Going Beyond the 4 Walls to Drive Population Health & ACO Outcomes

TigerConnect East Coast User Group Meeting
Philadelphia, PA, October 15, 2019

tigerconnect

Today's **Speaker Lineup**

Maggie Allard, MD, MPH

Medical Director of Population Health, Lowell Community Health Center

Cristin Freed

Senior EMR Analyst/Project Lead, Lowell General Hospital PHO

Building Connected Care

Maggie Allard, MD, MPH

Medical Director of Population Health
Lowell Community Health Center

Lowell Community Health Center

Organizational overview

Patients
- ✔ Multi-cultural, multi-lingual
- ✔ 2018 - 71% below federal poverty level ($25.1K family of 4, $12.1K for 1 person)
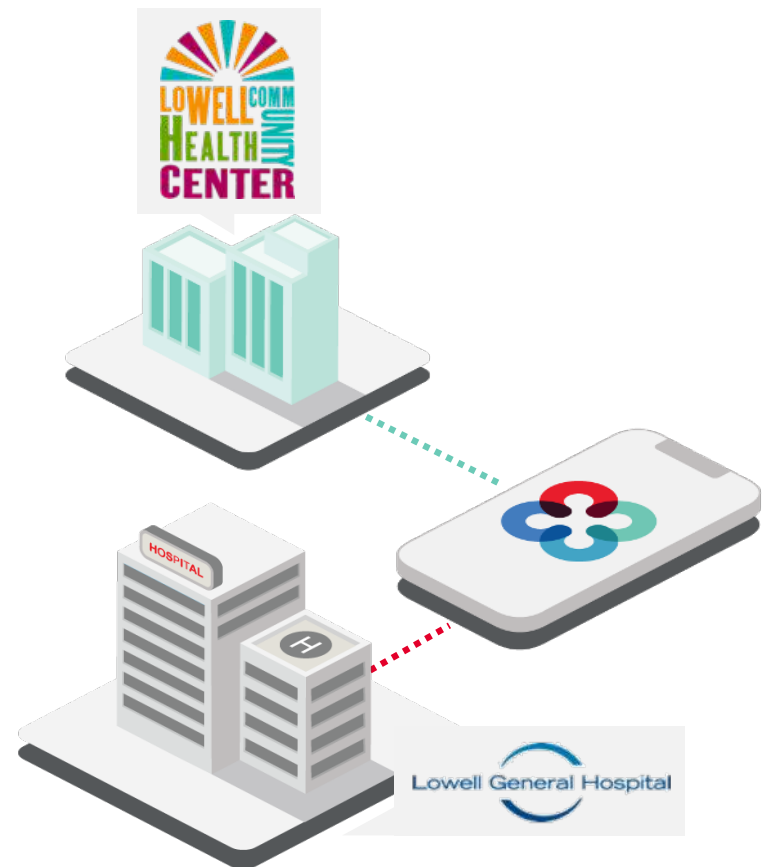- ✔ High % bio-psycho-socially complex patients

