CASE STUDY

The LeadingAge Center for Aging Services Technologies (CAST) is focused on accelerating the development, evaluation and adoption of emerging technologies that will transform the aging experience. As an international coalition of more than 400 technology companies, aging-services organizations, businesses, research universities and government representatives, CAST works under the auspices of LeadingAge, an association of 6,000 not-for-profit organizations dedicated to expanding the world of possibilities for aging.

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Netsmart

Improving Care Coordination with Acute and Primary Care to Drive Outcomes

Categories
Improved Care Coordination and Data Sharing ability
Improved Care Transitions
Improved Quality of Care and Outcomes
Improved Quality of Life
Reduced Cost of Care

Organization Name
Landis Communities

Organization Type
Skilled Nursing Facilities
Life Plan Communities (formerly CCRC)

Other Partners
- Lancaster General Health System ACO
- Managed Care Plans
- Payers:
  - Highmark
  - Humana
  - Aetna
  - Capital
  - Independence Blue Cross

Organization Description
Landis Communities, is a five-star, full service, live-at-home facility in Lititz, Pennsylvania. It offers a 114-acre Life Plan Community (Formerly CCRC) and has 825 recipients of care and 550 employees.

Contributor:
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President

Landis Homes
**Project Description**

Landis Communities needed to implement a technology strategy that would enable them to remain a preferred provider to their local health system, reduce gaps in care, and report outcomes. By implementing Netsmart’s CareConnect for all care settings in their Life Plan Community (formerly CCRC), Landis Communities aims to stay in the Preferred Provider Network (PPN) with their primary referral source, and expand the same strategy to other health system and referral partners in their community.

**Shared Care Planning and Coordination System Type**

- **Shared Care Planning Tool:**
  - Coordinate care both upstream and down
  - Report outcomes data
  - Reduce length of stay
  - Reduce gaps in care

- **Care Coordination and Communication Tool:**
  - Integration of clinical pathways (care protocols) and other critical patient data
  - Electronic Referral Management

- **Robust Purpose Built Interoperability Network:**
  - Integration to Health Systems and Primary Care Providers
  - Participating in National Health Data Sharing Frameworks such as Carequality and Commonwell Alliance
  - Supporting Industry Interoperability Standards to exchange and integrate discrete data elements
  - Open Network supporting Fast Healthcare Interoperability Resources (FHIR) Application Program Interfaces (APIs).

**Business Model**

Currently working with several payers, including Highmark, Humana, Aetna, and Independence Blue Cross. Participating in Lancaster General Health System ACO, and managed care plans.

Total cost of solution is offset by the efficiencies realized by leveraging Netsmart CareConnect Inbox.

- Connected to Lancaster General Epic EHR, communicating bi-directionally, receiving CCDs and discretely consuming information.
  - Solidifying referral partner relationship
  - Reduced manual data entry
- Receiving CCDs from Primary Care Physician Offices
  - As patients conduct routine appointments, CCD information is received back and populating the patient record.
    - New meds or allergies are showing up electronically, allowing more accurate care and reduced medication errors.

**Implementation Approach**

**Need**

**Gaps in Care**

Lack of Integration Can Increase Risk

- Important care information is missing 78% of the time
- 3 out of 50 tests are re-ordered because results cannot be found
- Paper patient charts cannot be found on 30% of visits
- 48% of mistakes made in healthcare industry are administrative

**Barriers**

**Top Barriers to Interoperability**

Cross-vendor exchange, complexity of exchange and costs associated with exchange

- More challenging with facilities whose EHR differ: 47%
- Requires the use of multiple systems or portals: 41%
- Cumbersome to do with our EHR: 40%
- Providers in our network lack the capability: 39%
- Additional costs: 38%
- Lack the technical capability: 31%
- Lack staff and resources: 31%
- Separating sensitive health information concerns: 31%
- Burden with obtaining and maintaining patient consent: 30%
- Concerns about the privacy and security: 27%
- Legal restriction on exchange of patient information: 26%
- No perceived value in health information exchange: 6%
Approach

Securing a Referral Position

Solution

Adopting Integration Technology
A Look at Some Key Capabilities

Outcomes

• Improved Care Coordination and Data Sharing Ability
  ◦ Bilateral Data Sharing
    • Receiving CCD information from Lancaster General, reporting back outcomes as part of the ACO, solidifying preferred partner position.
  ◦ Direct Secure Messaging
    • As patients go to Primary Care Physician appointments, the CCD and summary of visit information is being received via Direct Secure Messaging. Any new medications or allergies are being received allowing for reduced risk and better quality of care.
  ◦ CCD/CCDA consumption
    • Discrete consumption of CCD information from Lancaster General. This has positioned Landis Communities as a leader in the area, and the ONLY long-term care provider that can do this. This functionality is helping to secure new referral partner relationships with ACOs and bundle programs.
  ◦ Electronic transitions of care and referrals with hospitals, health systems and primary care networks

• Improved Care Transitions
  ◦ Reduced gaps in care
    • By electronically receiving CCD information from partners in the community, Landis Communities is streamlining the transition from health system to community care. This enable better care, reduced risk, and positive outcomes.
    • When existing residents go to their primary care physicians, Landis Communities is receiving the CCD electronically, allowing for more holistic care.

• Improved Quality of Care and Outcomes
  ◦ Improved medication reconciliation
  ◦ Reduced duplicative tests
  ◦ Improved care plan transitions with the patient (no need to search for paper record)
  ◦ Reduced administrative errors

Challenges and Pitfalls to Avoid

• Inadequate resources: Integrating various systems to send and receive data takes resources. Make sure you plan and have the right resources.
• Insufficient education and time: Direct Secure Messaging is not used by many LTC providers, even though it’s used almost universally by other providers. It takes time and resources to understand and develop concept awareness and inboxes for the user, modifying workflows and processes, to optimize adoption and return on investment.
• Multiple dashboards: Payors have not standardized the analytics they look at for benchmarking, so each may have a separate dashboard.

Lessons Learned/Advice to Share with Others

• Communicate with your various providers early in the game. Help them to understand your value as a referral partner, an integrated relationship, and the use of direct secure messaging to enhance communications.
• Plan your internal road map so you can progress forward with your technology implementation. This can be accomplished simultaneously, but not in a chaotic manner.
• Implementing new technology takes time. Be patient.