



SOUTH DAKOTA
HealthLink

“THIS WON'T HURT A BIT.”



Clinical Engagement with SD Health Link

On site partnership to support your organization's clinical programs and improve workflow efficiencies.

Our Goal:

Is to better understand your current clinical programs, initiatives and workflows and identify opportunities where aligning the services available through SDHL will support you in achieving your program goals and objectives as well as potential opportunities for improvement with current workflows.

Our Approach:

Our approach is tailored to understand the needs of your entire organization—from corporate Initiatives to front-line healthcare teams and workflows—we identify key areas where aligning the services of SDHL will support your needs.

Value of Clinical Engagement:

Our service increases awareness of available services and future plans related to SDHL. We answer your questions about who is contributing data and what they are contributing. We focus on your clinical workflows and identify challenges and opportunities to align with SDHL services. We identify use cases specific to your organization and tailored to each service line and role. This is relevant and of high value to clinicians.

Discovery Session:

SDHL discovery sessions are conducted in an open dialogue meeting with an overview of SDHL services. We review clinical workflows and current staffing models as well as current Strategic Initiatives/Metrics/Programs/Use Cases. Our team can also complete discovery through direct workflow observation. Sessions last roughly 60 minutes per department and members need only attend their specific departments session, often part of a session can be attended for busy providers.

Onsite Training:

We offer value based education and training aligning use case data with workflow integration support tailored to staffing roles and responsibilities. Our user guides and tool kits are provided at each training and offer another level of education and support. We are building credibility and trust by pulling from our clinical expertise and professional experience during training. Onsite training is completed in 45 minutes to one hour.

Ongoing Support:

Supportive follow up, education and training session will be provided at 1 week, 30, 60 and 90 days post go live. Use management reports available for troubleshooting and determination of utilization.

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Clinical Event Notifications from SD Health Link

South Dakota Health Link Event Notification is a powerful new tool to help you stay in touch with your patients, prepare for pay for performance programs, and meet new and emerging alternative payment models.

What is Health Link Event Notification?

- Health Link Event Notification is a flexible, user-configured solution that puts the power of real-time notifications in the hands of clinicians and care managers for monitoring and reporting noteworthy care events.

Who would use Health Link Event Notification?

- Physicians, clinicians, case/care managers, and others who want to monitor the health status of their at-risk patients and follow up with these individuals during or after a significant care event takes place.

What types of Event Notifications can I receive?

- Emergency Department Admit/Discharge
- Inpatient Admit/Discharge/Transfer
- Inpatient Readmission
- Encounter Update
- Ambulatory Admit
- Patient Death

How does Health Link Event Notification work?

- Members subscribe to receive notifications ensuring the right health care decisions are made efficiently and effectively.
- They can customize their subscription to ensure that they receive the information they want, how they want it, and when they want it.

What are the benefits of Health Link Event Notification?

- **Enhance care coordination.** Better management of transitions from hospital to home, hospital to skilled nursing, emergency department to home and more.
- **Optimize reimbursement.** Thanks to new CPT codes for transition care, physicians can now be reimbursed for their efforts for timely follow-up with patients after a hospital event.
- **Maintain regulatory compliance.** CMS and other federal requirements.
- **Prepare for Pay for Performance.** Be equipped to meet the expected pay for performance requirements including practice transformation, MACRA, MIPS, and other alternative payment models.
- **Improve outcomes.** Notification about admissions and discharges help care teams follow up within hours of care instead of days.



What do I need to use Health Link Event Notification?

- Health Link Event Notification can be implemented as a stand-alone solution or can leverage your existing Point of Care Exchange connection.
- To use the secure messaging capability, Health Link Event Notification subscribers must have a Direct email address.
- Any standard text messaging or email account may be used to receive unsecure notifications.

Know when care events happen, so you can take action.

- Patient care doesn't stop when patients leave your premises. Yet, oftentimes, physicians and care teams don't know what happens to patients outside of their four walls. Too often, care is fragmented by transitions, collaboration and coordination is challenged, and patient care is compromised.

Stay apprised of patients' health across the continuum.

- Health Link Event Notifications provide actionable information to move from reactive to proactive care delivery.
- Health Link Event Notification doesn't require any additional investments in health IT systems, as you can leverage your existing data feeds.

