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GOOD CHOICES FOR GOOD CHANGES:

Using Data to Improve Facility Transitions

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Introduction

Continuing education for physicians, constantly improving on medications, and updating and upgrading facilities keep the "long-term" in "long-term living," but how do we know what's working and what to move on from? From a medical chart to an EHR, the answer comes from data.

Omnicare, a CVS Health company, elaborates on all the benefits of data in the long-term healthcare field. With the consistent availability of data thanks to improved technologies like mobile devices, the cloud, and Wi-Fi, long-term living facilities are better able to track everything from patient admissions to medication dosage [**Admission, discharges and data sharing**]. The bevy of accessible pharmaceutical data helps expedite research and clinical trials by eliminating the need to dig through cluttered information [**Why pharmacy data is key to your SNF's future**]. With the ability to self-serve data in-house; Chuck Czarnik (Brookdale Senior Living) shares his personal and professional account of how data increases productivity and livability at his center [**One-on-one with...Chuck Czarnik**]. Additional digital solutions like EMR software serve to simplify medications, transitions, and all aspects of long-term living facilities [**Digital Solutions Designed to Improve Care Delivery**].

It is time to embrace data and modern technology solutions in the long-term living community. Updated facilities lead to improved care, safer patients, and a better process for all parties involved.

Admissions, discharges and data-sharing

Pamela Tabar

Data sharing can improve clinical care and reduce errors during patient transfers, but who decides what pieces of information are shared? Is too much admission/discharge information worse than no information at all?

A panel of long-term care thought leaders discussed the limits of the current regulations and the challenges of identifying mission-critical data elements for admissions and discharges in a collaborative session at the National Association for the Support of Long Term Care (NASL) annual meeting recently in Nashville, Tennessee.

As advancements are made in information technology, healthcare partners have the ability to exchange buckets of information, yet nursing home staff are often still lacking some of the information needed to provide the best care, have the right supplies ready at admission and/or communicate with the key providers in the care chain. "Gathering and storing the data isn't that hard to do," said Robert Latz, PT, DPT, CHCIO, chief information officer for Trinity Rehabilitation Services, one of the panelists. "The hard part is identifying which data points are most valuable to share."

Early efforts to determine the key data elements for care transitions resulted in hundreds of worthy pieces of information, yet most organizations can't share more than a dozen or so, noted panelist Terrence O'Malley, MD, medical director for non-acute care services for Partners HealthCare. Unfortunately, one of the most important items is the discharge diagnosis, which often isn't available for days or even weeks.

Another challenge has been the cookie-cutter approach to how and when hospitals discharge patients to skilled nursing care—including measures that are tied to length of stay, said Dheeraj Mahajan, MD, CMD, CIC, president and CEO of Chicago Internal Medicine practice and research. "Length of stay is not an indicator of success where I practice," he said. "If I let them out in fewer days, they will be back."

There's still a big disconnect between the data-sharing capabilities of hospitals and those of long-term care, said Mary Van de Kamp, MS/CCC-CSLP, senior vice president for quality at Kindred Rehabilitation Services. At first, she said, "We weren't talking about exchanging data with outside partners. We couldn't even talk to each other." Once Kindred had data-sharing capabilities, it was like drinking from a firehose: "It was a giant data dump. Everything came down, whether it was information we wanted or not."

Organizations would be wise to examine what data elements are needed by their trading partners and build data exchange capabilities based on them, the panel suggested. It's not just about what data can be transferred, but also how far in advance data can be shared so everyone is prepared—especially skilled nursing facilities that may not have special equipment or may need to prepare in advance for after-hours supplies.

The current measures for transitions of care are a step in the right direction, but the system needs some revisions, the panelists agreed. "You don't need a 70-page data dump," O'Malley said. "You need just enough to do the job. We are the ones who have to determine what 'enough' is."

"In phase 2, the newly finalized requirements of participation for LTC facilities will require certain pieces of data describing the resident must be transferred around the same time as the actual transfer," said Cynthia Morton, executive vice President of NASL. "But we don't know yet if the data CMS is requiring is the right data."

