Smooth transitions of care through CliniSync:

Electronic communications fosters better care, lower costs for patients

by Dottie Howe

Doctors and nurses caring for patients who leave the hospital and transfer to a nursing home, assisted living facility, or some other care setting can now have immediate, electronic access to that patient's discharge information. That translates into better and more efficient care for patients.

About 400 long-term care, rehabilitation and home health facilities in Ohio have signed up to join the CliniSync statewide health information exchange (HIE). That's on top of the 141 hospitals and thousands of physicians already contracted or live.

exchange occurred because hospitals now must be able to transmit transition of care documents to other providers – such as physician practices and long-term care facilities – in a particular format (CCDA) as part of federal Stage 2 Meaningful use requirements.

When hospitals and other eligible professionals for this program meet those and other reporting requirements, they receive reimbursement from Medicaid and Medicare for the electronic transmission of patient health information. If they don't comply, they will be penalized by reductions in payments from the Centers for Medicare and Medicaid Services in coming years.

And long-term care facilities, which are ineligible for incentive payments, are assisting hospitals and other providers in reaching their goals because they want more effective care for patients.

MOVING INTO THE ELECTRONIC WORLD

In the past, this transfer of information in long-term care occurred through faxing or even hand-delivery of paper files with the patient or ambulance driver, sometimes resulting in delays, missing information, extensive copying and phone calls.

"This electronic exchange of care summaries when a patient leaves the hospital will allow everyone involved in that patient's care to get the latest and most comprehensive list of medications, diagnoses, procedures and history," says Dan Paoletti, CEO of the nonprofit Ohio Health Information Partnership, which manages the CliniSync HIE.

REQUIRING EXCHANGE OF PATIENT INFORMATION

The push toward long-term care involvement in health information

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ELIMINATING OLD-FASHIONED METHODS OF TRANSMISSION

For the 25 skilled nursing facilities managed by HCF Management in Lima, the sheer efficiency of no longer dealing with paper is just the first step in providing better care for their patients, says Scott Unverferth, the director of operations for HCF.

"When we get a referral from a social worker, they fax us the referral, history and physicals, lab reports, and we look it over. Once the resident is admitted, a packet with orders and everything from the hospitals is sent to us. It's both faxed and sent with the patient," Unverferth explains. "But the fax machine may be out of paper or out of toner, you may have to call back, you may be missing a page."

There's a lot of copying, faxing and phone calls on both the hospital and the assisted-nursing facility side when a patient gets sent to or returns from the hospital, often disrupting the workflow, says Jean Marquette, director of electronic records.

"For instance, if we receive information on a Tuesday from a hospital referral but the patient doesn't come to the facility until Friday, the new orders received after the Tuesday fax and before the admission on Friday don't get faxed or sent," Marquette explains.

"The nurse working on the floor who is attempting to do her admission paperwork has to call and request any additional information be faxed, which delays the admission process and delays care of the resident," she says. While nurses don't want to interrupt care at the hospital, they do need to verify medications, diagnoses and other information.

Unverferth thinks more efficient workflow, medication reconciliation and lower cost will result from more robust electronic transmissions.

"We could have had a lab drawn in our building or some type of x-ray, and then another lab does the same draw or the hospital takes another x-ray. The resident has to go through that and there's a cost for that. Hopefully the patient experience is better and the cost goes down, too," Unverferth says.

USING TRANSITION OF CARE DOCUMENTS FOR QUALITY CARE

Joyce Miller Evans, the vice president and chief information officer for Columbus-based Ohio Presbyterian Retirement Services, which has 12 locations in Ohio, says she's moving forward with CliniSync because she wants to transmit and receive patient information as part of an Accountable Care Organization.

Within these models, physicians must be able to share patient information back and forth, and CliniSync will facilitate that exchange. This electronic exchange can occur among physicians and specialists, with skilled nursing, home health, hospice, adult-day care centers, and any number of facilities within the patient's healthcare environment. Ohio Presbyterian not only has long-term care facilities, but also has home health and hospice programs in the state.

"Quality is going to drive everything we do, and transitions of care is all about quality," Evans says. "The number one problem we all face is medication reconciliation, and we will now be able to accept a transition of care document directly into the electronic health record system so everyone can see procedures, major events and medications."

Preventing adverse drug interactions and getting an accurate picture of a patient's medication history can guarantee better quality outcomes for patients, but it also includes cost savings and efficient care.

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"This kind of electronic exchange decreases cost, eliminates unnecessary tests, reconciles medication problems, reduces duplication of tests, and allows our clinicians to respond more quickly to the results that come from hospitals," she says.

HELPING HOSPITALS REACH FED REQUIREMENTS

How to achieve stage 2 of meaningful use certainly "ignited the conversation" between hospitals and long-term care facilities, says Mark Jacobs, the director of information systems at Pomerene Hospital in Millersburg.

"It was a daunting task when considering it with the entire MU initiative" he says. Nurse Managers and discharge planners determined where Pomerene sent and received the most referrals and transfers. Hospitals and long-term care facilities emerged as most frequent.

Pomerene already collaborates with Aultman, Aultman Orville, Alliance Community and Union hospitals and has connected with others as a result of this project, Jacobs explains.

The long-term care facilities the hospital is working with include Majora Lane Care Center, Oak Pointe Nursing and Rehabilitation Center, Scenic Pointe Nursing and Rehabilitation Center and Sycamore Run Nursing and Rehabilitation.

Just recently, Pomerene attested to Stage 2 Meaningful use, so staff and clinicians have only been transmitting clinical documents for a short period of time.

Lois Uhl, a RN and clinical informatics coordinator, says "The care summary consolidates all of the pertinent clinical information into a concise document that can be transparent to disparate systems".

"All of the information previously came in from a variety of sources including from doctors, from phone calls and paper sources – now it's all concise in one clear electronic document," Uhl says.

While some nursing staff will need to learn to switch from paper processes to logging into a portal, it will be a matter of time before the workflow is enhanced.

"When we eventually don't have to copy or fax, the nurses love when they can send it electronically. It saves time as it is an easy process to follow. Eventually, I think both sides (hospitals and long-term care facilities) are really going to like it," she says.

PROVIDING PATIENT INFORMATION TO THE FRONTLINES

Cincinnati-based CommuniCare Family of Companies signed up 30 facilities in Ohio and 12 from Pennsylvania, Missouri and Maryland. Vice President of Information Technologies Jahan Ketabchi says the organization has put resources into electronic health records to improve the flow of information for staff.

"While we wanted to assist the hospitals with meaningful use, at the same time, we are on the leading edge of long-term care regarding electronic health record (EHR) implementation.

First and foremost, it's our job in IT to provide the tools and information at the frontlines so our doctors and nurses can provide the best care for our residents," Ketabchi says.

"For that to happen, CliniSync will be a big part of the equation because it's important for us to get information from other providers and to exchange data," he says.

David Dissinger, a health IT expert who is the director of application integration at CommuniCare, says he's watched the evolution of EHRs and direct messaging, just the first stages of more sophisticated sharing of patient health records for the coordination of care for patients.

"One of reasons I moved into long-term care is that it's so intriguing because there's so much to be done. There's a lot that we have left to do. But this is a great first step," Dissinger says.

Dottie Howe is the Director of Communications at the Ohio Health Information Partnership and CliniSync Health Information Exchange