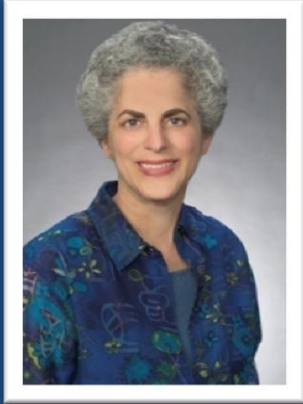


A red sign with white text that reads "Emergency Department". The sign is mounted on a building and is slightly tilted.

ER is for **Emergencies**

Best Practice: Information Exchange

WSHA Presenters



Claudia Sanders

Senior VP,
Policy Development



Carol Wagner

Senior VP,
Patient Safety



Barbara Gorham

Policy Director,
Access

Additional Presenters

WA/ACEP



Dr. Stephen
Anderson

EDIE



Adam Green

Webcast Objectives

- Overview on ER is for Emergencies
- Best Practice: Information Exchange
- One Implementation: EDIE
- A fast timeline!
- How we can help
- Questions and comments



An Opportunity



Redirecting Care to the Most Appropriate Setting

Partnering for Change

- Washington State Hospital Association
- Washington State Medical Association
- Washington Chapter of the American College of Emergency Physicians



State Approaches to Curbing ER Use

| When | What | Impact | Status |
|-------------------|-----------------------------------|---|--|
| Original proposal | 3-visit limit on unnecessary use | Cuts payments to providers | Won lawsuit; policy abandoned |
| Revised proposal | No-payment for unnecessary visits | Cuts payment to providers | Delayed by the Governor just prior to implementation |
| Current policy | Adoption of best practices | Improves care delivery and reliance on ER as source of care | Passed in latest state budget |

If Unsuccessful

Revert to the
no-payment policy.

\$38 million in
annual cuts!



Seven Best Practices

A) Electronic Health Information

*Goal: Exchange patient information among
Emergency Departments*

- Identify frequent users
- Get access to treatment plans
- Use in providing care
- Exceptions for CAHs, hoping all will participate



Exchange Helpful for Other Best Practices

- To identify Patient Review and Coordination (PRC) clients
- To make PRC care plans available to ER physicians
- To provide feedback and help with performance measurement

Implementing an Electronic Information System

One Possibility: EDIE

Emergency Department Information Exchange (EDIE)

- 30 hospitals in Washington already using
- EDIE can:
 - Notify ED physician of frequency of ED visits and summary of ED discharges for past 12 months
 - Share guidelines for patient with other hospitals
 - Load patient's treatment plan, so ED physicians can view
- Costs:
 - Depends on number of ED visits
 - Set up plus interface, plus \$1,000 to \$35,000 a year

The Emergency Department Information Exchange

WSHA Web Conference Friday 27, 2012

Agenda

- Background
- What is EDIE?
- What does EDIE do?
- How does EDIE work?
- What does EDIE & EDIE Notifications look like?
- Who is using EDIE?
- What does it take to get EDIE?
- How much does EDIE cost?
- Additional Questions and Q&A

Background

- Collective Medical Technologies
 - Founded in 2005
 - Focus on utilization in the ED
 - Working in Washington State since 2008
- Recent Washington Related Activities
 - Opioid Abuse Workgroup
 - Data share agreement with HCA
 - Data share agreement with Molina Healthcare
 - Prescription Monitoring Program Pilot

What is EDIE?

