Department of Healthcare & Family Services

HealthChoice Illinois ADT

Accurate. Direct. Timely.

UPDATE FOR AMBULATORY/COMMUNITY PROVIDERS

January 24, 2022

AGENDA

- INTRODUCTIONS
  - **Dana Wilson,** Division of Medical Programs, HFS
  - **Laura Zaremba,** Principal, Health Management Associates
  - **Jose Galinato MS, BSN, RN,** Clinical Solutions Lead, Collective Medical Technologies
- HEALTHCHOICE ILLINOIS ADT OVERVIEW
- TECHNOLOGY PLATFORM DISCUSSION
- QUESTIONS AND NEXT STEPS

HealthChoice Illinois ADT Project Overview

- Last year, the Illinois Department of Healthcare and Family Services (HFS) launched **HealthChoice Illinois ADT,** a statewide data exchange platform that will deliver vital information to Illinois Medicaid providers in a timely and secure manner.
- **HealthChoice Illinois ADT** enables Medicaid admission, discharge and transfer (ADT) notifications to be shared with Medicaid providers whose patients visit a hospital inpatient unit or emergency department, or are admitted to or discharged from a long-term care provider.
- Currently, 189 Illinois hospitals and 489 long-term care providers are data-live and transmitting ADT notifications for Medicaid customers through the platform.
- All Illinois Managed Care Organizations (MCOs) are subscribing to **HealthChoice Illinois ADT**
- Illinois providers enrolled in the IMPACT system and engaged in care coordination services for persons enrolled in Medicaid are now eligible to subscribe to **HealthChoice Illinois ADT** to receive Medicaid ADT notifications for their patients.

Introduction to Collective Medical

OUR MISSION

Collective improves health outcomes and lowers cost by placing the right insights in front of each stakeholder along a patient's journey to inform and encourage the right action for the patient

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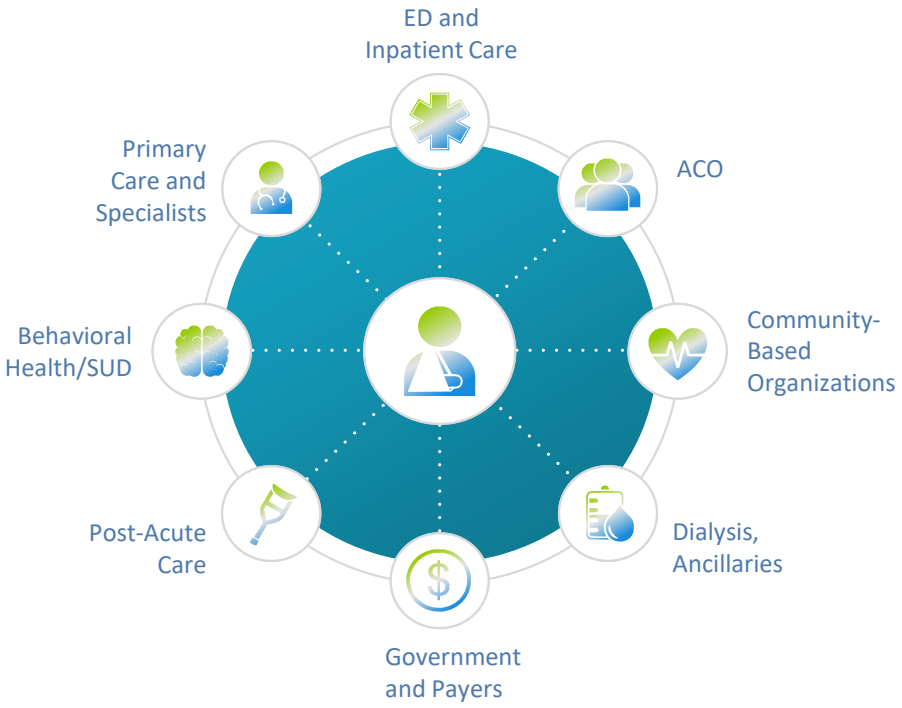
Collective Medical Technologies

Collective is a care collaboration solution that gets the right information to the right person at the point of care.



