Long-Term & Post-Acute Care: Interoperability & Health Information Technology

February 23, 2016 | Robin Settle, Partner
Topics of Discussion

› Current Trends
› Drivers
› Sharing Patient Information Across the Continuum of Care
› Vendor Marketplace
› Benefits
› What’s Next?
Current Trends
Current Trends

› Increasing momentum in the implementation of health information technology (HIT) in long-term care facilities; however:
  – Slow to implement HIT
  – Administrative/operational vs. clinical
  – Incentives and regulatory changes needed to drive adoption

› Acute care providers encouraging interoperability supported by meaningful use for transitions of care
Current Trends (continued)

Technology Trends
› Cloud-based software market expanding
› Security tools required for protecting data
› Some standards established but not all

Consumer Demands (even in an aging population)
› Personal Health Record usage
› Patient portal dependence
› Self-scheduling
› Remote patient monitoring tools expanding
› Mobile device usage and affordability

Provider Demands
› Health Information Exchange
› Telemedicine market
› Mobility
› Ease of billing

Sources:
http://www.healthcareitnews.com/blog/2016-predictions-health-it
Drivers
Drivers for EHR Adoption

Numerous forces are impelling providers to develop and execute a record-keeping and connectivity strategy

<table>
<thead>
<tr>
<th>Business/Clinical Drivers</th>
<th>Regulatory Drivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>› Business growth due to aging population</td>
<td>› Meaningful Use Stage 2 and Stage 3</td>
</tr>
<tr>
<td>› Payment model shifts</td>
<td>› Value-Based Purchasing</td>
</tr>
<tr>
<td>› Population health management</td>
<td>› Acute care readmission penalties</td>
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<tr>
<td>› Resident/patient/family expectations</td>
<td>› Bundled care payment initiative</td>
</tr>
</tbody>
</table>

Resulting in a variety of provider responses

› Implementing EHRs to facilitate compliance with new regulations
› Meaningful use and value-based care models require cross-continuum relationships
› Acute care providers implementing more interoperability and connect type offerings
Significant Regulatory Changes

- HIPAA
- Meaningful Use
- ICD-10 Planning
- ICD-10 Go Live & Support
- IMPACT Act of 2014 Reporting
- SNF VBP Program Starts
Accreditation and Regulatory Changes

Accreditation & regulatory changes focus on care coordination between settings

› Health Information Technology for Economic and Clinical Health (HITECH) Act
  – Financial assistance to outreach programs, including State Health Information Exchanges (State HIE)
    – Not LTPAC
  – LTPAC providers identified three priorities for meaningful use:
    – Person-centric longitudinal care plans
    – Transitions of care
    – Federally required patient assessments

› Hospital Readmissions Reduction Program encourages hospitals to coordinate care with LTPAC providers
Other Regulatory Drivers

› Improving Medicare Post-Acute Transformation (IMPACT) Act of 2014
› Value-Based Purchasing
› Growth of Accountable Care Organizations (ACOs) as a result of the Medicare Shared Savings Program (MSSP)
› Bundled Payments for Care Improvement (BPCI) Initiative
Sharing Patient Information Across the Continuum of Care
Sharing Patient Information Across the Continuum of Care
Sharing Patient Information Across the Continuum Influenced by Affiliation

**Single Integrated System**
- One Patient
- One Record
- One Health System

**Multiple Interoperable Systems**
- Patient Accounting
- Professional Billing
- Ambulatory Clinicals
- Specialty Clinicals
- Emergency Department
- Long-Term & Post Acute
- Ancillary Depts

Best-of-Breed

Integrated EHR

Connected Community
Sharing Patient Information Across the Continuum Influenced by Affiliation
Importance of Data Integration

› A foundational step for clinically integrated networks
› Vendors without ability to integrate will be displaced
Challenges

Internal Challenges

› Significant capital expenditure required:
  – Infrastructure
  – No federal incentives
  – Skilled staff and leadership with IT

› Workflow changes required

External Challenges

› Slow and uneven vendor development

› Priority has been on acute care

› Focus on creating and transmitting federally required assessments for payment and quality reporting

› Misinterpretation of HIPAA around data sharing
Current State of Adoption

Post-Acute Care Providers Technology Adoption

Info systems, technology, and patient data exchanges

26% are MINIMAL or UNDERUTILIZED

63% are NON-EXISTENT or EXTREMELY POOR

Need for Technical Help

16% of POST-ACUTE CARE PROVIDERS reported that they are NOT CAPABLE of developing or implementing strategies to SUCCEED with INFORMATION TECHNOLOGY SOLUTIONS, EVEN IF THEY HAD EXTERNAL SUPPORT.