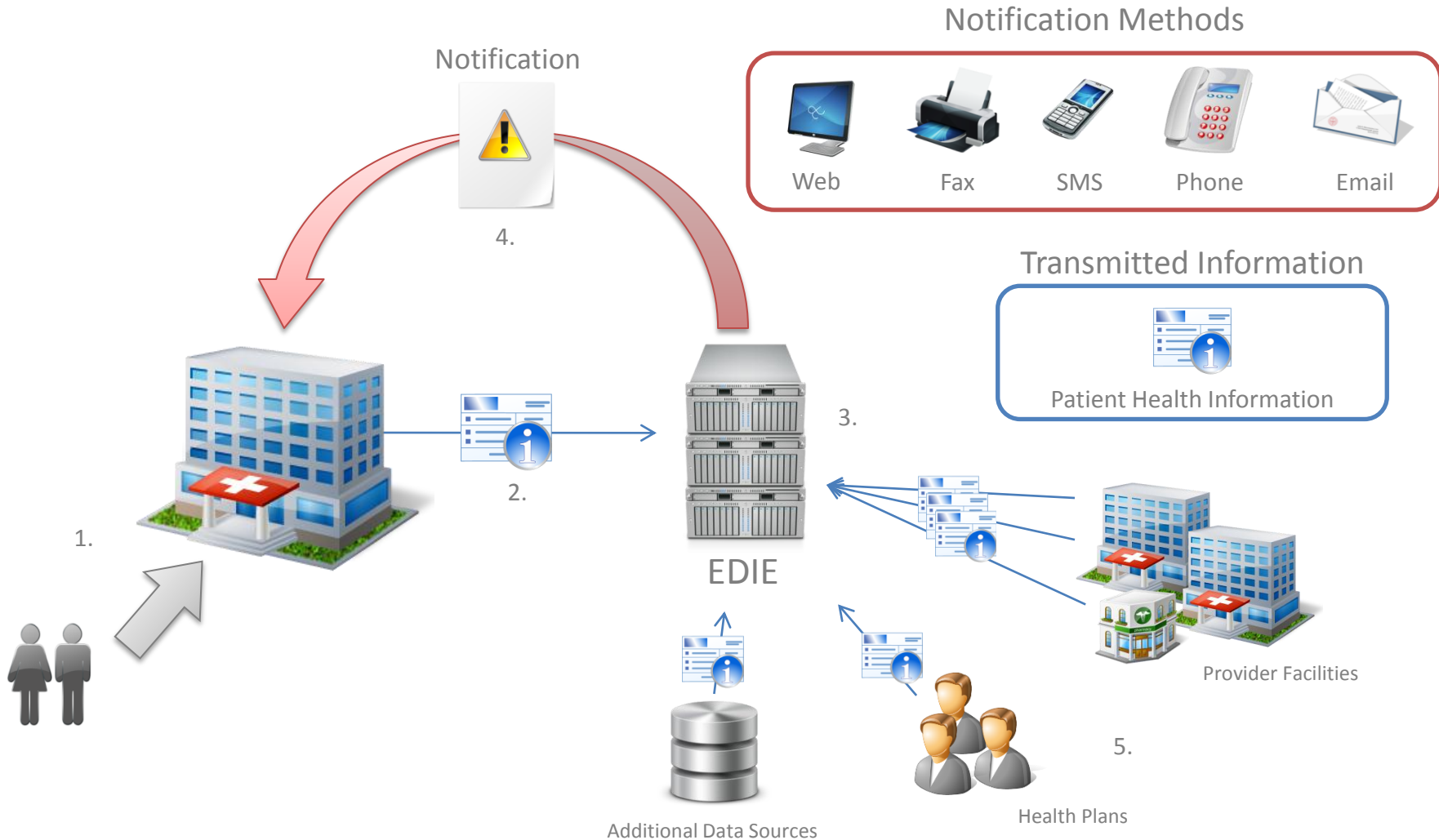
- **EDIE is**
 - **A collaborative case management framework** for all types of special needs patients
 - **A targeted tool for proactively notifying** interested parties and stake holders of relevant patient-specific events or behavior
 - A low-cost, automated **solution for sharing actionable information** to otherwise disparate parties
- **EDIE is Not**
 - An Electronic Medical Record
 - A fully-featured Health Information Exchange
 - A punitive tool to prevent or withhold treatment to the patient

What does EDIE do?

