MANIFEST MEDEX AND LEADING CALIFORNIA HEALTH PLAN SPEED CARE COORDINATION AND IMPROVE MEMBER EXPERIENCE WITH HOSPITAL ADT NOTIFICATIONS

Participating in California's largest nonprofit health data network streamlines post-discharge care coordination, reduces readmissions, and improves member outcomes and experience — all while saving more than 9 hours a day of staff time for a single team.

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Background

Over the past few years, health plans large and small have been transitioning to new roles in the healthcare landscape, serving as crucial hubs for information, care coordination, population health management, and even public health measures such as COVID-19 vaccination. One of the state's leading health plans recognizes the value of health data sharing in their evolution. The health plan has, for a long time, had a big vision for health data exchange and its ability to improve the quality of care and member experience while reducing administrative burden for its contracted hospitals and providers. The COVID-19 pandemic, which exposed deep health inequities in our healthcare system and gaps in our public health data infrastructure, has further emphasized the need for enhanced health data sharing and a more connected healthcare ecosystem.
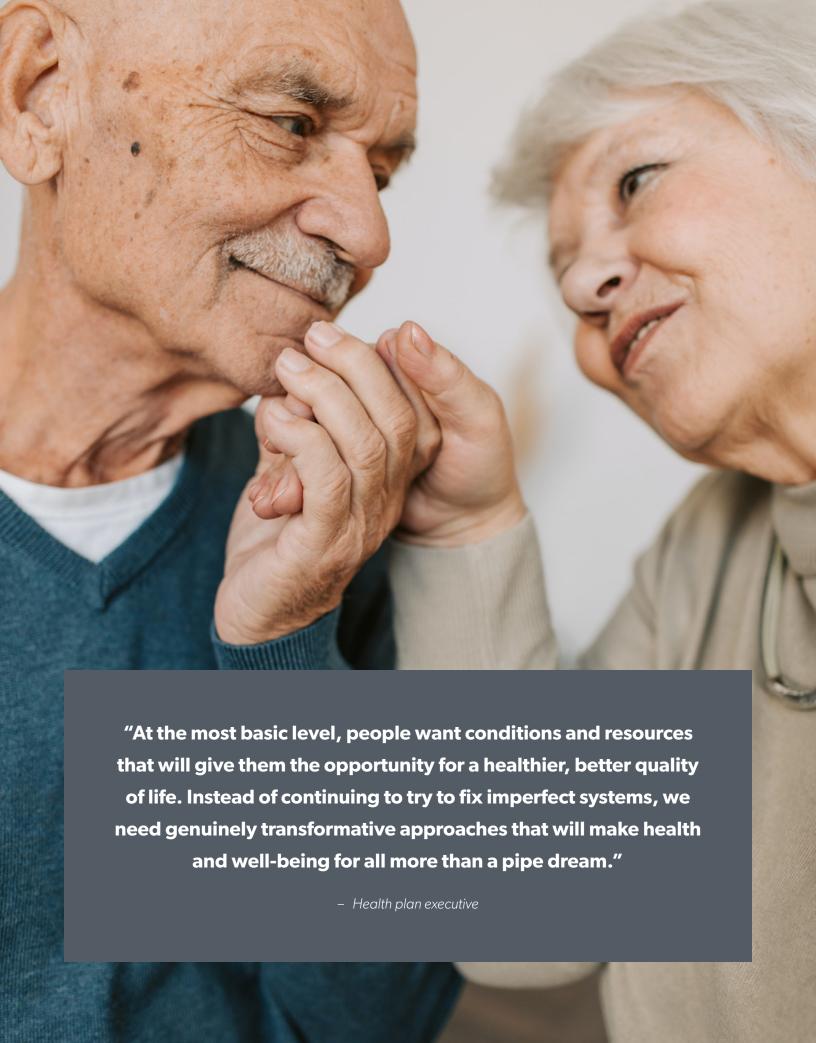
This large health plan and Manifest MedEx (MX) have worked together to elevate technology and data sharing, encouraging more expansive progress on data exchange across the state. MX was formed in 2017 when Cal INDEX (the California Integrated Data Exchange) and Inland Empire Health Exchange (IEHIE) merged, creating a statewide nonprofit health information exchange dedicated to providing real-time, longitudinal health information for all Californians. Today Manifest MedEx delivers clinical and claims data for 36 million Californians across more than 125 hospitals, 1800+ network participants, and 12 health plans.