Source: Findings from the 2014 State of the Healthcare Information Exchange Industry
Current State of Adoption (continued)

Budget Disparities

Funds budgeted for 2014 technology projects

- **8%** for SINGLE/STANDALONE NURSING HOMES
- **84%** for LARGE SNF/POST-ACUTE CARE PROVIDERS
Future Outlook

If POST-ACUTE CARE PROVIDERS do not invest in Health Care Technology (HIT), Data Exchanges, and Analytics/Reporting Software...

49% expect **TO BE ACQUIRED** by a **MORE TECHNOLOGICALLY SUPERIOR ORGANIZATION/CORPORATION** in 2015
21% foresee **BANKRUPTCY, DISSOLUTION, or CLOSED SERVICES** ahead
Case Study: NJSHINE
Reduces LOS by .5 day in acute care hospitals
Vendor Marketplace
EHR Marketplace Status – Acute Care

Consolidating to a group of dominant vendors
Increasing support of long term and rehabilitative care

Focus
› Patient–centric
› Enterprise clinical and revenue cycle solutions
› Health information exchange and analytics

Scope
› Clinical enterprise/health system
› Affiliated physician and patients/families

Functional Emphasis
› Process/workflow automation to improve quality/efficiency/effectiveness
› Automated information capture and delivery
› Evidenced-based protocols
› Proactive, “intelligent” alerts
› Analytics to support performance improvement, quality, population health
› Personalization based on user needs/practice
› Integration of multi-media and biomedical devices
› Supplemental solutions needed for data mining/advanced analytics
Two Market Leaders: Cerner and Epic

2015 KLAS Rankings - Enterprise EHR Vendors
Hospitals Over 200 Beds

### Acute Care EMR

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Score</th>
<th>Trend</th>
<th>Confidence Level</th>
</tr>
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<tbody>
<tr>
<td>Epic Resolute Hospital Billing</td>
<td>89.9</td>
<td>+2%</td>
<td>✅</td>
</tr>
<tr>
<td>GE Healthcare Centricity Business (Hospital)</td>
<td>80.1</td>
<td>+5%</td>
<td>✅</td>
</tr>
<tr>
<td>MEDITECH C/S Patient Accounting</td>
<td>75.5</td>
<td>0%</td>
<td>✅</td>
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<tr>
<td>Cerner Patient Accounting</td>
<td>67.8</td>
<td>+2%</td>
<td>✅</td>
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<tr>
<td>Cerner Soarian Financials (Siemens)</td>
<td>67.3</td>
<td>+1%</td>
<td>✅</td>
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<tr>
<td>McKesson Paragon Financials</td>
<td>66.0</td>
<td>-4%</td>
<td>✅</td>
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<tr>
<td>Allscripts Sunrise Patient Financials</td>
<td>61.9</td>
<td>-10%</td>
<td>✅</td>
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<tr>
<td>McKesson Paragon Clinicals</td>
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<td>Cerner Millennium PowerChart</td>
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<td>Allscripts Sunrise Clinical Manager</td>
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### Patient Accounting and Patient Management

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<tr>
<td>Epic EpicCare Inpatient EMR</td>
<td>90.1</td>
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<td>Cerner Millennium PowerChart</td>
<td>78.6</td>
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<td>✅</td>
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<tr>
<td>Allscripts Sunrise Clinical Manager</td>
<td>74.0</td>
<td>-2%</td>
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<tr>
<td>MEDITECH Enterprise Medical Record 6.x</td>
<td>70.6</td>
<td>+5%</td>
<td>✅</td>
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<tr>
<td>McKesson Paragon Clinicals</td>
<td>57.2</td>
<td>-3%</td>
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Two Market Leaders: Cerner and Epic (continued)

