

A healthcare professional, likely a nurse or doctor, is shown in profile, smiling and looking at a tablet device. She is wearing blue scrubs. The background is a bright, out-of-focus indoor setting, possibly a hospital or clinic. The overall tone is positive and professional.

**PointClickCare®**

## What are Hospitals and ACOs Really Looking For?

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Understanding the needs of healthcare constituents across the care continuum is key to strengthening relationships and facilitating integrated care transitions.

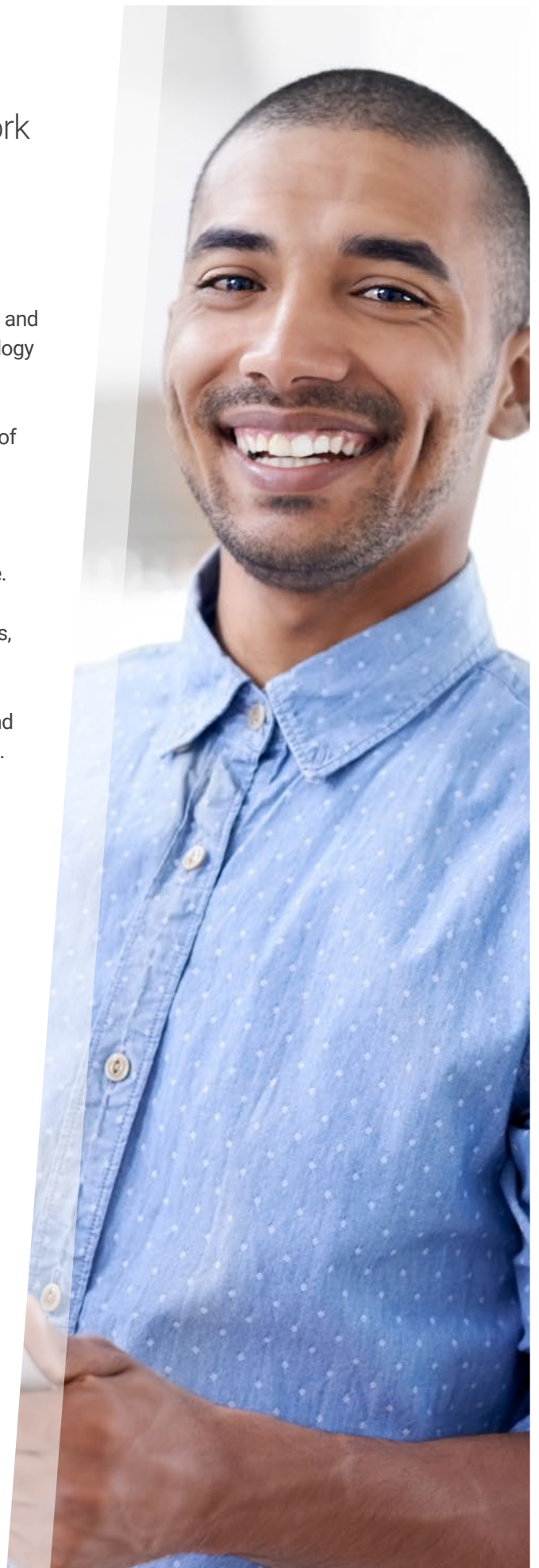
PointClickCare understands how critical care transitions from one clinical setting to another are to patient care and to network performance. We hosted a webinar and invited a panel of experts representing hospitals and payers to discuss the challenges they face in handling care transitions and how technology can support them by enabling better collaboration and data sharing.

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## How can healthcare organizations improve clinical outcomes and network performance through data sharing and collaboration?

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- Integrated partners often operate in silos with lots of phone calls and digging for information they need from each other. Using technology to share data allows more proactive collaboration and allows for the application of evidence-based care maps to discharge care coordination plans. Done right, it enables providers to get ahead of clinical issues. (Weaver)
- The process of transitioning patients is cumbersome, often including vast amounts of data. Systems do not always communicate so important information can be lost in the shuffle. Technology can play a critical role by ensuring that critical and accurate information—including contact data, primary care needs, goals for care and recovery, risk factors, and pending diagnostic results—is shared throughout the continuum. It can facilitate more highly qualified coordination leading to better outcomes and enabling payers to more proactively meet patients' unique needs. Data sharing must happen between facilities without disrupting existing workflows and ensuring data security must be a top priority. (Mangelsen)
- Proactive access to information, with clarity and transparency, will streamline coordination and improve care. (D'Aquino)
- Never before has data and transparency been more important. Data reporting is no longer just about readmission rates. Now, it's about how many are positive for COVID-19, under investigation, and positivity rates of COVID throughout centers. It's strenuous on staff to track and trend more data than ever. Technology is critical to data exchange, trust and transparency. (Ortiz)
- Post-acute care providers have traditionally been seen as black holes in the care continuum. It's tough to know what's happening with patients once they arrive in post-acute care. So often the information shared is too little or too much—it can be 150 pages of data without a continuing care plan or information on clinical or financial risks associated with a patient. Everyone in the care continuum needs the right information at the right time and in a digestible format. COVID created the opportunity for us to share across the board. Now we need to figure out how to communicate and share. (Nagda)





