

A Model of Care Coordination in Scottsdale

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Scottsdale Health Partners has used IT and care coordinators to get physicians and hospitals working hand-in-hand in a value-based environment.

Source: Physicians Practice

Scottsdale Health Partners (SHP) is more than just a joint venture between the HonorHealth (formerly Scottsdale Healthcare) hospital system and approximately 700 physicians — most in private practice — across the Scottsdale and Phoenix, Ariz., region.

The clinical integrated network and accountable care organization (ACO) is a primary example of how hospitals and physicians can successfully work hand-in-hand in a value-based environment. SHP has enjoyed success in achieving its goals of improving quality of care and lowering costs. In particular, it has reduced its hospital readmissions rate to 9 percent, well below the state average of 15 percent, and saved up to 10 percent in medical costs for its population of 40,000 patients. For physician practices looking to get a jump start on value-based care, before CMS' Merit-Based Incentive Payment System's (MIPS) likely first performance year in 2017, SHP can be a source of inspiration. Since starting up in 2012, it's found a way to use technology and personnel to coordinate care almost seamlessly from the hospital to the practice-level.

Faron Thompson, chief operations officer of SHP, and Tiffany Nelson, a family medicine physician and the organization's chief strategy officer, will be at the 2016 Healthcare Information and Management Systems Society (HIMSS) conference in Las Vegas to share with attendees how they've succeeded in this area. Their session, titled "A Vision for Connected Care," is scheduled for March 3 at 08:30 am. Thompson and Nelson recently spoke with *Physicians Practice* regarding the session.

Physicians Practice: What are the necessary technologies when you are trying to coordinate care across multiple settings, in an effort to lower costs and improve quality?

Tiffany Nelson: There are multiple things that are important. Number one, having a good communication platform, so that physicians can communicate with each other, the care coordinators can communicate with each other, and the care coordinator and physicians can communicate. We've found that in our secure texting solution. It's also important to have a health information exchange (HIE), which has pertinent data about the patient. We've been able to get hospital information, including discharge and transfer information, clinical data, and consult reports, as well as having lab and images. Those two things are the major technologies that we will be discussing at [the] HIMSS [conference]. It's the bringing together of those two technologies that has made us successful. We're able to use admission discharge and transfer information from the hospital. As soon as one of our patients hits the hospital, one of our transitional care managers will get a notification that [the patient] is in the hospital. The transitional care managers are able to take a look what happened with that patient...they're able pull detailed information on that patient. Then, they can use the secure texting solution to communicate with the physician on what's occurring in the hospital. By doing that, we have a much more coordinated plan when the patient is in the hospital and when they leave the hospital.

Faron Thompson: ...Healthcare IT is full of wonderful technologies, many of which are propriety and don't integrate. Our HIE and secure messaging technology are not that. They are very standards based and open. That was key for us. Also, we have creative and talented IT staff that are able build the integrations and added functionality. So, we are not beholden [to a] vendor's [plans].

PP: How did you get physicians on board with this model?

TN: There are multiple strategies to that. It started with, number one, dealing with the physicians' frustration around not being able to communicate with each other. The very first thing we implemented was the secure texting solution. It allows us to put our entire network on [the vendor's platform]. It really is a big satisfier for physicians. It takes a 15 to 20 minute process down to one minute. In fact, interoffice communication between physicians just wasn't happening as much as it does now. It was a burden to try and get it done, securely. We have more than 25,000 texts being

sent per month. That was the first thing, solving a problem that physicians had. The second big complaint [from physicians] was [them saying], 'My patients are in the hospital and I don't know what happened.' We utilized that [complaint] to develop our phase one strategy in designing our HIE. It would have the most pertinent information for them: hospital information, lab, and radiology. By having that information there and showing the physicians that the HIE presents this information and it's easy to use, we've had good uptake. We implemented this at a clinical support staff level. This is because often the way technology is utilized in a [physician] office, the clinical support staff is going to be ... pulling outside clinical data for the physician to review. We have a two-pronged strategy in this regard, training the clinical support staff and the physician. We have a pretty comprehensive training program that ... meets physicians where they are at. We can come to your practice, you can come to a special meeting, there is online training. We designed it so they can be trained within 20 to 30 minutes. That's probably the time you can get from a physician. The training was specifically created to let physicians know what is and what is not within the system. Also, have them get in and utilize the system for something that they have been looking for. When I'm solving a problem you have, it makes the physician more likely to use it. From the care coordinator's perspective, they previously had to log into three or four systems, in order to get all information they needed to do their job. Putting it all on one system was a big increase in efficiency for the care coordinators.

PP: How will this experience shape your presentation at the upcoming HIMSS conference?

FT: From my perspective... there is an overabundance of technologies out there and a lot of organizations don't have the staff or don't think they can integrate or do something more with their technologies than what the vendor provides them. I think us being able to talk about the value-add that can be created, with a little physician creativity and a small, talented IT staff, you can achieve "1+1 is greater than 2" in this situation. I'm looking forward to showing people that this can be done and is achievable.

DN: From a clinician's perspective, I'm excited to share the fact that technology can change the lives of the patient and the providers. Being able to share the message, the work people are doing to innovate in technology ... really does impact the end users and the clinicians ... and ultimately, the lives of patients.

Source URL: <http://www.physicianspractice.com/himss2016/model-care-coordination-scottsdale>

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