Inform care with real-time event-based notifications.

- Choose where, when and how.
- Subscribe and receive notifications according to your preferences: via Direct secure message, text messaging, standard email or to an online notification worklist.
- Get notifications in real-time or in automated reports at specified times.
- Determine which patients to track based on diagnosis.
- Monitor your patients by loading a user-defined patient list.

Get reimbursed and comply with Governmental requirements.

- With Health Link Event Notification, you can better manage transitions of care and receive incentives for fulfilling all the components of CPT Transitional Care Management Services.
- In addition, you can proactively prepare for pay for performance programs, practice transformation, and accountable care organizations.

To get started using Health Link Event Notifications please contact our office at 605.256.5867 or via email at <http://www.sdhealthlink.org/contact/>.

FQHC PRACTICE

Improving Transitions of Care



THE CHALLENGE

One of the largest risks for readmission after hospital discharge is lack of timely follow-up with their PCP.

A challenge is to know when a patient has been discharged in order to provide ongoing support during this critical time.

Without timely notifications of a hospital discharges, providers and care teams can encounter challenges with timely patient engagement to create the best outreach and treatment plan and results in a lot of administrative work for the practice and can put the patient's safety at risk.

EVENT NOTIFICATIONS

BENEFITS:

Care Continuity

PCP/RN/Care Coordinator: Timely notification allows for the opportunity to outreach to patient in order to review patient status and post-discharge instructions, and to schedule follow-up appointment to support continuity of care.

Transitions of Care

PCP: Provides notifications to support with ongoing medical management and scheduling of follow-up visit post discharge.

Chronic Care Management

RN/Care Coordinator: Enhances ability to spend less time on administrative work and more time on supporting and coaching the patient as event occurs.

Patient Safety

Timely patient follow-up after discharge Improves patient safety and reduces exposure for adverse drug or medical events.

Patient Satisfaction

Improves patient satisfaction and comfort by showing care team is connected.

Financial

Allows for opportunities to increase reimbursement rates for chronic care management.

FQHC PRACTICE

Support Patient Routing to Appropriate Care Settings



EVENT NOTIFICATIONS

BENEFITS:

Appropriate Level of Care

PCP/RN: Timely notification allows for the opportunity to outreach to patient in order to review patient status and to determine appropriate level of care.

Care Continuity

PCP: Identifying and targeting frequent utilizers can reduce costs and improve coordination and continuity of care.

Chronic Care Management

RN/Care Coordinator: Support patient by providing individualized care plans, intensive care management, and review of any barriers to care.

Patient Safety

Redirecting patient to the appropriate level of care can decrease exposure and risk for adverse events.

Patient Satisfaction

Improves patient satisfaction and comfort by offering other treatment options and showing care team is connected.

Financial

Allows for opportunities for lower healthcare costs and maximize reimbursements.



THE CHALLENGE

A large number of ED visits are for non-urgent conditions. This can lead to increased healthcare costs, unnecessary testing, and weakened provider-patient relationships.

Without timely notification of an ED admission, a providers can encounter challenges identifying the need for patients seeking care in emergency settings and potential for redirection to appropriate care settings.

FQHC DENTAL SERVICES

Improving Care Coordination



THE CHALLENGE

Oral health and dental teams play a critical role in patients overall care model. As a result, the need for improving communication and awareness for dental teams is essential for improving overall care coordination efforts.

A challenge for dentists is to know when a patient has received care in the community for dental related complaints or procedures. Without this vital information, dental teams encounter challenges with understanding the needs of their patients and why patients are seeking care outside in the community.

EVENT NOTIFICATIONS

BENEFITS:

Coordination of Care

Dentist/Oral Surgeon:

Timely notification of adverse events allows for improved transfer of information and coordination of care between specialties. Enhances ability to make any changes to treatment plan to provide ongoing support.

Transitions of Care

Dentist/Oral Surgeon:

Provides notifications to support with ongoing clinical management and scheduling of follow-up visit post-discharge to improve transitions of care.

Patient Safety

Improves patient safety and reduces exposure for further adverse events by providing notification to dentist of complications.

Patient Satisfaction

Improves patient satisfaction by allowing for clinically connected care team.

