FLORIDA HIE SERVICES

Customer Success Story

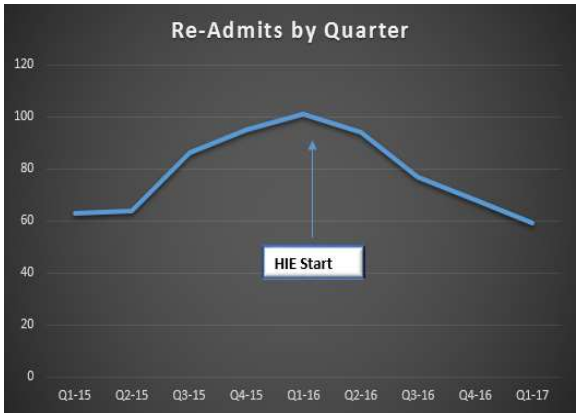
Primary Partners saw a 40% per quarter drop in readmissions by improving care transitions from hospitals

Once Florida HIE Services connected Primary Partners to Encounter Notification Service® (ENS®), the ACO was able to access data that had otherwise not been provided, allowing them to schedule more follow-up visits and save money attributed to Transitional Care Management (TCM).

Background and the Need:

Primary Partners, one of the 1st Medicare ACO's in the country, includes 42 Physician Offices in Central Florida and they cover approximately 45,000 patients. Prior to connecting to Florida HIE Services, most providers from their network only knew when a patient went to the hospital if the patient had called the office and told them. As a result, patient outcomes were sometimes compromised and they were paying unnecessary out-of-pocket expenses.

In May of 2015 they started receiving direct admit, discharge, transfer (ADT) data feeds from targeted regional areas that had not previously been set up, in an effort to prevent avoidable hospital visits. Initially, Primary Partners shared event notifications for only 4,000 Medicare patients. By March 2017 all patients and practices were connected.



Current State:

Today, Primary Partners receives ADT data from multiple sources—from direct feeds (non-ENS), which they had received prior to connecting to Florida HIE Services, and from the patient population via ENS. They realized ENS provided data they had not been initially receiving, which turned out to be 35% of total patient ED utilization data[1].

By knowing when a patient was admitted or discharged from a hospital, Primary Partners' providers could then schedule follow-up visits. At first, practices were reluctant to leave open gaps in their schedule to fit in urgent visits, but this process has allowed providers to set up proactive initiatives.

> "In our first year of subscribing to ENS through Florida HIE Services, we recognized a dramatic reduction in re-admissions—40% per quarter. This has saved our network close to $284,000 in readmission costs."
>
> **- Dina Lewis,**
> ***Analytics Program Manager, Primary Partners***

The Benefit:

To the Patient

- Patients may avoid unnecessary out-of-pocket expenses, which the National Institute of Health states the median cost of an ER visit is $1,233[2].
- Improved communication with providers: patients are encouraged to call for non-emergent issues.
- Patient safety increases when providers act proactively.

To the Primary Care Physician and Practice

- TCM visits contribute toward significant cost savings.
- Providers are automatically informed when their patients receive care outside of their designated region.
- Timely follow-up allows providers to clarify medication instructions, since many patients are confused about new medications vs. daily medications they took prior to stay.

[1] Lewis, D. (2018, February). *Primary Partners: Our Journey with the State HIE*. Presented at CNFL HIMSS & UCF HIE - Get Connected!, Orlando, FL.

[2] Caldwell, N., Srebotnjak, T., Wang, T., & Hsia, R. (2013). "How much will I get charged for this?" patient charges for top ten diagnoses in the emergency department. *PLoS ONE*, *8*(2). https://doi.org/10.1371/journal.pone.0055491