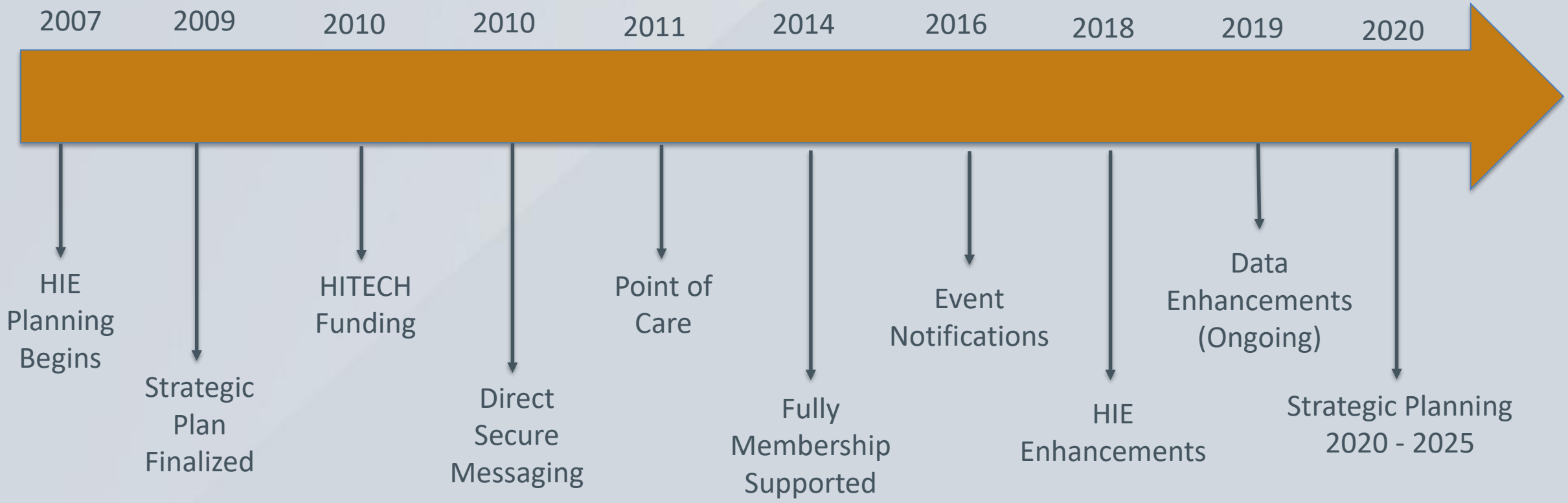

SOUTH DAKOTA
HealthLink
“THIS WON’T HURT A BIT.”

South Dakota Health Link *



* Division of SD Department of Health

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Exchanging information. Changing lives.

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• Joan Adam	SD Department of Health
• Kevin Atkins	Dakota State University/HealthPOINT
• Heather Bindel	Rapid City Medical Center
• Kristen Bunt	SDAHO
• Julie Charbonneau	Sioux Falls Health Department
• Deb Fischer-Clemens	Avera Health
• Kevin DeWald	South Dakota Health Link
• Jennifer Larson	SD Department of Human Services
• Dr. Stephanie Lahr	Monument Health
• Bernie Long	Oyate Health Center
• Nancy McDonald	SD Foundation for Medical Care
• Alex Middendorf, Pharm. D.	SDSU College of Pharmacy
• Nicole Rinehart	Madison Regional Health
• Benjamin “Eli” Seeley	Avera Health
• Bill Snyder	SD Department of Social Services
• Scott Weatherill	Horizon Health Care, Inc
• Sean White	Health Catalyst

SD Health Link Core Services

Point of Care Exchange

Event Notification

New Technology Coming 2020

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Event Notifications (Notify)

- Notification Event Types
  - Ambulatory Admit
  - Emergency Admit/Discharge
  - Inpatient Admit/Discharge/Re-Admit/Transfer
  - Patient Death
- Notification Delivery
  - Non-secure email or text message (contains no PHI)
  - Direct Secure email (contains PHI)
  - Only viewable in worklist
- Notification Frequency
  - Immediate Notification
  - Batch File (daily, hour of day, weekly, day of week)
- Notification Worklist
  - View delivered notifications
  - Track completed or read notifications

Event Notifications (Notify)

