5 Things Hospitals Can Do To Turn Epic Into A Powerful Care Coordination Platform

On the heels of an unprecedented 2020, healthcare leaders across the United States are laser-focused on improving operational efficiency and the patient experience. Neither goal is achievable without coordination across the patient's care team and Epic provides a strong foundation for new levels of communication and collaboration.

The Hard Truths in Communicating with Outside Providers

Most healthcare organizations struggle to communicate, collaborate and exchange patient information with providers outside of their organizations. This means that referrals aren't delivered or acted upon, information requests go unfulfilled, transitions of care don't take place and communications are costly and inefficient. **Patients often bear the brunt of poor communication when asked to print, hand-carry, or fax information to other providers.** Independent research and careMESH system data analysis demonstrate that:

- The directory within a hospital Epic system typically only includes about half of the independent providers across a region.
- Sending messages to community providers via the Direct Protocol fails ~15% of the time. And fax communications are not much better.
- Physician turnover rates (7% in medical groups and 28% at hospitals in 2019[1]) make updating directories a labor-intensive task.
- Only 13.5% of post-acute care facilities have well-established data exchange methods with local hospitals.[2]
- 43% of healthcare executives say their organization is losing more than 10% of revenues due to patient leakage.[3]
- Hospitals typically receive hundreds of faxes per day and thousands of calls per month from outside practices requesting patient information, perpetuating costly manual processes.

The reality is that managing hundreds of thousands of exchanges of information with independent healthcare professionals each year is both challenging and costly. It's time to get it right so that every hospital can realize:

- ☑ Better relationships with independent providers (to promote new revenue)
- ☑ Improved operational efficiency (for both IT department and clinical staff)
- ☑ Higher Promoting Interoperability scores (for higher CMS reimbursement rates)
- ☑ Better coordinated patient care (and better outcomes)
- ☑ A superior Patient Experience!

The Good News: Most Epic Hospitals are Half-Way There

Epic® is considered by most to be the best electronic health record (EHR) for acute care hospitals. Basic operational and financial needs require that referrals are sent and received, test results are obtained and shared, and transitions of care are managed to and from other facilities. Epic customers have invested many millions of dollars leveraging its capabilities to communicate and collaborate with internal and external providers. But systems also need to improve efficiencies, meet regulatory requirements, and improve patient care.

Natively, Epic has the functionality to support outside communication and collaboration, and their customers should certainly leverage these tools, where appropriate:

- **Epic Community Connect** allows a Hospital to extend Epic to independent practices that are close partners with the Hospital, such as specialty groups that work (almost) exclusively with the hospital.

- **EpicCare Link** gives users access to review patient charts, schedule appointments, place orders, communicate with the patient's care team, and more. But many independent providers see it as *yet another portal*, especially when working with multiple hospitals in a region.

- **Epic Care Everywhere** allows hospitals to share portions of the patient chart with Care Everywhere network members or providers with a Direct secure email address. In addition to chart updates, it supports the electronic delivery of referrals, discharge summaries, and general communications sent from Epic InBasket.

- **Fax and HISP Gateways** are the primary communications channels to external community providers. Hospitals can choose from many vendors but not all provide the same level of reliability or support.

- **Epic's HIE Interfaces** follow the IHE standards and allow hospitals to search for and retrieve patient information from their HIE(s). They also allow outside HIE members to do the same in reverse. But few independent practices are meaningfully connected to HIEs, which means hospitals attempt to share information, and it often doesn't reach the external providers that provide care to their mutual patients.

The Hidden Opportunities: FIVE ways to optimize Epic information flow with independent providers

The following steps present a blueprint for building on Epic's core capabilities. They are based on years of experience working with hospitals to improve communication to support better patient care.

#1 Establish a Comprehensive Provider Directory

Epic has a well-defined directory architecture with a database of people, organizations, and locations. Multiple Epic processes use the directory for tasks such as registering a patient's care team, sending them patient updates, delivering referrals to specialists, coordinating discharges to post-acute facilities, getting test results to the ordering physician—and 101 other things.

