


Altru Health System's Community Connect




Presentation Abstract

1. Altru Health System's Community Connect is a program of strategies and processes that makes it possible to extend Altru's EMR to regional practices and Critical Access Hospitals with which they share patients to improve the health of their communities.
2. Care providers need access to critical clinical information about their patients across the continuum of care.
3. As the patient moves across care continuum universe, the clinical record should be shared among all caregivers – be it at Altru or any of the regional Critical Access Hospitals. As healthcare reform creates new models for reimbursement, reporting on clinical quality increases the importance of managing population health.
4. Sharing clinical data on the same system allows us to improve quality for our patients and ease the burden of meeting regulatory requirements in the future. In this presentation Altru shares some of the success stories and collaborative efforts involving Meaningful Use, ICD-10, Population Health Management, improved Care Coordination and readiness for PQRS and similar initiatives among all members of its Connected Care Community.




Educational Objectives

1. Understand Regional opportunities for collaboration between Critical Access Hospitals and larger centers.
2. Gain a understanding of how a shared EMR and Health Information Exchange can help with complex healthcare reform requests.
3. Learn about regional efforts geared toward Meaningful Use, Population health management, improved Patient Engagement and improved Care Coordination.




Service Area



Community of care

- When the Stark Safe Harbor is used, hospitals may view this as an opportunity to connect physicians to the hospital and create a community of care.
- This approach bonds physicians to the hospital by forming a solid, virtual connection between the hospital, physician, and physician and patient community through providing a common medical record and ease in populating the record with lab and imaging results, discharge notes, and inpatient scheduling, all of which make for better care delivery and less hassle for physicians.



Care Community



Common Issues

- Cost of EMR
- Proper expertise
- Regulations
- Integration and HIE

Primary Drivers

Patient

Commitment
Altru Health System has strong Commitment to the Region

Obligation
We have an obligation to the Patient

Assistance
Provide resource assistance

Meaningful Use
Help our regional affiliates to achieve Meaningful Use designation

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Issues facing smaller organizations

Steady Increase in Resource needs

Resources

2007 → MU and later

System Complexity, Mandatory requirements, Install Complexity

Very complex project, extremely labor intensive tasks

Even for the large organizations it is very challenging to complete all objectives

It is foreseeable that complexity of tasks will continue to grow (MU Stage 2, Stage 3)

Resources are scarce and not readily available, associated costs are perpetually increasing

Safe Harbor to the Stark Regulations and relaxing the Anti-Kickback Statute

- Result of new legislation enacted in October 2006, hospitals have the opportunity to help alleviate these worries and incentivize adoption of EHRs.
- By enacting a Safe Harbor to the Stark Regulations and relaxing the Anti-Kickback Statute (AKS), hospitals can donate hardware, software, Internet connectivity, and training and support services to physicians

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Altru's IT Care Community

Your Organization
Epic

Independent Practices and Hospitals

CONNECT

Other Hospitals
E-Care Everywhere

Other Practices
Epic Care Link

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Reasons to share data

Create a shared community record	91.7%
Satisfy the requests of independents in our area	64.6%
Streamline referrals	64.6%
Improve physician relations	62.5%
Extend standard of practice	41.7%
Extend primary care network	37.5%
Create an accountable care network	31.3%
Minimize duplicate testing	27.1%
Increase physician productivity	22.9%
Create a medical home	20.8%
Utilize previous implementation experiences	20.8%

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Altru Epic Network - 5 years of successful regional collaboration

2016 Implementation

- Cooperstown Medical Center
- Valley Community Health Centers - Grand Forks and Larimore
- Academic EMR

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Case Study #1

MEANINGFUL USE

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24 Objectives of Meaningful Use	19 Objectives Required in Stage 1
<ol style="list-style-type: none"> 1. CPOE for Medications 2. Drug-drug/allergy checks 3. Record demographics 4. Structured problem list 5. Structured medication list 6. Structured medication allergy list 7. Record and chart changes in vital signs 8. Record smoking status 9. 1 clinical decision support rule 10. Report clinical quality measures 11. Electronic health info to patients 12. Electronic copy of discharge instructions 13. Exchange key clinical information (capability) 14. Protect electronic health information 	<ol style="list-style-type: none"> 1. CPOE for Medications 2. Drug-drug/allergy checks 3. Record demographics 4. Structured problem list 5. Structured medication list 6. Structured medication allergy list 7. Record and chart changes in vital signs 8. Record smoking status 9. 1 clinical decision support rule 10. Report clinical quality measures 11. Electronic health info to patients 12. Electronic copy of discharge instructions 13. Exchange key clinical information (capability) 14. Protect electronic health information
<ol style="list-style-type: none"> 15. Drug formulary checks 16. Record advanced directives 17. Incorporate structured clinical lab data 18. Generate patient lists by condition 19. Identify patient-specific education resources 20. Medication reconciliation 21. Summary care record transitioned or referred patients 22. Submit data to immunization registries 23. Submit lab results to public health 24. Submit syndromic surveillance data 	<ol style="list-style-type: none"> 15. Option 1 16. Option 2 17. Option 3 18. Option 4 19. Public Health reporting option

14 Core Objectives Required of All Hospitals

Choose 5 from Menu Set

Choose at least 1 Public Health Option

And, so it started ...