### 2015 KLAS Rankings - Enterprise EHR Vendors

#### Community

<table>
<thead>
<tr>
<th></th>
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<td>Cerner Mill. PowerChart/CommunityWorks Clinicals</td>
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<tr>
<td>Evident Patient Care/Clincials (CPSI)</td>
<td>72.7</td>
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<td>Healthland Centrix Financials</td>
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<td>Quadramed Affinity Financials</td>
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<tr>
<td>Cerner Mill. PowerChart/CommunityWorks Clinicals</td>
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<tr>
<td>MEDITECH C/S Patient Accounting</td>
<td>75.9</td>
<td>-1%</td>
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<td>McKesson Paragon Financials</td>
<td>73.3</td>
<td>+2%</td>
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<td>Healthland Centrix Clinicals</td>
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<tr>
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LTPAC EHR Marketplace Status

› Highly volatile market, vendors come and go, merge and get acquired
› Wide range in product prices
  – Inexpensive: minimal processing capability, focus on information access
  – Moderate: Increased functionality, lacks clinical decision support, interfacing capabilities and customization
  – Medium ("EHR-Lite"): third party hosted, less flexible
  – Expensive: Increased functionality, interoperability, flexibility

http://www.leadingage.org/EHR_Whitepaper.aspx
Long-Term Care IT Functionality

Out of 60 Long-Term Care EHR Vendors Reviewed

At least 1/3 have functionality in three major categories

- **Patient Care**: 100%
- **Billing**: 68%
- **Analytics/Reports**: 53%

Vendor does not identify functionality as software feature
Long Term Care – Other IT Functionality Available

Patient Care

Billing

Referral Management

Accounting

Analytics/Reports

Interoperability

Cloud

Nutrition

Payroll

Resident Finances

Facility Management

Quality

Human Resources

Mobile
## Vendor Rankings:

### Long-Term/Post-Acute Care EMRs

<table>
<thead>
<tr>
<th>Vendor</th>
<th>KLAS Ranking 2015/2016(^1) LTC EMR Vendor Ranking</th>
<th>Black Book Ranking (2015)(^2) Long Term Care EHR</th>
</tr>
</thead>
<tbody>
<tr>
<td>PointClickCare</td>
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<tr>
<td>MatrixCare</td>
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<td>2</td>
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<tr>
<td>HealthMEDX</td>
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<tr>
<td>American HealthTech</td>
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<tr>
<td>NTT Data NetSolutions</td>
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<td>-</td>
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<tr>
<td>AOD Software</td>
<td>6</td>
<td>5</td>
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<tr>
<td>CareVoyant</td>
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<td>3</td>
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<tr>
<td>Optimus EMR</td>
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<tr>
<td>McKesson</td>
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<td>Allscripts</td>
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<tr>
<td>Cerner Corp.</td>
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<td>9</td>
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<tr>
<td>Epic Systems</td>
<td>-</td>
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Source:

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Home Health IT Functionality

Out of **59** Home Health EHR Vendors Reviewed

Over **50%** have functionality in four major categories

- **100%** Patient Care
- **86%** Billing
- **78%** Analytics/Reports
- **73%** Scheduling

Vendor does not identify functionality as software feature
Home Health – Other IT Functionality Available

Scheduling
Visit Verification
Payroll
Billing
Portal
Messaging

Patient Care
Analytics/Reports
Compliance
Mobile
Cloud
Accounting
Referral Management
Human Resources
## Vendor Rankings:
### Home Health/Homecare EMRs

<table>
<thead>
<tr>
<th>Vendor</th>
<th>KLAS Ranking 2014&lt;sup&gt;1&lt;/sup&gt; Homecare</th>
<th>Black Book Ranking (2015)&lt;sup&gt;2&lt;/sup&gt; Home Health EHR</th>
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<tr>
<td>Thornberry NDoc</td>
<td>1</td>
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<td>Kinnser</td>
<td>2</td>
<td>4</td>
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<tr>
<td>Epic Systems</td>
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<tr>
<td>Homecare Homebase</td>
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<td>Delta</td>
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<td>HealthWyse</td>
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<td>McKesson</td>
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<td>Brightree Home Health</td>
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<td>Medistar Home Health</td>
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<td>NEXTGEN</td>
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<td>Medsys</td>
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<td>Stratis</td>
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<td>Vident</td>
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<tr>
<td>CureMD</td>
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# Comparison of Large EHR Vendors and Niche Vendors

