

OPNS Informatics Digest

February 2017

Admit, Discharge, and Transfer Report - OPNS

Confidential Information

Physician Name:

MR #	Patient Name	DOB	Phone #	Chief Complaint	Adt Date	Disch Date	Pat Type	Primary Insurance	Adt Time	Facility
				[Unknown]	2017-02-06		EM		09:43	Trinity Health St. Joseph Mercy Oakland facility
				CVA	2017-02-06		Current IP		12:43	Trinity Health St. Joseph Mercy Oakland facility
				Discharged to home or self care (routine discharge)	2017-02-05	2017-02-05	EM		08:42	St. John Macomb-Oakland Hospital, Madison Heights Campus
				Admit from Physician referral	2017-02-05		Current IP		09:46	McLaren Oakland
				Admit from Physician referral	2017-02-05		EM		12:24	St. Joseph Mercy Oakland - Pontiac
				Discharged to home or self care (routine discharge)	2017-02-05	2017-02-05	EM		22:06	Beaumont Hospital - Royal Oak
				Admit from Physician referral	2017-02-05		Current IP		20:30	McLaren Oakland
				POST OP POSS FISTULA POSS ABSCESS	2017-02-04		Current IP		17:24	Trinity Health St. Joseph Mercy Oakland facility
				Malignant neoplasm of breast (C20.0, C50)	2017-02-01	2017-02-10	IP			BEAUMONT HOSPITAL - TROY
				Primary osteoarthritis, left shoulder (M19.012)	2017-02-01	2017-02-02	IP			ST JOSEPH MERCY OAKLAND
				ABDOMINAL PAIN	2017-02-01	2017-02-03	IP		22:53	Trinity Health St. Joseph Mercy Oakland facility

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EM: Emergency Medicine Discharge
IP: Inpatient Discharge

Current IP: Current Inpatient



OPNS Informatics

Information Technology represents a piece of the health care puzzle. It's more than computers and tablets.

It involves strategic planning, incorporates all aspects of each program and initiative to more efficiently guide patients through the Patient Centered Medical Home Neighborhood.

Admit, Discharge, and Transfer (ADT)

Why does Yasir keep calling me about ADTs?



Yasir monitors ADT report access within Health Focus and reminds offices to use them.

- **Statewide ADT Opportunity** – Participate through OPNS for Emergency Room Utilization and Inpatient Status information from across the State of Michigan.
- **Reach out** - Schedule discharge follow up visits to review patient hospital visits.
- **This is important!** - More programs are looking towards incorporating active use of ADT information. Why? Because it improves population management awareness.

Historically and currently, the ADTs have been notifications. OPNS has been encouraging utilization of the information to prepare offices for the next wave of information exchange. We'll touch on that on page two!

It's called a paradigm shift for a reason

The physician offices taking advantage of the additional information arriving through ADTs are not only demonstrating care coordination but also continue to enhance their population management capabilities. Care Management programs with reimbursable codes often center around the foundation of coordination following hospital discharge. From Home Health discussions and medication education to transportation and patient support, a notification can lead to much more than a phone call.

What enhancements are coming next?

The ADT 101

- 2 Day Follow Up Call
- 7 Day Follow Up Visit
- Transition of Care Codes
- Prevent Readmissions
- Enhance Care Team

Where we started

Admit, Discharge, and Transfer notifications started a while ago with a narrowed scope based on the availability at the time. OPNS physicians were receiving ADTs from St. Joseph Mercy Oakland. Next, OPNS physicians were able to access ADTs from ten (10) local hospitals. Now, our information arrives daily from hundreds of facilities across the state of Michigan.

Where we are

Currently, participating OPNS physicians are able to access ADT notifications from hospitals, skilled nursing facilities, and home health agencies from across the state of Michigan. They're posted daily in Health Focus.

Where we're going

While notifications are great, it still leaves the care team in need of reaching out for additional information. That's about to change! Through MiHIN, hospitals are now sending portions of the discharge summary including:

- Problem List
- Allergies
- Discharge Medications

What to do with this information

- Actionable follow up information for outreach
- Contact the patient and schedule a follow up visit
- Review Health Focus gaps in care and historical hospital details
 - * Planned visit preparedness
 - * Meet the Transition of Care criteria

It's called a paradigm shift for a reason

OPNS physicians, Care Managers, and staff that make Health Focus their go-to location for aggregated information are taking advantage of up to 19 sources of information relating to their patients. Health plans, labs, hospital, skilled nursing facilities, home health agencies and electronic medical records have and continue to create enhanced historical information for your patients that go beyond what is available within your electronic medical record. They work together.

Contact Us

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What else is now available in Health Focus?

Continuity of Care Documents (CCDs)

OPNS has published EMR Interfaced CCDs into Health Focus.

- A CCD is an encounter summary from an Electronic Medical Record.
- If your patient receives care with an OPNS EMR Interfaced physician, you will automatically receive the CCD.
- Through Health Focus, information will come to you!

Your care team will have more information to coordinate follow up care.

What comes in a CCD?

- Patient details and demographics
- Provider name and contact information
- Social History
- Problem List
- Medications
- Immunizations
- Laboratory tests and results
- Vital Signs
- Procedures
- Encounters

Look in Health Focus?

Look under the Patient “Warehouse Tab” to review if a CCD is available.

Kim’s Clue



Keep an eye out for Kim.

Email the page title name to OPNS.

**Email your response to
info@opns.org by February 28, 2017.
Drawing winner will receive a \$25
gift card.**

Set secure.opns.org/portal as a favorite on your web browser!

OPNS strives to be the premier integrated health care delivery system in Southeast Michigan, recognized by our patients, physicians, providers, and payors as providing the highest value in care and services.

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