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THE ACTIVELY CONNECTED PHYSICIAN

How CMS Mandated ADT Event Notifications **Lead to Improved Patient Care**

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Communication is Key

Recent studies indicate a ten-fold increased risk of hospital readmission for patients who fail to see a physician within 30 days of discharge. Yet, one-third of primary care physicians are never notified that their patient was hospitalized. Consequently, it is not surprising many patients fail to receive appropriate follow-up care.[1]

The medical community must ensure that important information is shared among the patient care team in a secure, timely, and thoughtful manner to proactively mitigate readmission risk and improve care coordination. The call for better outpatient follow-up highlights the critical need for improved and timely communication between hospitals, physicians, and patients using an acceptable and accessible method for everyone involved.

Health event alerting enables seamless care team collaboration to resolve treatment options for patients. Hospitals and health systems stand to benefit from a standards-based alerting solution that is easily integrated, quickly deployed, and requires minimal investment to meet the demands of patient care. This is especially true now, owing to the COVID-19 pandemic and new CMS Conditions of Participation (CoP) rules mandating alert notifications for admissions, discharges, and transfers (ADT) of patients for every hospital, including behavioral health and Critical Access Hospitals (CAH).

The healthcare industry learned the COVID-19 pandemic unleashed unprecedented challenges on healthcare organizations, making communications imperative to providing appropriate, well-coordinated care to meet the urgent needs of COVID-19 patients. Automated notifications sent directly to certified EHRs successfully close communication gaps, helping providers optimize administrative and clinical workflows to better manage the surge in patients.

Further, real-time alerts arm providers with information to better manage identified COVID-19 patients, enabling timely public health reporting — a new requirement of the CMS CoP regulations.[2] By sharing ongoing ADT events with all stakeholders during this public health crisis, and beyond, in the regular course of hospitalizations and related encounters, care teams can work in partnership to segment (positive/negative) COVID-19 lab results, manage information across patient populations, and monitor patient activity to facilitate long-term follow-up care.

[1]William P. Moran, MD, MS; Kimberly S. Davis, MD; Thomas J. Moran, MSW; Roger Newman, MD; Patrick D.Mauldin, PhD, "Where Are My Patients? It is Time to Automate Notification of Hospital Use to PrimaryCare Practices." Southern Medical Journal 105(1):18-23, January 2012. Electronic version available at http://www.ncbi.nlm.nih.gov/pubmed/22189662 or http://www.medscape.com/viewarticle/756372_print

[2]https://revcycleintelligence.com/news/cms-makes-covid-19-data-reporting-a-condition-of-participation, August 26, 2020

The Case for Automated Notifications

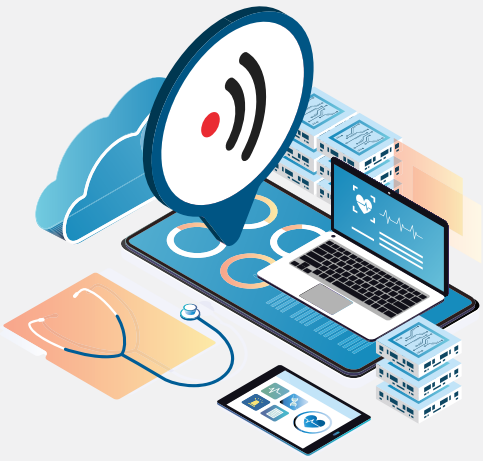
The data is hard to ignore. Preventable readmissions not only compromise patient health, they place undue financial burdens on the entire health system, costing Medicare an estimated $17 billion annually.[3]

Fortunately, automated health event notifications have been demonstrated to reduce readmissions by up to 18%,[4]lower administrative costs and boost both provider efficiency and patient satisfaction.

Looking to further this success, the Centers for Medicaid and Medicare Services (CMS) intends to curb the financial burden and improve patient care with the Interoperability and Patient Access Rule, Conditions of Participation (CoP),[5] published in the Federal Register on May 1, 2020.[6] The comprehensive rule calls for mandatory notification compliance by May 1, 2021 and requires that Medicare and Medicaid participating hospitals, including psychiatric and critical access hospitals (CAHs), send electronic patient event notifications of patients' admission, discharge, and/or transfer (ADT) to their primary care provider as well as post-acute care facilities, specialists, and any other medical provider specified by the patient. In addition, the rule stipulates seamless patient information sharing between providers and health plans and mandates the capability for patients to see and use electronic health information on their own devices - smartphones, laptops, or tablets.

