Use Case Report

DFD Russell Medical Centers

Transitions of Care, Risk Stratification and Chronic Care Management

Care Management Model

DFD Russell Medical Centers is a non-profit, Federally Qualified Health Center that has served rural Central Maine communities since 1979. The Center is also a Patient-Centered Medical Home.

In May 2017, DFD Russel Medical Center's Care Management team began to use HealthInfoNet's Analytics and Reporting Platform (HARP) to identify patients for Transitions of Care Management. This real-time information allows for timely post discharge follow-up to reduce readmissions.

The team broadened the use of HARP to risk stratify patients for Emergency Department (ED) and Hospitalization risk, Polypharmacy Risk and for Chronic Care Management. The team plans to employ the Population Management workflows for Population Health and Quality Measurement later in 2018.

Workflow and Implementation

DFD Russell Medical Centers uses an on-site Care Management model where each of their three locations has a dedicated Nurse Care Manager responsible for accessing HARP.

BEST Practice

DFD Russell Medical Centers developed and implemented specific protocols and procedures for use of HARP.

Transitions of Care

Access HARP daily for a list of patients who have been admitted and/or discharged from the Emergency Department (ED) or hospital in the last 36 hours.

Prioritize the list based on the patient's risk score and clinical history from their EHR and HealthInfoNet's HIE Portal and contacts the patients to assess their follow-up needs.

Risk Stratification

Evaluate patient panel to determine who are at high-risk for future hospital or emergency department admissions.

Use the risk score to inform the care plan, helping patients proactively manage their care with the goal of preventing unnecessary utilization.

Chronic Care Management

Use a combination of HARP Chronic Disease Risk Scores and clinical information from the EHRs and HealthInfoNet's HIE Portal to inform Care Plans for Medicare's Chronic Care Management (CCM) Patients.

Use HARP to risk stratify over 1,900 CCM patients to determine Nurse Care Manager or Medical Assistant intervention.

Impact

Previous to implementing HARP, DFD Russell Medical Centers Care Managers evaluated five separate reports daily to identify their admitted patients.

Aggregating and cross referencing a combination of email, EHR reports, fax and phone calls would take the team almost half a day and this still didn't include many area hospital's census information.

HARPs ability to provide a statewide view of patients in all hospitals also helps DFD Russell Medical Centers identify more patients for intervention and follow-up.

Organizational Efficiency

The implementation of HARP and new protocols has shown a 50% reduction in staff time to identify patients for Transitions of Care Management.

Financial Impact

DFD Russell Medical Centers has seen an increase in Transitions of Care billing as their team is now able to follow-up with 99% of the eligible patients within the permitted timeframe.

Patient and Staff Response

The response from patients receiving follow-up communications and intervention has been positive.

"Patients have come to expect follow-up calls from us and have expressed their appreciation for the role we play in their care," says Renee Westman, RN, Care Manager at DFD Russell Medical Center in Leeds.

"Our team uses HealthInfoNet daily and find it especially useful to look at information while the patient is in the exam room to help guide the conversation about their care."

Renee Westman, RN, Care Manager

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