Emergency Department Information Exchange (EDIE) Measure Fact Sheet: Coordinating Care for Frequent Emergency Department (ED) Users

December 16, 2014

Rates Included in Measure
The measure is comprised of two rates. They are:

1. The rate of outreach notifications that hospitals send to primary care providers for patients visiting the ED five or more times in the previous 12 months.
2. The rate of care guidelines completed for patients visiting the ED five or more times in the previous 12 months. A care guideline need only be completed for those who do not already have one.

Receiving Credit for the Measure
In order to receive credit for the measure in the baseline year (year 1), hospitals must report on both rates. There is not a benchmark which must be achieved in year 1.

To receive credit for the measure in the performance year (year 2), hospitals must report both rates, but they must also achieve either a benchmark or improvement target on the outreach notification rate. The specific benchmark is to be determined (it will be set after review of the hospitals’ year 1 submissions). After review of year 1 submissions and establishment of a benchmark, each hospital’s improvement target for year 2 will also be calculated.

Patients without Primary Care Providers
It is not technically possible to exclude those without a primary care physician in the baseline year. Since the measure specifications for the baseline (year 1) and performance year (year 2) must be consistent, patients without a primary care physician will be included in the denominator for this measure. However, OHA will take this issue into account when setting the benchmark.

Timeframe for Notifications to Primary Care
The notification to the primary care provider must occur within 72 hours of the discharge from the Emergency Department.

Frequency of Notification to Primary Care
Once a patient hits the frequent utilizer EDIE threshold (five visits in 12 months), each subsequent visit to the ED will count in the denominator for the notification to primary care rate. Hospitals should notify primary care providers of each visit a frequent ED utilizer patient makes to the ED.

Care Guidelines in EDIE
Care Guidelines are notes specific to each patient that communicate relevant information about a patient and their history to ED providers. A care guideline need only be completed for those who do not already have one. Once a care
A guideline is created for a patient, any subsequent ED visits are not counted in the denominator. Each hospital’s Care Guideline numerator and denominator is created in EDIE, as is a list of patients who do not have care guidelines and have five or more visits. As hospitals write care guidelines for these patients, they are removed from the list of those needing a care guideline (and the hospital’s numerator increases). Each individual hospital is therefore able to check its status toward meeting the incentive metric. Examples of how individual scenarios are counted are included in the Measure Specification sheet on the OHA HTPP website.

Care Guidelines can be viewed within the EDIE web portal and are shown on printed and faxed EDIE Notifications. EDIE has a Care Guideline template that hospitals can utilize. If a hospital is sending their guidelines directly to EDIE, they can review their submitted guidelines in their "Patients with Guidelines" EDIE Group under the Referrals & Groups tab, as below:

See Appendix A for an example of what the Care Guidelines in EDIE look like.

Reporting Data for the EDIE Measure

Baseline Period

If a hospital was not notifying primary care providers when patients visit the ED, or was not completing care guidelines during the baseline year, it is not acceptable to submit a 0 as the baseline. Hospitals that were neither notifying primary care providers of visits to the ED or that were not completing care guidelines do not submit a 0, but would instead submit at least 30 consecutive days of data from the first part of the performance year in which they had these processes in place (for more information see Baseline Year Data Submission Guidance at http://www.oregon.gov/oha/Pages/Hospital-Baseline-Data.aspx).

Initial Data Submission Requirements - Required to Set Up Ongoing Reporting on this Measure

To be able to provide the data needed for this measure, the EDIE contractors, Collective Medical Technologies (CMT), must receive two pieces of information from every hospital:
Historical data (both encounters and outreach notifications to primary care providers); and,
Data on ongoing outreach to primary care (covering the performance year of HTPP).

For the historical data, **all hospitals must contact CMT to submit the following information:** 1) Historical encounter data from October 1, 2012 onward; and 2) Historical outreach data from October 1, 2012 onward. The flat file format hospitals should use in submitting these data is outlined in Appendix B.

In addition, CMT needs to be able to track ongoing outreach to primary care providers (for the performance year of HTPP). **Therefore, hospitals need to submit ongoing data about outreach to primary care.** There are three ways hospitals can submit these data:

1. **If you are sending your own customized letters to a patient’s care provider within the EDIE system – no further action is needed (CMT will automatically receive this information for your hospital).**
2. **If you are using the auto notified feature after manually selecting this element for a patient within the EDIE system, then EDIE will automatically notify the care provider each time the patient presents to the ED – no further action is needed (CMT will automatically receive this information for your hospital).**
3. **However, if you are corresponding with primary care via an electronic health system outside EDIE, you can provide this information in two ways:**
   a. **Manually document this correspondence to the primary care provider in the Patient Correspondence section of EDIE - no further action needed (CMT will automatically receive this information for your hospital).**
   b. **If you do not want to manually document this information in EDIE, the hospital must work with CMT so that the data can be sent automatically to CMT, and CMT can send OAHHS the appropriate reports and populate the Patient Correspondence section on your behalf.**

The contact person at CMT to create these data feeds – both historical and ongoing outreach data is:

Ryan Grimmett  
Client Relations Manager  
385-351-1683  
ryan.grimmett@collectivemedicaltech.com

The Oregon Association of Hospitals and Health Systems (OAHHS) must have the HTPP baseline year EDIE data populated by January 23, 2015. OAHHS needs time to check and tabulate these data before it makes the official submission to OHA on behalf of hospitals. The official submission must be made to OHA by February 28, 2015 to meet requirements with CMS.