CORRECTIONAL HEALTH

Improved Tracking and Medical Management for Work Release Programs



EVENT NOTIFICATIONS



THE CHALLENGE

Inmates in work release programs may present to the hospital for a variety of reasons. Lack of timely notifications and complete medical event information can lead to disjointed health care services for individuals in the correctional health system.

Correctional health staff need to be aware of any medication changes or treatment orders in order to provide safe and effective care to their patients.

BENEFITS:

Care Delivery

Correctional Health Provider/Nurse

Provides event notification and can help achieve more efficient and better coordinated care, significant health care cost savings, and improvements in both public health and public safety.

Transitions of Care

Correctional Health Patient

Assists with transitions of care from hospital to correctional health setting by providing a notification that an event has occurred.

Creates better collaboration with the community resulting in safer transitions.

Patient Satisfaction

Correctional Health Patient

Enhances patient satisfaction by enabling correctional health staff to more quickly identify and focus on barriers/issues

Staff Satisfaction/Workflow Efficiencies

Correctional Health Staff

Improves staff satisfaction by providing timely notification and event detail that may not have been reported by the inmate.

Having event detail can save time in creating better care or treatment plans

CORRECTIONAL HEALTH

Improving Awareness of Inpatient Care Setting Transfers



THE CHALLENGE

The decision to transport critically ill or patients with health status changes is a common occurrence within acute care facilities.

To improve communication and care coordination for the inmates entire care team, timely notifications for health status changes are essential to provide status changes for inmates receiving care in inpatient acute care settings.

When an inmate transfers from one unit of the hospital to another, there is an increase risk for communication breakdown which can result in lack of awareness for the inmates Health Services Team.

EVENT NOTICATIONS

BENEFITS:

Care Delivery

Correctional Health Provider/Nurse

Transfer event notification and can help achieve more efficient and better care delivery, and provide improvements in both public health and public safety by informing care team of patient's exact location.

Coordination of Care

Correctional Officers/Correctional Health Provider/Nurse

Allows for improved transfer of information for security and safety purposes so that appropriate protocols are followed.

Informing care team of changes in medical condition and status allow for improved coordination of care among specialists.

Patient Satisfaction

Correctional Health Patient

Enhances patient satisfaction and comfort by showing care team is connected.

Staff Satisfaction/Workflow Efficiencies

Correctional Health Staff

Improves staff satisfaction and workflow efficiencies by informing them of patient status changes and exact location for safety purposes.

EMERGENCY DEPARTMENT ACCURATE CLINICAL DOCUMENTATION Poor Historians



Trying to capture accurate medical histories from poor historian patients takes tremendous time and effort.

Often, it requires clinical teams to go through the manual process of multiple phone calls and faxing to receive accurate medical information for patients who are not able to provide accurate information themselves.

Without this vital information, it can delay care and result in exposure for the clinical care teams and patients to medical errors due to incomplete and inaccurate information.

The Point of Care Exchange

BENEFITS:

Care Delivery

ED Triage:

Provides immediate and expanded access to community clinical data to assist with accurately capturing medical history information.

ED Provider:

Assists with Medical Decision Making by providing access to recent visit histories, testing and results data.

Patient Safety

ED Patient:

Assists with capturing accurate medication histories for patients who are not able to verbalize. Reducing potential for adverse events due to inaccurate or missing information

Patient Satisfaction

ED Patient:

Enhances patient satisfaction by decreasing the stress level for patients who are not able to recall accurate medical history information.

Staff Satisfaction

All ED Staff:

Improves staff satisfaction by eliminating the phone and fax process to obtain a patient medical record and results

Workflow Efficiencies

ED LOS :

Improves patient throughput by providing immediate electronic access to a patient's medical information. Reducing resource time & efforts to obtain this information manually.

EMERGENCY DEPARTMENT TIMELY CARE DELIVERY

Incapacitated/Unresponsive Patient



THE CHALLENGE

Clinical care teams are unable to acquire medical history information by traditional methods for incapacitated patients who may be unable to speak for themselves.

Patients presenting in these clinical situations require teams to intervene and act quickly with medical decisions and treatment. Medical history information is not always readily available and can require a manual process of multiple phone calls and faxing to receive accurate medical information.

