Sharing Is Quality Caring
How two behavioral health providers leverage an interoperability network to optimize data-driven care

Featuring Denise Popp, Director of Information Technology at Rosecrance and Chalee Rivers, BSN, RN, Senior Director of CCHBC at MHMR of Tarrant County

“Carequality has been so wonderful. When we looked at the big picture, we wanted to use Carequality to create better efficiencies, reduce wait time for follow-up appointments, support patient-centered care, secure our data exchanges and more.”

That’s what Rivers had to say when talking about MHMR of Tarrant County’s experience with Carequality, a national interoperability framework that supports health data exchange to help remove gaps in care. Conversations like these prove that interoperability is more than a buzzword as the healthcare industry rapidly transitions toward a holistic, outcomes-driven approach.

This shift highlights the importance of seamlessly sharing data throughout the care continuum, as well as directly into your EHR. Netsmart clients can easily exchange data through Carequality and other HIEs through a single connection via CareConnect, the Netsmart interoperability solution.

Carequality helps providers work together across the entire ecosystem to achieve more closed-loop referrals, create time and financial savings, and offer whole-person care — all resulting in both better staff and client satisfaction.

Q Why is data sharing important to the services you deliver?

Popp When we start to treat individuals, it’s often they don’t share everything in the initial assessment. Things come out later in conversation and memories trigger certain events. Knowing what has happened in the past, what prescriptions they take, what kind of trauma they have — having that information at a provider’s fingertips rather than relying on someone’s memory has increased not only our ability to bring someone in for treatment right away — realizing the acuity of the situation — but also gives us the whole 360 view of the client. One provider said, “I wish all of the agencies did this.” It helps her get closer to getting the full picture. There’s less of a feeling of “What’s out there that we don’t know?” when recommending treatment.
**Rivers** Data sharing gives us the ability to see patients at a much faster rate. A lot of times our providers will not want to see a patient if they’ve been in the hospital and don’t have those records yet. This requires us to reschedule or else there could be a lapse in medication. Often times we find the patients don’t understand their medications or why things were discontinued or started, and that can lead us to start a medication that providers wouldn’t have initially prescribed had they known the full picture. Being able to have that resource right away and give providers a warm hand off allows them to have regular conversation and connect directly if needed.

**Rivers** It’s also not just from a prescriber’s standpoint. Our nursing team and case workers out in the field have access to that integrated record and know what’s going on as far as medication and post-discharge instructions, and that’s really beneficial for that continuity of care piece.

**Q What is it about Carequality that makes things better for your organization?**

**Popp** It’s important to talk first about our HIE journey leading us to Carequality. We started with the Illinois HIE, and there were serious limitations on what could be shared, especially regarding behavioral health data. Timing is everything in care delivery and gathering health info was such a process. You have to get a release, ask for a fax, wait for the fax to come in. How soon will the fax be seen and returned? This was an extremely cumbersome process and posed a lot of missed opportunities. Getting the information to people when they need it, where they need it is huge in client care. When Netsmart introduced Carequality, I think we were one of the first ones to see a demo.

**Rivers** Our mission is to change lives. So, when looking at the possibilities with interoperability, we wanted to look at how we could utilize Carequality to make a difference in our patients’ lives and help our initiative with Certified Community Behavioral Health Clinics (CCBHC) as well as our integration with JPS, the county hospital. We know CCBHC looks at patients from a holistic approach and really integrates primary care, mental health and substance use services all into one. We wanted to use Carequality to get the second side of the client’s story, which

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**Carequality by the numbers**

The interoperability network connects

- **600,000+** healthcare providers
- **4,200+** hospitals
- **50,000+** clinics
- **150 million** documents per month
- **2 billion+** transactions predicted for 2021

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**The right data, at the right place at the right time**

**Connected care...**
- Creates a better consumer experience
- Empowers data-driven decisions
- Supports greater efficiencies and communication
- Offers one view across the continuum of care
we either weren’t getting or were getting too late. Before we started using Carequality, it was a paper process. Exchanging information with other healthcare providers would take three to seven days, when ideally you want it done in the same day, especially in our county hospital. And that’s why Carequality has been so wonderful. When we looked at the big picture, we wanted to use Carequality to create better efficiencies, reduce wait time for follow-up appointments, support patient-centered care, secure our data exchanges and more.

Q  How does Carequality boost staff and client satisfaction?

Rivers It helps our prescribers because when they are able to query Continuity of Care Documents (CCDs), they are more confident in their ability to prescribe and do what’s best for the patient. When they don’t have to hunt down hospital records and get with staff to see if they’ve received or sent the documents, and they just click a button and have it, their days don’t get backlogged. It’s not just a prescriber satisfaction either, but patients are happier they get seen in a much timelier manner and don’t have to get their labs done again after they’ve just done it or retell their trauma over and over.

In addition, with the population that we serve especially, we’re usually their last stop or resource. With Carequality, we are able to do a lot more advocacy from the patient standpoint when we have the whole picture and those health records. For example, we had a patient who is diabetic and has cardiac issues. He went in, received a stent and we were able to query all of that information. He is notorious for not following up with appointments, so our nursing team was able to follow up with him and ask why he hadn’t scheduled his rehab visit. For him, it was challenging to get through to their phone systems and various things, so that nurse was able to get on a call with that patient and help get those appointments scheduled. If she wasn’t able to query the records, she would not have known any of that was taking place.

When thinking of boosting satisfaction, an example that comes to mind is a grandmother who was guardian of her grandchild, and there were language barriers between her and providers. The child was having chronic migraines, and her grandmother kept forgetting to bring in the medication. Our Rosecrance provider was able to query the network and find out what medication the child was on and what exactly was causing the migraines. Access to the child’s record helped not only to overcome a language barrier but allowed the provider to coordinate care rather than just adding on unnecessary services.

Popp Certainly, getting the client seen in a timely fashion is our number one priority, but from the other standpoint is looking at time from inquiry, to assessment, to treatment – we measure that, and it’s part of our key performance indicators (KPIs). The bottom line is always getting the client the best treatment possible, but when staff KPIs are good, job satisfaction can be supported, too.

Rosecrance is a private, not-for-profit organization offering comprehensive, nationally accredited, evidence-based addiction treatment and mental health treatment for children, teens, young adults and adults. With their footprint in three states, Illinois, Iowa and Wisconsin, Roscrance has 61 locations with a workforce of over 1,200 serving 45,736 clients.

MHMR of Tarrant County provides community-based services in 24 Texas counties for youth and adults with intellectual and developmental disabilities (IDD), mental health conditions and substance use disorders, as well as babies and young children with developmental delays. The agency co-locates with the county hospital for primary care services. MHMR of Tarrant County offers services to 55,000 people every year with a workforce of nearly 2,000.

Netsmart and Carequality
Netsmart serves as a founding member and implementer of Carequality. The interoperability framework integrates directly with the Netsmart CareRecord, equipping staff with the right information they need to achieve efficiencies, maximize patient care and enhance care coordination.