A NETWORK

Collective is a network of hospitals, emergency departments, primary care, specialists, behavioral health providers, post-acute care providers, and health plans across the United States, sharing important patient information at the time of care

A PLATFORM

Collective is a platform that intelligently connects each member of a patient's care team for seamless collaboration at the right time and through the best medium

A COMMUNITY

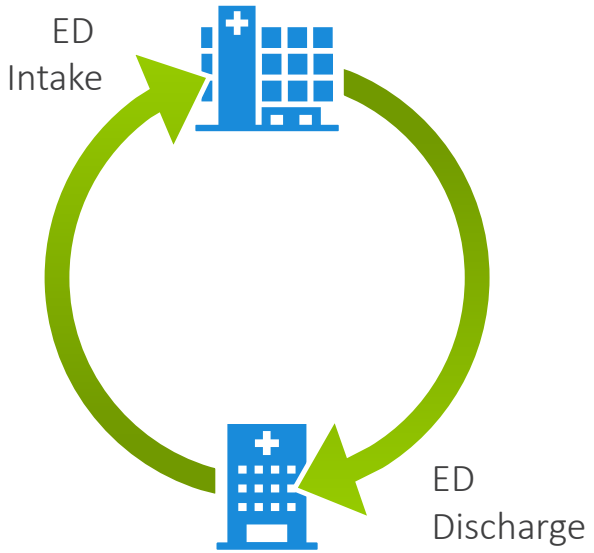
Collective is a community of providers in the care of patients—especially those with complex medical needs—in your communities and across the country.

Better Care Coordination through Real-Time Network Collaboration

The Collective platform works in real-time, which means whether you're in a hospital ED, BH/SUD clinic, or other healthcare facility, you can receive up-to-date Insights into the status of your patients.

Hospital ED

- Receive real-time notifications on some of your most complex patients—right in your existing workflows – *Do not have to access a different system or dig through medical records for information*
- Insights help providers identify existing diagnoses and care guidelines and contact the best behavioral health provider for needed follow-up – *Decrease LOS, supports efficiency, shared SW/CM have access to same information*



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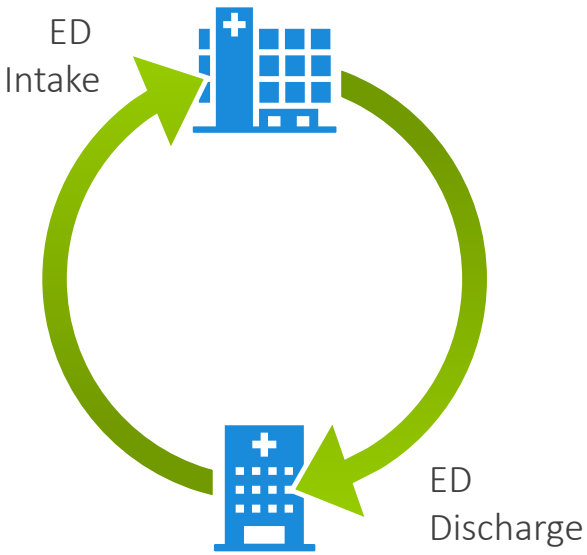

Community Partners

- Know when patients are in the hospital—without having to call around or rely on patients to report the incident
- Increased visibility into patient encounters
- Receive real-time notifications of active encounters for faster follow-up
- Add care guidelines and crisis plans to guide emergency physicians and mitigate crisis situations—whether a case manager is on-site or not.

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How does the Collective Platform benefit care collaboration?

Risk Identification

Real-time analytics identify high-risk encounters and populations.

What risk just walked in the front door?

Intelligent Notifications

Risk-based alerts, curated into a consumable format and delivered into existing workflow.

How can I quickly learn what I need to know?

Activate the Care Team

Dynamically understand who is on the patient's broader care team that needs to be engaged to support the patient.

How / where can I get the support I need?

Share Insights

Connected care team shares unique patient specific insights via shared, virtual collaboration environment; insights follow the patient going forward.

Who knows what about this patient?