**Q** What are the key metrics and data elements needed to monitor post-acute care partners?

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- Understanding patient risks, not just readmission or falls or financial responsibility, but also SMART goals, health literacy, NID, and clinical measures that roll up into outcome measures is critical. (Weaver)
- Safety is at the forefront of priorities for payers across health plans. At CareCentrix, it's about what we can do to keep home the center of care and how we can get patients home as quickly as possible. We look at data on length of stays and readmission rates, and share that aggregated data with hospitals to strengthen networks through provider selection. EMR systems, AI and machine learning tools can help to analyze a patient's needs, hospitalization history, diagnosis, current stats, and help to match a facility with those unique needs. (Mangelsen)
- Post-acute providers have established referral management tools to access data. The information provided is robust, but not always what's needed. It requires a lot of sifting. On the skilled nursing side, some providers provide access into EMRs and web-based platforms to review data, but there's hassle there, too, with different log-ins, systems, and processes. And, home health agencies are even more difficult. They rely heavily on fax, email, scanned documents, and PDFs that are not searchable. (Ortiz)
- There's a lot of manual searching through clinical notes to find physicians' notes, labs, radiology, discharge summary, and medications. There's a need to get this information as quickly as possible to support transitions—meeting transportation needs, meal needs and providing connections to community resources—and avoid disruptions. (D'Aquino)
- Post-acute providers need straight information from an acute setting that is comprehensive, autonomous and in real time to eliminate black holes. We need to look at KPIs upon admission. Our data and metrics are not contiguous with large hospitals. They are looking for different metrics. (Ortiz)
- Hospitals don't know who is taking care of patients in nursing homes so how do they reach out and talk to them about their shared patient? How do we connect? Telemedicine and data sharing have sparked change, but we need system support, a willingness to be a part of a team, from all involved, and tools to make collaboration proactive. (Nagda)



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## How has the COVID-19 crisis impacted care transitions?

- The impact is felt throughout the entire spectrum. On the post-acute side, we've lost occupancy and it's a slow path to recovery. Organizations are financially strained, and staffing is in crisis. Second and third waves of COVID spread and increasing positivity rates make it difficult to see a light at the end of the tunnel. (Ortiz)
- Skilled nursing facilities have been about face-to-face connections with patients, something that's not possible now. We're moving to technology to monitor patients, but pressure to test patients weekly makes readmitting confusing and transitions difficult to coordinate. We need new processes to transition patients and align care maps with evidence-based care that we risk losing sight of. (Parrish)
- COVID has accelerated the importance of technology. Remote access to data is critical and we need to support patients at home and through transitions to home, aiming to keep them at home and make sure they are well supported there. (Mangelsen, D'Aquino)
- Hospitals have seen a 30 percent decline due to the delay of elective treatments. Post-acute care is down 50 percent. It's all offset by a 300 percent jump in behavioral health and in telemedicine. (Nagda)

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## What are some key strategies or solutions for post-acute partners to be the best partners they can be?

- Post-acute providers can look at processes in place and measure them to affect outcomes. Post-acute and acute providers and payers need to be on the same page and have the same goals. We need to stop operating in silos. (Weaver)
- It's about identifying an integrated approach, across a continuum, that relies on one platform and one approach for timely data that is readily available. We all need to be willing to collaborate and help with transparency. Everyone is busy, but keeping the patient at the center of our minds is critical. More post-acute care providers investing in technology like Harmony to share information is critical to success. Imagine a world in which a patient hand-off is seamless and as easy as pressing a button. (Mangelsen, D'Aquino)
- Post-acute care providers need to want to be proactive and to communicate proactively, rather than waiting for hospitals to send data. (Nagda)
- It means removing barriers and silos, proactively sharing data, and making communication key. What else? Data needs to be crisp and clean. (Ortiz)

Interested in learning how you can coordinate care and share data proactively within your networks?

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If you're a **hospital**, get your insights here.

**Get Started**

PointClickCare Technologies Inc. empowers acute and post-acute care providers to implement a fully coordinated and collaborative approach to care delivery, via the largest post-acute care data cloud in North America.

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