Using technology to turn information into actionable data at the point of care is essential to improved health outcomes. According to the *State of Clinical Communications and Workflow* study administered by HIMSS Analytics, 77% of IT respondents said secure messaging was the main driver in clinical communications selections.[7] The study went on to say that users are seeking solutions that are not only HIPAA-secure but also provide workflow and communication capabilities with a single, unified application.[8] Certified EHR vendors are partnering with hospital systems to provide efficient ways to satisfy this rule as well as solutions like Consensus Signal, offered byJ2 Global and Secure Exchange Solutions. Consensus Signal uses Direct Secure Messaging to send a message that can be retrieved inside an EHR.

Event-based notifications not only drive greater quality, they also help organizations comply with existing and new requirements and enhance reimbursement opportunities.



[3]Rau, Jonathan, "Medicare Fines 2,610 Hospitals In Third Round Of Readmission Penalties," KaiserHealth News, October 2, 2014. http://kaiserhealthnews.org/news/medicare-readmissions-penalties-2015/

[4]Jessup, Larry, Celentano, Kristina, Coutu, Joyce, "Rhode Island: A Look at How a Neonatal IntensiveCare Unit Team is Using ADT," Health IT Buzz, November 3, 2014. http://www.healthit.gov/buzz-blog/regional-extension-centers/rhode-island-neonatal-intensive-care-clinical-alerting/

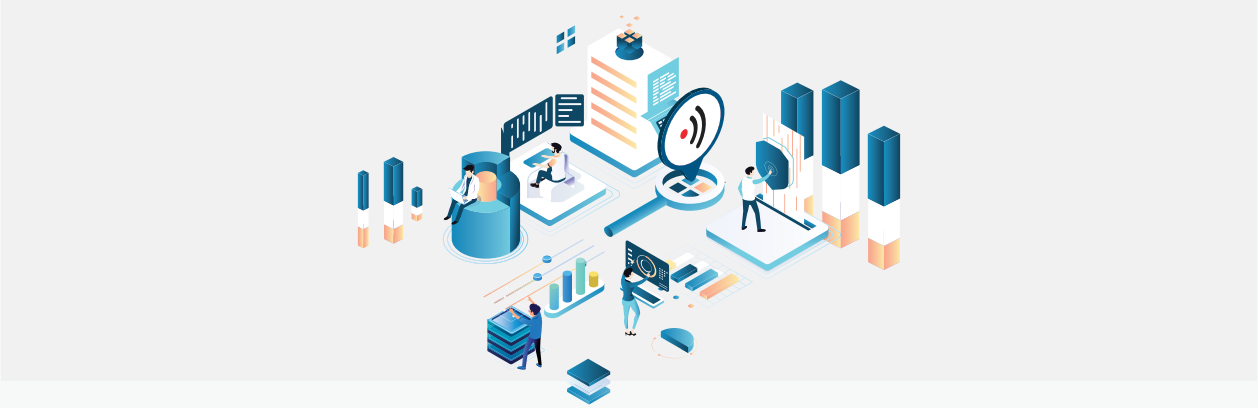
[5]https://www.cms.gov/Regulations-and-Guidance/Guidance/Interoperability/index

[6]https://www.federalregister.gov/d/2020-05050

[7]https://healthitsecurity.com/news/hipaa-compliant-secure-messaging-top-mobile-communication-driver, March 23, 2018

[8]Ibid

Technology Advances Information Sharing and Coordinated Care, but Adoption is Slow



Improving healthcare information exchange empowers physicians, care coordinators and health insurance companies to make informed clinical decisions at the point of care. Technology advances, such as the ability for providers to share information electronically, equips providers with vital patient information to meet the needs of individuals as they move across the continuum of care. Although greater interoperability between systems is accelerating information exchange, many healthcare organizations continue to struggle with technology integration and process adaptation. In fact, according to a May 2019 data brief released by the Office of the National Coordinator for Health Information Technology (ONC), only 40% of physicians were able to receive health data into their respective electronic health record (EHR) systems.[9]