Epic provides directory data for clinicians that use Epic systems. But that covers about 25% of practicing physicians so hospitals need to invest in building and maintaining directory content to reach other independent providers. Hospitals have two main options—manage directory data in-house or outsource. For hospitals to source, load, and rationalize data internally, they must:

1. Import files containing information about the providers that work for other Epic customers. These files are mostly for acute care hospitals, but that leaves a sizeable gap in hospital-to-practice communication.

2. Import the ~1M Direct Addresses provided by the hospital's HISP. Unfortunately, this data comes from many different HISPs, who gather it using different processes, so it has data quality challenges and only covers about half of U.S. practicing physicians.

3. Import data from government sources such as NPPES, but this information is typically out-of-date and is often the least reliable data set for communication when sending confidential patient data.

4. Input data one provider at a time and make manual updates when communications to a recipient fail; this becomes a significant data-entry burden for clinical and IT staff.

These four steps are both time-consuming and have significant gaps. careMESH provides hospitals with a comprehensive nationwide directory that can be imported directly into Epic using the format and process developed by Epic.

careMESH

careMESH covers EVERY MD, DO, PA, and NP in the U.S. and millions of other healthcare professionals and staff (over 5.3 million people in total). It also includes listings for healthcare organizations with practice names and locations, such as post-acute care facilities that often pose a communications challenge for hospitals.

#2 Leverage Routine Communications to Build Community Relationships

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It is good practice for your community and a CMS "Condition of Participation" to send admission and discharge information to the patient's care team. Hospitals have three basic choices to do this. They can work with their HIE, use Epic's Direct message capability, or work with a 3rd-party vendor such as careMESH. We explore each of these below.

HIEs provide the simplest solution for hospitals that operate in a geography where there is a viable exchange. By establishing an ADT connection to the HIE, the task of delivering the Admission and Discharge information then falls to the HIE. However, there are several drawbacks.

- Most HIEs require PCPs to subscribe and then submit a patient list to establish a patient match. In reality, few do this, so few receive the information they need.
- Communication is one-way between the HIE and the PCP, which is poor for establishing better relationships with your community providers and coordinating patient care.
- The information provided is very basic and, in most cases, does not include the actionable detail that recipients want.
- For PCPs who enroll with the HIE, patient data usually does not flow into the practice's EHR or their clinical or clerical workflows.

Direct Secure Messaging (or "Direct") offers another solution, requiring some fairly significant Epic configuration. Minimally, hospitals need to determine which *Events* should trigger a message, develop the message *Content*, and then manage *Delivery*, including the opt-in and opt-out requests of patients and practices. Here too, there are challenges:

- Only about 50% of independent providers have a Direct Address (so this means either a partial solution or falling back on fax).
- There is a considerable operational challenge delivering Direct messages. For example, some EHRs do not accept "plain text messages," so hospitals have to turn them into C-CDAs (more configuration and development) or failover to fax.
- Direct alone does not address recipient preferences. Many, perhaps even most, recipients are not monitoring the information they receive and don't act on it.
- There is typically no simple way for the recipient to automatically incorporate the messages into their office workflow—for example, to copy or forward Direct messages or medical records to the right PA, clinic, team, or clerical staff.
- Even when Direct is properly configured on the receiving end and works "as designed," it is a burden for most medical records to be imported into the ambulatory EHR. ONC requires only that Meds, Problems, and Allergies be "reconciled" with the receiving EHR, and every vendor does this differently.

Third-Party vendors, such as careMESH, are another option to share information with the entire patient care team. In the case of careMESH, implementation requires only modest effort from our hospital customers. We start with our Provider Directory to identify a patient's care team as part of the intake process. We then capture ADTs from Epic's standard HL7 interface, retrieve relevant clinical information from an Epic API, and create well-formatted and comprehensive Admission and Discharge messages that we deliver nationwide. Unlike many vendors, we also extend delivery automation to other routine communications such as referrals and test results. Recipients can easily set up their preferences to make sure messages and medical records wind up in workflows for either clinical or administrative staff, even if that involves paper or fax.

careMESH

#3 Accelerate Inbound and Outbound Referral Processes

Referrals are the lifeblood of hospitals as well as for outside physicians. By taking the lead in your region and ensuring the flow of information is timely and complete, your hospital can dramatically improve the experience of physicians on both sides of the communication and enhance the overall patient experience.

