Case Management Awareness

Division of Long-Term Services and Supports (LTSS) provides home and community-based services for South Dakotans who meet program eligibility to help them remain living in the community, who without these services, would require nursing facility care.

Use Case: Provide Event Notifications and Point of Care access to LTSS Specialists in order to actively participate in discharge planning and improve care coordination for program eligible consumers.

Project Details

- SDHL provides real-time clinical event notifications
- Access to Point of Care clinical documentation
- Outcomes for successful diversions to LTC

Impact

- LTSS real-time notifications allow specialist to actively participate in the discharge process to determine consumer needs and avoid potential admissions to nursing facilities
- Improved care coordination for consumers and improves their ability to return home
- Patient satisfaction

South Dakota DHS

SOUTH DAKOTA Health Link
Exchanging information. Changing lives.

Managing Medicaid Health Home Patients

Health Homes is a method of delivering enhanced health care services that promises better patient experience and better results than traditional care. The Health Home has many characteristics of the Patient-Centered Medical Home, but is customized to meet the specific needs of Medicaid recipients with chronic medical conditions or behavioral health conditions.

Use Case: Enable Health Home Notifications and access to Point of Care clinical documentations.

Project Details

6 Federally Mandated Core Services

- Comprehensive Care Management
- Care Coordination
- Health Promotion
- Comprehensive Transitional Care
- Patient and Family Support
- Referral to Community and Support Services

Impact

- Care transition follow-up within 72 hours of discharge
- Follow-up within 7 to 30 days after hospitalization for mental illness
- Follow-up post Emergency Department visit

DSS

SOUTH DAKOTA Health Link
Exchanging information. Changing lives.

Supporting Community Pharmacist

Pharmacists use Medication Therapy Management (MTM) program services to do in-depth medication reviews, follow-up phone calls to assess and promote patient medication adherence, and other clinical services. MTM services ensure patients are receiving optimal therapeutic outcomes.

Use Case: Pharmacists regularly perform medication reviews on patients, but a major challenge for community pharmacists is obtaining necessary clinical information which is manual, slow and time consuming. They are given access clinical data through the Point of Care.

Project Details

- Collaborative effort between SDHL, SDSU and Lewis Drug to enable pharmacists access to clinical data via Point of Care Exchange, to support their MTM program and other direct patient care services.
- SDHL assisted community pharmacists with aligning current clinical programs initiatives and workflows.

Impact

- Spend more time for patient care services
- Recommend less expensive, more effective med therapy
- Reduce unnecessary phone calls and faxes
- Enable accurate and specific patient counseling
- Easily confirm diagnosis codes for drug/dose adherence, Medicare Part B billing
- Enhance CMRs resulting in more productivity
- Confidently identify Drug Therapy Problems

South Dakota State University
Lewis Your first stop
South Dakota Health Link Exchanging information. Changing lives.

Accurate Clinical Documentation: Poor Historians

Trying to capture accurate medical histories from poor historian patients takes tremendous time and effort. Often, it requires clinical teams to go through the manual process of multiple phone calls and faxing to receive accurate medical information for patients who are not able to provide accurate information themselves.

Use Case: Provide access to Point of Care as well as medication history.

Project Details

- Triage/Intake: Provides immediate and expanded access to community clinical
- Provider: Assists with medical decision making
- Patient: Assists with capturing accurate medication histories

Impact

- Reduce unnecessary duplicate, high cost testing
- Improved patient satisfaction and safety
- Workflow efficiencies
- Improved provider/staff satisfaction

SOUTH DAKOTA Health Link
Exchanging information. Changing lives.

ED Utilization for Chronic Pain Management

Recent current events and the opioid epidemic impacting the nation have highlighted the need for appropriate chronic pain management. With options to receive care at multiple end points in the community, a patient's drug regime can change frequently.

Use Case: Provide access to Point of Care as well as medication history.