<table>
<thead>
<tr>
<th>Large EHR Vendors</th>
<th>Niche Vendors</th>
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</thead>
<tbody>
<tr>
<td><strong>Advantages</strong></td>
<td><strong>Advantages</strong></td>
</tr>
<tr>
<td>› Vendor stability with responsive support</td>
<td>› Deep understanding of the industry</td>
</tr>
<tr>
<td>› Integrated with System EHR</td>
<td>› Industry-specific functionality</td>
</tr>
<tr>
<td>› Accommodate regulation changes quicker</td>
<td>› User friendly</td>
</tr>
<tr>
<td><strong>Disadvantages</strong></td>
<td><strong>Disadvantages</strong></td>
</tr>
<tr>
<td>› Functions not tailored to LTPAC</td>
<td>› Weaker customer service</td>
</tr>
<tr>
<td>› Overly complex</td>
<td>› Vendor stability</td>
</tr>
<tr>
<td>› Steep learning curve</td>
<td>› Delays supporting newer technology</td>
</tr>
</tbody>
</table>
# Expected Benefits of an EHR in LTPAC

<table>
<thead>
<tr>
<th>Patient Benefits</th>
<th>Provider Benefits</th>
<th>Industry Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourages care coordination and effective transitions of care</td>
<td>Supports quality and regulatory reporting</td>
<td>Provides comparative data</td>
</tr>
<tr>
<td>Helps reduce re-hospitalization and emergency department visits</td>
<td>Provides a sustainable technical environment</td>
<td>Facilitates best practices definitions</td>
</tr>
<tr>
<td>Provides patients with electronic access to their records</td>
<td>Supports expanding and evolving requirements</td>
<td>Hastens improvements in the delivery of quality healthcare</td>
</tr>
<tr>
<td>Supports management of chronic illnesses</td>
<td>Helps reduce duplication of services</td>
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</table>
What Will the Future Hold?

› Health care consumers will demand:
  – Access to patient information throughout the continuum
  – Seamless care among providers
  – Integration between engagement opportunities and patient records

› Providers will demand:
  – Integrated EMR across the continuum
  – Streamlined patient placement

› Payors will demand:
  – Efficient sharing of information across the continuum of care
Technology Considerations for Successful House Call Programs

James H. Collins, President
Home Centered Care Institute

Health Dimensions Group
National Summit
February 23, 2016
Presentation Lenses

• Home Centered Care
• Regulatory and Market Trends
• Data
• Community Network
• Communication Platform
Home Centered Care Institute (HCCI)

**HCCI Mission Statement**
To improve the accessibility and quality of care available to complex patients and their caregivers and reduce overall health care cost by advancing the practice of Home Centered Care.

**Technology Mission Statement**
To develop and demonstrate a model program that will coordinate responsive, effective and efficient home centered care services to appropriate populations whose principles and core processes can be replicated nationally.
Home Centered Care

Home Centered Care

Social Services/Non-Medical Support

Broadened Clinical Care

Home Care Physicians
Health Care Demand
Health Spending Is Very Highly Concentrated Among the Highest Spenders

Top 1% of spenders account for 23% of spending

Top 5% of spenders account for 50% of spending

NIHM Foundation analysis of data from the 2012 Medical Expenditure Panel Survey.
Regulatory and Market Trends
Medicare Announced January 2015

By 2016
- 30% FFS tied to alternate payment models

By 2016
- 85% FFS tied to quality or value

By end of 2016
- 30% of Medicare payments tied to quality or value through alternative payment models (e.g., ACOs, medical homes, bundled payment arrangements)

By end of 2018
- 50% of Medicare payments tied to quality or value through alternative payment models
Market Observations

• Massive pricing failure is the biggest factor in out-of-control healthcare costs. Price correlates with value; it is often inversely correlated in healthcare.