Hospitals will still need to fill out the work plan page on the OAHHS reporting platform. This lets OAHHS know whether to expect a full- or partial-year of data for the baseline period, or if the hospital will need to use data from the performance period for baseline calculations. However, no monthly data entry is needed once hospitals have taken the steps above to ensure that CMT has both the historical data and the ongoing outreach data; OAHHS will get the monthly data directly from CMT.

Official Submission of Data for Baseline and Performance Year

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1 Details on these steps, including screen shots from EDIE, are included in the slides from the November 18th webinar, available on the OHA HTPP webpage: [http://www.oregon.gov/oha/Pages/Hospital-Baseline-Data.aspx](http://www.oregon.gov/oha/Pages/Hospital-Baseline-Data.aspx)
Once the initial data feed with CMT is set up as described above, hospitals need only continue entering data directly into the EDIE system. CMT will provide monthly reports to OAHHS. OAHHS will then input these data into its reporting platform each month so that hospitals can assess progress. OAHHS will compile both baseline and performance year data directly from CMT and submit this information to OHA on behalf of all DRG hospitals in Oregon.
Appendix A: Care Guideline Example

This is an example of what a Care Guidelines form would look like within EDIE. The Care Guidelines forms are located within the patient record, and if a patient has Care Guidelines, those Guidelines will be shown on a Notification.

This image to the left is of a Care Guidelines form in Edit Mode. Once in Edit Mode, a facility can add information to create Care Guidelines for a patient.

- **Other Facilities’ Guidelines:** If a patient has Care Guidelines from multiple facilities, each facility will have its own tab for its Guidelines. Any facility that has a treatment relationship established with the patient will be able to view other facilities’ Care Guidelines.

- **Applied Guidelines:** Facilities may elect to apply another facility’s Care Guidelines to the Notifications sent to their facility. If other facilities have applied one facility’s Guidelines—or if a facility has elected to apply another facility’s Guidelines—that information will be listed at the top of the Care Guidelines form.

- **Care Guidelines Form Fields:** A Care Guidelines form can be made up of a series of free text boxes, a series of check boxes, or a combination of both. For this example, free text boxes are collapsed and a facility can open the fields they wish to add text to create a customized set of Care Guidelines for a patient.
Appendix A: Care Guideline Example

As seen to the left, once a set of Care Guidelines have been created and saved, they will appear in EDIE with all selected fields readable. They will also be shown on the printed or faxed Notifications sent to the facility that created the Guidelines whenever the patient registers at their ED.

If a set of Care Guidelines have been created for a patient, other facilities will be able to see those Guidelines, and will be able to apply those Guidelines to the Notifications that are sent to their facility if they wish.
Appendix B: CMT Flat File Requirements

Basic Guidelines
1. Every file **MUST** include the headers as the first row of the file.
2. Do not include blank rows, rows for human readability, rows containing only dash's, or other non-patient data rows except the header.
3. Headers must match the values listed below exactly.
4. Each row should have its own line and be separated by a unix new line character ("\n").
5. Files may be created using a comma separated values format, tab delimited, or pipe e ("|") delimited format. Values containing the chosen delimiter should be wrapped in quotes.
6. NULL values should be left blank. The word "Null" or "None" should NOT be used in place of a null value.
7. Please remove placeholder values such as unknown dates of birth that are set to 1/1/1900 or SSN's that are set to 999999999.
8. Dates and DateTimes should be formatted as follows: MM/dd/yyyy, yyyyMMdd or MM/dd/yyyy HH:mm:ss. Dates not matching this format will be rejected.
9. All times should be in the facility’s local time zone.
10. All reserved characters must be stripped from text. These include any newline characters ("\n" or "\r"), or the chosen delimiter.
11. Files should use UTF-8 encoding.
12. Please remove punctuation from social security numbers and phone numbers.
13. If the data is not available for a required field, leave it blank and we will process it if we are able.
14. Your Collective Medical Client Relations person will provide you with facility identifiers other than your own if you need to include them in the file.
15. Filenames should be descriptive of the data being transmitted and should have the date of the extract appended. (e.g. Patient_Enrollment_20140621.csv)
16. Remember, the more data you provide to CMT, the better the value we can provide back to your organization. Please include out ALL possible data.