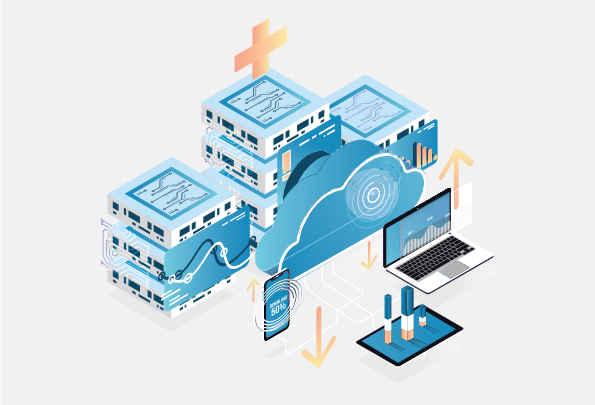
Today, many hospitals are not sending alerts automatically. Likewise, many organizations either lack systems capable of interoperability or have systems that make it exceedingly difficult for end users to access these interoperability tools.

With clear standards in place and CMS CoP rules mandating real-time ADT alert notifications, now is the time for healthcare systems to leverage solutions for immediate impact on improved patient outcomes and reduced healthcare utilization costs.

For receiving entities, ensuring that ambulatory providers and post-acute care facilities can receive an electronic notification will be critical to staying informed and supporting care coordination. Paper faxes, which constitute over 70% of patient information sharing, will not suffice since the fax is not sent electronically. Technologies that will work is secure cloud faxing, Direct Secure Messaging, and HL7.

[9]https://www.healthit.gov/sites/default/files/page/2019-05/ONC-Data-Brief-47-Interoperability-among-Office-Based-Physicians-in-2015-and-2017.pdf

Active 'Push' Communication is Essential to Patient Care Success



The fastest and least expensive way for health delivery networks to achieve core healthcare reform requirements is to select tools from a pool of existing technologies and expand from there as their needs are codified. Two CMS notable communication technologies in use in healthcare are the HL7 2.x ADT messages and Direct Secure Messaging (DSM).

Fortunately, hospitals generally have systems able to push out ADT messages, making it relatively easy for smart routers to disseminate patient admission, discharge, or transfer information to providers, care coordinators and others. As for Direct Secure Messaging, automated receipt of alerts via DSM is used in both provider and care manager workflows; all Certified EHR systems must be able to receive DSM messages. The most efficient healthcare networks integrate both messaging types into their workflows. Smart routers nationwide access ADT information from hospitals daily, but unlike care coordination "networks" which require a recipient to log into a separate portal to receive a notification, ADT notifications using Direct Messaging can convert the data to human-readable or machine-processable (Consolidated Clinical Document Architecture - CCDA) formats and push critical events directly to the existing workflows of physicians and care-coordinators in their EHRs. The received Direct Messages become actionable to the recipient, and everyone across the care continuum, when they are integrated with EHR systems or other workflow systems. Using DSM as part of any ADT notifications solution enables the de facto creation of a complete referral network for every patient, including long-term care, home health, skilled nursing facilities, physical therapists, pharmacies, care managers, and others, to close communication gaps and streamline care delivery.

On August 6, 2020, DirectTrust announced the formation of a Notifications Consensus Body within DirectTrust Standards to address the ADT Notifications Conditions of Participation from the CMS final rule. This is a response to the many industry questions about how Direct Secure Messaging can be leveraged to send and receive notifications in accordance to this rule. The new Notifications Consensus Body will work to address those questions and create the standards.