The distractions and inefficiencies of information overload can cause nursing staffs to take their eyes off the goal, especially in terms of why the documentation is important, noted Judi Kulus, MSN, MAT, RN, NHA, DNS-CT, RAC-MT, vice president of curriculum development for the American Association of Nurse Assessment Coordinators. "For example, the [MDS] Section GG measures that are out now will lead to quality measures," she predicts. "Keep hounding your staff on accuracy and quality, not just on checking the box, or you'll be short-sighted. The quality measures are coming."

Why pharmacy data is key to your SNF's future

Pamela Tabar

Pharmacy services are mainly about getting the prescribed medications to residents and keeping them on their medication treatment plans, right? Not anymore—not by a long shot.

New standards are in the making to involve pharmacists in much greater roles in senior care delivery and to integrate pharmacy data into other senior health information efforts, noted presenters at a previous Long Term and Post Acute Care Health IT Summit in Baltimore.

Wherever seniors may visit within their care continuum, including primary care physician offices, hospitals and skilled nursing or rehabilitation sites, the one person who interacts with residents the most is the pharmacist, says Frank Grosso, RPh, executive director and COO of the American Society of Consultant Pharmacists (ASCP). That should logically make the pharmacist one of the most important players in resident medication management and data capture, yet it is a role that many senior care communities have not yet fully embraced, he says.

Enter the consultant pharmacist, whose role is far beyond mere pill-counting or drug distribution. Consultant pharmacists review the drug regimen of each resident on a regular basis, review the prescribed drugs in light of the current clinical conditions over time, review related lab work, review the physician progress notes and watch for possible polypharmacy interactions. In short, the consultant pharmacist is the right hand of the prescribing physician, filling in all the crucial meds data in between physician visits, while simultaneously tracking medication compliance and drug effectiveness.

The emerging importance of pharmacists in the senior care continuum has led to the Pharmacy HIT Collaborative, whose nine founding members include ASCP, the American College of Clinical Pharmacy, the Accreditation Council for Pharmacy Education and the American Pharmacists Association. The collaborative works closely with the NCPDP (National Council for Prescription Drug Programs) and HL7 workgroups to improve the coding standards and information exchange processes for pharmacy information within long-term care and other care settings.

The collaborative participates in continuity of care documentation efforts and is a key player in establishing protocols for e-prescribing and the shifts toward skilled nursing's inclusion in the bi-directional information exchange as required under Meaningful Use Stage 3. And those new regs are not just about medication lists—they're about data on clinical indications, intended use and drug-related change of therapy (COT), too.

"We don't need any more studies. We know what needs to happen, so we need to figure out how to manage the process during transitions of care," Grosso says. "The information is out there, it's in the PBM (prescription benefits manager), and it's in the EHR." But the crucial medication reconciliation process is frustrating at the site level, and too much information is still siloed in documentation fields that don't transfer easily from one IT system to another, he adds. Fixing the frustrations means dealing with connectivity issues, which still abound, Grosso says.

Plenty of data exchange hurdles still exist between pharmacy dispensing sites and EHRs, but more problems also surface at the people-level, says Arnold Clayman, PD, vice president of government affairs at ASCP. Consultant pharmacists report that a lack of training on facility-specific EHRs and roadblocks to information access are also key barriers.

The home health service line can add another layer of potential hurdles, Clayman says. "Home health systems don't always integrate or are proprietary, there are still lots of paper or scanned PDFs/attachments, and multiple third-party players can be involved, depending on clinical needs." Not to mention the documentation differences between home health's OAIS documentation system and skilled nursing's MDS system, he adds. "Providers and system vendors both need to sidle up to the plate."

Practical Technology Solutions for Senior Living Facilities

Omnicare, a CVS Health company provides a broad range of pharmacy services for senior living facilities. Our technology solutions are designed to help you manage care, streamline workflow and enhance communication with our pharmacy.

Omnicare's technology offerings include:

Online tools for residents and communities to view medical records, pharmacy bills and contact a Pharmacist with medication questions.

EMR integrations to simplify workflow with transmission of pharmacy information.

Mobile pharmacy application that includes scan to refill for medication orders.

ePrescribe for physicians to streamline the initiation of orders, refills and renewals.