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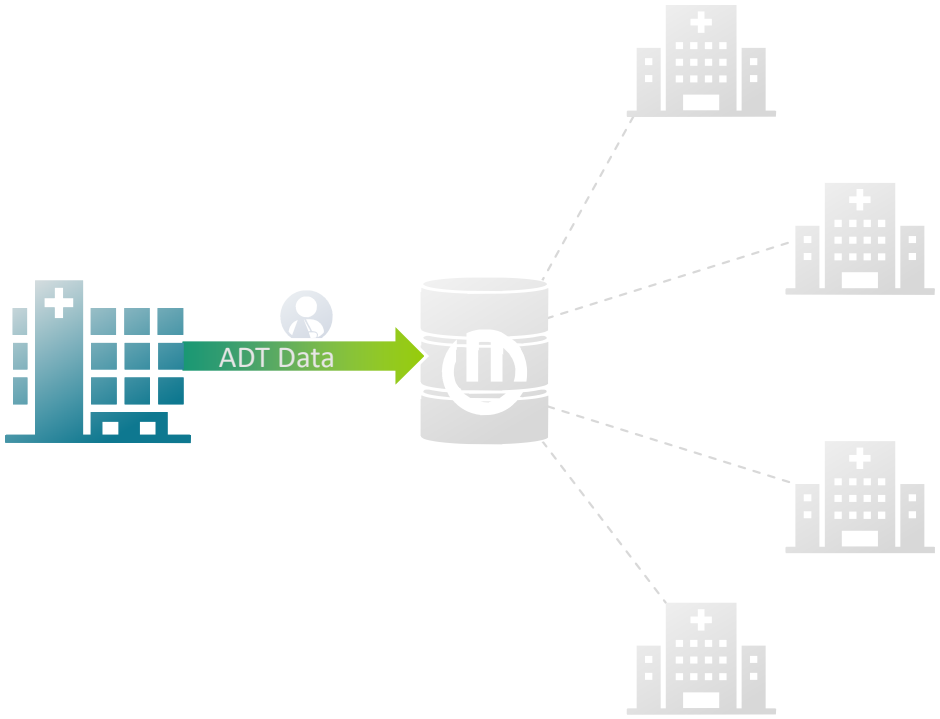
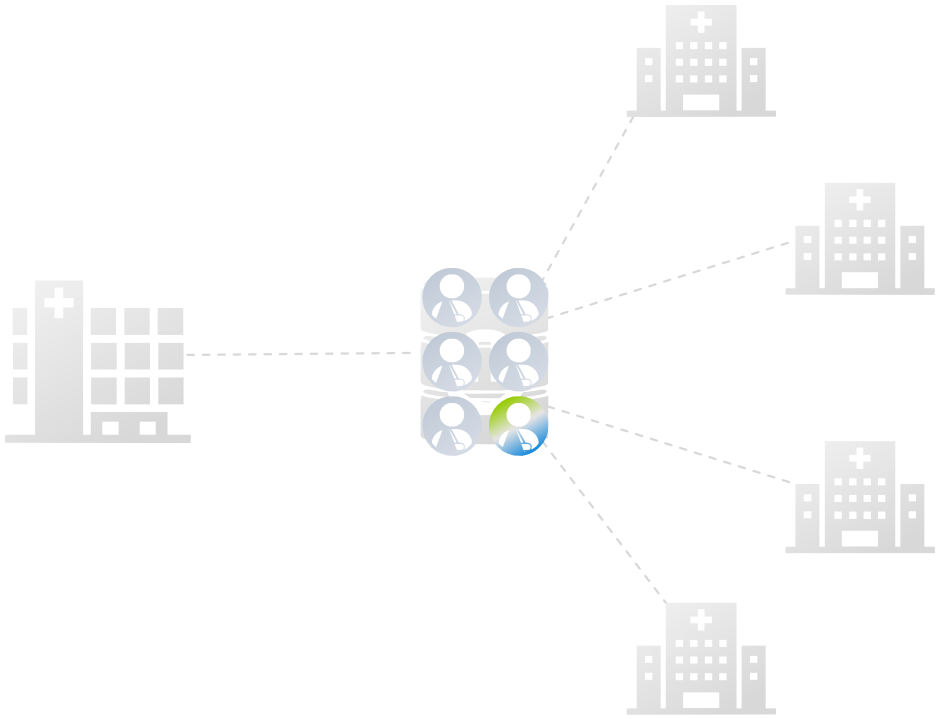
Collective Notifications – Workflow and Process



Step 2 – ADT Transmission

Within moments, the hospital's EHR sends the important information about the encounter to Collective in the form of an ADT message.