A dynamic information exchange is vitally important for primary care physicians, specialists, long-term care providers, care managers and others to receive and act upon the health data expeditiously. However, healthcare stakeholders have different priorities for digital communications. According to HIMSS Analytics, 51% of clinicians and clinical informatics said improving patient safety was the top driver, while 46% indicated they wanted faster response times between care team members, and 42% wanted faster response times to patients.[10] While stakeholder objectives vary, these goals intersect when it comes to leveraging technology for better care team coordination and real-time access to pertinent patient information clinicians need to do their jobs.[11]

[10] https://healthitsecurity.com/news/hipaa-compliant-secure-messaging-top-mobile-communication-driver

[11] Ibid

Healthcare stakeholders agree on one crucial thing — they do not want to access multiple systems to get information about their patients. They want the information delivered to them in ways they can easily absorb. Accessing separate systems deprives everyone of timely responses to pressing needs. Without effective information sharing, providers must rely on query-based solutions to search for information about their patients. However, unless the provider knows where and when to look for this data, query-based solutions are not sufficient. For example, a primary care physician cannot be expected to search databases daily looking for hospitalizations among their high-risk patients, and a hospitalist does not have time to search for a patient's recent lab results to avoid duplicate testing. Passive by design, these systems rely upon the provider to initiate the patient record search.

Although they are excellent tools for accessing historical patient data, they are ill-suited for proactively managing a patient during or post-hospitalization; this could only be accomplished via real-time notifications.

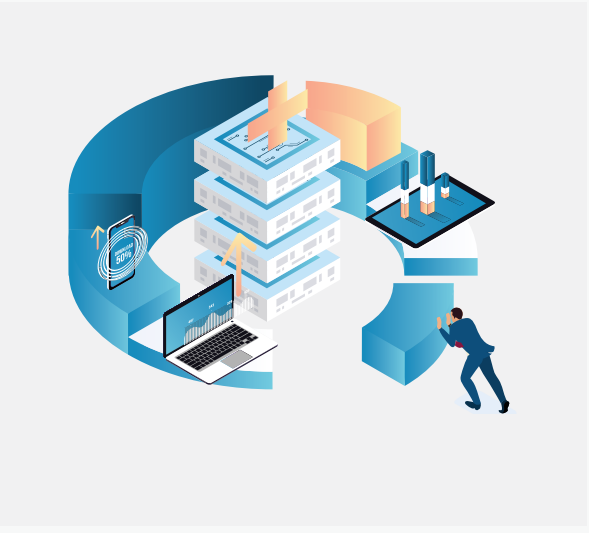
Smart routers that convert ADT feeds and transmit the information via Direct Secure Messaging provides the healthcare community with the point of care information needed to manage patient health and address potential readmission risk. The technology allows physicians to receive real-time notifications whenever a patient is hospitalized, discharged, or transferred. Further, information is delivered in a standardized actionable format to the physician or practice, either within or outside of their EHR system.

Right Patient, Right Provider

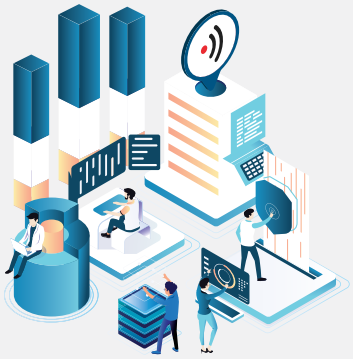
An essential challenge of any notification technology is figuring out where and in what format to deliver the information. Receiver (provider or caregiver), electronic location (email address or URL), and preferences (format and content) are all necessary. Multiple approaches to finding the right destination exist, including:

- **Automated extraction:** Matching destination to providers based on the data embedded in the ADT. This is usually the National Provider ID (NPI).
- **Patient roster-driven:** Healthcare providers, care coordinators, and payers submit patient rosters to determine what notifications they want to receive for any group of patients.
- **Patient-driven:** Patients use an application to designate healthcare providers as well as emergency contacts who should be notified of any health event.

The best systems combine all three methods to achieve a robust and accurate provider-patient attribution. Systems using simpler patient attribution methods inherently carry greater risk that communications may be delayed, miss critical providers, or undeliverable due to a poor patient-provider match.