To learn more about how an Omnicare partnership can benefit you, visit omnicare.com

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One-on-one with...Chuck Czarnik

Nicole Stempak

Chuck Czarnik, CHDA, is kind of like the Wizard of Oz. He works behind the screen at Brookdale Senior Living to harness the power of machine learning and predictive analytics to turn data into actionable information. As vice president of strategic planning, Czarnik mines the Minimum Data Set (MDS), Admit Discharge Transfer (ADT) and the Outcome and Assessment Information Set (OASIS), among other company and vendor datasets for clinical insights and analytics. Senior Editor Nicole Stempak caught up with Czarnik between sessions at a previous Long-Term Post-Acute Care and Health IT Summit to talk about how Brookdale is using that data to improve patient outcomes and operations.

What are some ways you're using data to improve business?

We've gotten copies of most of our vendors' databases, and we use that data to answer questions. Let's say that the vendor's system may have basic reporting for diagnosis coding but the organization needs something much more refined. We dive into that data and produce a custom analysis. This gives us the ability to ask more sophisticated questions than packaged reporting would allow.

(One team) has built very cool lead scoring models to predict move-in probability for resident prospects. This helps our sales and marketing team focus their efforts. Another team has built a predictive tools focusing on revenue cycle. These aren't averages of what's happened. They're signals to tell us what's likely to happen.

Are those requests from corporate headquarters or from the facilities?

We get a lot from our corporate team- especially our strategy, finance, and business development folks. Lots of big decisions that affect a big company. We work on a number of reporting issues to support that. There's not as much field interaction today as I would like to see, but it's definitely growing. At the end of the day, we want our nurses and our caregivers to be spending quality time with our customers, and part of my job is to minimize the time they spend with the computer.

What do decision makers and caregivers think about the data?

The response has been very positive. We're spending a good bit of our time today mining our SNF and assisted living assessment data, analyzing tens of thousands of customers for specific clinical and financial factors that used to require manual chart reviews. The labor savings is huge, but I also hope it brings some sanity to the folks who would otherwise be pouring through charts manually.

How does the data drive decisions?

It's a cyclical model. We're using data to measure and set targets, but those sort of influence each other. That's really the essence of being quality-analytics driven. It's a feedback loop. I will say that the task of figuring out what to measure and how to measure it is not insignificant. I'm finding that for some very important benchmarks (such as re-hospitalization) both our organization (and the industry) often lack both the data and consistent methods to effectively measure.

What's one lesson you've learned?

Answering a question doesn't usually lead to a conclusion. All it really does is create an appetite for the next answer. So putting the tools in the hands of our associates is key. It took us a while to learn that. I started out in essentially a project role answering a few very narrow questions for the organization. Six years later, there's (a team of) six people working harder than ever answering an exponentially growing list of questions.

It sounds like you're becoming the Google for Brookdale.

There absolutely is a tremendous demand.

How is Brookdale approaching self-service data analytics?

That's a growing focus for the organization. We're looking at deploying tools and functions that would allow someone in the field who's not a data scientist or financial planning analyst to get their own answers. (Each team) has its own silos of data—silos built around specific subject areas—clinical, financial, sales, strategy, etc.

The first component is data governance, which is about curating data with standards on how it is stored, secured and measured. For example, with a metric like occupancy percentage, we want to make sure that the entire organization is working with a consistent definition and the source of truth for that measure is known to all. It's a significant task to catalog and align hundreds of measures.

The second is figuring out how to get that data into the hands of folks that need it. Self-service. And there are some amazing tools out there that make it easier than ever to create some very impressive analyses.

So, your data is used by everyone, but whom do you report to?

We actually report to operations, which is an interesting experiment. When you think about analytics and reporting, usually they're thought of as IT functions. But the consumer is often in operations. What we've found is those two groups of people speak completely different languages. What's neat about my group is we are IT people who have been brought into and trained in the business. Or, we're business people who have been brought into and trained in IT. We sit on the fence between those departments and serve a sort of translation function. That's solved a lot of communication gaps inside the organization.

Any advice for those venturing deeper into data analytics?

The cleaner the data, the better. Production analytics with large data sets requires a lot of attention to how you collect the data in the first place. We can't do a lot with narratives and progress notes, and we can't do anything with data locked up in a paper chart somewhere. So there has been a huge influence on the systems that we've selected and how they're used. It's the "garbage in, garbage out" problem.

