



**FLORIDA**

HIE SERVICES

# Central & North Florida HIMSS

February 1, 2018

# Florida HIE Services



- **The Florida HIE currently offers three services –**
  - **Direct Messaging Service**
    - Secure, HIPAA-compliant email service
    - DirectTrust accredited
  - **State Gateway**
    - Query exchange service
    - Federated network with no central data repository
  - **Encounter Notification Service**
    - Real-time hospital encounter notifications
    - Inpatient and emergency department
    - Admissions and discharges

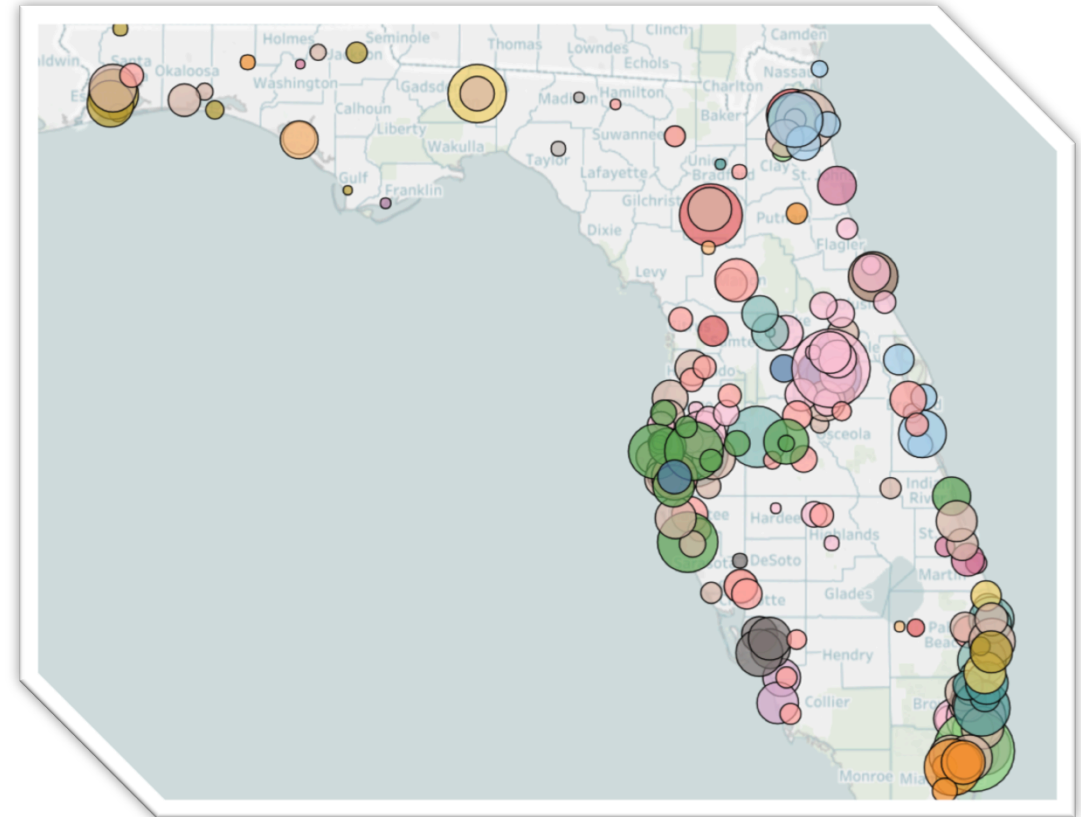


# Encounter Notification Service



- **Hospital data sources –**

- Hospitals send ADT (Admit-Discharge-Transfer) messages in real-time to ENS.
- ADT messages include inpatient and emergency; admissions and discharges.
- Each ADT includes patient name, DOB, address, event date/time, event class, event type, primary complaint, diagnosis code, discharge disposition, and other useful information.
- See the complete list of participating hospitals at [florida-hie.com](http://florida-hie.com).