Since 2018, Manifest MedEx has been working to equip the large health plan with the clinical data it needs to improve care coordination, reduce inefficiencies, address gaps in care, and enhance the member experience. In this case study, we'll review how the health plan is using admission, discharge, transfer (ADT) notifications delivered by Manifest MedEx, including:

- Receiving near real-time notifications when members are seen in the emergency room or admitted to the hospital.
- Receiving near real-time notifications that members are being discharged from an inpatient stay, prompting care teams to follow up as needed.
- Helping members transition to home and/or help them in their home environment, as well as managing those members transferred to a lower level of care, such as a skilled nursing facility.

Let's dive in on how ADT data from MX has helped the health plan improve coordination, increase efficiency, and provide better care.

> "Manifest MedEx is creating comprehensive, real-time digital health records for all Californians. This is a crucial prerequisite to transforming a fragmented healthcare system by delivering essential healthcare data to providers and payers on a secure, open platform.
>
> *– President and Chief Executive Officer at the California health plan*

"At the most basic level, people want conditions and resources that will give them the opportunity for a healthier, better quality of life. Instead of continuing to try to fix imperfect systems, we need genuinely transformative approaches that will make health and well-being for all more than a pipe dream."

– Health plan executive

Improving hospital care coordination while saving 9 hours a day

Health data exchange elevates member experience and outcomes

As with 90 percent of health plans in the country, this payer uses the Healthcare Effectiveness Data and Information Set (HEDIS®), a comprehensive set of standardized quality measures used to measure performance on important dimensions of care and service. HEDIS® includes more than 90 measures across six domains of care and includes a measure on Transitions of Care (TRC). Poorly managed transitions can diminish health and increase costs. One study estimates that inadequate care coordination and poor care transitions resulted in $25–$45 billion in unnecessary spending in 2011.[1] Four TRC rates are reported under HEDIS:

1. **Notification of Inpatient Admission.** Documentation in the medical record of receipt of notification of inpatient admission.
2. **Receipt of Discharge Information.** Documentation in the medical record of receipt of discharge information.
3. **Patient Engagement After Inpatient Discharge.** Evidence of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.
4. **Medication Reconciliation Post-Discharge.** Medication reconciliation on the date of discharge through 30 days after discharge.

This health plan strives to notify a member's primary care provider (PCP) of a hospital admission within two days and ensure that the member receives follow-up within 30 days post discharge. Many health plans rely on a mix of phone calls, faxes, and portal submissions to know when a member has been admitted to a hospital, transferred to another facility, or discharged from the hospital — a highly-manual and inefficient process that can result in frustrating experiences for everyone involved, including the hospitals required to respond to these requests for information. By partnering with Manifest MedEx and leveraging the network's data and capabilities, this health plan can avoid these bottlenecks.

Currently, MX provides daily notifications of inpatient admissions, discharges, and transfers within the facility for plan members from more than 125 hospitals throughout the state. These notifications are delivered each day in a flat file format, allowing the health plan to process the data within their own systems, including integrating information from their own database on members' assigned primary care provider (PCP). The integrated data is available on dashboards for Utilization Management teams to review.