Project Details

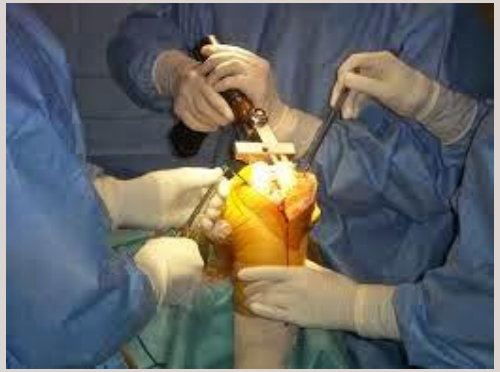
- Triage/Intake: Provides immediate and expanded access to community clinical data to assist with accurately capturing medication fill and encounter history.
- Provider: Assists with medical decision making.
- Pharmacy Team: Supports with accurate data access medications reconciliation for patients.

Impact

- Improves staff satisfaction by eliminating the phone and fax process to obtain a patient medication history information.
- Provided support with evaluation and ongoing medication management post discharge and early identification of misuse of substance abuse issues.

SOUTH DAKOTA Health Link
Exchanging information. Changing lives.

Notifications for Managing Bundled Payments



CMS and Medicaid are paying providers for episodes of care versus individual services.

Use Case: The facility wants to manage their overall bundled payment patients after initial discharge, by monitoring their ED and inpatient admissions through Event Notifications.

Project Details

- Leverage existing ADT feed to SDHL
- Subscribe to event-based notifications
- Identify patients pending re-admission for care management, admission prevention
- Upload post surgical patient list

Impact

- New improved workflow promotes better care
- Better outcomes
- Maximized reimbursement

SOUTH DAKOTA Health Link
Exchanging information. Changing lives.

FQHC Practice: Improving Transitions of Care

One of the largest risks for readmission after hospital discharge is lack of timely follow-up with their PCP. A challenge is to know when a patient has been discharged in order to provide ongoing support during this critical time.

Use Case: Use Event Notifications so providers and care teams can create the best outreach and treatment plan. Access to Point of Care for clinical data.

Project Details

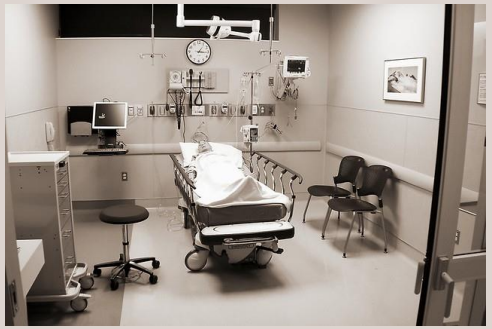
- Leverage existing ADT feed to SDHL
- Subscribe to event-based notifications
- Upload specialized patient list
- Use Point of Care to access post-discharge instructions, and to schedule follow-up appointment to support continuity of care.

Impact

- Enhanced ability to spend less time on administrative work and more time on supporting and coaching the patient as event occurs.
- Patient: improves safety and reduces exposure for adverse drug or medical events
- Allows for opportunities to increase reimbursement rates for chronic care management

SOUTH DAKOTA Health Link
Exchanging information. Changing lives.

Support Patient Routing to Appropriate Care Setting



A large number of ED visits are for non-urgent conditions. This can lead to increased healthcare costs, unnecessary testing, and weakened provider-patient relationships.

Use Case: Use Event Notifications allowing providers the opportunity to outreach to patient in order to review patient status and to determine appropriate level of care.

Project Details

- Leverage existing ADT feed to SDHL
- Subscribe to event-based notifications
- Upload specialized patient list – frequent utilizers

Impact

- Lower healthcare costs and maximize reimbursements
- Support patient by providing individualized care plans, intensive care management, and review of any barriers to care
- Decrease exposure and risk for adverse events

SOUTH DAKOTA Health Link
Exchanging information. Changing lives.

