How Saint Francis Healthcare Partners Improves Care Coordination with PatientPing

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BACKGROUND

Saint Francis Healthcare Partners (SFHCP) is an independent organization founded in 1993 as a 50/50 physician-hospital organization. It is a joint venture between a community of exceptional physicians and Trinity Health of New England. Its membership includes over 700 primary and specialty care physicians and over 200 advanced practice registered nurses (APRNs), physician assistants (PAs) and nurse midwives. As a clinically integrated network of providers, SFHCP's primary goals are to increase care quality, improve the patient experience and effectively manage the overall cost of care for the populations it serves.

Prior to implementing PatientPing in January of 2017, SFHCP relied heavily on hospital reports and census data from their SNF partners to know when patient events occurred. This information was delayed, which affected their ability to provide facilities with an estimated length of stay (ELOS), and limited opportunities to make timely post-discharge follow-ups. SFHCP hired a full-time RN care manager on-site at one of their highest volume SNFs in order to identify patients who were recently admitted, which tended to be a time-consuming process. SFHCP was looking for a solution to help reduce the time and efforts required of them to manage their ACO patients at affiliated facilities, while also working to decrease their overall post-acute spend.

PATIENTPING IMPLEMENTATION & WORKFLOWS

SFHCP initially engaged PatientPing in early December of 2016. The entire implementation process took less than one month to complete. Once the agreement was signed, SFHCP's data analytics team worked with PatientPing to create a roster of all Medicare Advantage and Medicare Shared Savings Program (MSSP) patients to be uploaded into the application. SFHCP chose to start the program with their Medicare patients primarily for post-acute care, as well as to determine the ROI for adding additional patients in the future.

Saint Francis Healthcare Partners required all of their preferred skilled nursing facilities (SNFs) to be integrated into PatientPing. The PatientPing team provided on-site training to all of the post-acute care managers and operations support staff who would be using the application. The PatientPing team helped to streamline workflows, implement best practices, and maximize work output. SFHCP has since expanded its post-acute care management program to include 13 skilled nursing facilities, two post-acute care managers and one RN waiver coordinator.

Through PatientPing's real-time notifications, SFHCP's care managers are now notified whenever one of their patients is admitted to a post-acute facility. The PAC managers are then able to review patients' events, determine ELOS, and email patients' SNF teams to determine appropriate care plans and next steps. Care managers are also notified upon patients' discharges.

Using PatientPing's Visit History and Care Team features, care managers are able to contact patients, review discharge and follow-up care instructions, as well as review information regarding patients' care team members. SFHCP also utilizes the PatientPing Exports feature to produce reports on their patient outcomes including 30-day readmission rates and average length of stay (ALOS).

PATIENT SUCCESS STORY

In one instance, SFHCP received a Ping on a patient from a nearby health center. SFHCP's care manager then contacted the patient, as well as the patient's most recent homecare agency, to review discharge instructions and prior medications. The care manager learned that the patient had been refusing additional homecare support and follow-up appointments. The patient's wife expressed concerns for her husband, as he had been experiencing symptoms such as irritability and depression. The care manager was able to contact an APRN to coordinate a face-to-face visit at the patient's home. Upon the at-home visit, it was determined that the patient had a urinary tract infection. The patient was placed on an antibiotic to treat the infection, which avoided an unnecessary hospital readmission. The patient also agreed to resume home care services.

RESULTS & IMPACT ON BUSINESS METRICS

Since implementing PatientPing, SFHCP has been able to receive real-time admit and discharge notifications, allowing for more timely follow-up phone calls to patients. They have also been able to easily identify patients attributed to their ACO while also monitoring patients readmitted to acute care facilities. This has allowed SFHCP to quickly intervene following patient transitions, and improve care coordination efforts for their patient populations.

Since implementing PatientPing, Saint Francis Healthcare Partners has seen:

Reduction of 30-day hospital readmission rates for preferred PAC network	Reduction of network average length of stay (ALOS)
24.7%	27.5%

> *PatientPing has been integral to our success in managing post-acute outcomes. Having real-time data regarding our attributed patient population has truly been a key component in our post-acute care management strategy.* — *Khadija Poitras-Rhea, Executive Director of Care Coordination & Population Health Management, Saint Francis Healthcare Partners*

PATIENTPING