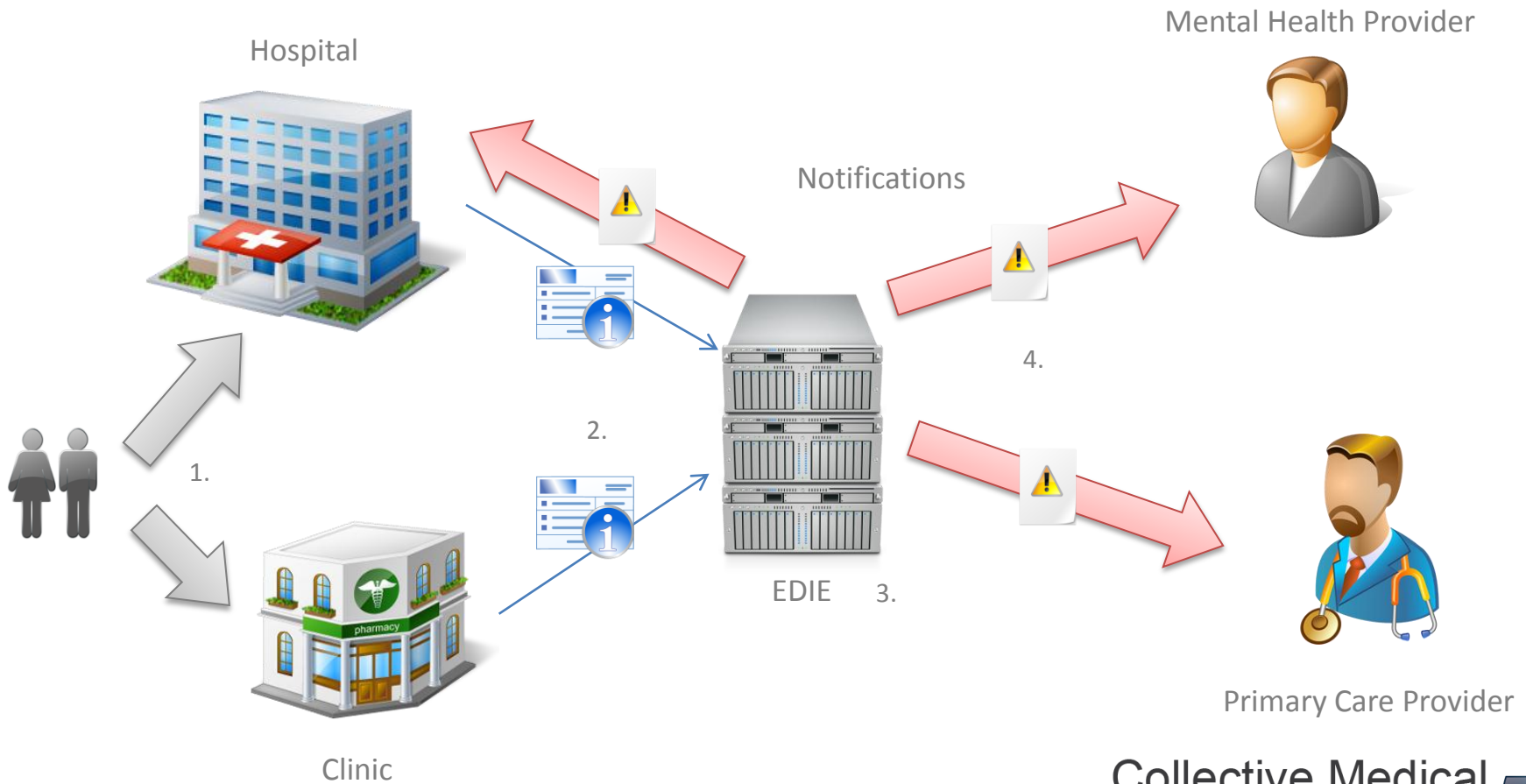
- Notifies EDs of high utilization patients or patients enrolled in care management programs and PRC
- Allows care managers to attribute care plans to a patient that can be shared across all participating facilities
- Allows care managers to alert PCPs of care plan creation and other patient factors concerning ED utilization
- Generates reports on patient utilization and other measures
- Relays PRC information to EDs and care managers



How Does EDIE Work?



How Does EDIE Work?



What Does a Notification Look Like?