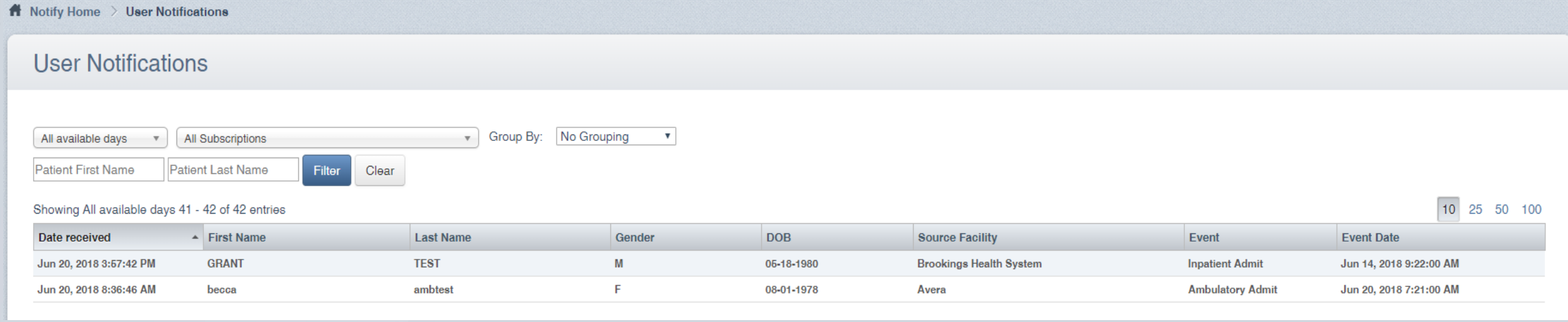
- End User
  - Ability to follow multiple subscription types
  - Ability to “fill in” for other care team members
  - Ability to edit delivery mechanism/frequency
  - Reporting ability
- Member File
  - Batch upload (specify frequency)
  - Can have multiple subscriptions for one member
  - SFTP – Secure upload
- SFTP Upload
  - This will allow patient lists to be uploaded automatically 2-3 times per day.

Matching Requirements:

- First Name*
- Middle Name
- Last Name*
- Suffix
- Gender*
- Date of Birth*
- Phone Number*
- Address Line 1 *
- Social Security Number

* Required

Event Notifications (Notify)



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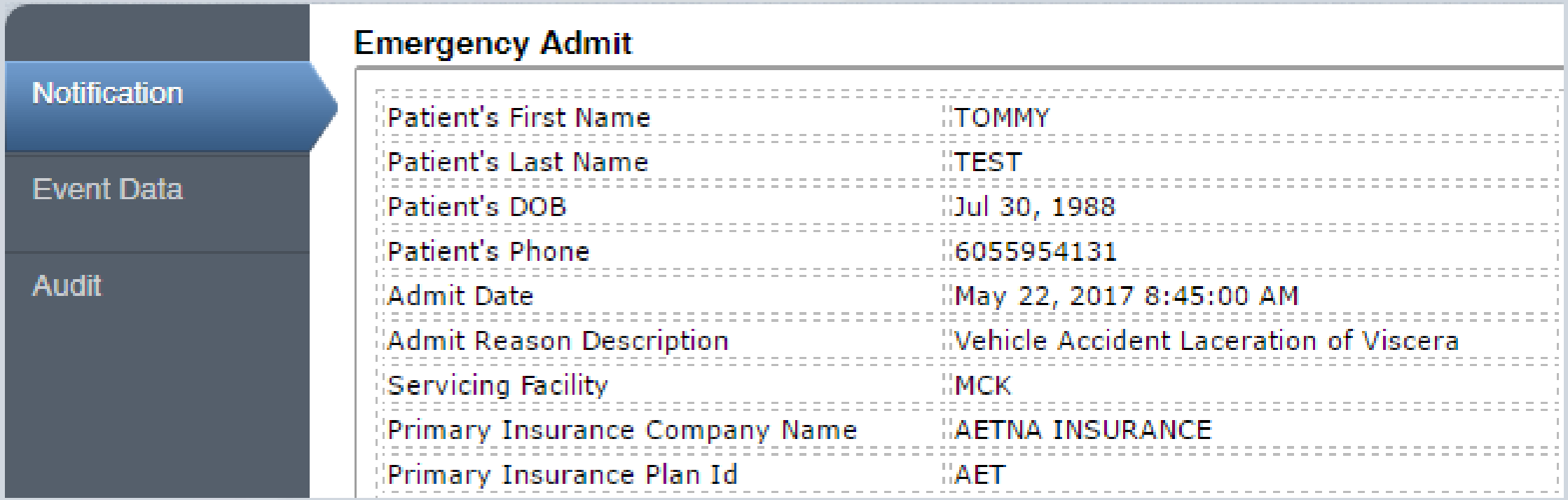
Event Notifications (Notify)