2018 Visits
- ✔ 32.5K to Providers
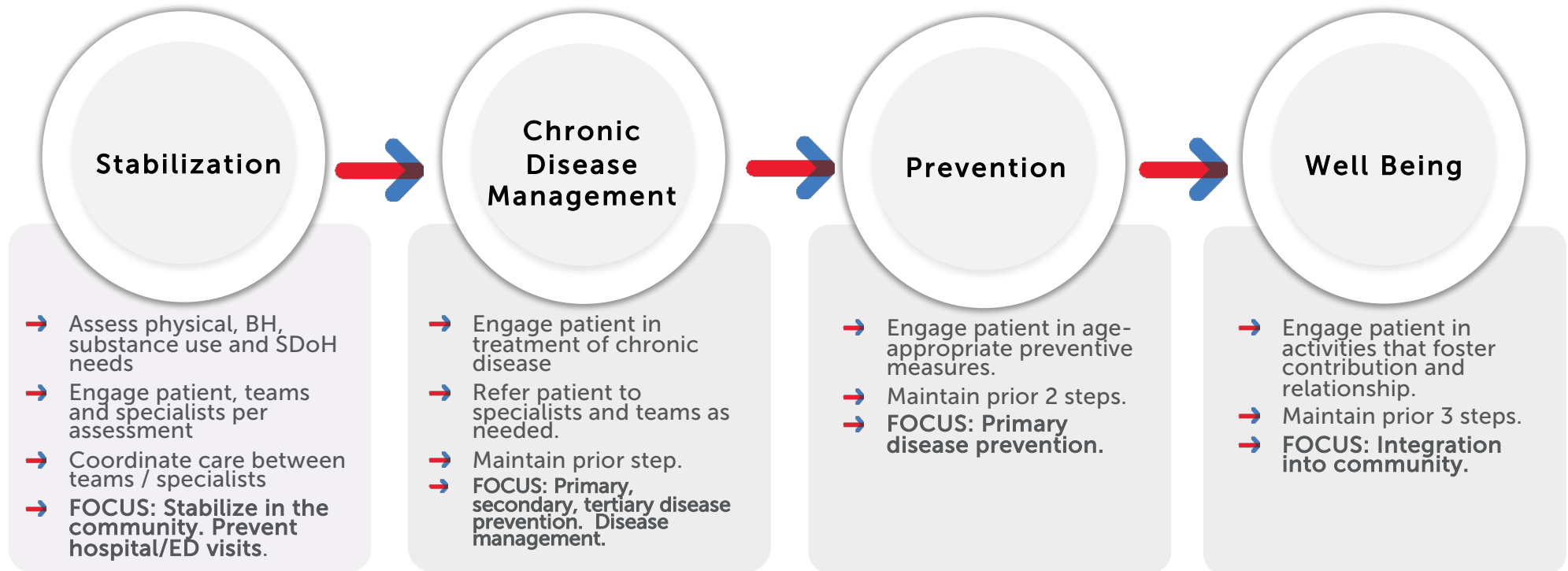- ✔ 38K across all services

Providers: > 60

Services
- ✔ Adult/Ped/Refugee Primary Care
- ✔ OBGYN
- ✔ Behavioral Health
- ✔ Eyecare
- ✔ Dental
- ✔ Office Based Addiction Treatment
- ✔ WIC
- ✔ Teen center
- ✔ Medicaid ACO / BHCP

Patient Life-Cycle

Effective communication drives patients through the care continuum

Stabilization → **Chronic Disease Management** → **Prevention** → **Well Being**

Stabilization
- → Assess physical, BH, substance use and SDoH needs
- → Engage patient, teams and specialists per assessment
- → Coordinate care between teams / specialists
- → FOCUS: Stabilize in the community. Prevent hospital/ED visits.

Chronic Disease Management
- → Engage patient in treatment of chronic disease
- → Refer patient to specialists and teams as needed.
- → Maintain prior step.
- → FOCUS: Primary, secondary, tertiary disease prevention. Disease management.

Prevention
- → Engage patient in age-appropriate preventive measures.
- → Maintain prior 2 steps.
- → FOCUS: Primary disease prevention.

Well Being
- → Engage patient in activities that foster contribution and relationship.
- → Maintain prior 3 steps.
- → FOCUS: Integration into community.

"Population Health changes the paradigm from caring for patients we see to caring for all attributed patients, including those we have never seen."

Communication Challenges Prior to TigerConnect

→ PCPs were not notified of patients' Admit – Transfer – Discharge status from the ED

→ Slow communication significantly delayed treatment

→ Communication from Physician A to Physician B passed through several people, leading to changes in the original question or comment

→ Member of a patient's team were updated individually, often by fax, which led to late or missed updates

→ Lost opportunity during office visits to engage patient's team and explain changes to patient in real-time

→ Lost opportunity to manage the highest risk patients in ED with input from and a hand off to their entire care team

→ Redundant, disjointed care between ACO/BHCP and other outreach teams in the community/streets and Providers, Specialists, and office based teams.
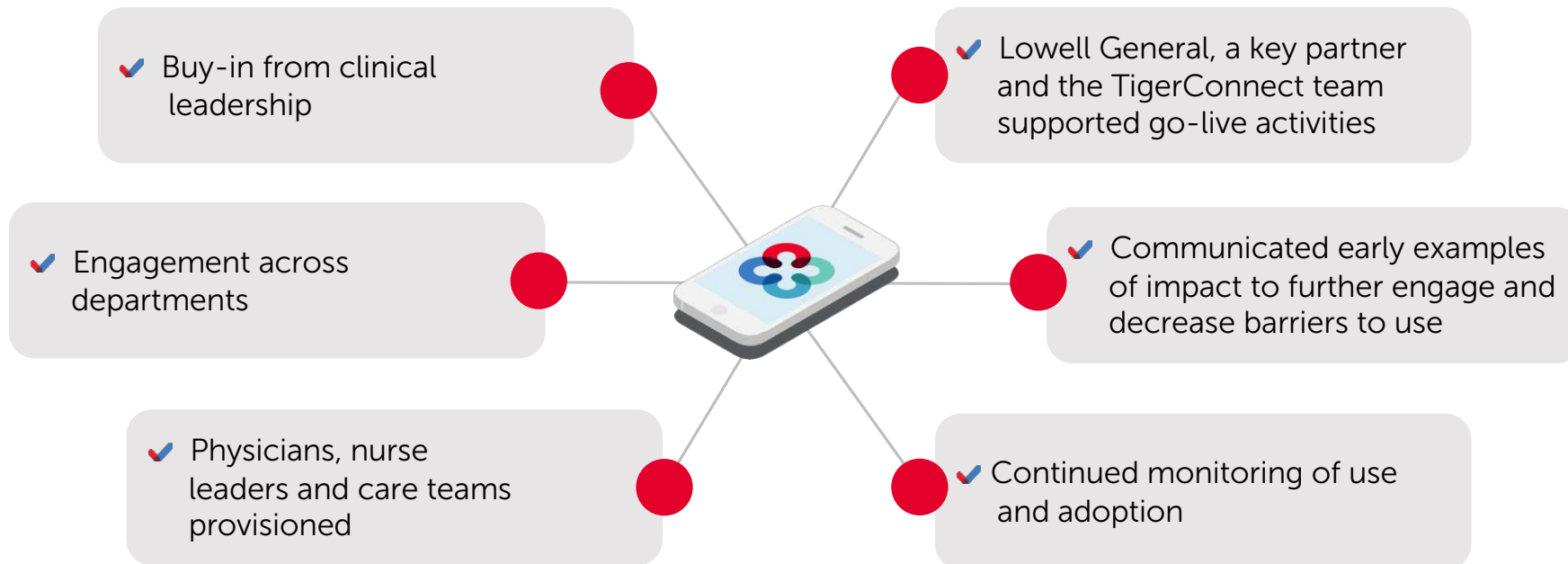
> Disparate EMRs cannot communicate. TigerConnect bridges this gap, allowing coordinated care.