Without this vital information, healthcare providers often are required to intervene without having accurate and complete information about the patient.

BENEFITS:

Timely Care Delivery

ED Triage: Provides immediate and expanded access to community clinical data to assist with accurately capturing medical history information.

ED Provider: Assists with timely intervention and medical decision making by providing access to recent visit histories, testing, and results data.

Pharmacist: Provides medication history information to support medication reconciliation efforts, eliminating the need to contact retail pharmacies for information.

ED Admissions: Provides immediate access to demographic, insurance, and PCP information to expedite ED chart creation in EMR.

Transitions of Care

ED Discharge/Case Managers: Assists with identifying patients care team

Patient Safety

ED Patient: Improves patient safety and reduces medical errors by providing expanded access to clinical data for patients who are not able to verbalize medical history information.

ED Staff Satisfaction

Improves staff satisfaction by eliminating the phone and fax process to obtain a patient medical record and results

Workflow Efficiencies

Improves patient throughput by providing immediate access to a patients medical information. Reducing time spent obtaining this information manually.

EMERGENCY DEPARTMENT CARE MANAGEMENT ED Utilization for Chronic Pain Management



THE CHALLENGE

Recent current events and the opioid epidemic impacting the nation have highlighted the need for appropriate chronic pain management. With options to receive care at multiple end points in the community, a patient's drug regime can change frequently.

The ability to access a patient's entire medication regime from multiple endpoints can be very complex and challenging, requiring a great deal of time and manual intervention from ED staff and providers.

BENEFITS:

Medication Reconciliation

ED Triage:

Provides immediate and expanded access to community clinical data to assist with accurately capturing medication fill and encounter history

ED Provider:

Assists with Medical Decision Making by providing access to recent visit histories, testing and results data to avoid unnecessary duplicate testing and identify and intervene with drug seeking behaviors

Pharmacy Team:

Supports with accurate data access medications reconciliation for patients

Transitions of Care

Community Care Teams:

Provides access to summary of care documents on demand to support with evaluation and ongoing medical management post discharge and early identification of misuse and substance abuse issues

Staff Satisfaction

All ED Staff:

Improves staff satisfaction by eliminating the phone and fax process to obtain a patient medication history information.

INPATIENT HOSPITAL SERVICES

IMPROVING ADMISSION PROCESS

Expediting Admission Assessments/Orders



THE CHALLENGE

Patients requiring inpatient admission can have difficulty remembering current medications, procedures and/or treatments. Due to the patient's condition upon admission, it may not always be possible to obtain this information directly from the patient, requiring clinical teams to spend a great deal of time obtaining information by consent, multiple phone calls and faxing with long wait times.

Without this information, it can result in additional time and effort needed to complete admission assessments and turnaround times.

BENEFITS:

Care Delivery

Inpatient/Admission RN:

Provides immediate and expanded access to community clinical data to assist with accurately capturing medication history information.

Hospitalist:

Assists with Medical Decision Making by providing access to recent visit histories, testing and results data to avoid unnecessary duplicate testing upon admission

Medication Reconciliation

Pharmacist:

Supports accurate data capture for medication reconciliation efforts reducing the need to contact retail pharmacies

Admissions

Registration:

Provides expanded access to patient demographic, insurance and care team information.

Patient Safety

Improves patient safety by providing accurate medication and clinical histories by reducing exposure for adverse drug events

Staff Satisfaction

Improves staff satisfaction by eliminating the phone and fax process to obtain a patient medication history information.

PHARMACY ALIGNING DISEASE AND MEDICATION MANAGEMENT

Supporting MTM Programs

SOUTH DAKOTA
HealthLink
Exchanging information. Changing lives.



THE CHALLENGE

Medication Therapy Management Programs (MTMP) are designed to help patients and doctors make sure that medication therapies are working to improve the overall health of patients. Pharmacist or other health professionals are required to give patients a comprehensive review of all medications to ensure successful outcomes with the following:

- How patients get the most benefit from the drugs prescribed
- Patient Safety concerns with drug allergies, contraindications and reactions
- Indication for Use
- Adherence and Compliance

Currently, Pharmacy teams have limited access to clinical data to support with MTM program goals. As a result, pharmacy teams spend a great deal of time obtaining information manually, requiring multiple phone calls and faxing with long wait times for this critical information.

