



CareConnectMD Partners with Manifest MedEx to Deliver Value-based, Wrap-around Care to Medically Complex Patients

Background

CareConnectMD (formerly Gerinet Medical Associates) is a value-based care provider for fragile and medically complex patients in skilled nursing facilities (SNFs), long-term care (LTC) facilities, and in the home, providing comprehensive primary care for this population that benefits, body, mind, and overall quality of life since 1996. The medical group serves patients in San Diego, Riverside, San Bernardino, Orange, and Los Angeles counties.

CareConnectMD is a Centers for Medicare & Medicaid Services (CMS) [High-Needs Population Direct Contracting Entity \(DCE\)](#) and one of 53 participants included in the DCE 2021 performance year. As a High-Needs Population DCE, CareConnectMD bears the financial risk and provides care for Medicare patients with complex medical needs living in SNFs, LTC facilities, or at home. The shared goal is to lift the burden of the many healthcare struggles for this fragile population. CareConnectMD recognizes the value of coordinated, whole person care, where additional care is provided when a patient transitions from one level of care to another.

CareConnectMD also contracts with Inland Empire Health Plan (IEHP) to manage in-home care for 300 patients in their palliative care program. For patients suffering from serious illnesses, the primary goal of palliative care is to provide relief of symptoms and the best possible quality of life for patients and their families. CareConnectMD achieves this by managing patients with a holistic team of doctors, nurses, nurse practitioners, spiritual counselors, and social workers.

The goals of the IEHP palliative and DCE programs similarly seek to avoid unnecessary emergency department (ED) visits and hospital admissions and shorten the length of stay (LOS) when patients are admitted to the hospital. Studies show the longer a patient stays in the hospital, the greater the risk for falling, sleep deprivation, catching infections, and sometimes mental and physical deconditioning.¹ Patient experience also declines with increased LOS, and for the elderly, the transition back home can often be especially challenging.

¹ <https://www.england.nhs.uk/urgent-emergency-care/reducing-length-of-stay>

Solution

CareConnectMD, a Manifest MedEx participant since 2019, relies on MX tools, including MX Notify and MX Access, to help them achieve the goals of these two programs. MX Notify delivers admission, discharge, and transfer (ADT) notifications when patients are admitted to a hospital or ED. Care teams then contact the hospital to coordinate care to prevent a more complex and longer hospital stay. When patients are discharged, the team receives a discharge notification and uses MX Access to review information related to the hospital stay and discharge planning, such as discharge summaries, updated medications, and lab results. CareConnectMD also schedules follow up with those patients and provides education for care management in the post-acute facility or home to improve patient outcomes and prevent readmissions.

CareConnectMD also uses MX utilization data to support targeted education in order to reduce costs and better manage their patients. By tracking utilization data over time, CareConnectMD can identify patients who are high ED utilizers and provide education to their patients, families, and nursing homes to help them avoid unnecessary ED visits. For example, this may include how to identify appropriate triggers for ED referrals or when to contact CareConnectMD's 24/7 on-call providers who can quickly provide clinical decision support.

Manifest MedEx has helped CareConnectMD through the entire cycle of managing a medically complex patient. MX's shared health records with patient histories enable CareConnectMD providers to provide the best care. The real-time ADT notifications alert care teams when patients are admitted or discharged from the hospital, thus enabling the care team to intervene at the hospital and when the patient transitions home. As a result, CareConnectMD has been able to reduce emergency room visits by 20 percent, as well as reduce unnecessary hospitalizations and readmissions.

For more information on how medical groups like CareConnectMD can use MX tools, please visit us at www.manifestmedex.org or contact us at info@manifestmedex.org.



20% ↓

reduction in ER visits

"This is significant for these patient populations not only because the effort to intervene reduces costs, but it also supports the patient's quality of life. When an elderly patient is hospitalized, their transition back home is often very difficult, and long hospital stays can leave a patient in an even worse condition than when they were admitted — physically, mentally, and emotionally. By minimizing or eliminating a hospitalization all together, our patients can spend more time either at home or at their facility where they are more comfortable and adjusted to their surroundings, finally bringing dignity to fragility."

- Mary McCormack, SVP of Business Development, CareConnectMD