Introducing TigerConnect to LCHC

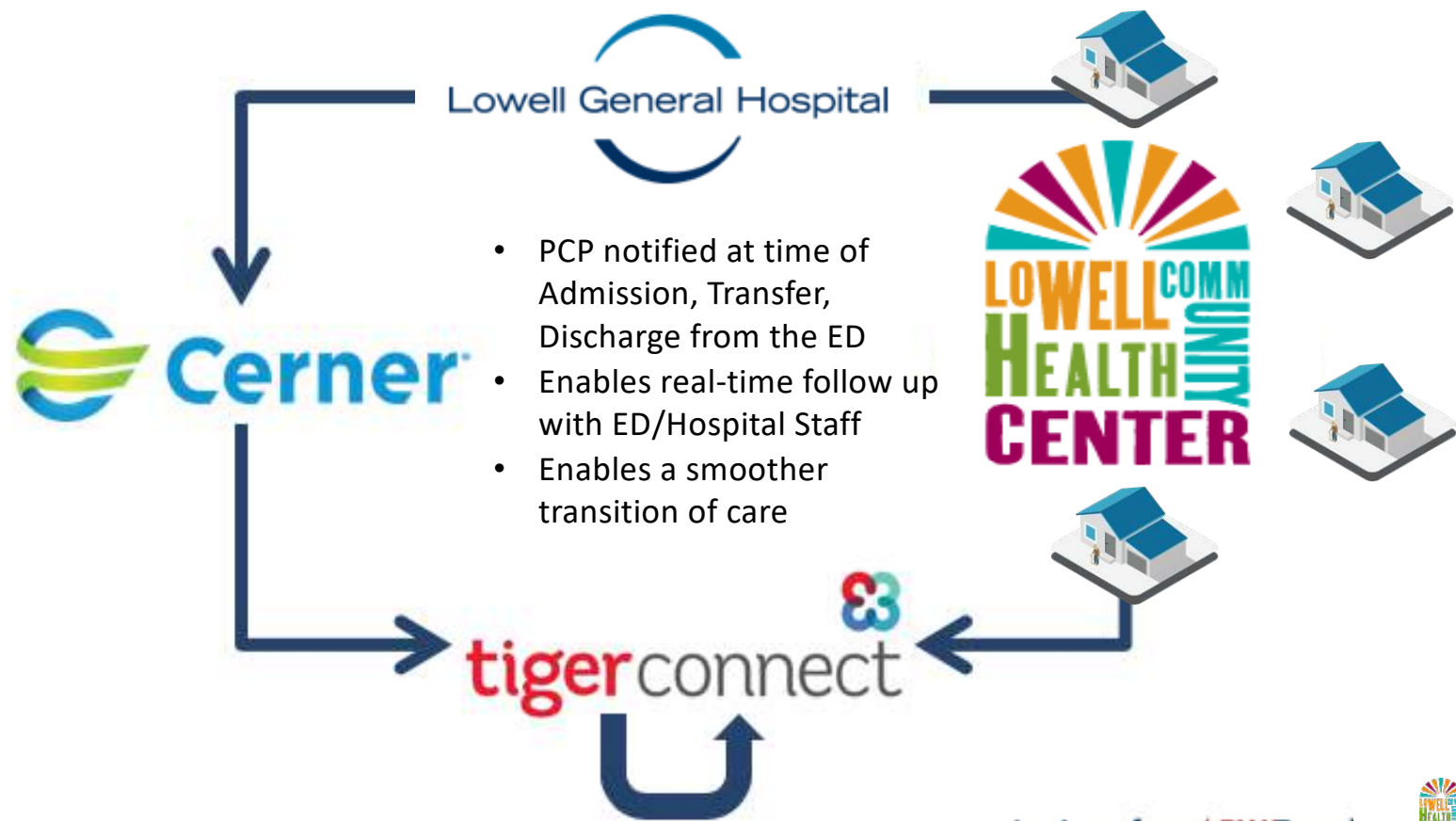## Spring 2019

➜ 123 provisioned
➜ Keys to successful deployment:

✔ Buy-in from clinical leadership

✔ Engagement across departments

✔ Physicians, nurse leaders and care teams provisioned

✔ Lowell General, a key partner and the TigerConnect team supported go-live activities

✔ Communicated early examples of impact to further engage and decrease barriers to use

✔ Continued monitoring of use and adoption

TigerConnect Improves Care Coordination

✔ Ensures smooth transition of care after Lowell General Hospital discharge

✔ Allows affective communication between specialists, clinical teams, care teams and providers

✔ In-App calling to connect real-time with teams

✔ Beyond clinical and care teams, can be used to engage all of patient's health, para-health and social service providers:

- Substance use programs
- VNAs, Nursing Homes, SNFs
- Shelters, Adult Day Programs
- SCO, One Care teams