What has been your most surprising finding?

There's a tremendous amount of insight locked up right in the data that most organizations already have. They span clinical to operations to marketing. Be creative and put it to work. That's where my team spends most of our time, doing things we didn't know could be done. It's easy to point at all the data that we don't have, and we need to work with the industry and regulators to make that available. But don't overlook the incredibly cool things that can be done with what's right under our feet.

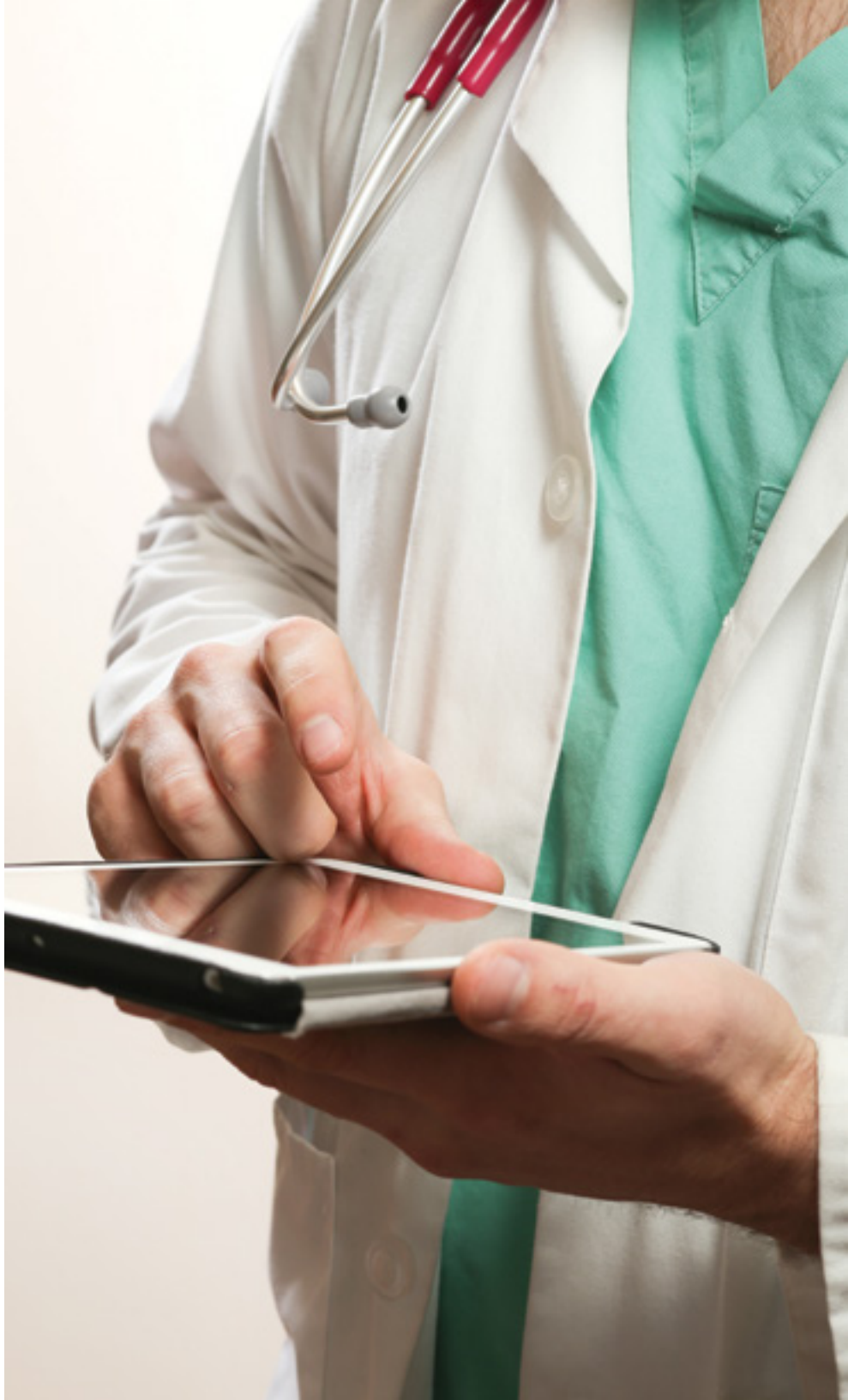
Digital Solutions Designed to Improve Care Delivery

Kelly Rennick, CVS Health

Digital solutions are being applied across the health care industry to help improve clinical outcomes and reduce the total cost of care for patients, payers, and providers. The emergence of these solutions is not only revolutionizing the way health care is being delivered, but also increasing expectations of patients (and caregivers) by changing how they assess and ultimately interact with health care providers and services.