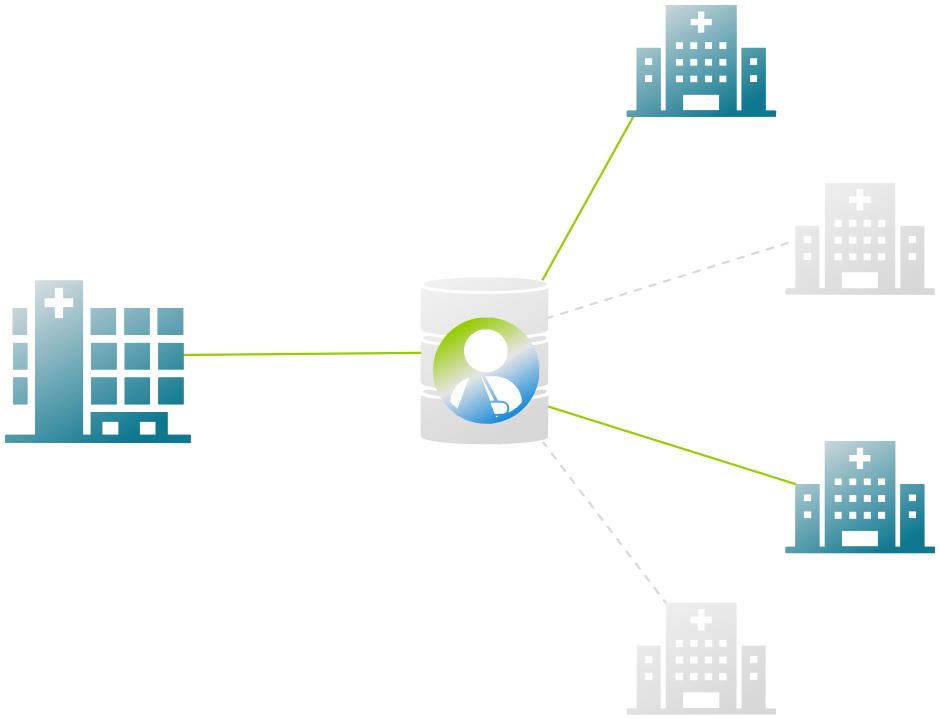
Collective Notifications – Workflow and Process



Step 3 – Patient Identification

The Collective platform normalizes the new encounter information, identifies the patient's aggregate *profile on the network* as well as identifies patient's aggregate profile existing through *Carequality or CommonWell,* and merges the new data in.

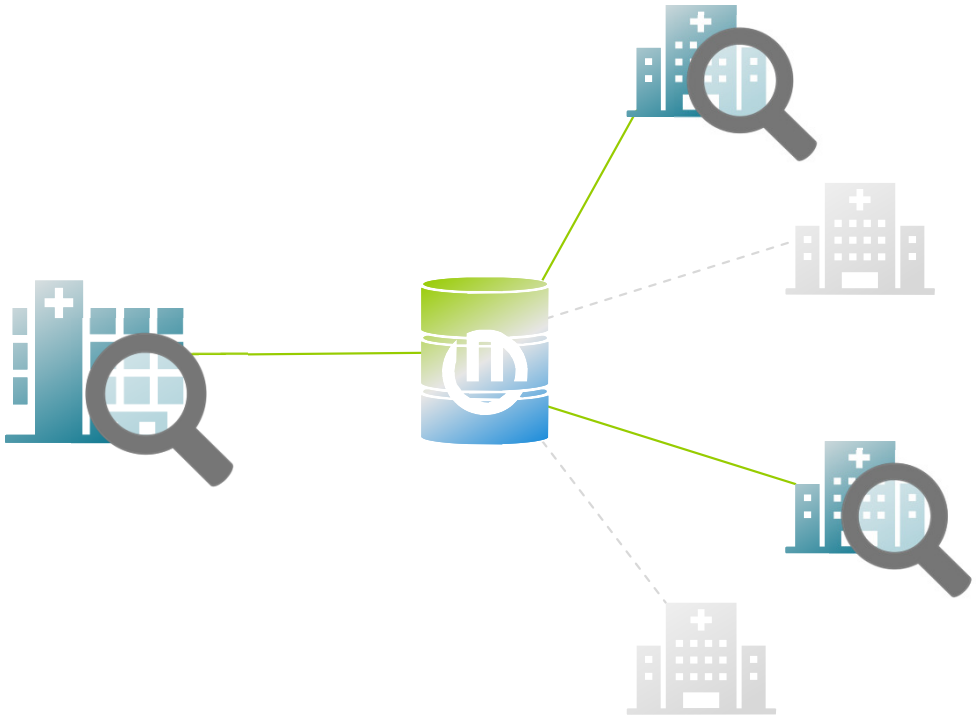
Collective Notifications – Workflow and Process



