Care Management Recognition Awards
Best Practice Submission Template

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Executive Summary (5-8 bullet points, must include summary of results):

OPNS has been publishing Admit, Discharge, and Transfer notifications for over 4 years to its physicians. Starting with Great Lakes Health Connect and Patient Ping as HIEs, OPNS continued to improve on the quality of message delivery to physicians to utilize the data available. OPNS was recognized as a Qualified Organization (QO) in the Fall of 2017 with MiHIN and started receiving ADT messages directly. Messages through MiHIN are near real-time, and OPNS physicians no longer have to wait 36-48 hours to receive those ADT messages to complete necessary follow-up needed (7day/14days). The process is ongoing, and OPNS has seen positive changes in ER admissions/readmissions as a result of utilizing the ADT reports as shown in Appendix A.

Category of Submission: HIE/ADT Implementation.

When did the intervention start and end?

The first ADT report published on the OPNS registry was May 1st, 2015. The process is ongoing.

Goal of the program/Intervention:

To improve care processes and to lower ER/IP readmission rates.

Who developed the program/intervention and how?

The population management registry that houses the daily ADT reports was developed by Paul Wehr. The warehouse includes multiple schemas that houses the data received from different sources. MiHIN data is stored on the warehouse and is used to publish the Daily ADT reports (PDF Documents).

Description of the program/Intervention

The daily ADT report published on the OPNS registry (PD Focus) is the main tool to track ER/IP hospitalizations and it plays a role in managing the utilization of the ED/IP. OPNS' focus on accessing those ADTs through the registry has been emphasized with the development of monthly reports for the usage of the ADT reports. Generating ADT usage reports as well as incentivizing providers for accessing and using these reports is crucial to the success of the program.

These reports are also utilized for functions under the Patient Centered Medical Home and Provider Delivered Care Management initiatives under the Physician Group Incentive Program and the CPC+ program to effectively coordinate patient care and transition out of the hospital, nursing facility and/or other healthcare settings; this process is utilized by various practices and is currently being deploying in additional practices to improve patient care.

OPNS has developed and continues to work on tools to aggregate usage data of those reports specific to physicians and/or practices. OPNS continues to work on generating ADT reports and aggregating data while also working with the Saint Joseph Mercy/Trinity Health Network and its Quality Institute to obtain risk scores for inpatient visits as well as ER risk scores for high/low risk patients. Those scores are received, developed, and published with each ADT message received if applicable. Those scores are aggregated on a daily Risk Score report and is published to our physicians to be able to better focus on the higher risk population.

How were patients identified for the program?

All patients appearing on the ADT reports are areas of opportunity established for the offices. Physician offices are incentivized at the OPNS level for accessing the ADT reports and working on the patient lists appearing on those reports to complete the necessary transition of care visits. ADT reports also represent comprehensive data from the ACRS file (Active Care Relationship Service) sent by OPNS to MiHIN to identify any applicable ADT messages for the network, and in turn is sent back to OPNS to publish on the registry.

How was success measured?

Success is being measured continuously in this domain through two avenues including the process based on offices obtaining those daily reports through the OPNS registry as well as the usage report. In order to determine usage, the OPNS warehouse has a timestamp for any report accessed by users of the registry. Users are then linked to providers (NPIs) which in turn are linked to practices. The process involves querying the warehouse for usage of the ADT reports and notifying offices on a monthly basis of who is accessing what. The usage report is transparent for providers to see each other's usage as a means to motivate providers to increase usage of the ADT reports.

The second part of measuring success is outcome based, with goals to lower inpatient and ER readmissions by having physicians reviewing the daily admit, discharge, and transfer report and for our physician offices to get those patients in to complete their necessary hospital follow up visits. OPNS has the ability of querying the warehouse for patients visiting their physicians after a hospitalization (through claims) while checking for any hospital readmission within 30 days (whether IP or ER) through ADT messages received from MiHIN.

Program Results

Program is still in progress. For overall patient population of OPNS, there was a decrease in 30 Day ER readmission rate of 1.1% for 2Q 2019 compared to 1Q 2019. Average ER 30-day readmission rate for offices with a care manager went down from 15% for 1Q 2019 to 8% 2Q of 2019.

OPNS also provides a monthly ADT usage report to all providers. The scores on the ADT usage report are used on the annual shareholder distribution to physicians. Providers must meet an average monthly access rate of 90% for those ADT reports to be eligible for the ADT incentive portion. Regarding the access rate of the ADT reports, offices with a care manager had an average access rate of 81% for YTD 2019 while the OPNS PCP average was at 58%.

Attached also is an Appendix (**Appendix A**) that shows improved (decrease) in hospital readmissions through the help of the care managers utilizing the ADT reports

Were there any new tools, processes, or resources developed to aid HIE/ADT implementation?

OPNS started collaborative efforts with the Trinity Quality Institute, based in Livonia MI to receive PRISM scores, generated for Risk Stratification and Predictive Modeling, for inpatient admissions and ER hospitalization episodes in 2017. Those scores are taken into the warehouse, published onto the daily ADT reports to alert providers of any high-risk patient who might require immediate attention as opposed to the regular 7/14 day follow up protocol.

As of 2019, OPNS is in the process as an OSC on the Risk Stratification initiative to obtain outpatient PRISM scores (from Trinity QI) for the whole population based on visit/lab data for applicable patients. We are hopeful that this would be benefit providers and care managers achieving better results for our patient population.

What are you proudest of regarding this submission?

The proudest achievement about this submission is the extensive feedback received on the original ADT report that led into major changes in the format of these reports and the level of detail presented to providers utilizing it. Such achievement wouldn't be there without the hard work, persistence, communication skills between the OPNS staff, the provider offices, and the developer who took the feedback and went ahead with the changes that shaped the current ADT report.

Usage of the funds:

Work on building a live ADT feed internally utilizing the OPNS registry with a real time notification alerts to providers.

Appendix A

	ER Visits/1000	PCS ER Visits/1000	Non-Maternity IP Rate/1000	ACS IP Rate/1000	30-Day All Cause Readmit Rate	Clinical Quality VBR
PRACTICE A						
2016	163	74	104	11.32	15%	0%
2017	154	57	78	2.61	0%	15%
% of Change	-6%	-23%	-25%	-77%	-100%	
2017 PGIP	219	103	41	4.5	9%	
2017 OPNS	201	81	60	3.55	9%	
4Q17-3Q18	186	65	93	11.27	3%	5%
PRACTICE B						
2016	304	180	62	8.80	7.14%	0%
2017	277	131	134	4.78	23.08%	10%
% of Change	-9%	-27%	116%	-46%	223%	
2017 PGIP	219	103	41	4.50	9.00%	
2017 OPNS	201	84	60	3.55	9.37%	
4Q17-3Q18	388	191	160	46.58	17.80%	10%
PRACTICE C						
2017	174	77	60	10.57	8.00%	5%
4Q17-3Q18	187	84	46	7.11	5.41%	5%
*CM started 10/2018						
PRACTICE D						
2017	280	134	57	9.18	0.00%	0%
4Q17-3Q18	256	114	76	13.35	15.63%	0%
*CM started 08/2018						
PRACTICE E						
2017	190	81	48	6.88	8.16	0%
4Q17-3Q18	191	77	40	1.65	14.29%	0%
*CM started 01/2019						