What is increasingly more common is those younger patients/consumers who have grown accustomed to having information and resources available at their fingertips to manage their own health care (and other aspects of their life; banking, shopping, travel etc.), are also now providing care for others in various health care settings including long-term care. No matter what side of the table these individuals are sitting on, their basic expectations are generally the same. They expect convenient access to data and information that is relevant and actionable, and they want to be able to act upon this information in a way that is easy and intuitive. This is the lens that Omnicare is applying to its approach to digital pharmacy innovation.

"We believe there is a tremendous amount of opportunity to streamline and simplify workflow for staff working in communities we service, to increase medication availability, and to help ensure patient safety through the use of digital solutions" explains Justin Reid, Sr. Director of CVS Health's Digital Innovation Strategy for Omnicare. "We have a series of tools that are being



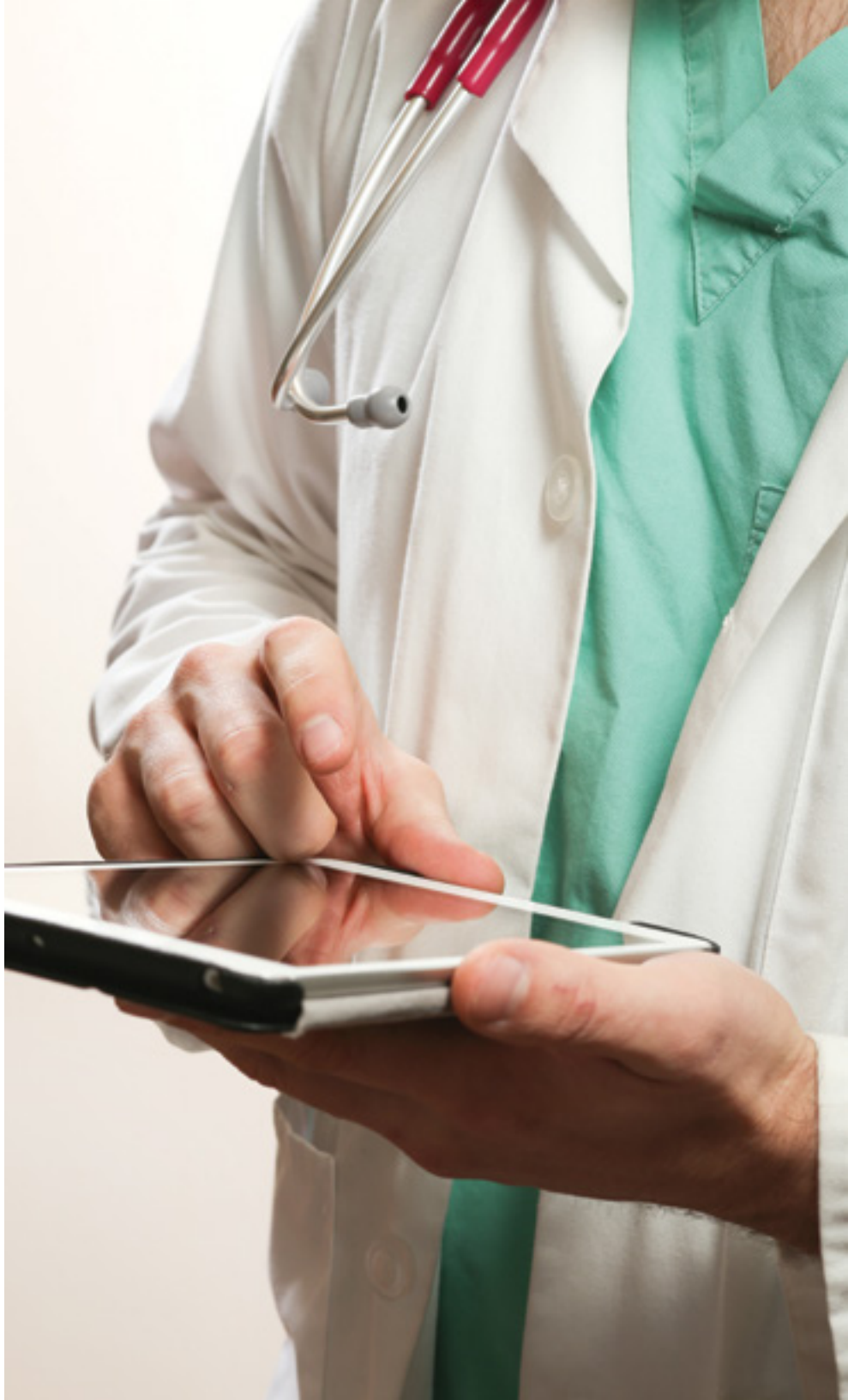
leveraged by many communities today, in addition to an aggressive road map that expands our existing capabilities as well as introduces entirely new formats and approaches in the long term care space."

