CASE STUDY

Improving Continuity of Care Though Health Information Exchange

Mode of Interoperability

Health Information Exchange (HIE)

Specific Use Case

Care Coordination

LTPAC Organization Name

Presbyterian Senior Living

LTPAC Organization Type

Life Plan Community

LTPAC Organization Description

Presbyterian Senior Living is a nonprofit organization, providing retirement and senior care services for more than 85 years. Headquartered in Dillsburg, Pennsylvania, our communities provide comprehensive services and accommodations to more than 6,000 seniors in 30 locations across the mid-Atlantic region of Pennsylvania, Maryland, Ohio, and Delaware.

Presbyterian Senior Living uses a server-based Life Plan Community platform called MatrixCare LPC.

Trading Organization Name

Keystone Health Information Exchange

Trading Organization Type

Health Information Exchange Entity

Trading Organization Description

As a national leader in health information technology, Keystone Health Information Exchange (KeyHIE) is revolutionizing the coordination of care between providers, health plans, and patients. Founded in 2005, we're one of the oldest and largest health information exchanges in the U.S., backed by 100 years of healthcare innovation.

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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.

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We serve over 5.8 million patients over a large geographical area, including Pennsylvania and New Jersey. We're empowering entire communities to stay healthy by helping them to realize a greater role in their own healthcare experience. Because an HIE's success rides on interoperability, we've formed partnerships with hundreds of participating providers, and offer patient-consented access to over 10 million electronic health records through a single online login.

Project Description

Presbyterian Senior Living, with the assistance of Keystone Health Information Exchange, KeyHIE, and a grant from the Pennsylvania Patient and Provider Network (P3N), set up automated Continuity of Care Documentation (CCD) from our current electronic health record system, MatrixCare LPC, processes that are made available through KeyHIE to the P3N, a state-wide HIE. This project has allowed Presbyterian Senior Living to provide thousands of notifications to outside providers since its inception in April 2017.

Presbyterian Senior Living also has the ability to use the Provider Portal on the KeyHIE system to access resident information to capture services provided in other levels of care to improve our ability to provide continuity in our own care.

Implementation Approach

Presbyterian Senior Living has been a member of the KeyHIE system since 2009, but had not been able to provide any information through the health information exchange due to the previous electronic health record's inability to provide any documentation outside of the system. When we transitioned to our current electronic health record (EHR), we ensured that this would be possible. We contacted the KeyHIE (http://www.keyhie.org/) to determine if there would be any opportunity to interface to their exchange through MatrixCare LPC (http://www.matrixcare.com/) program. KeyHIE had been given a grant through the P3N (http://dhs.pa.gov/provider/healthinformationexchange/hioconnection/index.htm/) to fund connecting long-term care communities directly to the KeyHIE system. The initial connectivity timeline was three months.

Once the connectivity was completed, our communities had access to the KeyHIE Provider Portal to access information that is available from outside entities to determine services provided while in the hospital or other levels of care. This allowed us to determine possible needs of the resident while in our communities. Initial education was provided by KeyHIE staff on how to access the Provider Portal to staff via webinars.

Outcomes

Communities, once educated on the process, have been able to address resident needs based on diagnoses, diagnostic laboratory findings, surgical records, encounter information, etc. of residents while admitted in the hospital setting. The documents have ensured that our staff are aware of issues that a resident may have that we were not previously known. This has also assisted the physician to review and add diagnosis and medications that were ordered previous to their admission to our communities.

Presbyterian Homes of Hollidaysburg (PHH) was recently ranked #1 by the Highmark Network out of 204 communities that use Highmark within the state of Pennsylvania. Highmark reviews communities based on several factors, such as their Nursing Home Compare star rating for overall performance and quality, 30-Day Readmission Rate, 30-Day Emergency Department visits, 30-Day Cost, Average Length of Stay, and Nursing Home Discharge. PHH ranking was as follows in all areas:

- Overall performance was 4 Stars
- Quality was 5 Stars
- 30-Day Readmission Rate was 7.92%
- 30-Day Emergency Department visits was 10.7
- 30-Day Cost was $11,361.56
- Average Length of Stay was -6.27% (below the Highmark average)
- Nursing Home Discharge was -5.97% (below the Highmark average)

PHH has been in the top 10% of Highmark providers the last two years, due in part to the ability to communicate and access health information quickly.

Challenges and Pitfalls

Our largest challenge initially was that the educational webinar was not well received or understood by staff. Staff within the communities did not understand that the ability to provide a continuity of care document to outside entities would ensure that the residents we care for would have comprehensive care provided after our services. They also did not understand the Provider Portal.

The KeyHIE staff were very gracious and provided in-person staff education that not only was better received and understood, but also gave the staff opportunity to determine needs and suggested ideas on what we could share as well as the view via the portal. Our next step, that is being worked on currently, is to receive Emergency Department notification from participating hospitals to notify community staff and prompt them to reach out to discharged residents to determine if more services are needed. If needed, the community can provide the additional services and possibly while they are still within their 30-day window that Medicare Part A will cover.

Lessons Learned/ Advice to Share with Others

1. The most important lesson learned was that in-person education works much better than online education via webinars. Staff learn better if they are addressed face-to-face, and comprehension can be better evaluated.

2. Continual discussion and re-education and evaluation have assisted in making this process more successful than it was initially. Ensure that when you want to provide a new process, audit and review and discuss issues with the staff on a regular basis.

3. Lastly, we have found that as this process has been used, it can assist us in the Patient Driven Payment Model (PDPM) implementation. The same information used to improve continuity of care can also be used for diagnosis determination and other service needs to assist with review for PDPM.