Frequently Asked Questions

Collective Medical Technologies (CMT) uses an algorithm developed in-house to provide the best patient matching possible given the data provided. The fields we look at most closely are as follows, in order of matching strength:

- Medical Record Number, MPI, Medicaid ID
- Social Security Number (SSN)
- Date of Birth (DOB)
- First and Last Name
- Address
- Phone
- Other limited data in some cases
Appendix B: CMT Flat File Requirements

It is very important that you provide all of these data items when they are available. CMT safeguards Social Security Numbers with additional precaution. SSNs are never stored in CMT databases in plain text. They are instead passed through a salt-and-hash encryption process that provides an irreversible hash value. During the matching process, incoming SSNs are salted-and-hashed in the same manner so as to yield the correct hash if the patient is a match. The plain text SSN is then discarded from memory.

Please make every effort to send SSN and all other fields where available to allow for the best possible matching results with the patients in CMT’s databases.

Can you provide a sample of the Patient Enrollment Flat File?
Yes, a sample of any of the Flat File Specifications will be made available upon request.

Is it possible to add a field that is not listed in the specification?
Yes, any new field may be included without effecting the processing of the required fields listed in a Specification. For the field to be processed, some custom development work will be required however, which may delay the processing of the file. Please speak with your Collective Medical Technologies Client Relations Manager to understand the requirements.

How do we test our Flat File to validate all data fields are properly handled?
When uploading a file through the web application validation is performed automatically and will tell you if things are missing or that will need to be changed before the file can be processed.

How do we transfer the Flat File?
There are two preferred ways to transfer the file to Collective Medical:

1. Through the Web Application: Once an IT account is set up for you, click on the Manage Facility button located in the upper right-hand corner of your screen. On the left-hand side of the page, click on the Manage Facility Files button. In the Upload a Data File widget, select your file, the file type, and the file delimiter, and then click the Upload File button.

2. If you have an automated system or ESB—or your file is larger than 5MB—you may request an SFTP account from Collective Medical by contacting your Client Relations Manager. The file can then be transmitted securely over SFTP:
   - Host: sftp.collectivemedicaltech.com
   - Port: 7843
   - Protocol: SFTP
   - Username and Password will be provided upon request.

Files may also be transmitted in encrypted format using PGP. If you wish to do so, please contact your Client Relations Manager to facilitate public key exchange.

Oregon Health Authority
HTPP EDIE Measure Fact Sheet
## Care Provider Outreach Data Flat File Specification

<table>
<thead>
<tr>
<th>Column Name</th>
<th>Description</th>
<th>Field Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>patient_mrn</td>
<td>Hospital’s unique MRN for the patient the outreach is associated with.</td>
<td>Required</td>
</tr>
<tr>
<td>encounter_id</td>
<td>ID of the encounter the outreach is associated with. This should correspond to encounter_id in the HL7 ADT messages EDIE uses to establish unique encounters.</td>
<td>Required</td>
</tr>
<tr>
<td>outreach_date_time</td>
<td>The date and time of the encounter. YYYY-MM-dd hh:mm:ss.</td>
<td>Required</td>
</tr>
<tr>
<td>outreach_id</td>
<td>Hospital’s internal ID of the outreach event.</td>
<td>Optional</td>
</tr>
<tr>
<td>outreach_method</td>
<td>The method of the outreach (email, phone, fax, electronic). Use: email</td>
<td>Optional</td>
</tr>
<tr>
<td>outreach_note</td>
<td>The details or the notes of the outreach to a provider.</td>
<td>Optional</td>
</tr>
<tr>
<td>provider_first_name</td>
<td>The first name of the provider who received the outreach.</td>
<td>Required</td>
</tr>
<tr>
<td>provider_last_name</td>
<td>The last name of the provider who received the outreach.</td>
<td>Required</td>
</tr>
<tr>
<td>provider_id</td>
<td>Hospital’s internal ID for the provider who received the outreach.</td>
<td>Optional</td>
</tr>
<tr>
<td>provider_npi</td>
<td>The NPI of the provider who received the outreach. At a minimum, either provider_id or provider_npi must be provided.</td>
<td>Required</td>
</tr>
<tr>
<td>provider_location_name</td>
<td>The name of the location the provider practices at.</td>
<td>Optional</td>
</tr>
<tr>
<td>provider_location_id</td>
<td>Hospital’s internal ID for the location the provider practices at.</td>
<td>Optional</td>
</tr>
<tr>
<td>provider_location_npi</td>
<td>The NPI of the location the provider practices at. At a minimum, either a provider or a the location a provider practices at—including accompanying IDs—must be given.</td>
<td>Required</td>
</tr>
</tbody>
</table>