Understanding that pharmacy is just one component of the long-term care model, our goal is to make pharmacy easy for community staff, residents and responsible parties, whether it's at the time of patient transition, or during every day care.

Supporting Transitions in Care

When a patient is transitioned from a hospital to a long term care setting, there are many activities that need to happen in a short amount of time to support a smooth transition. Ensuring patients receive the medications they need to effectively manage their conditions is a critical and complex component of this process; requiring close collaboration and communication across multiple stakeholders. As a result of this complexity, it can often take up to 8 hours from time of discharge for a patient to receive their first dose of medication following a traditional process.

We're currently partnering with hospital systems, EHR and EMR software vendors, and customers to design solutions that will enable the timely transfer of data from one provider to the next in order to streamline process administration, communication and ultimately expedite medication availability. In early pilot activities we've seen significant improvements in medication availability, with the ability to reduce time to first dose for select medications by up to 6 hours.

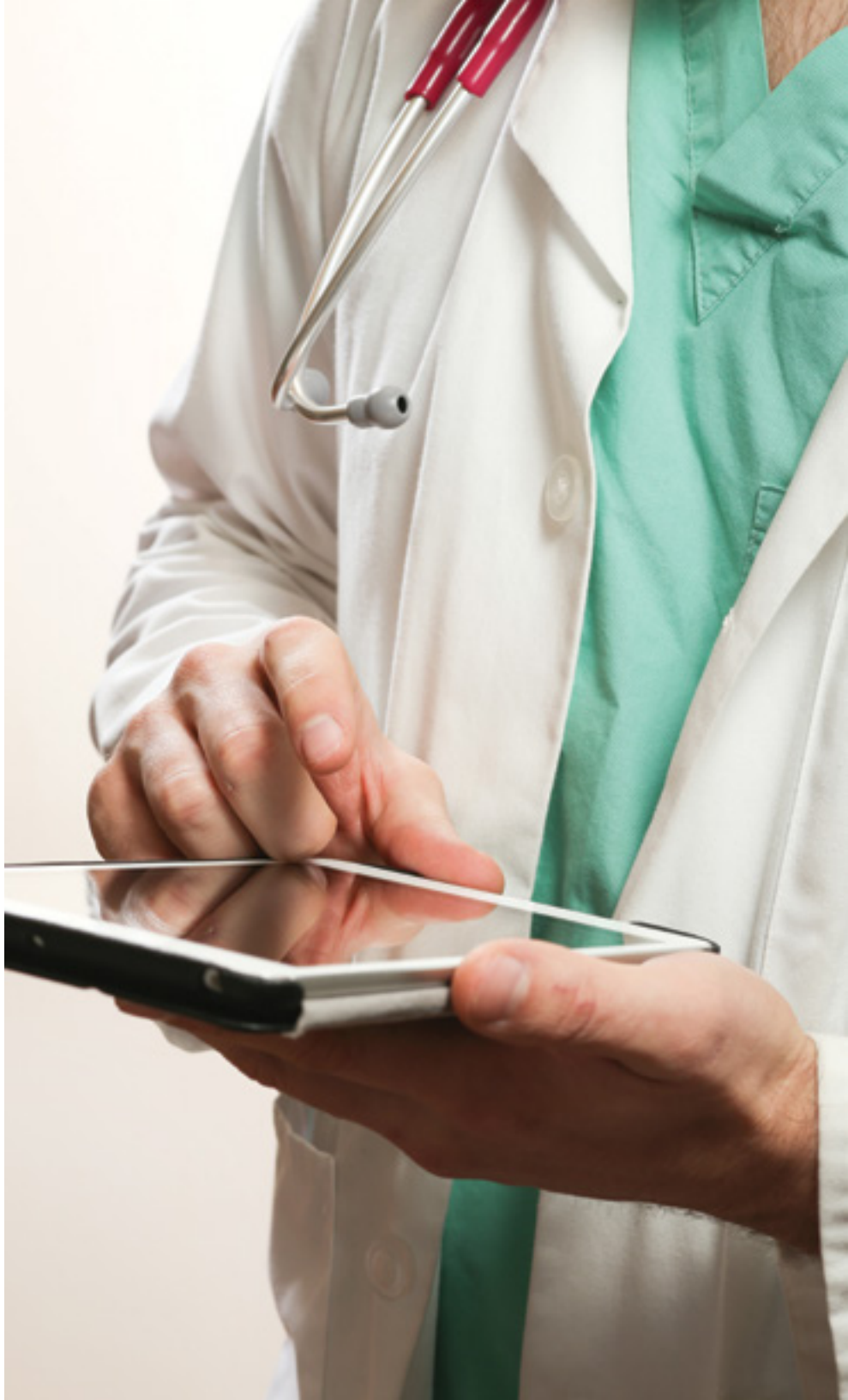


In addition, increasing transparency to pharmacy workflow and providing proactive communication regarding medication orders helps empower nurses, giving them greater control over the admission experience for their patients. In the spring of 2017 customers using Omniview (our proprietary customer web interface) will have access to an Admissions Dashboard that provides nurses complete visibility to medication status for all new admissions in a single, easy to access location. Through the dashboard, nurses will also receive proactive alerts on issues or information needed to process orders, notification of medications available onsite through select automated dispensing units (ADUs) and the delivery schedule for medications that will be filled by the pharmacy.

Simplifying Day to Day Pharmacy

Removing unnecessary steps and simplifying manual processes in day to day care related to pharmacy is another area where digital solutions can make a difference for communities and staff. Think about the amount of time your nursing staff spends on the phone with the pharmacy on a given day, or week. For communities using traditional methods (fax or phone), seemingly simple activities such as refilling routine medications can require multiple follow up calls to and from the pharmacy to confirm receipt of order, check order status or address order issues. These extra steps can be frustrating and time consuming to your staff and can have a trickle-down effect on overall process efficiency, patient safety and your bottom line.

When nurses leverage digital channels for pharmacy activities, whether it is their EMR software, Omniview or OmniviewRx (our new mobile pharmacy app) it helps take away the guess work managing pharmacy care. Nurses have improved visibility to pharmacy workflow, which means fewer calls to the pharmacy and more time caring for patients.

