

POST-ACUTE FACILITIES:

Orchestrating Better
Clinical Workflows is
Essential for Safer
Patient Care





TABLE OF CONTENTS

Introduction: Technology Has Let LTPAC Facilities, and Their Patients, Down	3
The Research on LTPAC Patient-Records Technology Illustrates the Problems	4
Additional Risks Post-Acute Providers Face Without Patient-Data Interoperability	6
Roadblocks to an All-Digital Workflow for LTPAC Facilities	7
Digital Tools and Technologies That Post-Acute Providers Need	8
Consensus: The Post-Acute Care Solution Suite That Brings It All Together	10
Backed By a -20Year Innovator in Digital Healthcare Solutions	11

Introduction: Technology Has Let LTPAC Facilities, and Their Patients, Down



If you've watched any heist movies, you know the smart criminal's favorite time to sneak into a guarded facility is during a shift change. It's during these handoffs that confusion and distraction are most likely, and the place is most vulnerable to mistakes. Unfortunately, a similar principle is at work when a patient is transferred to or from a long-term post-acute care (LTPAC) environment such as a:

- ✓ Skilled Nursing Facility
- ✓ Inpatient Rehabilitation Facility
- ✓ Assisted Living
- ✓ Home Health Agency

Using disparate technologies to communicate patient data between facilities can increase the chances of dangerous errors.

When a patient moves from a hospital to a post-acute care facility, the transition introduces several potential "shift change" vulnerabilities that can put the patient at considerable risk. For example:

- ✓ If the patient is moving to a new facility for the first time, it may be likely that the facility does not already have the details of the individual's medical history and most certainly **does not have a longitudinal record for the patient.**
- ✓ The facility may be staffed by providers who likely have continuity of care treatment for the patient, but **no familiarity with the patients' entire treatment history.**

- ✓ Even if the post-acute care team is integrated into a common patient record, there is a good chance the other providers across the continuum of care—specialists, primary care—**are using different and incompatible medical records systems** and will have trouble sharing the info in a timely manner.

In a 2020 article for McKnight's, Dr. Raj Mahajan offers a chilling story that illustrates these shift-change risks. A patient of Dr. Mahajan's was transferred back to her nursing home after a hospital stay, and the hospital sent along the standard Continuity of Care Document. But as he explains:

*"We also received a printout of the patient's medications from the hospital, which showed five different anticoagulants, three of which were to be stopped, and two of which were to be continued. However, the printout was so confusing that the nurses couldn't interpret the orders and started the patient on all five medications. The patient later died of a hematoma that may have been prevented."*¹

These vulnerabilities put millions of patients at risk each year.

The risks of technological shortcomings undermining LTPAC patient handoffs play out millions of times a year, because a significant percentage of patients enter post-acute care after a hospital stay. UPenn's analysis of 137 million hospital discharges found more than 1 in 4 patients—26.3%—are transferred to Skilled Nursing Facilities, Inpatient Rehab, and other post-acute care environments.²

The providers coordinating a patient handoff between a hospital and an LTPAC facility will use whatever technologies they have available to make that transition as seamless and safe as possible.

Unfortunately, as we'll demonstrate below, these are typically inefficient, labor-intensive data-sharing tools that are prone to human error—such as phone calls, paper faxes, and emails. And because these technologies don't connect together easily, LTPAC providers have difficulty creating consistent and reliable processes to receive, analyze, and act on patients' data.

In this paper, we'll discuss these challenges, review the various digital technologies the industry needs to improve workflows and patient outcomes—and introduce a solution suite that brings all of these tools together in **a single online environment for better patient care coordination.**

The Research on LTPAC Patient-Records Technology Illustrates the Problems



Before we delve into the stats on the lack of digital interoperability between hospitals and post-acute care providers, let's consider a far-too-common scenario involving a patient who is transferred to a Skilled Nursing Facility and then to a Home Health Agency. This will illustrate how much the lack of interoperability between these facilities' technologies can make patient transfers slower, costlier, less efficient, and more dangerous than they should be.