Central to the patient experience pre- and post-discharge is how well your hospital manages the flow of referrals on the patient's behalf. At discharge, referrals needed for follow-up should be sent straight from Epic, and include a care summary, diagnosis, updated medication list, allergies, insurance carrier, authorization, a physician note, and other information to support quick action by the recipient. Complete digital referrals help ensure a smooth hand-off and reduce the risk of gaps in care, readmissions, and other negative impacts on patient care.

Inbound referrals drive revenue to your hospital and support community physicians in getting access to the complex care needed by their patients. By providing easy-to-use and consolidated channels for inbound referrals, with feedback provided to the referrer throughout the patient's care journey, hospitals can:

- Streamline the patient experience by reducing time-to-procedure and improving service line throughput.
- Improve referring physician relations.
- Vastly improve care coordination with the patient's entire care team.
- Assess the performance of different clinical programs and identify bottlenecks and process improvements.

#4 Enhance Non-Clinical Productivity

Due to the many challenges shared in this paper, a typical hospital has to manually intervene in more than 1 in 10 communications, wasting significant resources. Referral teams regularly field requests for authorization numbers or insurance information. Administrative staff often need to research or call outside practices to retrieve contact information, dates, test results, and more.

The consequence is that IT departments and clinical teams spend a lot of time researching the cause of message failures and fixing them. Here are some tips:

1. Keep Direct Address information as up-to-date as possible by regularly loading the files provided by your HISP. Direct Addresses constantly change as providers switch EHRs and jobs.

2. Regularly check the validity of Direct Address certificates. One HISP offers an [online tool](#) to check these one at a time, but you should systematize this because out-of-date certificates are a frequent cause of message failure.

3. Make sure every Direct message contains a C-CDA. If it doesn't, then some leading ambulatory EHRs will reject the message entirely.

4. Configure your fax resend logic to try, try and try again. While many providers have moved away from paper fax machines, if someone is e-faxing them a 100-page record, you may need to wait a long time.

But suppose you use careMESH to manage delivery. We complete the above steps on your behalf and have the back-end processes and customer support to guarantee delivery to *every* active provider and practice in the U.S.

careMESH

#5 Improve the Patient Experience

We are all active in the healthcare industry to improve the quality of patient care and the overall patient experience—for those in our care at work and for those we love at home.

Every day, we hear stories of patients working too hard to advocate for their care or on behalf of a family member. Records are retrieved from hospital basements, thick stacks of paper are sent via FedEx, and CDs are burned and hand-carried on airplanes.

More recently, many thousands of patients have begun using Epic MyChart to share valuable health information with a provider of their choosing. But what happens when that patient's provider is not included in their hospital's Epic directory or is not a part of the Share Everywhere network? With the careMESH National Provider Directory embedded in Epic, patients can choose any of 5.3M providers and have their information quickly delivered where it needs to go.

So, in addition to ensuring seamless data exchange between your hospital and community providers to better coordinate care, hospitals using careMESH have the opportunity to directly ease the burden on patients and delight them with an outstanding digital experience.

A Final Word

Information Technology within a hospital is no longer relegated to being the invisible back-end. The tools a hospital chooses to support its clinical and operational teams are now front and center in the patient experience. As greater and greater consumerization of healthcare takes hold, innovative health systems will ensure they have maximized their investment in EHRs such as Epic to better support their patients.

The rewards for implementing the five recommendations in this paper are real. Hospitals will see:

- ☑ Better relationships with independent community-based providers, and therefore more business
- ☑ Better communication and process improvements with post-acute care facilities such as for long-term care
- ☑ Better efficiency from embracing both Epic's tools and new innovative capabilities to significantly expand how Epic users can communicate and collaborate with outside providers
- ☑ Better patient outcomes and experience as a result of significant improvements to care coordination.

We hope that you find the above helpful and wish you well on your coordinated patient care journey. If you'd like to learn more about how careMESH can help, please get in touch.

References:

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