

CASE STUDY



Interoperability done right can improve care, decrease costs.

Facilities that refer patients to post-acute care settings increasingly expect robust interoperability to make patient transfers as seamless as possible, for both the patient and providers.

Iredell County Hospice and Palliative Care has seen first-hand the difference interoperability can make for their referral sources and staff, when implemented correctly.



Challenges

- Developing solid partnerships with referring providers.
- Having the ability to see all of a patient's health history.
- Recruiting and retaining staff in a rural area.



Solutions

- MatrixCare electronic health records system.
- eReferral.
- CommonWell Health Alliance.



Results

- Developed new referral relationships.
- Decreased hospital encounters for palliative care patients.
- Recruited and retained physician staff.

Sarah Kivett, BSN, RN, OCN, CHPN, and Iredell's director of community partnerships, says interoperability has been key in helping her organization achieve its goals, starting with good relationships with community hospitals and providers.

"You may see lists of hospital patients, but primary care physicians don't always see those patients in the hospital—they see them back on their offices," says Kivett.

Having an EHR such as MatrixCare that lets us share information with the doctors and with the hospital has been very important.

Sarah Kivett, director of community partnerships

She said MatrixCare's EHR, which includes access to CommonWell, allows them to receive referrals, share information, and message directly with providers so all caregivers have accurate, comprehensive, and up-to-date information on patients.

"This degree of visibility has allowed Iredell to decrease hospital encounters for our palliative care patients by 52% over six months. And when we're able to decrease hospital encounters and see more patients in their homes, that drives down the cost of care," she said.

Making the case for change

Kivett acknowledges that some referral sources may be hesitant to change the way they've traditionally handled referrals. "One of the main things we're working on with our referral sources is getting them to switch to electronic referrals," she

said. "One physician comes to mind who simply said, 'Everyone else can do that, but I'm not going to.' When we started seeing some of his patients in our palliative care home-based program, we talked to him and his staff about how electronic referrals could help him and his patients."

Kivett pointed out how patient information populated directly into the EHR can then be shared back with the physician. "It's so much easier for them. They don't have to figure out what information we need, and we're not calling back all the time asking for the med list, the last office visit, the insurance information." The physician agreed to try electronic referrals once, and since then has become the most efficient of all their referral partners at using interoperability for referrals, Kivett said.



All of that information populates the EHR with a few clicks and we're ready to go.

Sarah Kivett, director of community partnerships

A key part of making the case for change is knowing your referral sources, Kivett said: knowing where their patients are coming from, the challenges their staff is facing, and what kinds of tasks they spend more time doing than they would like. "Once you have some basic information, you can approach them and say 'We have a process that has helped us and we believe can help you, too.' For example, we show them that with direct messaging, they receive our notes back without having to fax and scan them into the system. They can manage all that paper with direct messaging instead."

Information sharing is the future

Two states already require providers to connect to health information exchanges (HIEs) to be reimbursed for Medicaid patients. Kivett believes increasing numbers of providers are paying attention to the implications of HIEs and interoperability.

"I think sharing of information is something within the hospice and palliative care community that has gotten people's attention because of the Medicaid requirement," she said. "We recently reached out to a large, regional accountable care organization (ACO) that is expanding in our area. I was ready to talk about decreased hospitalizations and other data, but the first thing their CEO asked was 'How do you share information within your EHR and how can we get that information?' So we immediately shifted the discussion to what we're doing with interoperability, and I believe that helped us schedule our next meeting with them."

Staying competitive and attracting talent

Kivett says an ongoing issue she sees with many hospice and palliative care providers is finding and retaining staff. "Finding staff with the experience and the willingness to go into homes to provide care has been a challenge for us in a rural area. But about a year ago, we interviewed a physician who asked us about documentation. She was coming from a setting that used mostly paper-based documentation. We explained that we use electronic documentation, that she would use an iPad, and that through CommonWell she would have access to all the patient documents she needed." The physician joined Iredell's staff and has become expert with the EHR system.

Kivett points out that this helps not only with timely and accurate documentation, but also with preparing for patient visits. "They can see that a patient they're scheduled to see this afternoon had a hospital encounter at the ER last week, and all the information is at their fingertips."

Having that information can help them make the plan of care on that first visit, without waiting for information or having to follow-up. That's a big selling point.

Sarah Kivett, director of community partnerships

Opening up possibilities

Once Iredell implemented its EHR system and the benefits of interoperability became apparent, Kivett said the next logical step was to look for more ways to leverage it.

"One thing we learned from a previous EHR was that we weren't using it to its potential. We got very comfortable with what we were doing and didn't take it any farther. So with the new system, we decided to have a key point person in our organization for staff should go to if they needed



to understand how the system can help.” As the EHR point person for Iredell, Kivett said developing a strong relationship with MatrixCare has made it easy for her to know who to contact to make sure they’re getting the most out of her company’s investment. “I’m the one constantly asking, ‘What else do you have? Are we using everything? What else can you do for us?’”

Making the best use of its EHR allows Iredell to be a better partner to the referring physicians and hospitals they work with. “It has really opened up lines of communication. For example, offices that have patient navigators work with patients who need to be seen within five days after discharge from a hospital. Because we can directly communicate with all caregivers, we can see

that the patient might not be able to get in to their primary care provider within those five days, but we can send our nurse practitioner within four days to meet that requirement.”

“We’re a consultative service,” said Kivett. “The primary care provider is still the driver of the bus for the patient. But we want to make sure we’re in the front seat with them, having that conversation so we can be a better partner.”

Case study based on client’s own data and sources.
Results may vary based upon particular circumstances.



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