- Patient Identifier
- Notification Reason
- Patient PRC Alert
 - PRC Contact Information
 - PRC Providers
- Other Providers
- Care Guidelines
 - PCP Guidelines
 - ED Guidelines
 - Other Notes

The Emergency Department Information Exchange

Technology Leadership in Care Coordination

DOE, JOHN Q (MRN: xxxxxxxxxxxxxx)

EDIE ALERT - 18:30 on 04-23-2012: This patient registered in the Providence Saint Peter Hospital Emergency Department and has recommended E.D. Care Guidelines or meets special Consistent Care criteria. More Information: <https://wa.ediecareplan.com/mrn/xxxxxxxxxx>

[!] Patient is on Washington PRC

Health Care Authority promotes health and safety for our clients. This individual is currently in the Patient Review and Coordination (PRC) program according to Washington Administrative Code (WAC) 388-501-0135 , because of over use or inappropriate use of medical services. This client has been restricted to the following providers:

| Provider | PRC type | Phone | Service Dates |
|--|----------|------------|-------------------------|
| FRED MEYER PHARMACY 186 | Pharmacy | 5037977489 | 08/01/2009 - Current |
| SOUTHWEST WASHINGTON MED CTR | Hospital | 3602562000 | 10/06/2009 - Current |
| HI SCHOOL PHARMACY MANAGED CARE | Pharmacy | 3607500577 | 11/15/2010 - 08/31/2011 |

If this client is seen in your facility, please notify the client's PCP and/or refer the client back to their PCP for appropriate follow-up and management of care. If you have any questions or concerns about the client or the PRC program, please feel free to contact us at 1-800-562-3022 ext. 15606 or go to the PRC website at <http://hrsa.dshs.wa.gov/PRR/> for more information.

Care providers on record:

| Provider | Type | Phone | Service Dates |
|--------------------------|--------------|-------|---------------|
| KEVINM JOHNSON MD | Primary Care | | Current |

Care Coordination Guidelines from Providence Saint Peter Hospital
Last Modified: 03/15/2012 02:40 PM

From PCP

- Refer back to PCP for management of all chronic conditions.

Care Guidelines

- Restrict use of opioids in ED to only obvious trauma or severe medical issues.
- Establish clearly that no opiates or benzodiazepines will be given for chronic conditions.

History

- Medical / Social Issues:

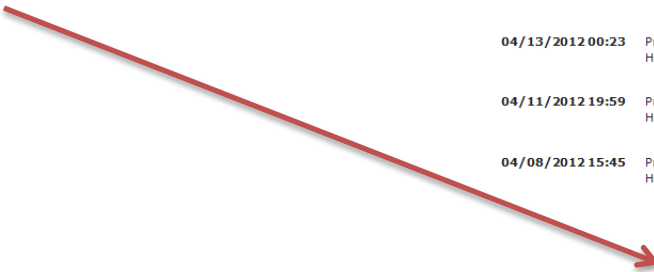
Psych Issues: BIPOLAR DISORDER, SCHIZOPHRENIA

Miscellaneous

- Please do not provide this report to patient or representative except through the Medical Records Department.
- Other Notes:

What Does a Notification Look Like?

- 3 Month Visit List
 - Date / Time
 - Location
 - Diagnoses
- 12 Month Visit List
 - Visit Counts
 - Non Emergent Visits*
 - Facilities



Extended History, Details, and Graphs Available Online

| Visit Date (3 Mo.) | Location | Diagnoses |
|--------------------|---------------------------------|--|
| 04/21/2012 09:51 | Providence Saint Peter Hospital | - abd pn 213 |
| 04/18/2012 20:51 | Providence Saint Peter Hospital | - Hand Pain - p244 needs antibiotics bandages for fingernail injury - Open wound of finger(s), without mention of complication |
| 04/18/2012 05:13 | Providence Saint Peter Hospital | - fingernail torn pgr 234 - Open wound of finger(s), without mention of complication - Finger Injury |
| 04/16/2012 04:24 | Providence Saint Peter Hospital | - Unspecified chronic bronchitis - COUGHING UP BLOOD P250 - Hemoptysis - Cough |
| 04/13/2012 00:23 | Providence Saint Peter Hospital | - Abrasion or friction burn of other, multiple, and unspecified sites, without mention of infection - Abrasion |
| 04/11/2012 19:59 | Providence Saint Peter Hospital | - Abrasion or friction burn of face, neck, and scalp except eye, without mention of infection - Head Laceration |
| 04/08/2012 15:45 | Providence Saint Peter Hospital | - COUGH/RUNNY NOSE/CONGESTION NO PAGER - Cough - Fever |