• Primary care has been massively undermined in this country. IBM studied the impact of their annual $2 billion spend on health benefits around the world. The results were conclusive—the countries where there were the most robust primary care models delivered the greatest value.

• Despite selling lots of “disease management” and “wellness” programs, there is little evidence these programs have made a meaningful dent in the explosion of chronic conditions.

• The secret of health plans is that higher care costs have, counterintuitively, led to greater profits for the plans. Rethink plan design to be optimized for the fee-for-value era.

• Health insurers are getting disintermediated.
Market Observations (continued)

• It’s critical to fix the process before applying technology. Unfortunately, healthcare is riddled with technology being thrown on top of fundamentally flawed processes in hope that it will improve things—often it makes them worse.

• The so-called “death of primary care” has actually been more of a resurrection. The reason health systems have gobbled up primary care docs is they use them as loss-leading referral machines to high-margin producers, tests and consultations.

• Direct primary care (DPC) models remove insurance bureaucracy from the payment for primary care.

• DPC represents a microcosm of how healthcare’s future would unfold. Non-value-add middlemen get cut out. Economic power and technology requirements also shift, specifically with value-based primary care.

• Administrative burden shifting Plan to Provider, per Deloitte & Touche.
Independence at Home Demonstration

• **Focuses on the highest cost Medicare beneficiaries** (10% of Medicare beneficiaries with ≥ 5 chronic conditions account for two-thirds of Medicare spending)
  – ≥ 2 chronic conditions
  – Emergent hospitalization in past year + post acute care services
  – Functional dependence (≥ 2 ADL deficiencies) and frailty

• **Holds IAH provider organizations strictly accountable for three performance standards**
  – Minimum savings of 5%
  – Good outcomes commensurate with the beneficiary’s condition
  – Patient/caregiver satisfaction
Independence at Home Demonstration (continued)

- Savings beyond 5% are split 80%/20% with Medicare thereby creating an incentive for greater savings and generating revenue that can be invested in new mobile technologies that generate further savings such as decisional support, point-of-service diagnostic testing, and portable therapeutic devices.
Independence at Home Medicare Demonstration

• Started as a standalone piece of legislation
• Incorporated into the ACA and included as a Demonstration Project; Authorized by Sec. 3024 of ACA
• Started in June of 2012
• Includes 15 programs (including several with multiple locations)
• 10,000 beneficiary target
• Demonstration scheduled to end 5/31/15; to continue needs 100% approved by Senate and House
  – April 23 Senate passes 100%
  – June 4 House Ways and Means passes 100%
  – House vote passes 100%
Independence at Home Medicare Demonstration (continued)

• 3-year Medicare house call demonstration starting 2012 involving 17 practices caring for over 8,000 Medicare beneficiaries

• CMS released first year results 6/18/15 (AP Article: 296 media outlets picked it up)
  • Overall $25 million dollar savings in year one; average $3,070 savings per beneficiary
  • Reduced 30-day hospital readmissions and emergency department use
  • High quality care including hospital follow-up and medication reconciliation within 48 hours, high percentage of advance directives, high patient and family satisfaction
  • Year two results expected to anticipate even greater savings
Regulatory Trends: Meaningful Use

CMS administrator Andy Slavitt’s following announcement at the J.P. Morgan Healthcare Conference on January 11, 2016, gave some insight into the future of the meaningful use program.

“...the Meaningful Use program as it has existed, will now be effectively over and replaced with something better.”
Regulatory Trends: Meaningful Use (continued)

• Details are to be announced over the next several months but the focus will include:
  – Rewarding providers for patient outcomes, not use of technology;
  – Customizing goals for provider’s practice, user-centered and supporting, not distracting, physician;
  – Requiring open APIs to get data in and out of EHR securely; and
  – Focusing on interoperability and engaging patients in their care.

• 5 biggest challenges to successful EHR interoperability:
  – Insufficiencies in health data standards;
  – Variation in state privacy rules;
  – Accurately matching patient’s health records;
  – Costs associated with interoperability; and
  – Need for governance and trust among entities such as agreements to facilitate sharing information.
Data

• Volume thresholds
• Market saturation
• EMR
  – Network types
    • All on one platform (EPIC, etc.)
    • Unrelated with two-way interface
      – Expensive and slow
    • Read-only with communications platform
    • Variable or fixed cost?