A patient is discharged from a hospital...

As Dr. Mahajan's story demonstrates, when a patient moves from a hospital to an SNF, the hospital team may send a hardcopy Continuation of Care Document along with the patient and then typically send a paper fax with any additional information about medications, allergies, etc. This begins a time-consuming, inefficient care coordination process:

- ✓ The SNF team scans or manually enters the hardcopy instructions and faxed documents into their EHR system. **This slows the intake process and introduces the chance for error.**

- ✓ If the SNF does not have an EHR, the care team will have to copy these documents (and print any electronic communications, such as Direct messages from the hospital) into a patient file. **This delays the SNF caregivers' ability to access patient information during intake and throughout the patient's stay.**

- ✓ When the patient is transferred from the SNF to a home health environment, the team will fax paper instructions to the Home Health Agency. The agency will copy those printed instructions into a binder, where all patient information will be documented and stored. Because this data isn't recorded digitally, **sharing the patient's home-health records with other providers—such as hospitals—will be far more difficult and prone to error.**

This hypothetical illustrates how the manual and ad-hoc processes of sharing data among facilities along a patient's journey can have a negative effect on that patient's care. It can even mean the difference between whether they recover fully and rapidly—or find themselves readmitted to a hospital.

With that in mind, let's look at some recent statistics that underscore just how far the average LTPAC facility is from finding an efficient process for receiving and acting on key patient information during transfers from acute care.

The hospital and post-acute care facility aren't sharing data efficiently...

- ✓ 36% of acute care providers **use manual-only strategies** to coordinate patient transitions with LTPAC facilities.³

- ✓ 62% of post-acute care facilities **rely on phone calls** between caseworkers to share patient information and clinical details.³

- ✓ Only 16% of acute care providers share all of their patients' data with LTPAC facilities during a transfer.⁴

- ✓ **31% of post-acute care providers say they have very little ability to access or share patient data electronically.**⁴

- ✓ Only 14% of Skilled Nursing Facilities and residential long-term care centers use electronic health records on a daily basis.⁵

- ✓ 49% of post-acute providers describe their health information technology proficiency as "extremely poor" or "non-existent."⁵

Moreover, these data points aren't simply academic. They affect real patients' ongoing health. As research reported in *EHR Intelligence* found, "Poor communication between providers, a lack of accessible patient health data... have been linked to hospital readmissions and emergency department visits."⁶



Additional Risks Post-Acute Providers Face Without Patient-Data Interoperability



For a post-acute care provider that does not have the right data-sharing technologies to streamline a patient transfer, the risks to the patient's quality of care are clear. But as concerning as these vulnerabilities are, there are other reasons LTPAC facilities need to consider deploying the right tools for patient-data sharing. Just a couple of examples:

Regulatory Compliance

With the increasing pressure from both the CMS and HHS, implementing the right digital interoperability solution is becoming a regulatory necessity for LTPAC providers.

To cite one example, the CMS's 2019 "Discharge Planning Rule" requires a wide range of post-acute care providers to meet the agency's digital data-sharing guidelines—specifically, to provide patients with timely access to their data—as a condition to participate in Medicare and Medicaid programs.

Another example: If a post-acute care facility sends and receives paper faxes with protected health information (PHI), or uses binders and physical folders to store patient records, the provider could be exposing itself to HIPAA violations by not securing those physical records at all times and maintaining a tightly controlled chain of custody over them.

Improved Operations

As we've illustrated with several examples in this paper, the lack of proper digital solutions for patient data sharing creates inefficiencies and additional steps for LTPAC providers—all of which add to the overall cost of operating these facilities.

LTPAC facilities have, on average, been slower than other providers to move toward EHR systems. One reason is that the HITECH Act's Meaningful Use program, which offered reimbursements and other financial incentives to hospitals and other providers for adopting EHR technology did not offer these same incentives for post-acute care providers. But the decision to stay with manual processes or legacy technologies has created its own set of financial challenges for these LTPAC providers.