Step 4 – HIPAA Verification

Collective analyzes its network, and all entities showing a verified HIPAA relationship with the patient are identified, including the facility at which the patient is currently experiencing the triggering encounter.

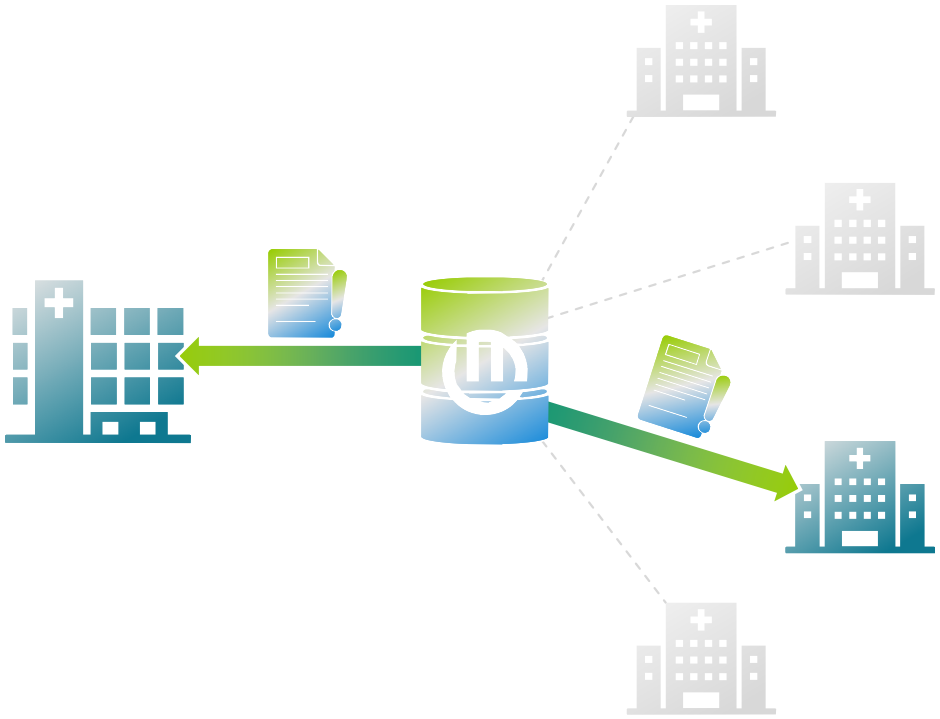
Collective Notifications – Workflow and Process



Step 5 – Criteria Analysis

Each of these entities' Collective profiles are analyzed to identify which—if any—of the members of the patient's care team should receive notification of the encounter, and curated specifics about the patient's needs.

Collective Notifications – Workflow and Process



Step 6 – Care Team Notification

Within seconds of the patient's initial presentation at the triggering facility, real-time notifications are delivered to the members of the patient's care team identified as being best placed to intervene and impact outcomes.