• **Single patient record** – common denominator
• Capture, analyze, report
Data (continued)

- **Performance Metrics: Quality, Practice Management**
  - Practice
    - Visits by provider
    - Panel: New patients and turnover
    - Referral sources
      - New patient
      - Downstream
    - Track business plan assumptions to actual
    - Patient satisfaction

- External Quality Measures: prior to and post house call program
  - Number of inpatient admissions
  - Number of readmissions within 30 days
  - Number of ED visits
Data (continued)

- Contact with beneficiaries within 48 hours upon admission to the hospital, and discharge from the hospital and/or ED
- Medication reconciliation in the home
- Patient preferences documented in medical record
- SNF LOS
Community Network

- Standalone subsidy
- Affiliate
  - Health system (IDN)
  - Community providers
    - House call
    - Home health
    - Palliative
    - Hospice
    - Hospital
    - SNF
    - Behavioral/Social
    - Caregivers/Family

- Communication platform
- Formal infrastructure
- Risk, shared savings contracts
  - Volume incentive
    - Visit, RVU, Hybrid
  - Trend: FFS → Outcomes

- Patient and provider consents
Communication Platform: Scope and Functionality

HCCI Software is a secure web-based communication solution, centered around Homebound patients, their families and their caregivers by providing an integrated platform to exchange and track clinical visits and social interactions.

- Securely provides access to clinical patient data from various EMRs
- Quickly track in-home visits and view clinical notes
- Communicate across multiple care teams, including the family
- Role- and privilege-based portals creates a complete and holistic view of the patient’s care
- Offers a social outlet for homebound patients and their families
- 24/7 access to certified clinicians
Communication Platform

Home Bound Patients
- Frail, Elderly
- 5+ Chronic Diseases
- 2+ ADLs
- Disabled

Payor/ACO

HCCI
- Data Exchange
- Communication Platform
- Care Navigation
- Aggregated Patient Information
- Analytics
- Code Coordination
- Training & Education

Provider Network
- House Call Physician
- Skilled Nursing Facility
- Home Health
- Behavioral Health
- Hospital
- Social Services
- Private Duty Care
- Transportation
- Ancillary Services
- Pharmacy
- Hospice/ Palliative Care

Data Exchange
HCCI
Aggregated Patient Information
Care Navigation
Communication Platform
Provider Network
Payment/ACO
Training &Education
Analytics
Code Coordination

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Communication Platform (continued)
Communication Platform: Communication Portals

- **Patient Portal:**
  - Provides patients with the ability to stay in touch with family members and clinicians
  - View appropriate health information from multiple sources in one location
  - View family photos and messages
  - 24/7 access to the Triage Call Center

- **Family Portal:**
  - Provides patient approved family members with the ability to stay in touch with the patient and clinicians
  - View appropriate health information from multiple sources in one location
  - Monitor patient medications and set up medication alerts for the patient
  - Send photos and messages to the patient

- **Provider Portal:**
  - Compiled patient records in single location
  - One Click - Visit Communications: provides provider name, date time and brief overview of visit
  - EMR Visit Summary: view exported visit summaries from other providers and care givers
  - Allows clinicians to send secure patient centric messages to other networked clinicians

- **Triage Call Center Portal:**
  - 24/7 communication between patients, families and provider with a certified clinician
  - Triage and route information throughout the patient network

- **Admin Portal:**
  - Role and privilege based
  - Adds support to all Portals
  - Access to set up and maintain users, patients, providers and staff
  - Access to set up and maintain networks and agencies/organizations

- **In-Home Patient Monitor:**
  - Social outlet for the patient: view and download shared photos and personal messages send from families
  - Medications alerts and patient reminders
  - 24/7 access to certified clinicians
  - Access to the Patient Portal
Home Centered Care Institute
Presentation Lenses

• Home Centered Care
• Regulatory and Market Trends
• Data
• Community Network
• Communication Platform

Thank You!