Workflow Compatibility is Critical

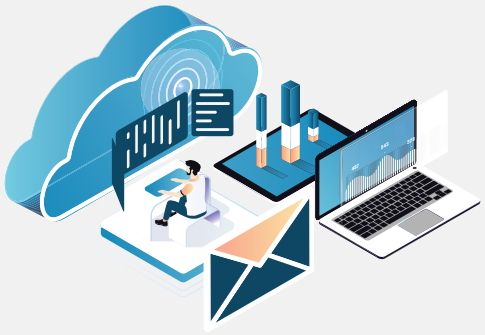


Notification technologies with positive impact on patient outcomes must be compatible with the healthcare system user's workflow. Since no two physicians (or other entities) work alike, and information needs often vary by individual, the ability to control the messaging scheme is essential for success.

For example, behavioral health providers want instant notification when a patient is admitted so they can visit their patient in the hospital. OBGYNs want notifications when their newly delivered patients are discharged to schedule appropriate postnatal care. Geriatric specialists and oncologists need their notifications bundled together for both volume and timing of alerts to be manageable within the constraints of their day.

In order for each entity, (providers, care coordinators, health plans), to receive and act upon notifications of patient events, the notifications must be delivered to their respective workflows and with a cadence that meets individual workday needs. To avoid alert fatigue, a term describing the abundance of alerts that appear in an EHR, providers should have the ability to customize settings within their messaging platform to have an insightful workflow in their EHR. Providers should ask if their solution offers this customization, which is a standard configuration setting in solutions like Consensus Signal. Many EHRs can also provide this type of workflow customization.

Going Beyond ADT Events



The definition of ADT events is, when fully considered, a bit limited. In reality, events are not limited solely to admissions, discharges, and transfers. Immediate notifications for abnormal or high priority lab results, changes in patient status, and requests for long-term care placement all contribute to improved care management across the care continuum.

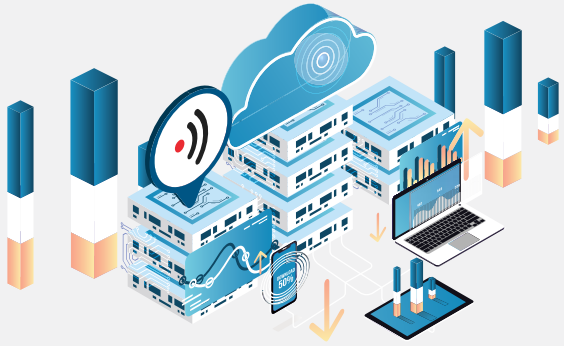
The capability to alert providers beyond the common ADT events offers providers quick access to the critical information needed to make informed decisions to effectively manage patient care.

Hospitals that leverage their existing admission, discharge, transfer, and lab results data to automate health event notifications, have the ability to increase workflow efficiencies and reduce costs by keeping physicians and care teams informed about patient status so they can address patient needs quickly to ensure better health outcomes. Further, the providers and health systems that optimize their certified EHR, mobile platforms, and other systems to receive health alerts can act on the data to improve patient safety and quality of care.

Conclusion

COVID-19 exposes the pressing need for greater care collaboration and informed decision-making at the point of care. New CMS rules now require ADT event notifications as part of CMS CoP. Automated health event notifications delivered not only at the point of care, but also across the care continuum, help reduce the likelihood of costly readmissions and improve care quality. Actionable data equips care teams to respond quickly to patient needs, resulting in clinical efficiencies. Further, health event alerts support the CMS mandate for ADT notifications and compliance with COVID-19 public reporting requirements. At a time when healthcare is burdened by a nationwide pandemic, government mandates, and financial pressure, healthcare organizations must operationalize digital technologies now or risk compromising improving patient outcomes, clinical efficiencies, and reduced costs.

About Consensus



The Consensus interoperable healthcare solution suite delivers better care coordination through enhanced connectivity and streamlined workflows. Throughout the continuum of care, organizations can access, process, and exchange actionable data using several options including direct secure messaging, digital cloud faxing, patient query through Carequality or CommonWell, ADT e-notifications, and APIs to connect you to healthcare delivery exchanges. Consensus Signal is a part of the Consensus healthcare suite delivering real-time event alert notifications to close provider communication gaps, streamline transitions of care, and reduce healthcare costs. Consensus and Consensus Signal Consensus are offered by J2 Global — the leader in digital cloud faxing — with eFax Corporate, the largest enterprise-grade cloud-fax solution that has also earned HITRUST CSF Certification.