| Facility | Visit Count (1 Yr.) | Visits | Medicaid NE Dx |
|--|---------------------|-----------|----------------|
| Providence Saint Peter Hospital | | 12 | 6 |
| PeaceHealth Southwest Medical Center | | 21 | 2 |
| Mason General Hospital | | 1 | 0 |
| Total | | 34 | 8 |

Note: Visits indicate total known visits. Medicaid NE Dx are the number of primary diagnoses on the HCA's non-emergent dx list.

The above information is provided for the sole purpose of patient treatment. Use of this information beyond the terms of Data Sharing Memorandum of Understanding and License Agreement is prohibited. In certain cases not all visits may be represented. Consult the aforementioned facilities for additional information.
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* Non emergent visits as indicated by HCA NE Dx List

What Does EDIE Look Like?

- Patient / Visit Summary Section
- Care Guideline Section
- Investigation Section

The screenshot displays the EDIE interface for a patient named Denver, John (DOB: 11-11-1975). The interface is organized into several key sections:

- Patient Information:** Shows patient details such as name, address (111 Livingston Ave NW, Seattle, WA 98107), phone (206-455-0000), and gender (Male, 39).
- Visit Summary:** Includes a bar chart for "Patient Visits" by month and a pie chart for "Visits by Facility". The pie chart shows visits from various facilities like Northwest Hospital, Providence Regional Medical Center, Harborview Medical Center, etc.
- Care Guidelines:** A section with checkboxes for various clinical guidelines, such as "Narcotic or other medication contract on file" and "Obtain medication from a single source".
- Investigation:** A section containing "Current Insurance" (Blues CrossBlue Cross, etc.), "Diagnosis" (Closed fracture of distal end of the tibia), "Medications" (Percocet, etc.), and "Allergies".

What Does EDIE Look Like?

Denver, John (DOB: 11-01-1973) edit

114812994
Male 39

1. **Address**
111 Lexington Ave NW
Seattle, WA 98117

Phone
(206) 455-5666

No Groups

Possible Alias' add

No alias' detected at this time.

2. **Confirmed Alias'**

None

Hide Visit Summary Graphs

Last 12 Months of Visits

3. **Patient Visits**

4. **Visits by Facility**

| Visit Date (3 Mo.) | Location | Diagnoses |
|--------------------|---------------------------|---|
| 04/23/2012 17:54 | Highline Medical Center | |
| 03/18/2012 13:05 | Highline Medical Center | |
| 03/08/2012 00:00 | Northwest Hospital | 4. 1. Unspecified essential hypertension 2. Epistaxis |
| 02/28/2012 00:00 | Northwest Hospital | 1. Acute pancreatitis 2. Unspecified essential hypertension |
| 02/08/2012 00:00 | Harborview Medical Center | 1. Unspecified viral infection 2. Vomiting alone |

Showing 1 to 5 of 5 entries

5. **Visit Count (1 Yr.)**

| Facility | Visits | Medicaid No. Dx |
|--|-----------|-----------------|
| Auburn Regional Medical Center | 1 | 1 |
| Highline Medical Center | 2 | 0 |
| Harborview Medical Center | 4 | 2 |
| Northwest Hospital | 9 | 6 |
| Providence Regional Medical Center Everett | 5 | 2 |
| UW Medical Center | 2 | 2 |
| Virginia Mason Medical Center | 2 | 1 |
| Swedish Hospital Medical Center | 2 | 2 |
| Total | 27 | 16 |

Note: Visits indicate total known visits. Medicaid No. Dx are the number of primary diagnoses on the ICA's nonreporting de list.