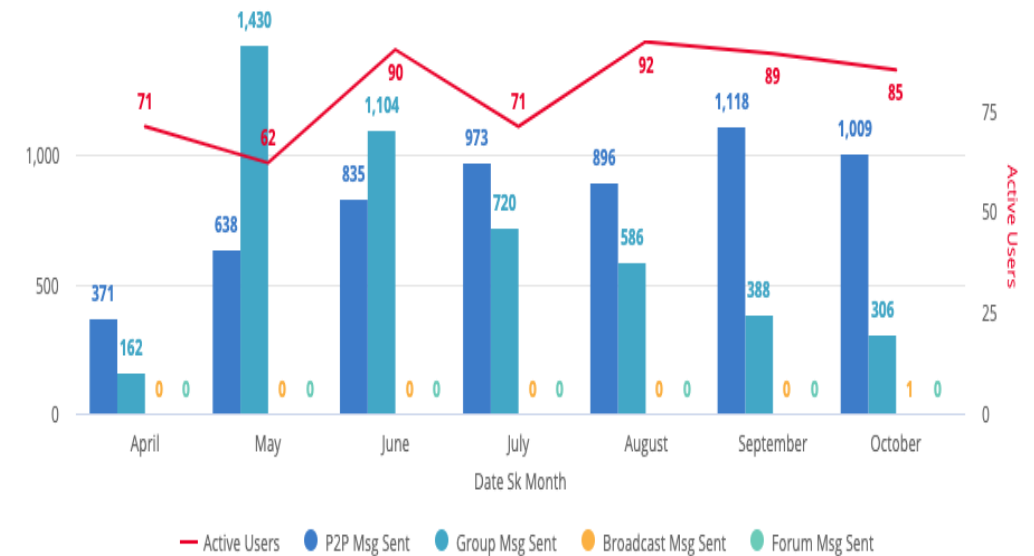# TigerConnect Facilitates Real-Time ADT Notifications

- PCP notified at time of Admission, Transfer, Discharge from the ED
- Enables real-time follow up with ED/Hospital Staff
- Enables a smoother transition of care

Use and Adoption Metrics

Growing use across organizations

Lowell General Hospital
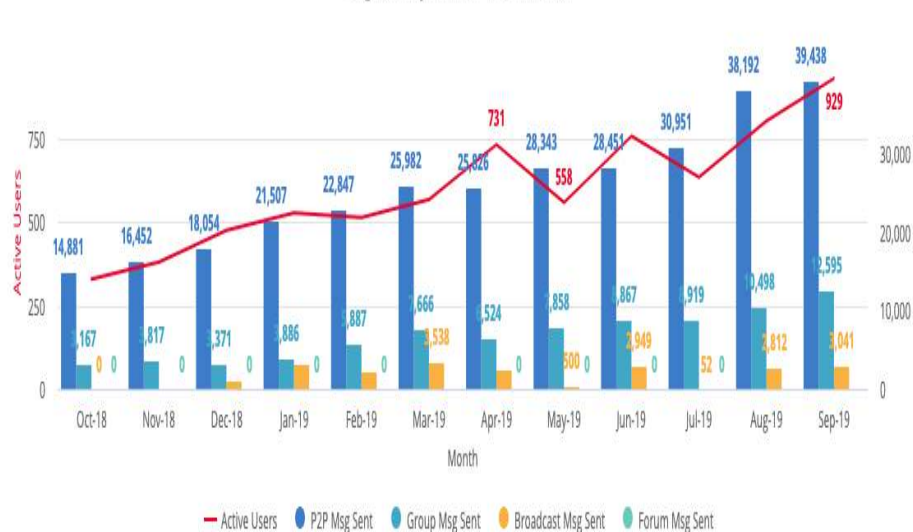
Lowell Community Health Center
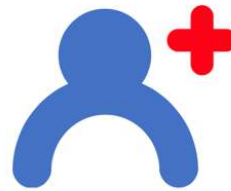
TigerConnect Allows Seamless On-Call Messaging

Role-Based for after hours care coordination

LGH ED or Hospitalist Physician

LCHC Adult On-Call Physician Role

Coordinates with Clinical & Care Team Members

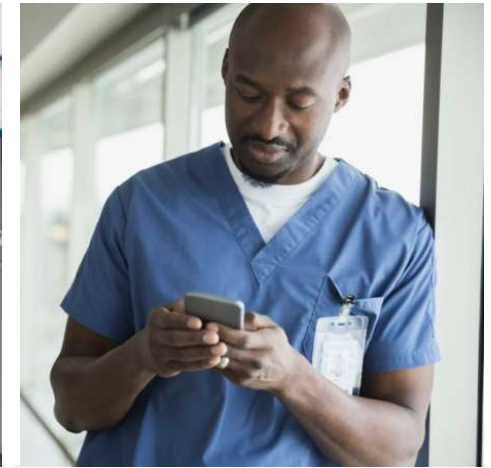# CASES – Mobile TigerConnect at an FQHC *

- 45YM presents with side effect to chemo.
- Contacted oncologist in real-time, then explained chemo changes to patient and updated med list.

- 65YF, new patient, with complex, redundant cardiac meds.
- Contacted cardiologist, explained med changes to patient and updated med list/prescriptions.

- Expedite stress testing in patient with new cardiac symptoms.

- Discuss transfer with Medical Director of Patient Walk-In Center
- For patient with COPD/ asthma exacerbation who needed further monitoring with serial nebs & IM steroids.

