



## BENEDICTINE HEALTH SYSTEM, ALLINA, AND MATRIXCARE: A STUDY IN SUCCESSFUL COLLABORATION

### Category

Interoperability and Health Information Exchange with Other Care Providers either Directly or through a Health Information Exchange (HIE)



### Organization Name

Benedictine Health System

### Organization Type

Independent housing, assisted living, skilled nursing, memory care, short-term rehab and outpatient rehabilitation

### Organization Description

Benedictine Health System is one of the largest Catholic senior care organizations in the United States, with approximately 40 elder care communities in six Midwestern states, we believe our Benedictine Core Values of Hospitality, Stewardship, Respect and Justice are not just posters on the wall; those values guide the work we do every day.

The Benedictine Health System participating organizations can be found in Minnesota, North Dakota, Missouri, Wisconsin, South Dakota and Illinois. We are a mission-based, non-profit health system headquartered in Duluth, Minnesota, sponsored by the Benedictine sisters of St. Scholastica Monastery in Duluth.

### Project Description

Benedictine Health System (BHS) and Allina Hospitals are successfully exchanging Continuity of Care Documents (CCD) today and the development of this interoperability was funded with an eHealth Connectivity Grant from the Minnesota Department of Health.

### Implementation Approach

MatrixCare and EpicCare (EHR used by Allina) exchange structured and typed data via Integrating the Healthcare Enterprise (IHE) standards with Cross Enterprise Document Sharing (XDS) and Patient Demographic Query (PDQ). This method utilizes a pull query of the CCD by the requesting organization from the organization hosting the information (e.g. hospital, or health information exchange (HIE) entity). The CCD is part of the Consolidated Clinical Document Architecture (C-CDA). The CCD information includes demographic information, allergies, medications (with diagnoses), problems/diagnoses, vital signs, advance directives, and payer info; when the information is available within MatrixCare. The CCD is in all machine-readable Extensible Markup Language (XML) format, and all data can be consumed as discrete data elements and used to drive clinical decision support by the systems. However, it is currently received, stored and

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presented to user in a human-readable format, and data consumption into MatrixCare is a next step for the future. In addition, the data is generated on demand, reflecting the most current resident information available versus pulling data from an MDS file that is days or weeks old and does not include all of the data contained in a CCD.

Currently, the CCD is received as an attachment in MatrixCare and is associated with the resident's record. The next stage will begin consuming that information in order to trigger automatic data population of a face sheet for a new admission.

## Outcomes

More effective transitions of care resulting in a better resident experience and high quality care through the ability to receive a CCD electronically and already attach it to a resident record. This level of health information exchange helps BHS remain competitive as we are required to integrate with acute care EHR systems in order to participate in Bundled Payment Initiatives. It also improves resident care as the essentials of the medical record are electronically exchanged during transitions of care. The solution, especially when CCD data consumption is implemented, would turn MatrixCare EHR into a true longitudinal record of care that can follow the resident/patient along the continuum of care. The solution reduces the need to recapture information that has already been documented in a previous setting. Streamlines automated discharge from the hospital. The solution provides a nice concise document for facilities doing manual discharges. Inbound data is a wealth of information for the skilled nursing facility that they typically do not have access to.

## Challenges and Pitfalls to Avoid

- The fact that interoperability is such a new concept means that there are many definitions, projects, theories, and goals being worked on by a variety of organizations with differing expected outcomes. Depending on who you talk to, their vision and what they communicate is based on their understanding, perceptions, who they have talked to, and what they are trying to achieve. Make sure you have a clear common understanding of the specific goals of your health information exchange

with your partner(s): what data is needed by each party, in what format/ code, standard, when, why etc. Conclusions are drawn and decisions are made based on the information available which varies from organization to organization. Ask questions to make sure why a position is being taken and what is really being said is understood. Don't be afraid to suggest new ideas and theories and ask "why not?"

- The technical work entailed in health information exchange is easier than people/processes/workflow changes. Getting people to understand new workflows and processes and why they should change their current work processes takes education, time and patience.
- There is increasing recognition that long-term and post-acute care (LTPAC) providers should be included in health information exchange activities but limited resources are available to make that happen. LTPAC software vendors have to develop the capabilities to conform to Meaningful Use standards which can be challenging without funding from their customers or other sources. Given the continuing reimbursement cuts from Medicaid and Medicare, it is difficult for LTPAC providers to absorb software rate increases from their vendor to pay for this development.

## Lessons Learned/Advice to Share with Others

- Don't believe everything you hear, try to validate everything. Documentation is very important in providing high quality care and in ensuring regulatory compliance with electronic data exchange.
- Be as transparent as possible regarding goals and thought processes. Encourage others to provide candid feedback. There are no real blueprints right now, just lots of theories and ideas based on different sets of information.
- Be willing to change your plans when you receive more or better information. You'll know a lot more at the end of the project than you did at the beginning.
- Think win-win. These projects are complicated and need to be structured in ways that are beneficial for all stakeholders.

### LeadingAge Center for Aging Services Technologies:

The LeadingAge Center for Aging Services Technologies (CAST) is focused on accelerating the development, evaluation and adoption of emerging technologies that will transform the aging experience. As an international coalition of more than 400 technology companies, aging-services organizations, businesses, research universities and government representatives, CAST works under the auspices of LeadingAge, an association of 6,000 not-for-profit organizations dedicated to expanding the world of possibilities for aging. For more information, please visit [LeadingAge.org/CAST](http://LeadingAge.org/CAST)