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Today ...

- All regional CAHs are MU Stage 2 and ready for future stages

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Case Study #2

HIE, INTEROPERABILITY AND CLOSING INFORMATIONAL GAP

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Informational Gaps

1 IN 3 INDIVIDUALS
 who have seen a health care provider in the last year experienced at least one of the following gaps in information exchange.¹



Had to bring an X-ray, MRI, or other type of test result with them to the appointment.



Had to wait for test results longer than they thought reasonable.



Had to redo a test or procedure because the earlier test results were not available.



Had to provide their medical history again because their chart could not be found.




Had to tell a health care provider about their medical history because they had not gotten their records from another health care provider.




Enabling true Care Continuum

Managing for Clinical Effectiveness




TRADITIONAL FOCUS OF HOSPITALS WITHIN THE "CARE CONTINUUM"
 Diagnostic Ancillaries, e.g. Imaging
 Emergency Care
 Rehab Care
 Skilled Nursing
 End-of-Life Care

PATIENT CARE CONTINUUM
 Prevention
 Urgent Care
 Primary Care Visit
 Ambulatory Care/Specialist Visits
 Treatment Ancillaries, e.g. Surgery
 Inpatient Care
 Long-Term Care
 Home Care




Information Separation



Hub Organization

- Employed Physician Hospital and Clinics
- Community Physician Practice
- Financials
- Financials
- Patient Clinical Data
- Clinical Content
- Patient Care Tools
- Patient Care Tools




INTEROPERABILITY




North Dakota
 South Dakota
 Minnesota
 Wisconsin
 Iowa


Community Connect
 EpicCare Everywhere
 EpicCare Elsewhere



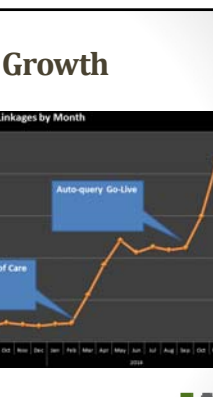
INTEROPERABILITY MODEL



NHIN / EpicCare Elsewhere
 EpicCare Everywhere
 NDHIN
 Community Connect




Care Everywhere - Growth



Care Everywhere Patient Linkages by Month

Auto-query Go-Live
 Transitions of Care Go-Live





Case Study # 3

HEALTH MAINTENANCE, COMMUNITY HEALTH MGMT

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Improving Health. Redefining Care.

Health Maintenance

- Set of preventive care tracking tools. Using Health Maintenance, you can set up alerts to help clinicians track immunizations and routine screening tests or manage patients with chronic diseases. When a patient becomes due for preventive care, the system displays an alert to the clinician.
- In addition to receiving reminder letters or phone calls, patients can also be reminded of preventive care topics through Patient Portal or when they check in for an appointment using Welcome.

Health Maintenance

Due Date	Topic	Frequency	Date Completed
8/26/2003	HEPATITIS B IMMUNIZATION (1)	Sequential	
10/26/2003	DTAP IMMUNIZATION (1)	Sequential	
10/26/2003	Polio topic (1 of 4 - AP-IPV Series)	Sequential	

Health Maintenance Plans

- Hepatitis B Immunization
- IPV
- Rotavirus

Status Legend

- Overdue
- Due On
- Due Soon
- Postponed

Definitions

- Completed: Done with the required satisfactions
- Addressed: Overridden with the intention of not completing the topic
- Aged Out: No longer eligible based on patient's age to complete this topic
- Excluded: Patient marked as never due for this topic
- Sequential: Due dates may have irregular spacing

Override Type Abbreviations

- Done: Done
- Declined: Declined
- Postponed: Postponed
- Prv Comp: Previously completed
- Inapprop: Inappropriate
- (N/S): Reason not specified

Other benefits

- Patient Portal
- Switch to ICD-10
- Ongoing regulatory compliance
- Disasters and ability to react

Together we all succeed

2012 Most Wired

2013 Most Wired

2014 Most Wired Top 20 Most Advanced

2015 Most Wired

STAGE 7 AWARD

20 Most Advanced In 2014

TOP 13 In 2015

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