* Patients' ages changed

CASES – Mobile TigerConnect with Vulnerable Patients *

Alcohol withdrawal

50YF alcohol use disorder in active withdrawal. Sent to ED. Clinical Team, Care Team (BHCP with community/street outreach), Director of BH and ED Physician able to connect on care plan:

- Level 4 detox
- BH and medical clearance prior to detox
- Check of seizure med level / found to be low
- Began coordination for critical, post-detox procedures that had been pending for months.

Community / street outreach

- Care Team contacts clinical team when a patient is found
- Questions on meds / other issues where patient lives, with photos for trauma, rashes or skin infections requiring PO or IV antibiotics.

* Patients' ages changed

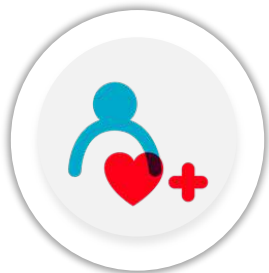# Areas to Measure Improvement with TigerConnect

Ease of care coordination

➜ Transfer of care to & from ED/Hospital

➜ Direct, real-time communication with ED, hospitalists, specialists, palliative care VNA…

➜ Updates from & to patient's entire team w/ group texting

Adoption rate

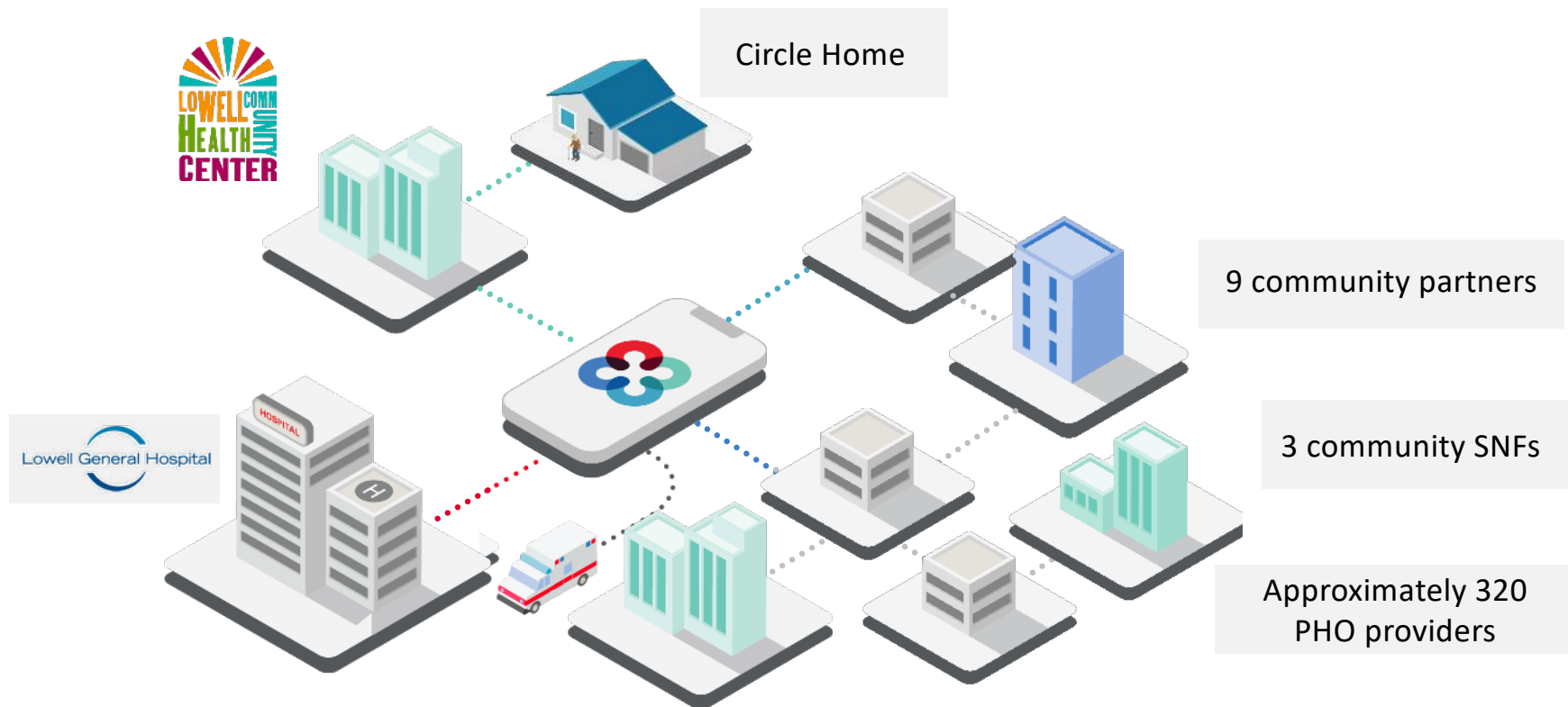➜ Adoption rate for role-based texting within a hospital network