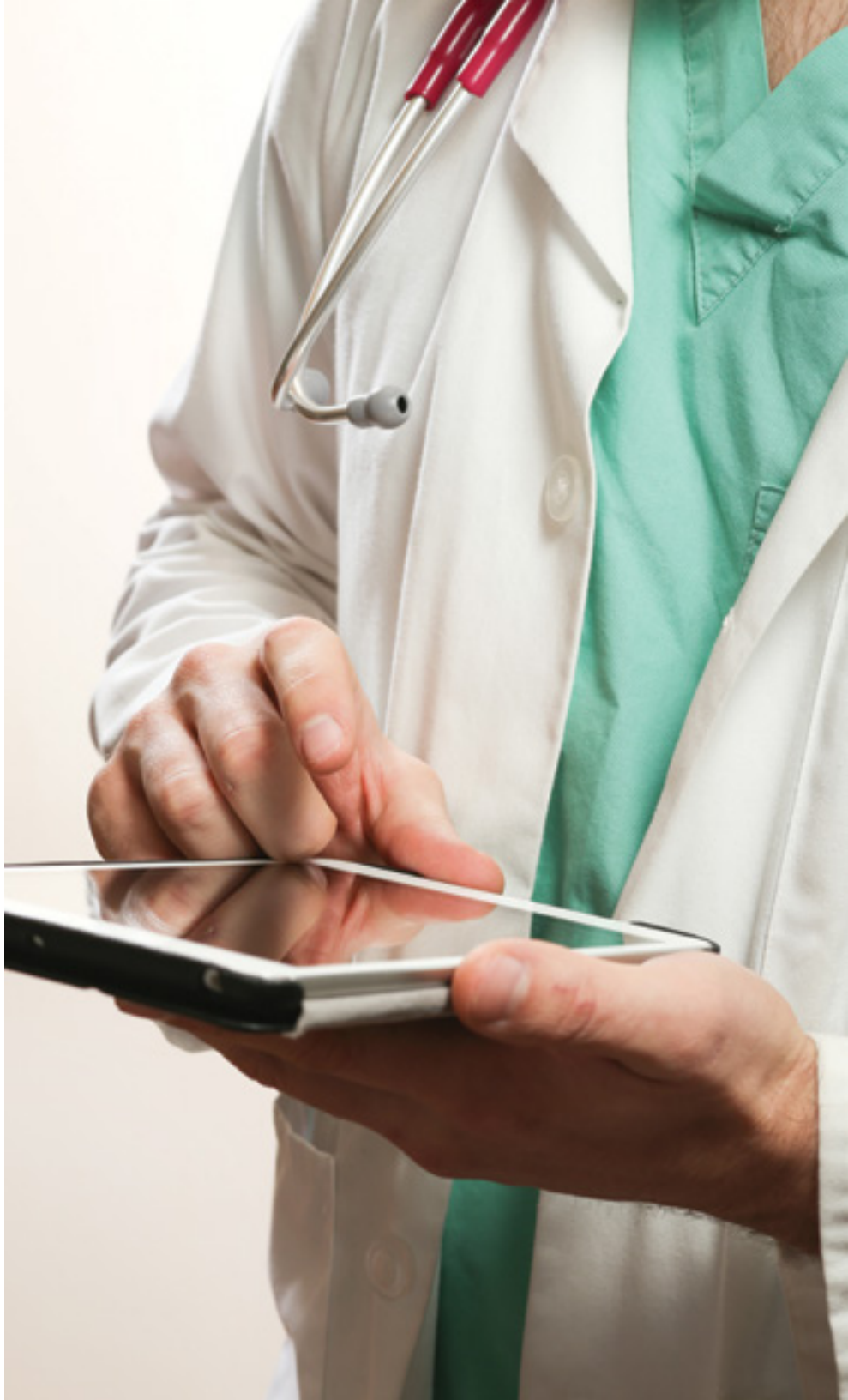


In situations where close collaboration between nurses and the pharmacy is increasingly critical such as pharmacy orders that have an opportunity for a covered alternative or require a prior authorization, digital solutions can provide exponential value. Using the Omnicare Communication Connection within Omniview, nurses can provide the necessary information when prompted on screen, in real time, reducing the time necessary to obtain a PA determination from third-party payers and expedite the order change process to minimize non-covered exposure.

Realizing Value

No matter which digital solutions your staff is using EMR Software, Omniview, and/or new mobile pharmacy apps, the full value of the capabilities can only be realized when they are adopted and expanded to scale. Communities who have embraced technology into their culture, making it standard practice as opposed to an optional path are seeing much more substantial and swifter returns. Activities critical to support this cultural shift include actively promoting digital capabilities within the community and embedding training into the onboarding and ongoing education of community staff. Proactively addressing any issues, or perceived complications with your digital solutions can also help minimize staff from reverting to traditional processes or tools, causing setbacks in your adoption curve. Finally, regular monitoring of digital utilization and a system for addressing opportunities can also make a dramatic difference in the pace of adoption, and in turn the value digital solutions will provide.

*notifications may vary depending on digital solutions used



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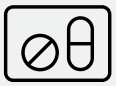
Omnicare's responsive, consultative approach demonstrates our commitment to you and your residents. Together, we'll build a solution designed to fit your needs, choosing from a wide range of offerings that includes:



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