1. Patient Demographics
 - Name / Gender / DoB
 - MRN / Address
2. Patient Alias
3. Visit History Graph
 - Timeline
 - Facility Composition
4. 3 Month Visit List
 - Date/Tim
 - Facility
 - Diagnoses
5. 12 Month Visit List
 - Facility
 - Visits (Aggregate)
 - NE Dx Visits

What Does EDIE Look Like?

Providence Saint Peter Hospital (Create)

From PCP

- Narcotic or other medication contract on file.
- Obtain medication from a single source.
- Refer back to PCP for management of all chronic conditions.

Care Guidelines

- Restrict use of opioids in ED to only obvious trauma or severe medical issues.
- Establish clearly that no opiates or benzodiazepines will be given for chronic conditions.
- Offer crisis services for referral to mental health or drug dependency treatment.
- Question if Primary Care has been established.
- Provide education regarding appropriate use of the Emergency Room.

Patient Interaction

- Always have two staff members present when working with this patient.
- This patient has previously posed a security risk to the staff, alert your ED security.

History

- Radiation Alert!
- Overdose Alert!
- Include Medical / Social Issues

Miscellaneous

- Please do not provide this report to patient or representative except through the Medical Records Department
- Include Other Notes

1.

2.

3.

Save

1. Care Guidelines
 - From PCP
 - From ED
2. Patient History
 - Radiation Alerts
 - Overdose Alerts
 - Medical / Social Hx
3. Open Text Fields
 - Supports Copy/Paste
 - Customize to Patient needs

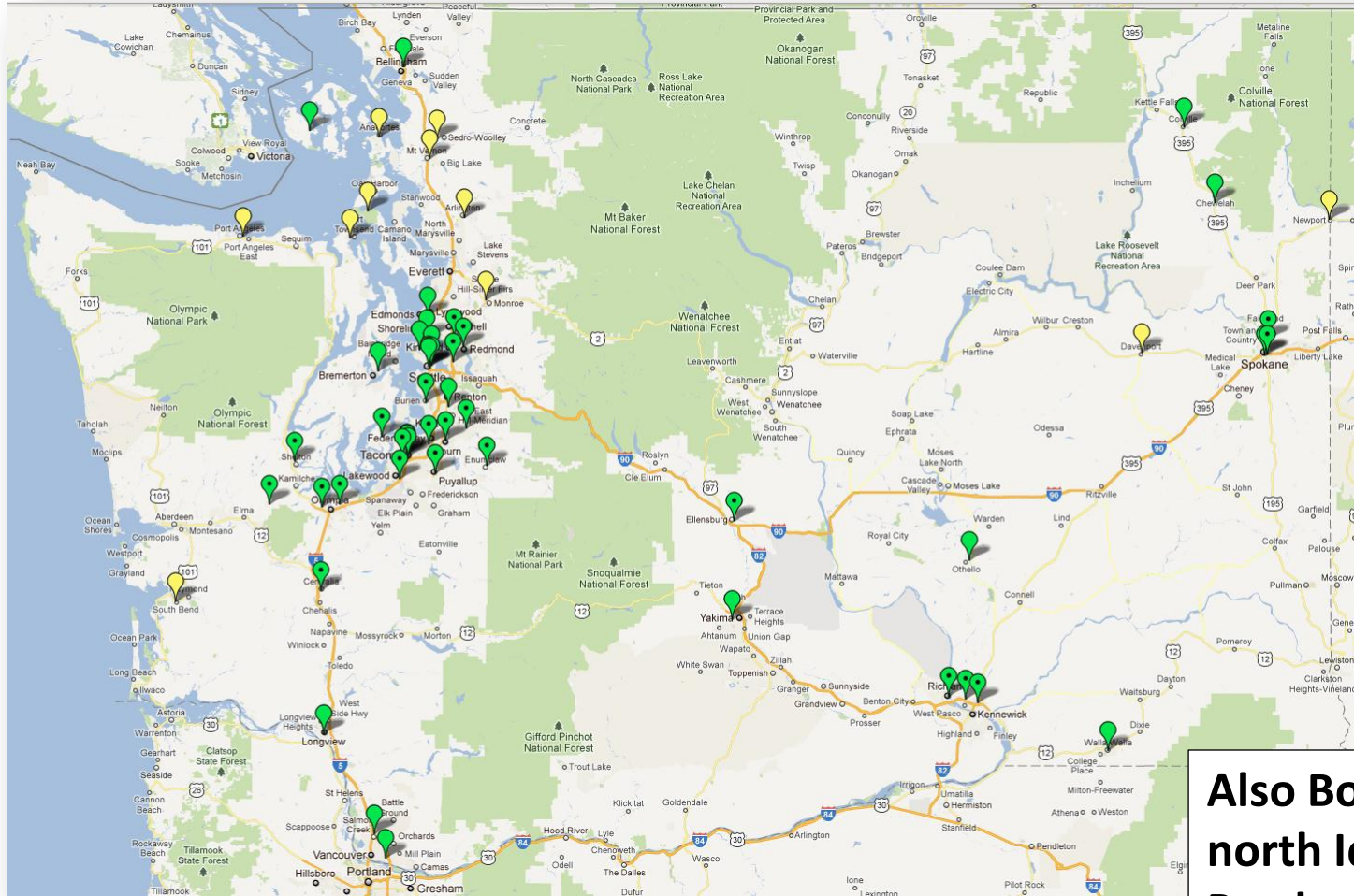
What Does EDIE Look Like?