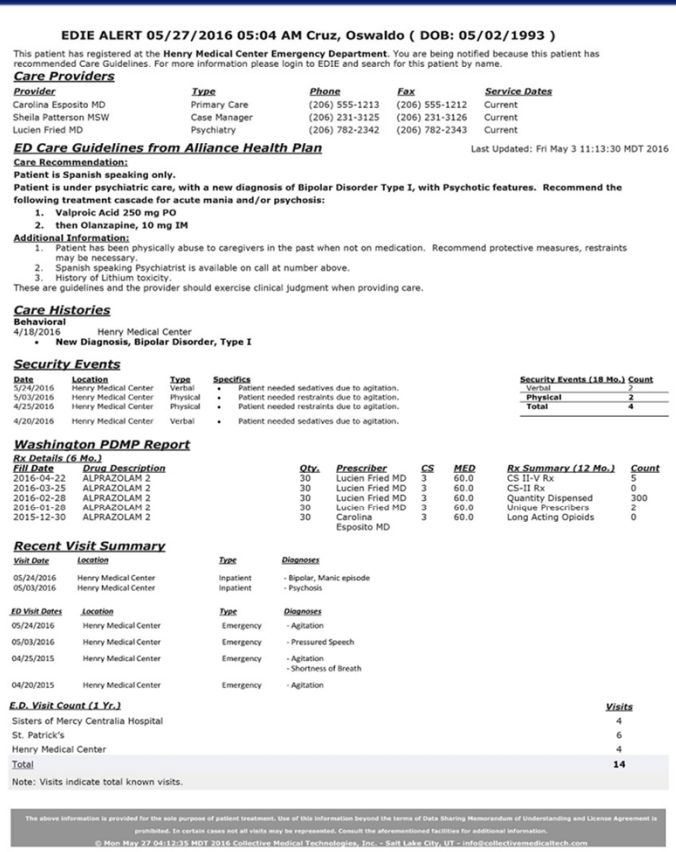
Collective Notifications – Workflow and Process

Step 7 – Provider Action

All members of the patient's care team are now empowered to take action to influence better outcomes for the patient.

- ED providers are empowered to act quickly from a position of knowledge
- primary care and specialists can proactively involve themselves when necessary

Notifications and Cohorts – When can a clinic Receive Notifications?



EDIE ALERT 05/27/2016 05:04 AM Cruz, Oswaldo (DOB: 05/02/1993)

This patient has registered at the **Henry Medical Center Emergency Department**. You are being notified because this patient has recommended Care Guidelines. For more information please login to EDIE and search for this patient by name.

Care Providers

Provider	Type	Phone	Fax	Service Dates
Carolina Esposito MD	Primary Care	(206) 555-1213	(206) 555-1212	Current
Sheila Patterson MSW	Case Manager	(206) 231-3125	(206) 231-3126	Current
Lucien Fried MD	Psychiatry	(206) 782-2342	(206) 782-2343	Current

ED Care Guidelines from Alliance Health Plan Last Updated: Fri May 3 11:13:30 MDT 2016

Care Recommendation:

Patient is Spanish speaking only.

Patient is under psychiatric care, with a new diagnosis of Bipolar Disorder Type I, with Psychotic features. Recommend the following treatment cascade for acute mania and/or psychosis:

1. **Valproic Acid 250 mg PO**
2. **then Olanzapine, 10 mg IM**

Additional Information:

1. Patient has been physically abuse to caregivers in the past when not on medication. Recommend protective measures, restraints may be necessary.
2. Spanish speaking Psychiatrist is available on call at number above.
3. History of Lithium toxicity.

These are guidelines and the provider should exercise clinical judgment when providing care.

Care Histories

Behavioral

4/18/2016 Henry Medical Center

- **New Diagnosis, Bipolar Disorder, Type I**

Security Events

Date	Location	Type	Specifics
5/24/2016	Henry Medical Center	Verbal	• Patient needed sedatives due to agitation.
5/03/2016	Henry Medical Center	Physical	• Patient needed restraints due to agitation.
4/25/2016	Henry Medical Center	Physical	• Patient needed restraints due to agitation.
4/20/2016	Henry Medical Center	Verbal	• Patient needed sedatives due to agitation.

Security Events (18 Mo.)	Count
Verbal	2
Physical	**2**
Total	**4**

Washington PDMP Report

Rx Details (6 Mo.)

