Strategies for Optimizing Care Coordination Across an ACO

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Conflict of Interest

Joel Vengco
Has no real or apparent conflicts of interest to report.
Agenda

I. Learning objectives
II. About Baystate Health System & HIE
III. ACO Objectives
IV. Care Coordination Challenges in an ACO Model
V. Transforming Clinical Communication
VI. Connecting Clinicians and Patients
VII. Mobile Apping the Pager
VIII. How to think: Identify Key Workflows
IX. How to execute: Strategies for Deployment
X. Summary of actions
XI. Summary of benefits
Learning Objectives

• Assess most prevalent communications and care coordination challenges across continuum of care

• Develop strategy for establishing multi-site communication as cornerstone of connected clinical team

• Analyze policy, process, and technology options to meet care coordination needs based on interoperability and ease-of-use for providers

• Formulate specific key performance indicators to measure the value of these care coordination strategies
About Baystate Health

• Large, multi-site health system serving over 850K patients throughout Western Massachusetts

• Services include an academic medical center, community hospitals, medical practices, home care, and hospice and more

• Operates the Pioneer Valley Information Exchange (PVIX) enabling one patient one record for Western Massachusetts

• Operates a commercial health plan, Health New England

• Designated as a Next Gen ACO
ACO’s Are On The Rise...

Is Your Facility Part of an ACO?

*Source: Ponemon Institute Report on Economic Impact of IT on Healthcare*
Key ACO Principles

ACO Principles

- Coordinated Care
- Meaningful Performance Measures
- Aligned Incentives
What Coordinated Care Looks Like

ACCOUNTABLE CARE ORGANIZATION (ACO)

- Patient Activation
- Post-Acute Alignment
- Disease Management Programs
- Population Health Analytics
- Payer Partners
- Primary Care Physicians
- Hospital
- Specialists
Common Technology Tools for ACO’s

What Are the Most Important Tools to Achieve Effective Communications Among ACO Participants?

- Web portal: 65%
- Encrypted email: 44%
- Electronic medical record: 56%
- Secure text messaging: 61%
- Health Information Exchanges (HIE): 11%
- Social media: 5%
- Other: 0%

*Source: Ponemon Institute Report on Economic Impact of IT on Healthcare*
Common Care Coordination Challenges

• Communication across multiple hospitals and facilities is needed to improve care but difficult without a standard system

• Clinicians are highly mobile, carrying smartphones and tablets

• Paging and other outdated communications delay delivery of patient care and are becoming less reliable

• Doctors and Nurses have the ability to communicate and text each other about patients, but this causes a risk for HIPAA compliance
Top 3 Objectives for Investing in Clinical Mobility

- 58% Improving quality of care
- 50% Increasing staff efficiency and productivity
- 40% Patient Safety

Source: IDC Health Insights' *Clinical Mobility Buyer Behavior Study 2012*
Baystate’s Strategy for Connecting Clinicians and Patients

• Implemented PVIX Regional health information exchange (HIE) to drive quality patient-centered healthcare through interoperability

• PVIX Focuses on:
  – One Patient, One Record
  – Provider to Provider Collaboration
  – Provider to Patient Collaboration
  – Analytics to members
PVIX HIE Structure and Value Added Services

- Collaboration
- Exchange
- Outreach
- Orders/Results
- Population Stratification
- Vaccines/Immunizations
- Alerts
- Care Management
- Utilization Surveillance
- Patient Portal
- eVisit
- SafeHealth
- eVisit Collaboration

[Map showing various locations such as North Adams, Holyoke, Emerson, Newburyport, Beverly, South Shore, Sturdy, Boston Medical Center, Cape Cod Health, and others.]
Texting by Clinician Request

• 61% of physicians say they have a difficult time accessing colleagues and specialists
• Over 92% of physicians text unsecurely for patient care
• Members of our Pioneer Valley ACO requested a provider directory for texting on consults, referrals, and other collaboration
• PVIX became the vehicle for providing Secure Texting as a “community utility”
• PVIX is the core platform for collaboration, it became the vehicle for Secure Texting
PVIX Secure Messaging

- HIPAA compliant solution for clinical/Patient Health communications
- Send patient full names, room numbers, and even photos related to patient care
- Communicate with providers from multiple organizations in the same conversation
- Clinicians won’t lose messages
  - The application continues to attempt delivery until the message is successfully received by all recipients
- Intuitive Mobile, Web and Desktop apps
- Powered by Imprivata Cortext
Challenges

• Landing a Use Case for texting…but is there only one?
• Privacy or segmentation between organizations’ directories
• Adoption…”yet another IT thing?”…”I’ll get inundated”
• Utilization…”did you respond?”
• Personal vs business phone use

• Mitigation for challenges:
  – Physician Champions
  – Policies for Use and for Responding
Future Features For Texting

• Connecting PVIX Data with Secure Texting
  – Links to CCD
  – Image exchange
  – Confirmation of eReferrals
  – Alerts to subscription

• Patient Texting:
  – To providers (e.g., picture of wounds)
  – To clinical services
“Mobile Apping” the Pager

• Mobile secure texting segues into Pager replacement
• Paging in acute care is disruptive
• Study shows 68.3% of pages to On-Call Residents are not urgent and 65% of those interrupt important patient care activities*
• Paging detracts from clinical workflow
• Introduces alarm fatigue
• Negatively effects care quality and patient safety

Sample Workflow: Paging vs. Secure Messaging

**Paging**

1. PCP needs consult from specialist
2. PCP calls specialist’s answering service
3. Answering service pages specialist
4. Specialist receives page
5. Specialist calls back answering service
6. Specialist calls back PCP
7. PCP is with patient and misses call from specialist
8. PCP calls back specialist when available

**Secure Messaging**

1. PCP needs consult from specialist
2. PCP searches for specialist in Cortext
3. PCP sends Cortext to specialist
4. Specialist responds or calls back directly

Average time: 15 min
Secure Communication Workflows

• Labor & Delivery – Alerting on-call physicians for patients in labor
• Physician consults
• Wound Care for Home Health Nurses & Skilled Nursing Facilities
• Admission, Discharge & Transfer Coordination
• Case Management – Real-time collaboration
• Home Infusion – Real time updates on patient for techs
• Transfers/Referrals – advance notifications of chronically ill patient admissions/transfers

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Paging & Secure Messaging Integration

- Providers set personal preference on which devices they want to receive messages on:
  - SMS, Pager, Cortext, Voicemail
- Providers set status to indicate availability
- Any provider within Baystate community can visit Baystate homepage and page or message a provider. Messages are delivered via preferences set by physicians.
Strategies for Setting Policies & Best Practices

• BYOD Policy & Device Policy
• Secure Texting Policy for physicians and nurses
  • Physicians use Personal Devices
  • Nurses use corporate-owned devices and desktop
• Archiving, Auditing & Reporting
• Directory Design & Enablement
How to Execute: Best Practices for Deployment

• Rollout to a combination of power user and enthusiastic novice users
• Rollout by communications group or workgroup
• Meet clinicians where they are:
  - Clinical staff meetings
  - Shift change meetings
  - Lunch and break rooms
• Promote the availability of the solution via email, posters, and word of mouth
• Integrate with existing systems
VII. Summary of thoughts and actions

• Consider all key stakeholders in ACO experience

• Redesign workflows

• Consider all related systems

• Rollout in an enticing format
Summary of benefits

Saves physicians, nurses and other care providers valuable time

Reduces delays in patient care and notifications (i.e. appointment confirmations, lab results)

Improves Patient Safety & Care

Improves Patient Satisfaction & HCAHPS Scores
Thank you

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