The screenshot displays a patient's EDIE record with the following sections:

- Investigation**
- Current Insurance**: Lists payers such as DSHS, MEDICAID, and MEDICARE. A red '1.' is placed next to this section.
- Care Providers**: Lists providers like Ashford, Jill, LEXAR CORPORATION, and ASSOCIATION OF UNIV PHYSICIANS. A red '2.' is placed next to this section.
- Diagnoses**: Lists conditions like Closed fracture of distal end of ulna (alone), Lumbago, and Pain in limb. A red '3.' is placed next to this section.
- Medications**: Lists various drugs such as PENICILLIN V POTASSIUM TAB 500 MG, PAROXETINE HCL TAB 40 MG, and BUPROPION HCL TAB 5R 24HR 300 MG. A red '4.' is placed next to this section.
- Allergies**: Shows 'None'.
- Diagnostic Studies**: Shows 'None'.
- Board of Pharmacy Report**: Shows 'None'.

1. Listed Payers
2. Current Providers
3. Recent Dx List
4. Recent Narcotic Prescriptions

Who is Using EDIE?



**Also Boise,
north Idaho,
Portland**

Who is Using EDIE?

- 30 Facilities currently live (20 in work)
- 1.3M ED visits going through EDIE
 - 900,000 in real time
 - 400,000 from HCA & Molina Healthcare
- Over 3,000 care guidelines in EDIE
- Over 40,000 Notifications Issued (annually)
- All PRC patients in EDIE

What Does it Take to Get EDIE?

- Legal / Compliance
 - Review & Execute Agreements
 - Business Associate Agreement
 - Data share Agreement
 - License Agreement
 - HIPAA?
 - Reviewed by John Christiansen, Esq
 - Timeline & Dependencies
 - Typical one to three weeks lead time from facility
 - CMT lead time one to two days for counter signing



What Does it Take to Get EDIE?

- IT / IS
 - Uplink (Facility to EDIE Data Flow)
 - Standard Connections (VPN & HL7)
 - Hands on keyboard time – 10 to 15 hours
 - Downlink (EDIE to Facility Data Flow)
 - Multiple delivery methods supported
 - Low tech fax – zero IT resources to set up
 - High tech EMR integration – preferred method, no extra fees to set up
 - Hands on Keyboard time – depends on delivery method
 - Timeline & Dependencies
 - Is IT managed in-house or remotely
 - Notification delivery method (fax vs EMR)
 - Typical lead time two to four weeks

What Does it Take to Get EDIE?