Patient satisfaction

➜ Satisfaction surveys of all users

Building a Connected Care Network

Circle Home

9 community partners

3 community SNFs

Approximately 320 PHO providers

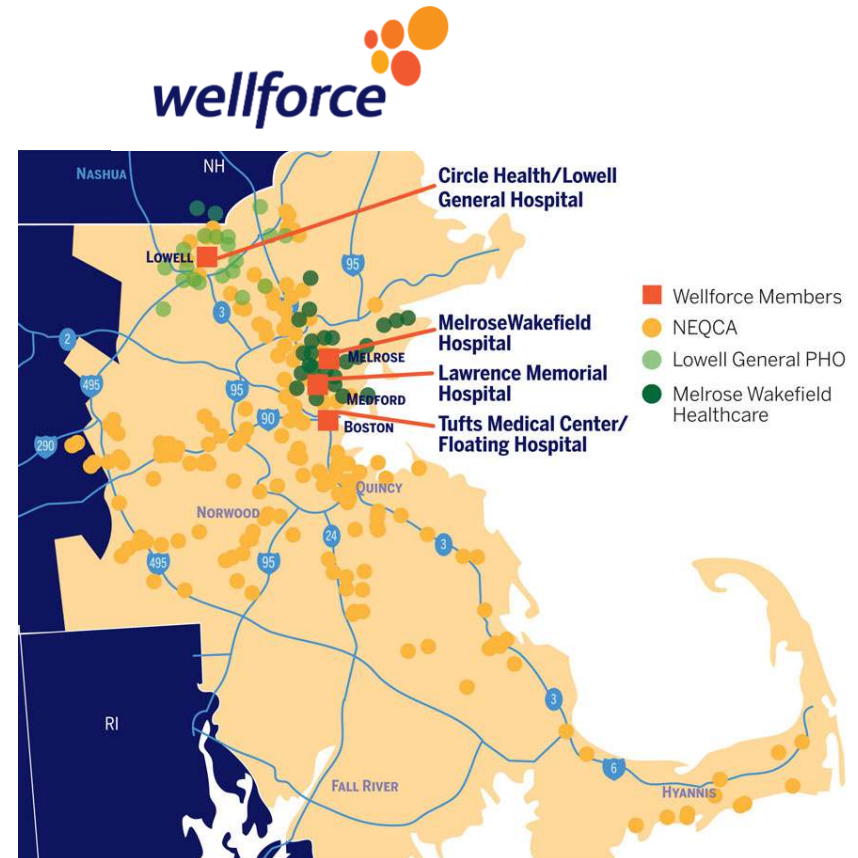# MassHealth Payment Reform Model

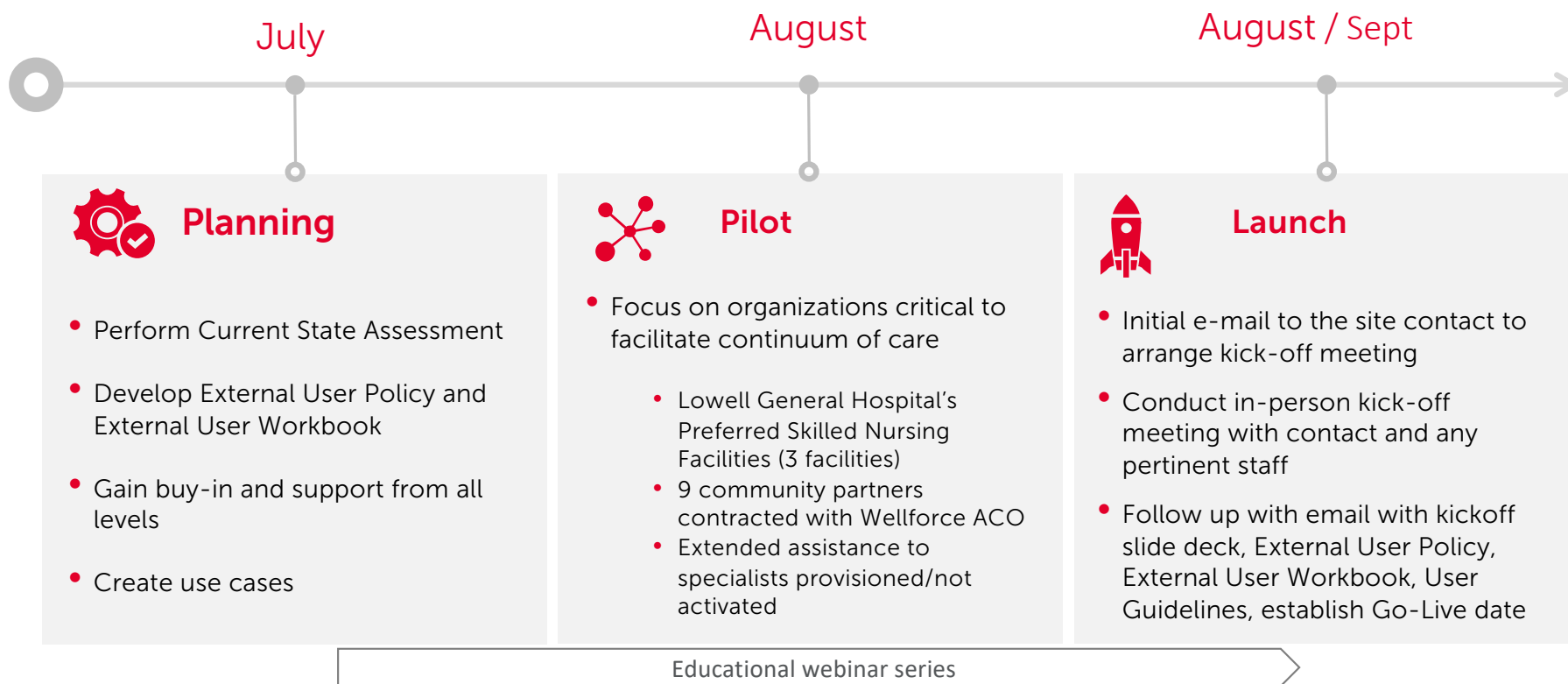Early 2018 – Wellforce accepted as a pilot ACO