By migrating to the right digital interoperability solution, a post-acute care team can more efficiently and cost-effectively admit, integrate, care for, and ultimately discharge patients. This can significantly reduce the provider's operational costs over time.

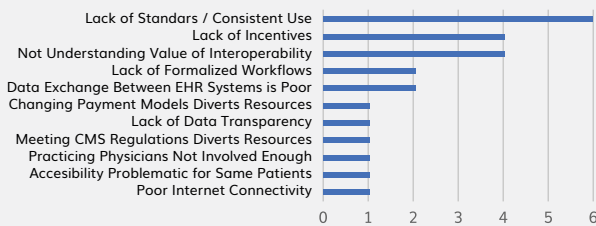
Roadblocks to an All-Digital Workflow for LTPAC Facilities



Given how important the right digital technologies can be for an LTPAC provider—for compliance, operational efficiency, and better patient care—why have these providers’ journeys to all-digital workflows been so slow and inconsistent?

According to a 2019 study conducted by the CMS Division of Chronic and Post-Acute Care 7, LTPAC providers cite many challenges in their path to achieving digital interoperability. Let’s discuss a few of those reasons listed in the CMS’s chart below:

PAC Providers’ Challenges to Interoperability



Source: CMS Post-Acute Care Interoperability Landscape Analysis, 2019

1. Lack of standardized data

In its analysis of LTCPAC providers, the CMS found a key challenge to interoperability was, as one provider described it, a need for “fully structured data—no compromises.” If they don’t have a system that can reliably read and interpret patient data in a consistent way from other providers, many post-acute care facilities find that this data sharing undermines their intake process.

2. Poor information exchange between EHRs

Another challenge the CMS found was that post-acute providers often find it difficult for their EHR platform to communicate effectively with the EHR of a referring hospital or other provider. Moreover, the proprietary nature of all of these solutions makes such situations very common.

3. Lack of incentives

As we noted above, one reason for the slower pace of LTPAC providers adopting digital interoperability tools is the lack of government incentives to do so. Many of the post-acute care providers surveyed by the CMS noted that, for small practices in particular, the lack of available incentives has prevented their organizations from adopting these new technologies.

In addition to the CMS Post-Acute report, other research has found still more factors limiting LTPAC providers from adopting digital interoperability solutions. For example:

4. Little or no training and instruction

According to a study reported in the American Journal of Managed Care, even among Skilled Nursing Facilities that have some sort of digital data-sharing solution, the staff uses these tools for the intake and discharge of just 46% of their patients.

In their analysis, the researchers found that SNF staff received no training and little instruction on how to use their digital portal to complement other processes. This leads to underuse of the portal overall, a significant variation in how it is used by SNF staff, and significantly different staff interpretations of how useful and valuable the tool is.⁸

5. Lack of technology budget

Finally, the Black Book Market Research report we cited earlier also revealed this statistic about the LTPAC community: In 2019, 84% of post-acute administrators had no budgeted funds for technology acquisitions or improvements.⁹

If a post-acute care team cannot persuade their senior leadership team to adopt a digital solution to streamline patient intake, care, and discharge, that organization is going to continue suffering such inefficiencies as:

- ✓ Using paper to review and process patient's admission, discharge, and transfer records.
- ✓ Responding more slowly to referrals from acute care providers, such as hospitals.
- ✓ Processing prior authorizations for patients' medications more slowly and inconsistently.
- ✓ Leaving the staff more open to human error as a result of manually entering patient details or capturing clinical information over the phone.

Digital Tools and Technologies That Post-Acute Providers Need

To this point, we've been discussing the risks of not having the right digital technologies for patient data sharing. Now let's briefly review what those technologies look like.

EHR systems

When used correctly, an electronic health records system can provide useful insight into a patient's health state, diagnoses, and treatment guidance. But although most post-acute providers have an EHR—80%, according to the CMS's 2019 analysis—lack of training and knowledge keep many of their staff from gaining the full benefit of these tools.