BENEFITS

Medication Reconciliation: Pharmacist, Pharmacy Technicians & Medication Reconciliation Team:

Provides immediate and expanded electronic access to community medical history data which can assist in identifying potential compliance issues and barriers with access to accurate medication fill histories. Supports with aligning disease and medication management processes.

Eliminates the need for phone calls to retail pharmacies to obtain accurate medication histories

Transitions of Care

Assists with transitions of care to accurately capture medication history for appropriate ongoing outpatient management

Patient Satisfaction

Provides electronic access to a patient medication history, eliminating stress for patients with poor recall.

Patient Safety

Reduces the potential for adverse drug events due to incomplete or inaccurate data capture

Staff Satisfaction/Workflow Efficiencies Pharmacy Team:

Improves staff satisfaction by eliminating the phone and fax process to obtain a patient medication record

PHARMACY

MEDICATION RECONCILIATION

Reducing Medication Misadventures



THE CHALLENGE

Although pharmacies, hospitals, clinics, and doctor's offices take many steps to provide good quality care and keep their patients safe, medication management and the ability to obtain accurate and complete medication histories can often be challenging. With aging populations, patients with multiple chronic complex medical conditions and complicated medication regimes, medication management is now a vital component of the patients overall care management process.

This is also magnified by the use of multiple prescribers, such as Primary Care Physicians, Mid-Level Providers and Specialists, as well as use of multiple pharmacies (i.e.-Community, Mail Order, and Internet).

BENEFITS

Medication Reconciliation: Pharmacist, Pharmacy Technicians & Medication Reconciliation Team:

Provides immediate and expanded electronic access to community medical history data which can assist in identifying potential compliance issues and barriers with access to accurate medication fill histories

Eliminates the need for phone calls to retail pharmacies to obtain accurate medication histories

Transitions of Care

Assists with transitions of care to accurately capture medication history for appropriate ongoing outpatient management

Patient Satisfaction

Provides electronic access to a patient medication history, eliminating stress for patients with poor recall.

Patient Safety

Reduces the potential for adverse drug events due to incomplete or inaccurate data capture

Staff Satisfaction/Workflow Efficiencies Pharmacy Team:

Improves staff satisfaction by eliminating the phone and fax process to obtain a patient medication record

PHARMACY CARE MANAGEMENT

Supporting Management of High Risk Populations



THE CHALLENGE

With aging populations, patients with multiple chronic complex medical conditions and complicated medication regimes, this population can be at high risk for readmission rates due to improper medication management. The need for expanded access to a patient's medication history is vital to the patient's overall care management.

With Pharmacist and Medication Management incorporated as part of the patient care model, the need for technology to support these efforts is in high demand.

BENEFITS

Medication Reconciliation

Pharmacist:

Pharmacy Technician:

Medication Reconciliation Team:

Provides immediate and expanded electronic access to community medical history data which can assist in identifying potential compliance issues and barriers with access to accurate medication fill histories

Care Delivery

Pharmacist:

Allows the ability to not only access accurate medication histories, but also align disease management and medication management to support patient care and drive better patient outcomes.

Staff Satisfaction/Workflow Efficiencies

Pharmacy Team:

Improves staff satisfaction by reducing the phone and fax process to obtain a patient medication history from retail pharmacies and outside sources.

Patient Satisfaction

Provides electronic access to a patient medication history, eliminating stress for patients with poor recall.

PHARMACY

IDENTIFYING MISUSE AND ABUSE

Opioid Management



THE CHALLENGE

More people died from drug overdoses in 2014 than in any year on record. The majority of drug overdose deaths (more than six out of ten) involve an opioid. 78 Americans die every day from an opioid overdose.

The ability to access a patient's up-to-date medication history is not only critical to the treatment rendered, it can also be helpful in supporting identifying potential misuse and abuse of medications impacting this national epidemic.

