did not ask for, nor was she given narcotics. Overall this patient had a 47% decrease in her ED usage once the CGLs were implemented.
Patient #2

27 year old male, developmentally delayed with cerebral palsy, ranked as a high utilizer with our health system since approximately 2010. SCHS began providing additional care coordination support and he was assigned to a Community Health Worker.

Prior to EDIE we had our own version of CGLs but they had limitations, particularly with provider visibility and ability to easily update. EDIE allows for CGL updates to easily be made at any time and is guaranteed to print when the patient registers at any of our facilities.

Continued care coordination efforts and a very comprehensive CGL with extensive and thoughtful clinic input has been a much needed tool for ED providers in the treatment of this patient. See Example

A comparison from the same period of time June 2013 – June 2014 and June 2014 - June 2015 this patient had a 29% decrease in overall ED use and he recently had his first six month period with no new utilization since 2010!
Anamaria Clemons
Peace Health Medical System
Eugene Oregon
Care Planners – What Do They Do?

- Find/verify PCPs and other providers, counselors, etc.
- Notifications letters to PCP, providers
- Enter plans of care and expectations
- Link pain/medication contracts from outside sources
- Education for proper use of ED / urgent care / PCP
- Referrals for SDS, Medicaid, APS and community health workers
- Coordinate in home health, transportation, hospice, equipment (O2)
- Reminders for high risks (meds / conditions / behaviors / etc.)
- Assistance for coordination for people with no resources or ability (e.g. homeless with no phone)
Local Success

• 59 yo woman
• History of ICH, multiple pain related complaints, seizures, and more
• 19 visits in 2014
• EDIE flagged and care management addressed
• Coordinated with VA, connected with care mgmt, and PCP
• No visits since December
Local Success

• 57 yo male
• Poorly controlled DM, medication non-compliance, pain, and mental health issues with depression and SI
• 24 visits in 2014 with multiple admissions
• Homeless and living in a tent
• Care planned and received medical respite care and coordination
• 1 visit since November 14
Local Success

- Quicker identification
- 45 yo male with ETOH abuse and multiple hospitalizations
- 7 ED visits in 2 months with a few inpatient stays
- Care planning set up with foster home, with parental coordination.
- No visits in past 3 months since care coordination
EDIE Structure at PeaceHealth

- Standardization across all 4 campuses in our network (SHMC at RiverBend, SHMC University District, Cottage Grove Community Hospital, PeaceHarbor)

- Monthly meetings with Emergency Dept Leadership, Care Management, Administration (review metrics, share information, share examples)

- Meetings twice/month with Care Management front line and leadership (review cases and problem solve, share successes and processes that work: e.g. pain contract processes, share new information)
QUESTIONS?
THANK YOU

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Oregon Association
of Hospitals and Health Systems

www.oahhs.org