HealthInfoNet

CASE STUDY

HOW **HEALTHINFONET** CAN HELP

LONG-TERM CARE PROVIDERS

IN THEIR CLINICAL WORKFLOWS

As the demand for long-term care services grows throughout Maine, HealthInfoNet provides better, easier, and safer solutions to improve care coordination and safety goals.

OVERVIEW

Long-term care (LTC) patients commonly have complex chronic care needs that result in frequent transitions among their homes, acute, post-acute, and LTC settings. When these transitions of care occur, seamless care coordination and continuity of care practices become even more important for providers to achieve in their patient interactions. Critical to this effort are HealthInfoNet's trusted and reliable Health Information Exchange (HIE) services.

Efficiencies and economies of scale. Receive patient information from multiple settings, sources, and exchange methods within a single platform.

Quality and risk-based measurement. Obtain valuable insights into the delivery of care and services and help identify patient risk and outcomes to inform decision-making.

I utilize ***HealthInfoNet*** in just about

EVERYTHING I DO.

The ***real-time*** access to our patients' medical information ***facilitates*** the way we deliver care better than ever before.

THE HURRY-UP-AND-WAIT

scenario to search for and track down records via fax or telephone is no longer necessary. It's a ***wonderful asset***!

Michelle Gagnon, CNP,
Genesis Physician Services

LTC CHALLENGES

01 Evaluating referrals and preadmissions requires piecing together complex medical histories from various sources.

02 Updating a patient's care plan following their discharge from a hospital can be difficult when there are multiple treating providers from unaffiliated locations.

03 Coordinating a patient's care during transition without complete information increases the chance for adverse effects.

04 Readmitting patients often occurs due to a breakdown of communication and lack of informed engagement (e.g., misunderstanding of ailments, test results, medication usage).

HIE SOLUTIONS

Improves communication and care planning activities among healthcare providers during transitions of care.

Provides assurance that care teams have comprehensive and accurate information available at the point of care.

Enables improvements in both quality and cost outcomes through reductions in duplicate testing, medical complications, avoidable hospitalizations, and readmissions.

Hospital visits, lab results (e.g., COVID-19, MRSA), medications, EMS reports, VA documents, etc.

Real-time alerting of time-sensitive events like ED visits, critical lab results, and hospital discharges

Predictive and performance reporting for at-risk and chronic-condition patient populations

CASE STUDY

ED ADMISSION	LTC TRANSITION	LTC ADMISSION	LTC ENGAGEMENT
• Patient is admitted to Emergency Department (ED) for cerebrovascular event • Hospital sends ED report and additional inpatient information to HealthInfoNet	• LTC facility queries HealthInfoNet for preliminary hospital information to prepare for re-intake: ✓ ED Report ✓ Inpatient Labs ✓ Inpatient Radiology Reports ✓ Medications Dispensed	• LTC care team reviews patient's longitudinal medical record in HealthInfoNet: ✓ Discharge Orders ✓ Final Labs/Reports ✓ Allergies ✓ Immunizations • LTC care team develops patient's care plan	• LTC care team uses HealthInfoNet to assess patient's risk for IP/ED readmission and chronic diseases • LTC care team engages and informs patient using medical record • LTC care team helps reduce avoidable hospitalizations and improves care quality