



☰ CASE STUDY

Primary Partners Experiences a 40% Drop In Readmissions Per Quarter By Improving Care Transitions

Once Florida HIE Services connected Primary Partners to Encounter Notification Service[®] (ENS[®]), powered by Audacious Inquiry, the ACO was able to access data that had otherwise not been provided, allowing them to schedule more follow-up visits and save money attributed to Transitional Care Management.

Florida Medicare ACO Seeks to Improve Care Coordination

Primary Partners, one of the first Medicare Accountable Care Organizations (ACOs) in the country, includes 42 physician offices in central Florida and they cover approximately 45,000 patients. Prior to connecting to Florida HIE Services, most providers from their network only knew when a patient went to the hospital if the patient had called the office and told them. As a result, patient outcomes were sometimes compromised due to a lack of care coordination, and they were paying unnecessary out-of-pocket expenses. In May of 2015, they started receiving direct admit, discharge, transfer (ADT) data feeds from targeted regional areas that had not previously been set up, in an effort to prevent avoidable hospital visits.

The Challenge: Knowing When Patients Are Admitted or Discharged

Many providers are not informed when their patients are admitted or discharged from emergency departments (EDs) or hospitals, especially when patients utilize care outside of their insurance coverage network. Encounter alerts from ADT data feeds can automatically inform providers when their patients are hospitalized.

Transitional Care Management (TCM) is a reimbursement program established by Medicare that was initially designed to help lower healthcare costs by reducing readmissions after a hospitalization or inpatient stay due to a lapse in care coordination in the 30 days following a discharge. Medicare will cover the costs of TCM services for providers with the goal of supporting patients' transitions back to their home or community setting. TCM services must be rendered within specific timeframes set by Medicare in order to be

Using ENS, Primary Partners was able to access ADT data that comprised of 35% of total patient ED utilization data that they were not previously receiving from other data sources.





reimbursed. Receiving ADT data in real-time makes it easier for providers to meet time sensitive TCM billing requirements. Additionally, when providers have timely access to patient discharge alerts, they can contact them sooner to schedule follow-up appointments, establish a care plan, discuss medication, and review discharge instructions, which are all factors that contribute to reducing 30-day hospital readmission rates.

By improving communication with providers, patients are encouraged to call for non-emergent issues and patient safety increases when providers can act proactively to provide the necessary care.

Outcomes: Enhanced Data Leads to Better Care Coordination

Today, Primary Partners receives ADT data from multiple sources—from direct feeds (non-ENS), which they had received prior to connecting to Florida HIE Services, and from the patient population via ENS.

They realized ENS provided data they had not been initially receiving, adding **35% of total patient ED utilization data that was previously not shared with them.**



Equipped to meet time sensitive TCM billing requirements



40% reduction in typical 30-day readmission rates



\$284,000 saved in hospital readmission costs

By knowing when a patient was admitted or discharged from a hospital, Primary Partners' providers could then schedule follow-up visits.

In the first year of using ENS through Florida HIE Services, Primary Partners saw a **40% reduction in readmissions per quarter, saving the network close to \$284,000 in readmission costs.**

“ In our first year of subscribing to ENS through Florida HIE Services, we recognized a dramatic reduction in re-admissions—40% per quarter. This has saved our network close to \$284,000 in readmission costs.”

— DINA LEWIS ANALYTICS PROGRAM MANAGER



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