Notify: By The Numbers

Users

155
End Users
(Approximately)

90
Subscriptions
(Approximately)

Notifications

65,000+
Notifications

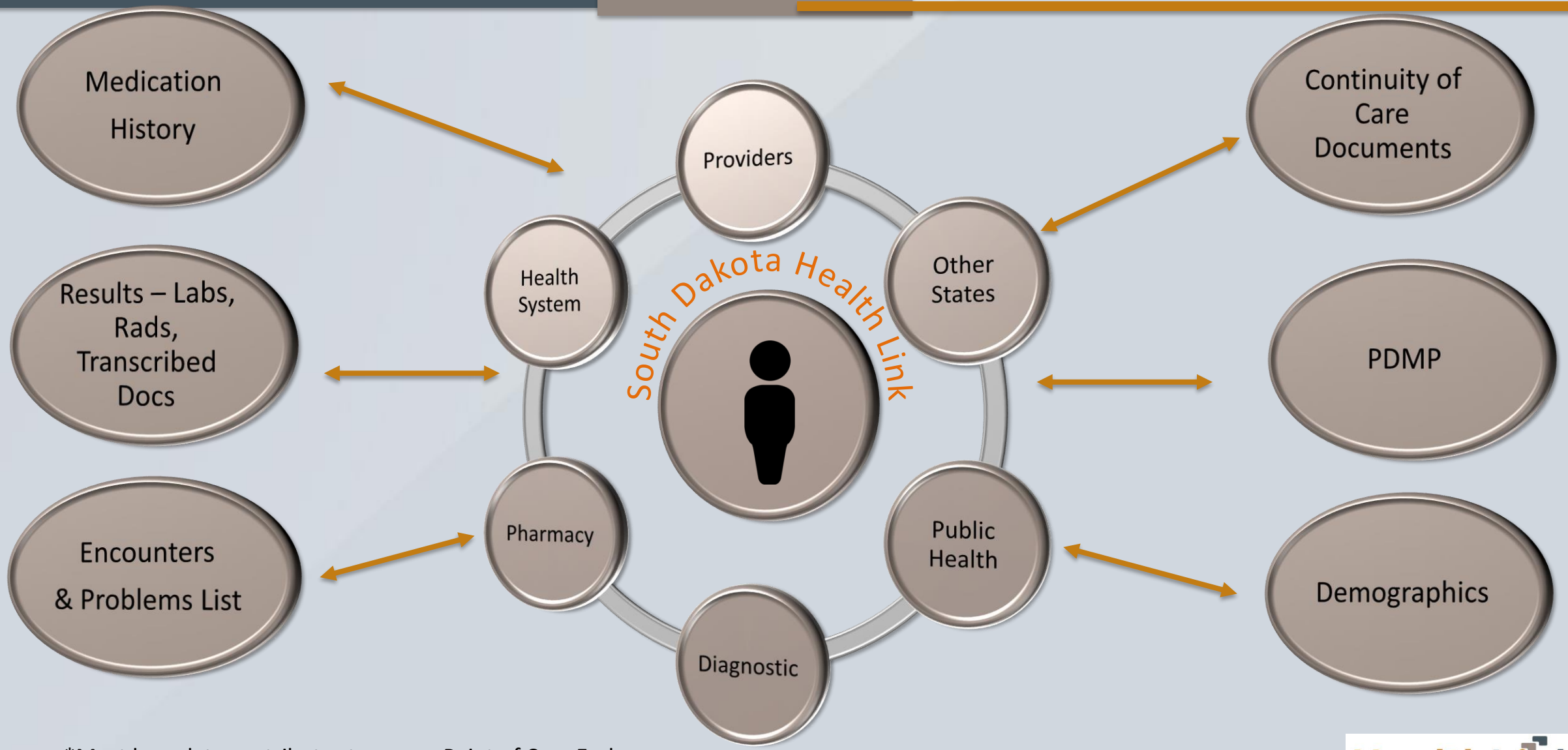
850+
Death Notifications

1500+
Readmit Notifications

Impacted Lives

69,500+

Point of Care Exchange*



*Must be a data contributor to access Point of Care Exchange

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Point of Care Exchange

- Access in real-time to clinical information about your patient
  - Lab results
  - X-Ray reports
  - Problems, Allergies, Medications
  - Transcribed documents
  - Filled medication history