Fill Date	Drug Description	Qty.	Prescriber	CS	MED
2016-04-22	ALPRAZOLAM 2	30	Lucien Fried MD	3	60.0
2016-03-25	ALPRAZOLAM 2	30	Lucien Fried MD	3	60.0
2016-02-28	ALPRAZOLAM 2	30	Lucien Fried MD	3	60.0
2016-01-28	ALPRAZOLAM 2	30	Lucien Fried MD	3	60.0
2015-12-30	ALPRAZOLAM 2	30	Carolina Esposito MD	3	60.0

Rx Summary (12 Mo.)	Count
CS II-V Rx	5
CS-II Rx	0
Quantity Dispensed	300
Unique Prescribers	2
Long Acting Opioids	0

Recent Visit Summary

Visit Date	Location	Type	Diagnoses
05/24/2016	Henry Medical Center	Inpatient	- Bipolar, Manic episode
05/03/2016	Henry Medical Center	Inpatient	- Psychosis

ED Visit Dates	Location	Type	Diagnoses
05/24/2016	Henry Medical Center	Emergency	- Agitation
05/03/2016	Henry Medical Center	Emergency	- Pressured Speech
04/25/2015	Henry Medical Center	Emergency	- Agitation - Shortness of Breath
04/20/2015	Henry Medical Center	Emergency	- Agitation

E.D. Visit Count (1 Yr.)	Visits
Sisters of Mercy Centralia Hospital	4
St. Patrick's	6
Henry Medical Center	4
Total	**14**

Note: Visits indicate total known visits.

Standard Clinic Notification Criteria

1. ED Admission
2. High-Utilization Patterns
   Standard: 5 ED visits within 12 months
3. Traveling Patients
   Standard: 3 Different EDs within 90 days
4. Patients with ED Care Guidelines entered into the network
5. History of Security Events entered into the network

Information from each of these sources can be accessed by care team members in one of two ways:

Real-time Collective notifications, delivered directly to providers at the point of care

- Case managers, social workers, and/or community partners receive a notification within workflow (text, email, printer, or EHR)

Logging into the web-based Collective platform

- Login to the portal for patient information, documentation and update care insights
- Information shared on network and shared on the notification that is surfaced to the providers at the point of care

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Ambulatory Provider Use Cases

Patient Centered Care

Empower patients to stay connected with PCP expedited transitions of care follow up

Share plans of care and insights throughout the continuum of care

Coordinate interdisciplinary care conferences through care teams

Share the patients background , voice and advance directs in real time

Management of Special Populations

Patients living with Mental Health Conditions

High Risk Pregnancies

Chronic Condition Management

Patients living with Substance Use Disorder

Health Homes, CPC+ and various risk populations where financial risk is present

Advanced Care Planning

Panel Management

Use real time data to improve care outcomes and meet metrics

Enhance communication with health plan by coordinating care off the same data

Reduce no shows and increase acute care follow up visits

Increase over all encounters through same day, evening hours and work in appointments in lieu of ED

Reduction in high ED Utilization

Provide consistent messaging and education around where to access care

Collaborate in real time with health plans, acute care, behavioral health and post acute care to avoid readmissions

Identify trends in utilization by individuals, diagnosis and lines of business

Case manage patients with high utilization patterns at the point of care

Quality Reporting

Encounter based scheduled reports assist with care gaps

Total patient population ICD 10 data in real time for targeted interventions and program assessment

Special populations data for deployment of resources with reduced duplication with payer partners or payer reports/ grants

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Sample Daily Workflow

Designated Staff Log in Daily to Collective Platform (M-F)

- Use Search bar for key patient look up
- Review Census for recent ED & IP hospital activity
- Review Cohorts

Review Patient Detail for Utilization Dx, Hx, Care Team and other content

- Document hospital visit in patient chart/mail ED education letter
- After ED visit, call patient to schedule PCP appointment
- Coordinate Rx refills as needed
- Develop care plan for patient following Inpatient discharge
- Place patient on priority list for regular monitoring of hospital utilization

Continue monitoring patients via Collective Platform

- Assess care coordination and referral needs for ED high utilizers
- Assess transitional care needs for frequent Inpatient admissions/readmissions

Outcome: Clinic develops timely patient care plans informed by regular use of Collective Platform

Questions?

Next Steps

1. Ambulatory provider customers begin the subscription process by completing a brief HFS survey by **Friday, February 11, 2022** to receive an HFS onboarding packet

https://www.surveymonkey.com/r/XLX9JC6

2. Complete HFS onboarding packet and return to HFS.

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THANK YOU