Within just the first few months of going live with notifications from MX, the health plan saw:

*   A reduction in outbound calls to hospitals of 20 percent per month
*   A daily savings of 9.7 hours of staff time due to reduced calls to hospitals

[1] https://www.healthaffairs.org/do/10.1377/hpb20120913.327236

In addition to being able to save time for their teams and improving transitions of care, the health plan is now able to learn more accurate case information on the hospital stay, including lab results, via the MX network to better coordinate care for the member across the hospital and other care providers. For example, notifications from MX tell the health plan the member's chief complaint when they show up at the hospital and let them know the medical diagnosis and discharge disposition when they leave. In addition to knowing where the member is seeking care long before they receive a claim, notifications also inform the health plan of any updated contact information provided by the member during that encounter, which is often a huge gap for many plans.

Additionally, IPAs and medical groups under shared risk arrangements can benefit from this improved care coordination, which helps reduce avoidable, costly readmissions. Members benefit from a more streamlined member experience, easing the burden on them post discharge, while improving outcomes.

Additional innovative uses

Health data networks like MX are powerful partners to help health plans better coordinate care, improve patient outcomes, manage population health, and improve efficiency.

For example, with MX, the only health data network in California to earn Validated Data Stream Designation in the NCQA Data Aggregator Validation Program, health plans can access standard supplemental data for HEDIS® reporting instead of obtaining it from individual providers on an at-need basis, reducing time spent assembling patient charts and confirming accurate data — time and energy that can be dedicated to caring for their members. Additionally, the plan can use the health information provided by MX to optimize utilization management and quickly learn new member medical histories, identify care gaps to improve quality, and simplify risk adjustment with easy-to-consume, clinical chart notes.

Within the past five years, MX has launched several pilot programs with the health plan to explore how payers can leverage HIE data for healthcare innovation, including quality initiatives to improve HEDIS®/STAR Ratings and efficiency efforts to streamline ER billing. One such use case is with the Cost & Healthcare team, responsible for identifying and managing various initiatives designed to decrease healthcare and administrative costs. With MX, the team researches medical records found in the MX network to identify and determine the cause of high-cost hospitalizations (more than $1M) to determine whether initiatives can be implemented to reduce costs while improving care. One member of the team reported a 75% success rate in finding the medical records needed to determine findings for any of the high-cost instances listed above.

Health data from MX continues to be a key resource, fueling case management efficiency by giving the insights the health plan needs to take quick action and provide responsive and personalized care to members and address health inequities by getting care to the members that need it the most, when they need it.

> "We believe in the best health outcomes for our members and Californians – period. And access to medical history will allow for the best medical care to be provided."
>
> *– Chief Innovation Officer of health plan*

Looking ahead in California

California's governor, Gavin Newsom, signed Assembly Bill 133 into law in 2021 requiring data sharing between healthcare organizations by January 2024 to accelerate and expand the exchange of health information among health care entities, government agencies, and social service programs.

The California Health and Human Services Data Exchange Framework (DxF) comprises a single Data Sharing Agreement (DSA) and common set of Policies and Procedures (P&Ps) that will govern the exchange of health and social services information among healthcare entities and government agencies, including health plans.

At the core of the data exchange vision is to "ensure all Californians — and the health and human service providers and organizations that care for them — have timely, secure access to the electronic information necessary to address their health and social needs."[2] This large California health plan has been long advocating for the expansion of health data sharing to improve care in our state. Their innovative results for the health plan and its members are just the start of the value of their work with Manifest MedEx and serve as examples of the opportunities ahead for California as the state works to implement the Data Exchange Framework and achieve its vision of a "Healthy California for All."

About Manifest MedEx

As the largest nonprofit health data network in California, Manifest MedEx (MX) is an integral part of the state's health data infrastructure, combining and delivering crucial health information for more than 36 million Californians across 126+ hospitals, 13 health plans, and 1800+ providers. Together, we are transforming the healthcare landscape across the state, supporting California as a leader in affordable, proactive, and compassionate medical care.

[2] https://www.chcf.org/blog/shared-information-power-change-californians-lives-better

For more information on how to put data to work for your health plan, please visit us at manifestmedex.org or contact us today to learn more.

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