- Contains clinical information from all contributing sources
  - Hospitals, Clinics, Health Systems, Correctional Health, Behavioral Health, and others

Point of Care: By The Numbers

Point of Care Exchange

68+
Hospitals

390+
Primary Care
Clinics

With Member
Organizations in
5 States

2019 7.9M + HL7 Transactions

2019 2.5M + CCDs Received

eHealth Exchange Validated

CMPI

1.6M+ - Unique Individuals in our CMPI

Providers

9,300+ - Unique Providers

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ED Utilization for Chronic Pain Management

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.

Use Case: 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.

Project Details

- Triage/Intake: Provides immediate and expanded access to community clinical data to assist with accurately capturing medication fill and encounter history.
- Provider: Assists with medical decision making
- Pharmacy Team: Supports with accurate data access medications reconciliation for patients.

Impact

- Improves staff satisfaction by eliminating the phone and fax process to obtain a patient medication history information.
- Provided support with evaluation and ongoing medication management post discharge and early identification of misuse of substance abuse issues

Managing Medicaid Health Home Patients

Health Homes is a method of delivering enhanced health care services that promises better patient experience and better results than traditional care. The Health Home has many characteristics of the Patient-Centered Medical Home but is customized to meet the specific needs of Medicaid recipients with chronic medical conditions or behavioral health conditions.

Use Case: Enable Health Home Notifications and access to Point of Care clinical documentations.

Project Details

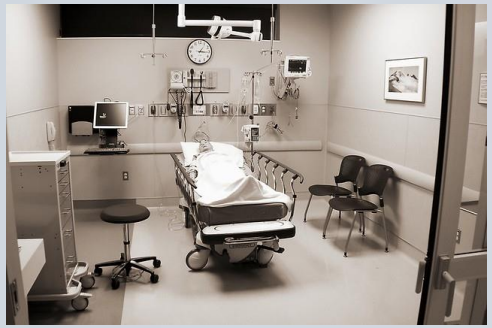
6 federally mandated Core Services

- Comprehensive Care Management
- Care Coordination
- Health Promotion
- Comprehensive Transitional Care
- Patient and Family Support
- Referral to Community and Support Services

Impact

- Care Transition Follow-Up within 72 hours of discharge
- Follow-Up within 7 ow 30 days after hospitalization for mental illness
- Follow-Up post Emergency Department visit

Support Patient Routing to Appropriate Care Setting



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.

Use Case: Use Event Notifications allowing providers the opportunity to outreach to patient in order to review patient status and to determine appropriate level of care.

Project Details

- Leverage existing ADT feed to SDHL
- Subscribe to event based notifications
- Upload specialized patient list – frequent utilizers

Impact

- Lower healthcare costs and maximize reimbursements
- Support patient by providing individualized care plans, intensive care management, and review of any barriers to care.
- Decrease exposure and risk for adverse events

Identifying Misuse and Abuse: Opioid Management

More people died from drug overdoses in 2014 than in any year on record. The majority of drug overdose deaths (more than 6 out of 10) involve an opioid. 78 Americans die every day from an opioid overdose.

Use Case: 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.

Project Details

- Provide immediate and expanded electronic access to community medical history data to assists with identifying compliance issues and early detection for identifying potential drug seeking behaviors.

Impact

- Accurate medical history information
- Improves staff satisfaction by reducing phone and fax process

Dental Services: Improving Care Coordination

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

Use Case: Use Event Notifications to notify dentists when a patient has received care in the community for dental related complaints or procedures.

Project Details

- Leverage existing ADT feed to SDHL
- Subscribe to event based notifications
- Upload specialized patient list

Impact

- Improved transfer of information and coordination of care between specialists
- Enhances ability to make any changes to treatment plan to provide ongoing support.
- Supports ongoing clinical management and scheduling of follow-up visit post-discharge

Point of Care Demo

Questions?

www.sdhealthlink.org