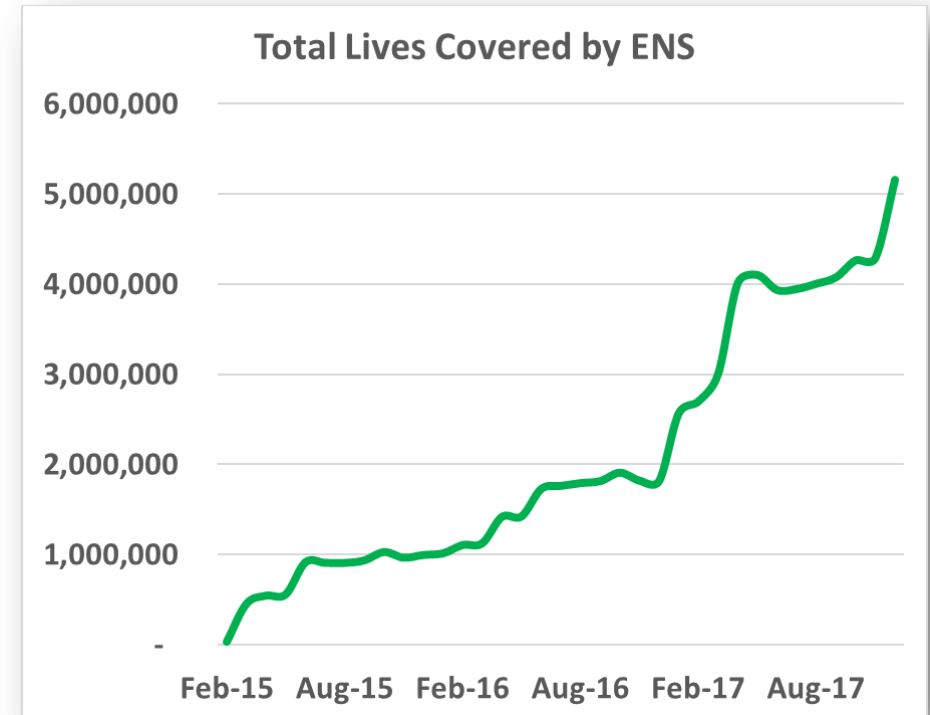


# Encounter Notification Service



- **Subscribing organizations**

- Each subscriber provides a panel or list of patients on whom they want to receive hospital encounter notifications.
- The subscriber must have full authorization for every patient on the panel.
- The panel includes patient name, DOB, gender, insurance ID, address, phone, and other demographic information.
- The panel can include additional optional patient information, like PCP, case management programs, chronic conditions, etc.



# Encounter Notification Service



- **Matching**

- ENS compares hospital ADTs to the patient panels provided by subscribers.
- Matching is attempted based on patient demographics found in both the inbound ADTs and the subscriber patient panels.
- Probabilistic vs. deterministic matching processes
- Matched ADTs are routed to the appropriate subscriber; unmatched ADTs are discarded.
- Custom fields included in the patient panel, like PCP, case management programs, etc. are also routed as part of the notification.

- **Alert delivery options**

- Real-time or batch delivery
- Raw HL7 ADT or CSV file format
- Delivered via Direct, SFTP, or PROMPT

# Encounter Notification Service



- **Proactive Management of Patient Transitions (PROMPT)** is a web-based user interface for **ENS** that can serve as a lightweight care coordination tool.

The screenshot displays the PROMPT (Proactive Management of Patient Transitions) interface. At the top, it shows the ENS logo and the PROMPT title. A search bar and filter options are present. The main content area is divided into a left sidebar and a main panel. The sidebar shows a list of notifications for three patients: Terry Burke, Stephan Wells, and Darla Stark, each with their hospital, date, and event type. The main panel shows detailed information for JERROD BARRERA (739910439), including contact info, destination MRN, date of birth, gender, address, and primary phone. It also lists the primary care provider (Gloria Bishop), destination practice (HPP), and care manager name. A 'Most Recent Event' section shows a discharge from Toronto General Hospital. A 'Status Log' entry shows a notification update on 8/1/17. An 'Event History' table shows a transfer from Mount Sinai Hospital on 5/6/16.

**ENS** Encounter Notification Service | **PROMPT** Proactive Management of Patient Transitions

Filter by Name or MRN  Any Participants (6) Add Filters

All Not Started In Progress Completed

# of Notifications: 1004

**TERRY BURKE (335657900)**

- Mount Sinai Hospital
- 7/28/16 4:34 PM
- ER Transfer
- FUZ Stomach Pain VIW PAIN ON BOTH SIDES

**STEPHAN WELLS (361826393)**

- Shouldice Hospital
- 7/28/16 3:30 PM
- ER Discharge
- PEC2 HEAD INJ FAX967 LT LEG PAIN/FOOTBALL

**DARLA STARK (440925517)**

- Toronto General Hospital
- 7/28/16 2:51 PM
- ER Admit
- QIQ1 Stomach Pain XIR PAIN ON BOTH SIDES

**JERROD BARRERA (739910439)**

058-531-2564 (home)

Destination MRN: 739910439  
Date of Birth: 7/5/60  
Gender: Female  
Address: 150 South Green Hague Road  
City/State: Raleigh, ID  
Primary Phone: 058-531-2564

Primary Care Provider: Gloria Bishop  
Destination Practice: HPP  
Insurance: HPP  
Care Manager Name:

**Most Recent Event**

Source Facility: Toronto General Hospital  
Patient Class: Inpatient  
Event Type: Discharge  
Admit Date/Time: 7/27/16 6:21 AM  
Discharge Date/Time: 7/27/16 6:21 AM  
Patient Complaint: VOV711 Stomach Pain

Source MRN:  
Admit Source: Transfer from a hospital  
Patient Diagnosis: KUN35344 LOW B/P  
Discharge Disposition: Discharged/transferred to an intermediate care facility ICF  
Number of IP Visits: 4  
Number of ER Visits: 2

**Status Log**

8/1/17 11:42 AM crisp set this notification to In Progress

**Event History**

+	5/6/16 4:17 PM	KIY7915LOW B/P WID9351HEAD INJ	Mount Sinai Hospital	ER	Transfer
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# Encounter Notification Service



- **Use cases for real-time hospital encounter notifications –**
  - Coordinate discharge planning
  - Assist patient understanding of discharge plan
  - Arrange for appropriate follow-up care
  - Perform post-discharge medication reconciliation
  - Identify patients who frequent the ED for primary care
  - Reduce hospital admissions and readmissions in favor of primary care
  - Provide and bill for Medicare Transitional Care Management services
    - One 10-clinic practice used ENS data to facilitate over 700 transitions of care during a 12-month period, for which they received over \$125,000 in reimbursement.
    - See <http://bit.ly/2BVyFGW> for details on this practice.



# Encounter Notification Service



- **ENS quick facts –**

- 215 hospital data sources
- 95% of acute care hospital beds in Florida
- 40 subscribing organizations
- 5M+ lives covered as of December 2017
- 500k alerts delivered/month
- 5M+ total alerts delivered since 2015



- **“As an ACO, ENS is our single most valuable service and allows us to provide point of care interventions that we would not have otherwise known existed. After having ENS, we can’t imagine operating an ACO without it.”**

- David Klebonis, COO, Palm Beach Accountable Care Organization



# Upcoming Enhancements



- **PROMPT enhancements**

- Census View – provides ENS subscribers with an interactive view of all of their patients who are currently receiving care at a participating hospital
- Panel Loader – allows ENS subscribers to load their own patient panels without requiring any support
- Notes Entry – enter relevant free-text notes to share with the rest of the care team
- Manual Encounter Entry – allows facilities to become ENS data sources without building an ADT interface

**PROMPT**  
*Proactive Management of Patient Transitions*

# Upcoming Enhancements



- **Adding new sources of patient data to ENS**

- Long-Term and Post-Acute Care providers
- Ambulatory provider data
- Care team information based on who else has subscribed to the same patient
- Information from panel custom fields, like PCP, case management programs, etc.
- Aggregate ADTs to provide acute care encounter history

- **ENS for EDs**

- Use inbound ED hospital ADTs to query the Prescription Drug Monitoring Program (PDMP) database, aggregated ADTs, subscriber patient panels, etc.
- Would automatically route a wealth of relevant patient data to the admitting ED in real-time.



- **Overdose alerting to public health authorities**
  - Hospital ADT messages can be used to identify reportable cases of overdose as soon as a diagnosis is coded.
  - For the vast majority of OD deaths, the patient had repeated hospital encounters in the preceding 1 – 3 years.
  - ADT diagnosis-based reporting captures more overdoses than claims-based reports and delivers the information sooner.
  - Public health authorities can use this data to support initiatives aimed at combating the opioid epidemic.
  - OD alerts provide a significant opportunity to combat addiction and save lives.
- **Similar alerting on other reportable conditions can be used to re-engage specific patient populations in successful care programs.**



- **Family Reunification for Emergencies**

- This service would provide for the temporary aggregation of inbound hospital ADTs during a declared emergency to create a statewide hospital census.
- Portal access to this temporary repository would be provided to authorized emergency response personnel to assist in locating missing persons.
- The Manual Encounter Entry functionality in PROMPT would allow emergency response personnel at temporary shelters to send registration data to ENS to further assist in locating missing persons.



- **Patient Unified Lookup System for Emergencies (PULSE)**
  - Gives first responders and other authorized emergency response personnel the ability to query for patient medical records, including medications, allergies, and lab results.
  - Builds on existing local connectivity between health systems and on participation in the nationwide eHealth Exchange network.
  - Can be made available in any geographic area to support healthcare professionals and first responders caring for displaced individuals or to volunteer healthcare workers who are deployed to a disaster area to care for victims outside of their normal health IT environment.
  - Activated twice in California in late 2017 as part of the state's response to the Thomas Fire in Ventura and Santa Barbara counties.

# Contact Us



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