*Improve care coordination and reduce readmissions due to flawed data exchanges*

Crossed Wires

◾ **By Bevey Miner**

There is clear evidence that quality care coordination improves health outcomes, reduces hospital readmissions, and lowers the cost of care.[1] Despite these benefits—plus significant recent investments in health-related communications technology—serious communications problems persist.[2]

Phone calls to busy providers cause delays and confusion when patients leave messages and responses occur the next day, and paper faxing is still used in many healthcare settings despite its inefficiency and security defects. Too often, primary care physicians (PCPs) are not notified when their patients enter the emergency department (ED), impacting efficient follow-up with patients.
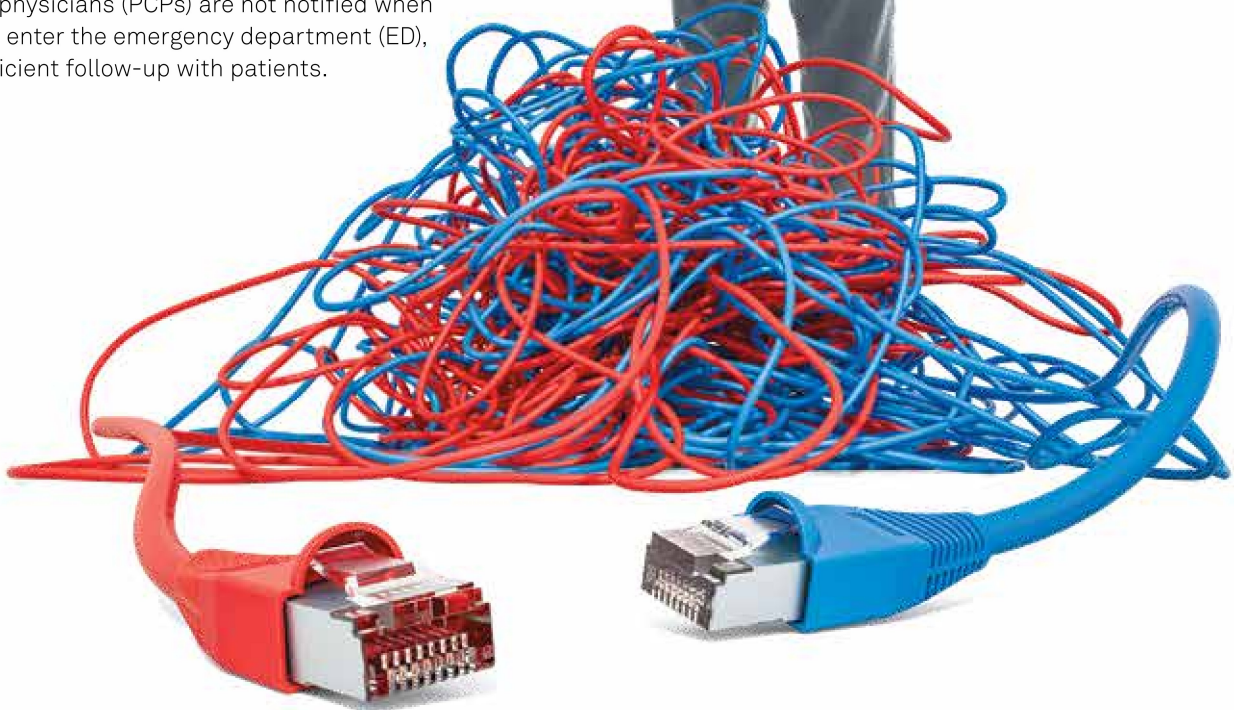
Efficient workflows combined with advanced technology create a virtuous circle in which clear communication leads to quality care coordination, which leads to improved outcomes, few avoidable admissions, and decreased clinical burnout. This process, in turn, lowers patient and payer costs and helps providers comply with the 21st Century Cures Act.

Automation Reduces Handoff Errors

Patient transitions (also called "handoffs") remain a significant issue in healthcare five years after the Joint Commission issued a *Sentinel Event Alert* on the subject. "Potential for patient harm—from the minor to the severe—is introduced when the receiver attains information that is inaccurate, incomplete, not timely, misinterpreted, or otherwise not what is needed," the alert asserts.[2]

The alert suggests actions to improve handoffs, including culture changes and focusing on improving the organization's systemic approach to handoffs (rather than singling out individual errors) and standardizing critical content to be communicated during a handoff. The alert also advocates for monitoring the success of interventions to improve handoff communication and using lessons learned to drive improvement.

Technology is another suggested action item for improving patient handoffs, with the alert calling for the use of clinical content standards such as the Consolidated Clinical Document Architecture (C-CDA) and other technologies to streamline hand-offs. "Facilitate ongoing communications and feedback loops between senders and receivers by providing as much critical information as possible," the alert states.[2]

Upgrade Eliminates Manual Work, 150 Daily Phone Calls

As recommended by the Joint Commission, today's clinical data exchange platforms are changing the way hospitals communicate with clinics and other providers in their community, both in and outside of network. Instead of healthcare staff calling in requests to the hospital records office for patient documentation (often sent by fax or courier), the Centers for Medicare and Medicaid Services (CMS) admission, discharge, and transfer (ADT) rule requires all hospitals to use automated

systems when sending patient-event data to PCPs and others.

For example, a 200-bed community hospital in California replaced its manual processes with an advanced clinical data exchange system that provides on-demand, 24/7 access to patient records. The system's rules and integration engine, along with account and subscription verification capabilities, ensure that correct patient information is securely delivered to the correct provider in a timely manner. The platform gives community providers data access without allowing full electronic health record (EHR) permissions while ensuring that all processed data are automatically encrypted to Health Insurance Portability and Accountability Act (HIPAA) standards.

