



Points of Light 2023 Case Study 8

Using Real-Time Care Alerts to Improve PCP Visibility of Inpatient Data

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Executive Summary

Follow-up from a primary care physician (PCP) can be critical for successful outcomes for patients who have recently been admitted or discharged from the hospital or visited the ED. However, PCPs often lack visibility into their patients' inpatient and ED care data, preventing them from closing these care gaps. After receiving feedback about this challenge from PCPs, the payer organization in this collaboration proposed embedding care alerts directly into providers' workflows, enabling them to reduce readmissions, ED visits, and the administrative burden for provider organizations.

Applicable to Other Organizations and Partnerships



The Collaborators



Location: AL
Sizing: 1 clinic, 11 physicians



Location: AL
Sizing: 3 million members



Headquarters: MD
Segment: Clinical data exchange/interoperability



Points of Friction—Challenges to Be Solved

- **Lack of real-time visibility into clinical information at the point of care, leading to higher readmission rates, ED visits, and tension between payers and providers:** A transitional care management (TCM) visit with their primary care physician (PCP) can be crucial for patients following a hospital stay. In these visits, physicians can provide additional education on the patient's post-discharge care plan and help ensure medication reconciliation and compliance. This guidance and care can help improve clinical outcomes and help patients avoid costly ED visits or readmissions. PCPs understand the importance of these visits and are held accountable by payers for quality metrics related to post-discharge outcomes. However, many physicians lack real-time visibility into their patients' full clinical information, making it hard for them to know when a patient has been admitted to or discharged from the hospital, has visited the ED, or has been prescribed new medication by another provider.
- **Delayed communication from payers to providers regarding key clinical information:** Via claims data, payers have access to key clinical information (e.g., hospitalizations or ED visits) that PCPs need to appropriately care for patients, yet communication of this information can take weeks or months. These delays negatively impact patients' quality of care, as PCPs cannot schedule TCM visits in a timely manner or ensure patients get the follow-up and guidance they need to avoid readmissions or ED visits.



Action Plan—How the Collaborators Worked Together to Reduce Friction

- **BlueCross BlueShield of Alabama gathered feedback from statewide PCP committee regarding common PCP challenges:** To better understand PCP processes, needs, and common frustrations, BlueCross BlueShield of Alabama holds collaborative, biannual meetings with a statewide PCP committee. A recurring issue discussed in these meetings was a lack of access to real-time clinical information about patients' hospital admissions and ED visits.
- **BlueCross BlueShield of Alabama launched a pilot with Innova Primary Care to bring automated care alerts directly into provider workflows at the point of care:** In response to the PCP feedback, BlueCross BlueShield of Alabama proposed leveraging technology from Secure Exchange Solutions to provide real-time alerts for PCPs when their patients experience health events that require action from the PCP. The payer organization partnered with Innova Primary Care to launch a pilot of the technology. The pilot included two clinicians at Innova Primary Care, though the program is now statewide and has over 3,000 PCP participants. Via HL7 ADT messaging, data from local hospitals is fed into the clinicians' point-of-care workflows every 15 minutes, keeping providers informed on patient health activity and prompting them to follow up on needed care. Providers can choose where the data is displayed—it can be sent directly into the provider's EMR workflows via Direct messaging or it can be sent in a secure message via email or fax. The messaging includes information on inpatient admissions and discharges, ED visits, medication reconciliation, and other care situations that need PCP follow-up.

Points of Light—Outcomes Achieved through Collaboration



Having real-time data at the point of care has changed the care delivered, resulting in positive clinical and financial outcomes, including:

- 50% reduction in hospital readmissions
- Reduced ED visits, resulting in 46% reduction in related costs for one of Innova Primary Care's physicians
- Substantially lower actual ED costs per patient compared to expected ED costs



The two PCPs using the care alerts at Innova Primary Care are very satisfied and have requested more data and detail in the alerts



Having access to real-time data at the point of care has reduced Innova Primary Care's administrative burden



Improved connectivity between Innova Primary Care and local hospitals, with the connected hospitals representing 73% of the short-term acute care hospital beds in the state

Additional details on Innova Primary Care's outcomes:

- Innova Primary Care increased patient education about ED usage, thus helping reduce the chance of ED visits becoming hospital admissions.
- Hospital readmission prevented for 1 in every 7 high-risk patients who complete an in-office TCM visit.
- The organization had two clinicians participate in the pilot program. Based on acuity, Physician Y's expected readmission rate for 2020 was 2.25 patients per 1,000. Their actual rate was 1.46 patients in 2020, and the number dropped even further in 2021 to 0.77. Physician Z's actual readmission rate for 2020 was 7.44 patients per 1,000, and this number dropped to 1.39 in 2021.



Lessons Learned—What Best Practices Can Other Organizations Replicate?

- **Know your audience:** BlueCross BlueShield of Alabama hosted biannual committee meetings with PCPs to better understand physician pain points that they could help address.
- **Involve key stakeholders early and be willing to listen to feedback:** Actively involve PCPs and the payer in the development phase. Open, clear communication and understanding is needed to ensure the data sent to providers is usable and effective. Understanding workflows and getting feedback on the integration is imperative to overcoming hurdles and working out kinks. Choose pilot organizations carefully, focusing on organizations that already have a good working relationship with the payer.
- **Provide governance and follow-up support for PCPs:** Though implementing the technology was easy, getting PCP buy-in was a challenge initially. BlueCross BlueShield of Alabama set up specific governance structures and an implementation team, which included a representative from the payer organization as well as a provider eSolutions representative assigned to Innova Primary Care. The representatives provided at-the-elbow guidance and support for the PCPs, improving provider buy-in.



What's Next?—Vision for the Future

- **Expand the type of information shared in the alerts:** The care alerts currently focus on admissions and discharge data, but the PCPs have requested additional information and details. In the future, the payer plans to provide PCPs with additional information but is conscious of the potential for overcommunication that adds to the administrative burden instead of reducing it.