BENEFITS

Medication Reconciliation

Pharmacist:

Pharmacy Technicians:

Medication Reconciliation Team:

Provides immediate and expanded electronic access to community medical history data which can assist in identifying compliance issues and early detection for identifying potential drug seeking behaviors

Early Detection of Misuse & Abuse

Pharmacist:

Supports accurate medication histories, for facilities and providers that are located close to bordering states where medication information may not be included in South Dakota State Prescription Monitoring Service

Staff Satisfaction/Workflow Efficiencies

Pharmacy Team:

Improves staff satisfaction by reducing the phone and fax process to obtain a patient medication record from retail pharmacies or additional outside sources.

Patient Safety

Improves patient safety by providing accurate medication and clinical histories by reducing exposure for adverse drug events

QUALITY MANAGEMENT IDENTIFY AND SUPPORT High Risk Patient Populations



THE CHALLENGE

Members of care management teams often do not have access to timely clinical information to help identify members who may be high risk or rising risk.

A lack of collaboration tools with community providers and quick access to clinical histories impacts the ability to proactively identify barriers to care and access to care issues.

There may be delays in outreach by care managers for educational purposes when timely clinical information is not available.

BENEFITS:

Care Delivery

Case Manager:

Provides immediate and expanded access to community clinical data to assist with decision making and outreach frequency.

Enables tracking medical management across the community to identify potential barriers to care or access to care issues and removal of them

Transitions of Care

Case Manager:

Provides access to summary of care documents on demand to support with ongoing medical management post discharge.

Enables secure electronic collaboration with community services and providers

Patient Engagement

Care Management Patient:

Increase contact rates with better access to current demographic information

Improve engagement and coaching with a more complete picture of medical history including, utilizations, test results and filled medications

Staff Satisfaction

Care Management Staff:

Reduce level of effort including phone and fax tag to obtain a patient medication history information.

Enable better patient engagement with a greater ability to know and discuss details surrounding recent utilizations

QUALITY MANAGEMENT

PROACTIVE PATIENT ENGAGEMENT

Improving Care Plans



THE CHALLENGE

A vital step to being effective is being able to engage patients. It's a challenge when I am asking questions the patient feels that I should know as part of the care team.

Additionally, lack of access to community clinical activity results in spending a lot of administrative time trying to get a better clinical picture by making phone calls and faxing requests for information.

A lack of collaboration tools with community providers and quick access to clinical histories impacts my ability to proactively identify barriers to care and spot problems that others on the care team may not see.

BENEFITS:

Care Delivery

Registered Nurse:

Provides immediate and expanded access to community clinical data to assist with accurately capturing medication history information. Enables tracking medical management across the community to identify potential barriers to care and remove them

Transitions of Care

Social Worker:

Provides access to summary of care documents on demand to support ongoing medical management post discharge.

Enables secure electronic collaboration with community services and providers

Patient Engagement

Quality Improvement-RN:

Increase contact rates with better access to current demographic information

Improve engagement and coaching with a more complete picture of medical history including test results and filled medications

Staff Satisfaction

Director:

Reduce level of effort including phone and fax tag to obtain a patient medication history information. Enable better patient engagement with a greater ability to know and discuss details the patient believes should be known as a member of care team

CORRECTIONAL HEALTH CONTINUITY OF CARE Improving Intake Process



THE CHALLENGE

Lack of timely and complete medical histories can lead to fragmented health care delivery and delays in treatment for individuals in the correctional health system.

Inaccurate or incomplete information for identifying and treating underlying health conditions can lead to increased costs and poor patient outcomes.

Complete medical history information is not always readily available and can require a manual process of multiple phone calls and faxing to receive accurate medical information.

BENEFITS:

Care Delivery

Correctional Health Provider/Nurse:

Provides immediate and expanded access to community medical history data to support with intake processing. Allows for more efficient and better coordinated care, potential health care cost savings, and improvements in both care delivery and safety.

Transitions of Care

Correctional Health Patient:

Assists with transitions of care for patients seen by outside community providers back to the correctional health setting by providing an accurate medical history information.

Creates better collaboration with the community providers resulting in safer transitions post incarceration.

Patient Satisfaction

Correctional Health Patient:

Enhances patient satisfaction by enabling correctional health staff to more quickly identify chronic medical conditions

Staff Satisfaction/Workflow Efficiencies

Correctional Health Staff:

Improves staff satisfaction by eliminating the phone and fax process to obtain a patient medical record and results

Enables quick access to medical history and creating better care or treatment plans