Emergency Department Information Exchange (EDIE): A Tool for Enhancing Care Coordination

Presented by:
Susan Kirchoff-OHLC Project Leader EDIE/PreManage
What is EDIE?

• Real-Time ED 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)
How Does EDIE Work?

- Patient Presents in ED
- Admission Record Auto Interfaced to CMT
- CMT Identifies Patient, Sends Notice Based on Pre-Defined Criteria:
  - 5 or more visits in last 12 months
  - 3 different ED’s in last 60 days
  - Other criteria as desired by facility
- EMR Integration, Fax, Phone, Email or Report
- EMR Integration – EDIE Alert on ED Tracking Board at the Point of Care –or- Single Sign-on Web
- Care Guidelines or Care Plans can be quickly entered and Shared Outside of Authoring Facility
Why EDIE?

- Identify high utilization patients that present to ED
- Provide ED’s with critical information in real time to improve care outcomes
- Support the management of patients with complex care coordination and enhanced communication
- Help manage the influx of newly covered individuals
- Reduce costs
EDIE in Oregon

2013

- OHLC Evidenced Based Best Practice identifies ED use as a high cost area for all lines of business; explores best practices
- EDIE selected as recommended solution for statewide adoption

2014

- Utility model developed—funding by Health Plans, Hospitals and OHA
- EDIE statewide implementation-- a collaborative effort between CMT, OHLC OHA, OAHHS
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.
• Notifications available: ED Visits, Inpatient Admission, Discharge & Transfers (ADT), Summaries
• Customizable by health plan or provider
Goals of PreManage

- Reduce medically unnecessary (re)admissions
- Improve outcomes (patients)
- Reduce system expenses (payers)
- Rationalize scarce resources (providers)
- Close communication gaps across settings, clinics/medical groups, CCOs, health plans and hospitals
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EDIE ALERT 09/24/2014 14:18 PM Mouse, Mickey (DOB: 01/04/1952)
This patient has registered at the Ford Medical Center Emergency Department. You are being notified because this patient has recommended Care Guidelines. For more information visit: Please login to PreManage and search for this patient by name.

Care Providers

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<tr>
<th>Provider</th>
<th>Type</th>
<th>Phone</th>
<th>Fax</th>
<th>Service Dates</th>
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<tbody>
<tr>
<td>WENDY K SMITH ARNP</td>
<td>Narcotics Prescriber</td>
<td>(801) 856-8575</td>
<td>(855) 343-7671</td>
<td>Current</td>
</tr>
<tr>
<td>JAMES D BROWN MD</td>
<td>Narcotics Prescriber</td>
<td>(801) 856-8575</td>
<td>(855) 343-7671</td>
<td>Current</td>
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</tbody>
</table>

ED Care Guidelines from Ford Medical Center

2 other facilities are applying these Care Guidelines in their EDs.

Security Alert:
Patient has posed a security threat in the past, and has been escorted off the premises by security on multiple occasions. If the patient becomes aggressive, call the security desk at 385-555-1246.

Care Recommendation:

Pain contract and scheduled substance prescribing: Patient had a controlled substance agreement with Dr. Smith but Dr. Jamison. **Dr. Jamison prescribes regular 1 mg Clonazepam, 1 mg Lorazepam, and hydrocodone as needed.** Please do not use controlled substances in the ER unless there are new objective findings.

<table>
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<tr>
<th>Visit Date</th>
<th>Location</th>
<th>Type</th>
<th>Diagnoses</th>
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<td>Ford Medical Center</td>
<td>Emergency</td>
<td>- Headache</td>
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<td>- Cough</td>
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<td>11/18/2014</td>
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<td>Inpatient</td>
<td>-</td>
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<td>11/03/2014</td>
<td>Ford Medical Center</td>
<td>Emergency</td>
<td>- Long-term (current) use of other medications</td>
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<td>10/24/2014</td>
<td>Providence Centralia Hospital</td>
<td>Emergency</td>
<td>- Other chronic bronchitis</td>
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<td></td>
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<td>- Fever, unspecified</td>
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<td>10/12/2014</td>
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<td>10/08/2014</td>
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<td>- Cough</td>
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<td></td>
<td></td>
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<td>- Person feigning illness</td>
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<tr>
<td>09/30/2014</td>
<td>Murray Medical Center</td>
<td>Inpatient</td>
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EDIE

- All 59 hospitals are receiving EDIE notifications
- ED physicians report significant value in knowing all patient’ utilization—particularly when accompanied by a care guideline

PreManage

- Many CCO’s/Health Plans and primary care practices have adopted PreManage or are in process
- Early Adopters have reported that receiving notifications and the development of care guidelines have enabled them to be more effective in cross organizational care coordination
Hospital Event Data – by County
CCOs (PreManage), Hospitals (EDIE)
Success Story
Next Steps

• Identify and support use cases where these tools can accelerate reduction in ED visits, hospital readmissions and improve care coordination:
  • Community adoption (Health Plan, Hospital, Primary Care)
  • Mental Health (ACT, Community MH)
  • Urgent Care

• Advocate for legislation to allow EDIE to access the Oregon Prescription Drug Monitoring Program (PDMP) and add to notification through EDIE to support reduction in opiate prescribing

• Facilitate increased education/training, peer to peer networking and communication of EDIE workflows and practices
Questions???