- ED
 - Training
 - Training Sessions for both SMEs and general users
 - Online training sessions for flexibility and timeliness
 - EDIE User Account Creation
 - Initial user accounts created by CMT
 - Facility manages users after go-live
 - ED Workflow / Process Changes
 - Facility responsible for internal workflow / process changes
 - CMT works with care managers during and after go-live
 - Timeline & Dependencies
 - Two to three weeks including training and after go-live support



What Does it Take to Get EDIE?

- All key steps can be done concurrently
- CMT has capacity to support onboarding all remaining hospitals within mandated timeline
- CMT has never been the constraining factor to an implementation
- **Bottom line** – If a hospital wants to fast track EDIE implementation CMT is ready to accommodate



How Much Does EDIE Cost?

- Full EDIE Service
 - EDIE Setup / Integration: \$1,500 - \$5,000 per Facility
 - Determined by complexity and size of setup and integration
 - Discounts for multiple facilities on same IT network
 - Waived for CAH
 - Cost of Integration (Internal/Third-party)
 - Subscription: < \$1,000 - \$35,000 per year
 - Determined primarily by size of ED
 - Includes on going support and incremental updates to product
- 'EDIE Light' Service
 - Discontinued due to lack of interest
 - Unable to upload care plans

Common Questions

- My hospital uses X for an EMR, can EDIE connect to it?
- Can EDIE send Prescription Monitoring Program notifications?
- Can EDIE connect to my hospital's HIE?
- What information does EDIE get from the HCA?
- Which best practices can EDIE help address?



Experience at Auburn

- Very valuable tool
- Used by all ED providers
- Using full system
- In place since early 2012

Training ER Physicians at Auburn



Quick Action Needed!

- Hospitals must submit attestations and best practice checklists to HCA by June 15, 2012

Attestation of Compliance
Health Care Authority
Olympia, Washington

Best practices to reduce unnecessary emergency room visits, as provided for in the Third Engrossed Substitute House Bill 2127.

I attest that our hospital adopted processes that meet the requirements (as described in the attached checklist) for the seven best practices to reduce unnecessary emergency room visits. I understand that my hospital's performance measures are public information and may be posted on the Health Care Authority and Washington State Hospital Association websites. As a member of the hospital's executive leadership, I am authorized to make this statement on behalf of our hospital.

Name Printed: _____

Signature: _____

Title: _____

Email Address: _____

Telephone: _____

Name of Hospital: _____

Date: _____

Please return this attestation and checklist, making sure you have checked each of the seven boxes on the Best Practices Checklist and have filled in the requested information.

Please return by June 15, 2012 to:

Health Care Authority
Attn: Thuy Hua-Ly
PDF: thuy.hua-ly@hca.wa.gov, or
Fax: 360-586-9551, or
U.S. Mail: P.O. Box 45502, Olympia, WA 98504-5502

Also, please fax or e-mail a PDF of the entire packet to the Washington State Hospital Association, Attn: Barbara Gorham, Policy Director, Access, at barbarag@wsha.org or fax to 206-577-1908.

If you have any questions, please contact Barbara by e-mail or by telephone (206-216-2512).

1

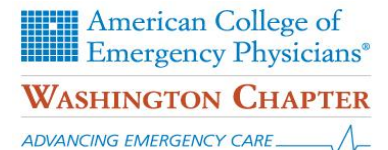
If Unsuccessful in Signing Up

If hospitals representing at least 75% of Medicaid ER visits do not sign up, the state will **revert to the no-payment policy.**



Next Steps

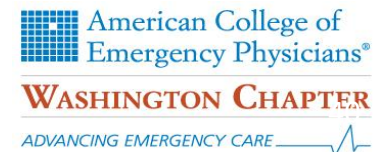
How We Will Help



Direct Contact on EDIE

Adam Green

adam.green@collectivemedicaltech.com



For More Information

Carol Wagner, Senior VP, Patient Safety
(206) 577-1831, carolw@wsha.org

Amber Theel, Director, Patient Safety
(206) 577-1820, ambert@wsha.org

www.wsha.org/0443.cfm

Questions and Comments