Patient query

If a post-acute care organization's EHR is connected to one of the health data-sharing networks—Carequality or CommonWell—its staff can easily conduct a real-time search for a patient's records across the broad spectrum of participating providers. This includes data from more than 15,000 hospitals, clinics, and other healthcare organizations.

Digital cloud fax technology (DCFT)

Given that 75% of patient data is still transmitted by fax, post-acute providers cannot entirely abandon their fax infrastructure—no matter how tedious or frustrating the organization finds it to maintain that legacy technology. But providers can significantly streamline their fax processes by employing digital-cloud fax technology.

DCFT allows providers to securely receive, review, sign, and send faxes entirely online—without paper or fax machines. The best-in-class DCFT solutions also integrate seamlessly into providers' EHR systems, allowing staff members to process patient PHI transmitted by fax without having to leave their workflow applications.

Electronic ADT notifications

Real-time electronic notifications about patient admission, discharge, and transfer can help a post-acute care provider stay informed about their patients' whereabouts, current status, and any help they might need.

By signing up for electronic ADT notifications, an LTPAC facility will also be taking important steps toward regulatory compliance—such as with the CMS Conditions of Participation (CoPs) with Medicare and Medicaid programs, the 21st Century Cures Act, and the Interoperability and Patient Access Final Rule requirements. And equally important, this can help a post-acute provider avoid the CMS's "blacklist" of noncompliant organizations.

Direct messaging capability

Direct messaging, developed by the nonprofit DirectTrust, is the most widely used protocol for securely exchanging healthcare data over the internet. Using an interface similar to email, the Direct message platform is used every day for a wide range of healthcare communications, including referrals, ADT notifications, and communications between providers about patients' clinical details.

One of the advantages of the Direct protocol is its ubiquity across the healthcare ecosystem. A provider signing up for unique Direct addresses for their staff could feel confident that most of the other providers and organizations they would be communicating with were also on the Direct system. A few statistics to illustrate this point:

- ✓ 232,000 healthcare organizations are actively using the Direct system to communicate.
- ✓ The number of Direct communications averaged more than 68 million per month in 2019 and, has surpassed a total of 1.2 billion since the platform was rolled out in 2014.
- ✓ 292 million patients use Direct messages to communicate with their health providers.¹¹



Fax using Direct exchange

This solution allows a post-acute care provider to send a fax document electronically as an attachment to a Direct message using the Direct exchange. Another benefit: With OCR added, it allows the sender to automatically turn an unstructured document into a structured document or C-CDA—which can help the recipient with more efficiently processing, including actionable data streamlined in the EHR.

Real-time fax review

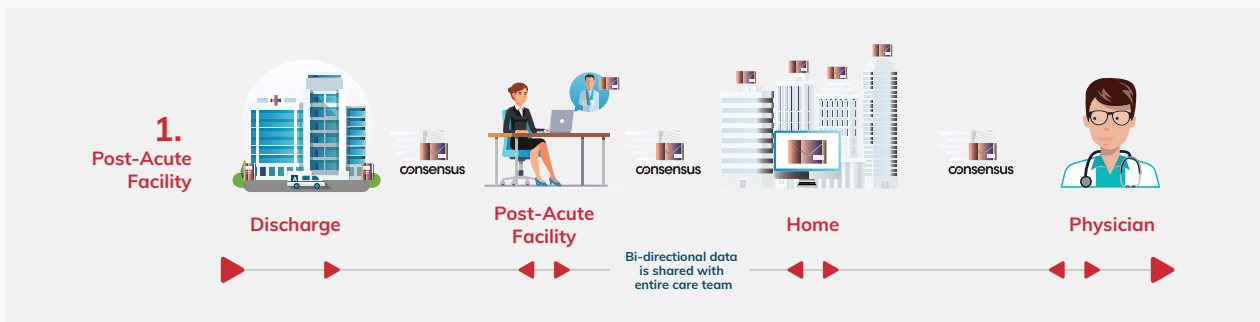
Post-acute care facilities need to be responsive to referrals from hospitals and other acute care providers. These referrals are key to bringing in new patients and revenue. This solution means your faxes will rise to your attention faster.