Within a month of going live on the platform, the hospital had connected 315 area providers and was successfully receiving notifications and corresponding documentation. This eliminated around 150 phone calls and paper faxes daily from the hospital's health information management (HIM) department. In less than a year, the hospital delivered more than 1.4 million event and reporting notifications and shared more than 70,000 ED encounters, 57,000 outpatient encounters, and 50,000 pre-admit and admit encounters.

The hospital now experiences the following system benefits:

- ▶ Care managers are immediately alerted that a high-need patient presented for care in the ED or was in transition from acute care, enabling providers to engage the entire care team in an intervention plan.
- ▶ PCPs and all care team members are immediately alerted to patient events, improving post-discharge follow-up care.
- ▶ Patient-centric care team communication results in increased collaboration, reducing the number of patients that slip through care delivery gaps.
- ▶ Labor-free processing of patient records lowers traditional faxing and mailing costs.
- ▶ The burden on HIM staff to manage high volumes of phone calls is reduced in favor of a streamlined, secure approach to exchanging patient data.
- ▶ Delivery and read receipts are used, where applicable, to ensure key stakeholder engagement. The audit trail is used to track provider responsiveness and identify gaps in care delivery.

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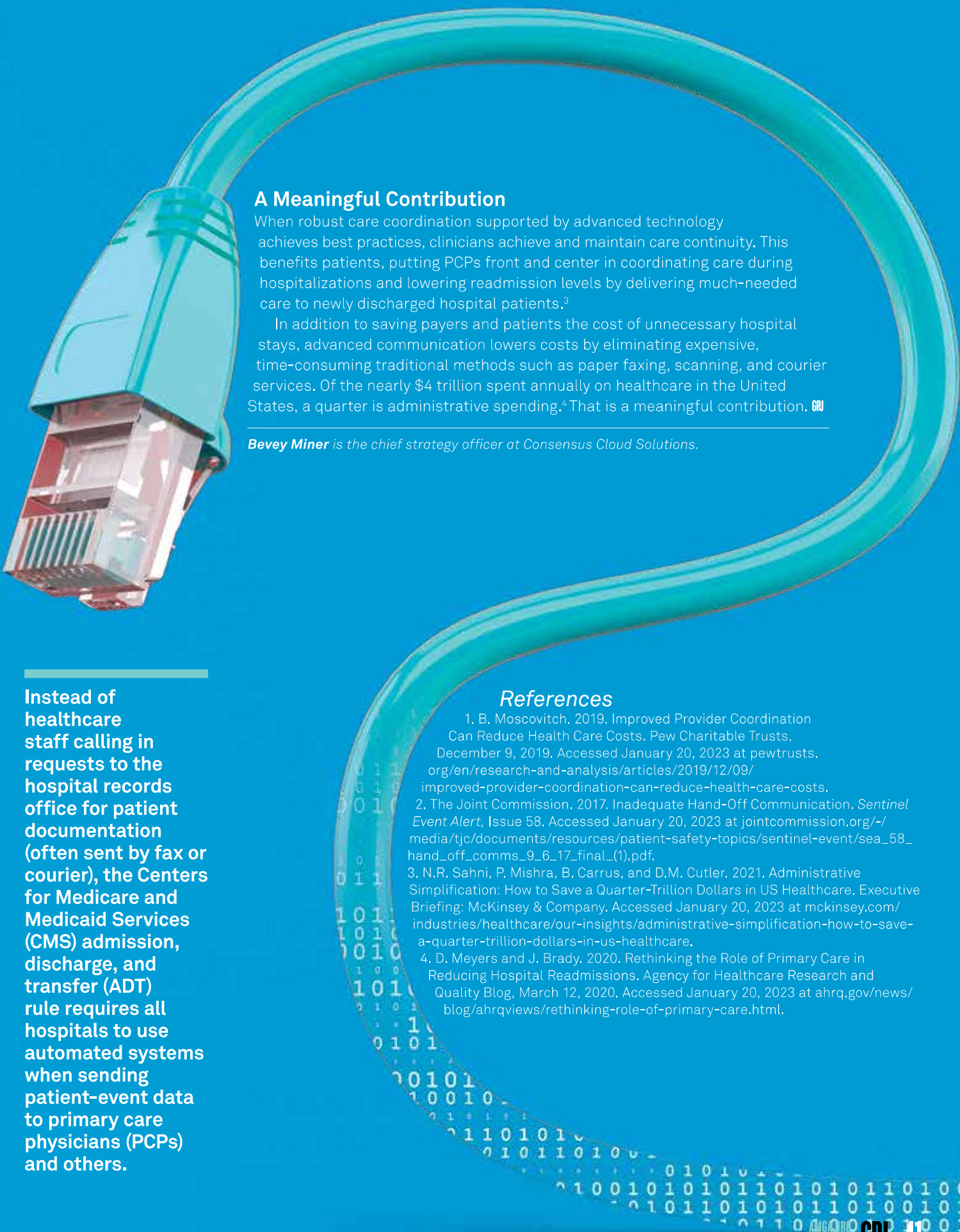
A Meaningful Contribution

When robust care coordination supported by advanced technology achieves best practices, clinicians achieve and maintain care continuity. This benefits patients, putting PCPs front and center in coordinating care during hospitalizations and lowering readmission levels by delivering much-needed care to newly discharged hospital patients.[3]

In addition to saving payers and patients the cost of unnecessary hospital stays, advanced communication lowers costs by eliminating expensive, time-consuming traditional methods such as paper faxing, scanning, and courier services. Of the nearly $4 trillion spent annually on healthcare in the United States, a quarter is administrative spending.[4] That is a meaningful contribution. GPJ

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