Goals
- → Improve care and lower costs
- → Emphasis on social and community factors
  - • Housing
  - • Transportation

DSRIP Technical Assistance Grant Program
- → Opportunity to bring TigerConnect to external partners
- → Engaged with ECG Management consultants

Approach to Implementation

July	August	August / Sept

Planning

- Perform Current State Assessment
- Develop External User Policy and External User Workbook
- Gain buy-in and support from all levels
- Create use cases

Pilot

- Focus on organizations critical to facilitate continuum of care
  - Lowell General Hospital's Preferred Skilled Nursing Facilities (3 facilities)
  - 9 community partners contracted with Wellforce ACO
  - Extended assistance to specialists provisioned/not activated

Launch

- Initial e-mail to the site contact to arrange kick-off meeting
- Conduct in-person kick-off meeting with contact and any pertinent staff
- Follow up with email with kickoff slide deck, External User Policy, External User Workbook, User Guidelines, establish Go-Live date

Educational webinar series

Lowell General Hospital
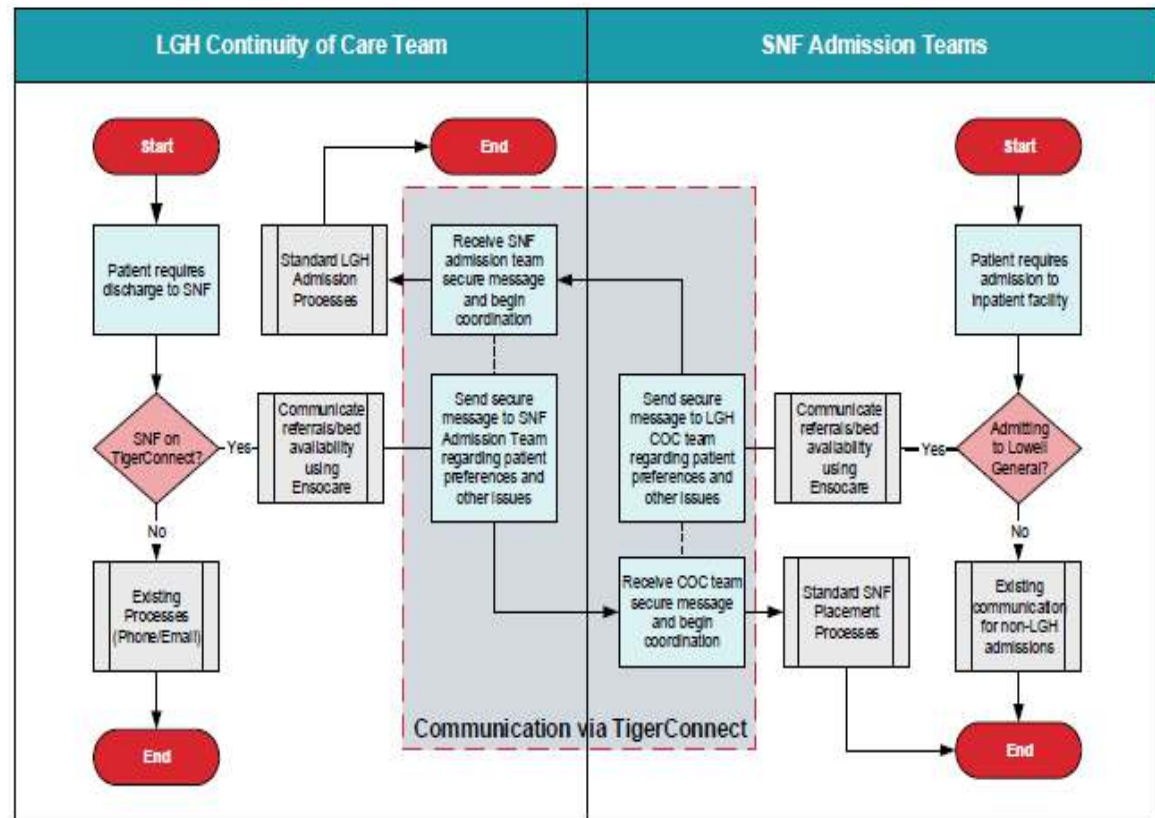
Use cases / outcomes