It can also help, by allowing LTPAC teams to review, pause, accept, and return a faxed-based referral in real time—as opposed to the traditional and inefficient process of printing, reviewing, signing, and manually re-faxing the referral fax document.

Electronic signatures

Finally, an electronic signature solution allows a post-acute facility to quickly and easily provide an electronic signature—to authorize a patient treatment, sign a patient’s transfer, etc.—without having to leave the care facility’s daily workflow applications. This rapid and flexible signature capability can enable more rapid treatment and improved patient outcomes.

Consensus: The Post-Acute Care Solution Suite That Brings It All Together



Adding any of these technologies to a post-acute IT environment can help that provider more effectively coordinate care, improve the cost-effectiveness of its operations, and deliver better patient outcomes over time.

But implementing these solutions a la carte, or trying to connect disparate tools using point-to-point solutions, can still leave operational gaps and can even introduce incompatibilities in technologies and workflows.

The solution: **a comprehensive solution suite** that can be used stand alone to meet specific and prioritized needs or all together in a bundled digital toolset for access to patient information and more efficient patient data-sharing. That solution suite is Consensus, by J2 Global.

Consensus Unite: a complete toolset for LTPAC providers

Consensus is a full suite of interoperability and workflow applications addressing the key challenges facing post-acute facilities. The suite offers bundled and standalone solutions:

- ✔ All of the data-sharing technologies we've discussed in this paper—including patient query, Direct messaging, digital cloud fax technology, and access to data exchange networks such as HIEs and ACOs.

- ✔ Easy interoperability and the ability to communicate seamlessly with all EHR platforms.

- ✔ The streamlined workflows your staff needs to stay connected and informed through each patient's continuum of care.

- ✔ The ability to easily receive, review, and send patient information via a user-friendly dashboard.

- ✔ Data exchange that takes place entirely within a highly secure, HIPAA-compliant solution—to keep your organization on the right side of healthcare regulators.

Consensus Signal

Get automatic ADT real time notifications with Consensus Signal Direct Messaging. Post-acute care providers can also customize alerts to make the notification more impactful and actionable.

With CMS mandatory ADT eNotification rule taking effect on May 1, 2021, LTPAC and SNFs will find it increasingly more difficult to be notified of transitions of care. Hospitals are required to send the information electronically. The time to upgrade your technology is now so you can seamlessly be notified when a patient is changing their care setting.

Backed By a 20-Year Innovator in Digital Healthcare Solutions

With Consensus, you'll be working with a 20-year-leader in digital healthcare solutions—J2 Global. Our healthcare industry track record should give you the peace of mind knowing your data interoperability technology partner is the company that:

- ✔ Developed the digital cloud fax solution used by more healthcare providers than any other.

- ✔ Was the first major cloud fax provider to earn HITRUST CSF Certification, deemed the "gold standard" in healthcare compliance.

- ✔ Built the first cloud fax API to earn HITRUST CSF Certification.

- ✔ Has been building digital solutions for healthcare organizations for 20 years.

- ✔ Is the cloud fax solution of choice for more than half of the Fortune 500.



For a consultation
with your PAC facility,
**call a Consensus
expert:
888-532-9265**

About Consensus

Consensus is offered by the makers of eFax, the world's #1 online fax service and the leader in HIPAA-compliant healthcare fax technology. We are part of [J2 Global, Inc.](#) (NASDAQ: JCOM)—a leading cloud services company with 24 consecutive fiscal years of revenue growth and over 3,100 employees in 50+ offices around the world.

Consensus provides easy interoperability with streamlined workflows in a simple platform that keeps you connected through each patient's continuum of care. Whether you are a small, mid-sized, or a large organization, Consensus can improve paper-based workflows, moving to cloud faxing, direct messaging, and query for patient information from CommonWell or Carequality.

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