Dental Services: Improving Care Coordination

Oral health and dental teams play a critical role in patient's overall care model. As a result, the need for improving communication and awareness for dental teams is essential for improving overall care coordination efforts.

Use Case: Use Event Notifications to notify dentists when a patient has received care in the community for dental related complaints or procedures.

Project Details

- Leverage existing ADT feed to SDHL
- Subscribe to event-based notifications
- Upload specialized patient list

Impact

- Improved transfer of information and coordination of care between specialists
- Enhances ability to make any changes to treatment plan to provide ongoing support
- Supports ongoing clinical management and scheduling of follow-up visit post-discharge

SOUTH DAKOTA Health Link
Exchanging information. Changing lives.

Timely Care Delivery: Incapacitated/Unresponsive Patient

Clinical care teams are unable to acquire medical history information by traditional methods for incapacitated patients who may be unable to speak for themselves. Medical history information is not always readily available and can require a manual process of phone calls and faxing.

Use Case: Provide access to Point of Care for immediate and expanded access to community clinical data to assist with accurately capturing medical history information.

Project Details

- ED Admissions: Access to demographic, insurance, and PCP information
- Pharmacist: Access Medication History to support medication reconciliation efforts
- ED Provider: Access to recent visit histories, testing, and results data

Impact

- Timely intervention and medical decision making
- Reduced phone calls and faxing
- Expedited ED chart creation in EMR
- Improved patient safety
- Improved Workflow Efficiencies

SOUTH DAKOTA Health Link
Exchanging information. Changing lives.

Expediting Admission Assessments/Orders

Patients requiring inpatient admission can have difficulty remembering current medications, procedures and/or treatments. It may not always be possible to obtain this information directly from patient, requiring clinical teams to make multiple phone calls and faxing.

Use Case: Provide access to Point of Care for immediate and expanded access to community clinical data to assist with accurately capturing medical history information.

Project Details

- Admissions: Access to demographic, insurance, and care teams
- Pharmacist: Access Medication History to support medication reconciliation efforts
- Hospitalists: Access to recent visit histories, testing, and results data
- Inpatient RN: Access to community clinical data

Impact

- Accurate medical history information
- Avoid unnecessary duplicate testing upon admission
- Reduce phone calls and faxing
- Patient safety and satisfaction

SFSH SIOUX FALLS SPECIALTY HOSPITAL
Innovative and Personalized Care

SOUTH DAKOTA Health Link
Exchanging information. Changing lives.

Identifying Misuse and Abuse: Opioid Management

In 2017, more than 70,000 people died from drug overdoses, with 68% of those involving a prescription or illicit opioid. On average,130 Americans die every day from an opioid overdose.

Use Case: The ability to access a patient's up-to-date medication history is not only critical to the treatment rendered, it can also be helpful in supporting the identification of potential misuse and abuse of medications impacting this national epidemic.

Project Details

- Provide immediate and expanded electronic access to community medical history data to assist with identifying compliance issues and early detection for identifying potential drug seeking behaviors.

Impact

- Accurate medical history information
- Improves staff satisfaction by reducing phone and fax process

SOUTH DAKOTA Health Link
Exchanging information. Changing lives.

FQHC Following Patients Seen in the Last Six Months

Horizon Health Care provides patients across South Dakota with primary, medical, and dental care. They not only work with one hospital, but multiple hospitals across the state, where their patients can present at.

Use Case: Use Event Notifications to receive timely notifications on patients admitted and discharged from the ED or inpatient status. Access Point of Care to print and download the discharge summary and view other clinical information.

Project Details

- Provide inpatient and ED admit/discharge notifications to end-users
- Access to pertinent clinical information via Point of Care Exchange

Impact

- More efficient and timely follow up
- Faster access to discharge summaries
- Patient and care team satisfaction

HORIZON Health Care

SOUTH DAKOTA Health Link
Exchanging information. Changing lives.