Community Partners

1. Care Plan Establishment and Approval
2. Care Transitions
3. Medication List Inquiries
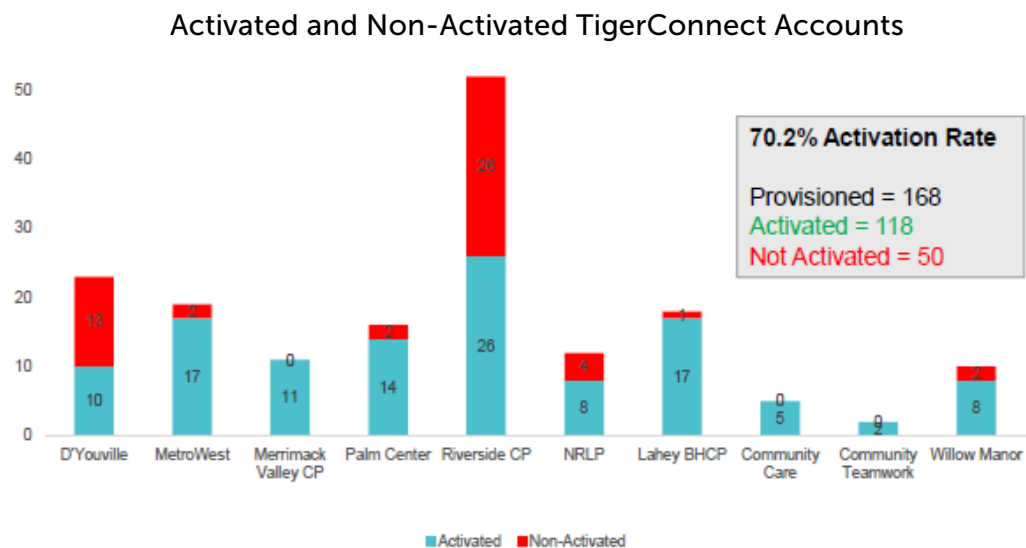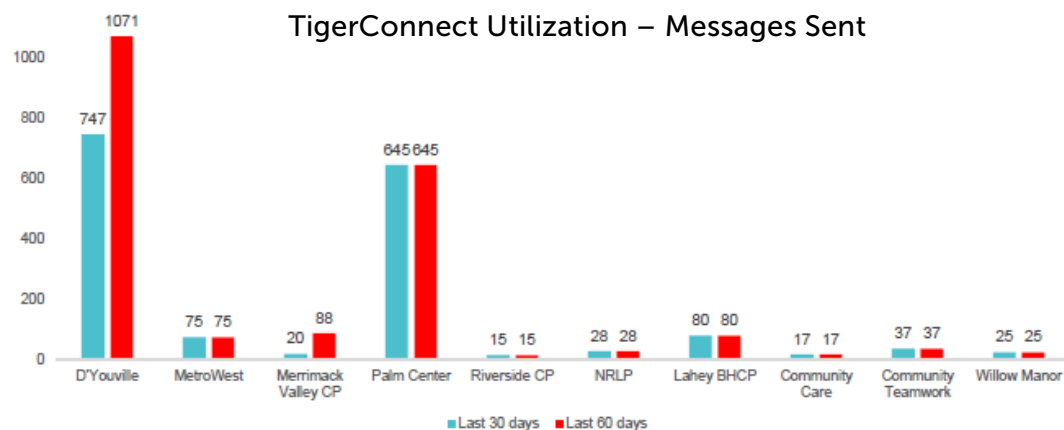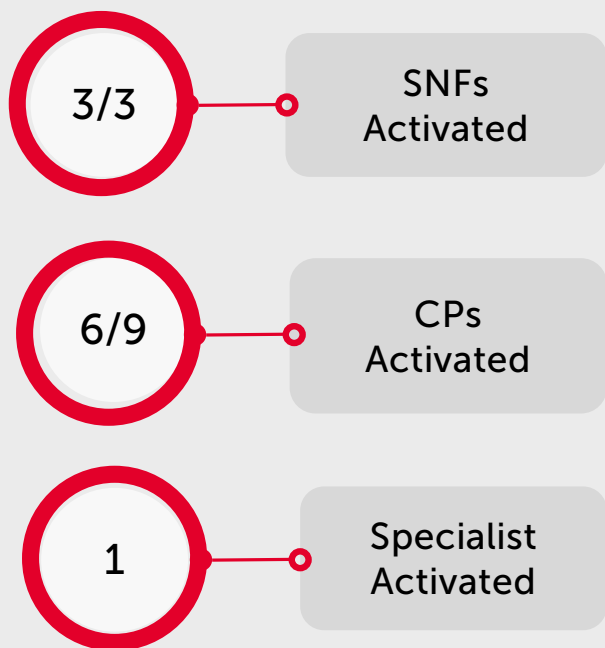4. General Messaging

Skilled Nursing Facilities

1. Continuity of Care
2. SNF Rounding Program
3. Billing Inquiries
4. General Messaging

WELLFORCE – LOWELL GENERAL HOSPITAL
TIGERCONNECT IMPLEMENTATION

CONTINUITY OF CARE PLANNING PROCESS MAP

Measures of Success

3/3 — SNFs Activated

6/9 — CPs Activated

1 — Specialist Activated

TigerConnect Utilization – Messages Sent

■ Last 30 days ■ Last 60 days

Activated and Non-Activated TigerConnect Accounts

70.2% Activation Rate

Provisioned = 168
Activated = 118
Not Activated = 50

■ Activated ■ Non-Activated

Conclusions

Lessons Learned

➜ General Observations

    ➜ Time of year – summer vacations/holidays

    ➜ Competing priorities

    ➜ Human error

    ➜ Scope creep

➜ Community Partners

    ➜ Less consistent need to use TigerConnect

    ➜ Value of using TigerConnect is very high based on their workflows

➜ Skilled Nursing Facilities

    ➜ Most active users

    ➜ Use of TigerConnect has streamlined communication for vital user cohorts

Lowell General Hospital