Case STUDY

Reliance Healthcare's Emergency Department Care Coordination Program

This case study describes how Reliance Healthcare, an accountable care organization (ACO) in Michigan, has partnered with emergency departments (EDs) to offer care coordination services that improve beneficiaries' outcomes. The program includes three components: (1) a centralized team of nurses who review cases and coordinate care; (2) an information technology (IT) infrastructure that facilitates communication between the ACO and its ED partners; and (3) the ongoing management of this relationship. Early data suggest the program is contributing to improved outcomes for beneficiaries, as the Reliance team can offer resources to bolster the care plan following the ED visit. Reliance's experience may be informative for ACOs and other health care organizations that are interested in building partnerships with external providers to coordinate care for their beneficiaries.

ACO BACKGROUND

Reliance Healthcare is a confederation of independent providers that operates multiple affiliated organizations, including the Reliance Accountable Care Organization (ACO) and the Reliance Next Generation Accountable Care Organization (NGACO). Reliance ACO joined the Medicare Shared Savings Program (MSSP) as a Track 1 ACO in 2014 and is currently a Level C ACO. It formed its NGACO in 2017. The two ACOs serve approximately 10,000 and 12,000 beneficiaries, respectively. Together, Reliance's Medicare ACOs comprise 386 independent providers and practices, mostly in primary care. Both ACOs serve a suburban market in southeast Michigan, which has multiple major health care systems. Reliance partners with more than 50 emergency departments (EDs) in the region to implement the ED care coordination program.

PROGRAM OVERVIEW

When starting up its MSSP ACO in 2014, Reliance's leadership team recognized an opportunity to improve care coordination for beneficiaries who present in disparate EDs across the region. To that end, Reliance developed its ED care coordination program to improve beneficiary outcomes and reduce costs, with a particular focus on preventing avoidable inpatient admissions.

> *"A lot of total spend in ACOs is in the inpatient setting, and we believe some of this care can be delivered in a lower-cost setting. Our goal is to keep patients safe and save money."*
>
> —Eric McBride, Reliance Chief Operating Officer

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Reliance spent two years building the foundational processes, including hiring a team of nurses and building IT platform for ED alerts, and establishing the relationships that underpin the program before launching it for its MSSP ACO beneficiaries in 2016. After seeing the program's early positive results for MSSP ACO beneficiaries, Reliance expanded the program to NGACO beneficiaries in 2018.

Operating the program involves four steps: (1) Reliance receives alerts when its beneficiaries present in an ED, (2) a Reliance nurse reviews the beneficiary's case and determines whether the ACO can add value by offering care coordination services, (3) the nurse contacts the ED staff to consult on the care plan, and (4) the nurse documents and closes out the case. A centralized team of nurses manages the program for beneficiaries in both ACOs. Sarah Goehmann, a nurse practitioner with experience in urgent care, is the director of the program. Reliance's chief operating officer, Eric McBride, oversees program operations, and Reliance's analytics expert, Julie Moser, maintains the IT platform and develops analytic reports for the program.

BUILDING THE EMERGENCY DEPARTMENT CARE COORDINATION PROGRAM

Before launching the program, Reliance spent two years building the systems that underpin operations. The ACO invested in a centralized staffing model that includes nurses with expertise in emergency care, created an IT infrastructure to receive real time alerts when a beneficiary presents at an ED, and established relationships with EDs to better coordinate care. These early investments laid the groundwork for quickly expanding program operations to new EDs that express an interest in participating.

Staffing the program

Reliance hired and trained a centralized team of nurses to operate the program. All team members have clinical experience with emergency care, which they leverage when collaborating with ED staff. The program director provides clinical oversight, leads the day-to-day operations of working with ED staff to coordinate care for ACO beneficiaries, and manages relationships with the partner EDs. Reliance relies on part-time staff to maintain program operations seven days a week, including evening shifts until 11 p.m. These part-time staff also review cases and work with EDs when the program director is performing administrative duties.

> *"All of the nurses in the program have worked in emergency care and have experience making clinical judgments and diagnostic decisions in real time."*
>
> —Sarah Goehmann, ED care coordination program director

Reliance supports the team of nurses with training and clinical guidance to inform their conversations with ED staff. For example, training on effective communication helps Reliance nurses promote positive, respectful partnerships. Key elements of this training include how to speak concisely and share the most pertinent medical information with ED staff. Reliance also developed guidance to help nurses to identify and prioritize beneficiaries who, because of their conditions, could benefit the most from the ACO's care coordination services. About 30 ACO beneficiaries present in EDs across the region on any given day, and Reliance nurses typically offer care coordination for about half of these cases.

Creating an IT infrastructure

Reliance invested in an IT infrastructure that connects the state health information exchange, called the Michigan Health Information Network (MiHIN), to send real-time notifications of an ACO beneficiary's ED visit to an internal IT platform. To support the connection between the MiHIN and their internal IT platform, Reliance regularly sends updated lists of ACO beneficiaries to the MiHIN. The MiHIN then uses these lists to filter its data and alert Reliance when one of its beneficiaries presents in any ED across the state. Once Reliance receives a notification, its team of nurses promptly reviews the case and determines the next steps for care coordination.

Reliance constructed the IT platform to bundle notifications at the beneficiary level, which synthesizes the data and enables the Reliance team to efficiently track the beneficiary's transitions from one care setting to another. Reliance also uses this IT platform to document outcomes for each case and produce reports used for program monitoring.

Establishing relationships

Once Reliance hired a core team of nurses and built the IT infrastructure, the ACO's leaders began building relationships with local EDs, primarily through in person meetings with hospital CEOs and ED leaders to discuss the program. During these meetings, Reliance highlighted the opportunities for its nurses to support ED staff in ensuring the best care for the beneficiary. Reliance emphasized how the program can reduce overcrowding by ensuring that beneficiaries receive care in the most appropriate setting. Over time, these meetings led to partnerships with more than 50 EDs across southeast Michigan.

After an ED decided to participate in the program, Reliance worked with the hospital leaders and providers to customize the program protocol to the partner ED's clinical workflow. Reliance encouraged each ED to identify a point of contact, typically a nurse or case manager, whom Reliance nurses will contact to discuss beneficiary cases. Establishing this clear channel of communication at the beginning of the program helped Reliance nurses to maintain productive, respectful partnerships with ED providers.

Reliance also coordinated with the participating hospitals' IT departments to grant the Reliance team access to its beneficiaries' records in the hospitals' EHRs. As a result, Reliance's nurses can review details about their beneficiaries' conditions when they present in the ED and quickly begin to identify opportunities to add value through care coordination services. Hospitals must be able to grant subspecific access to their EHRs so that Reliance nurses can only access medical information for the ACO's beneficiaries.

OPERATING THE PROGRAM

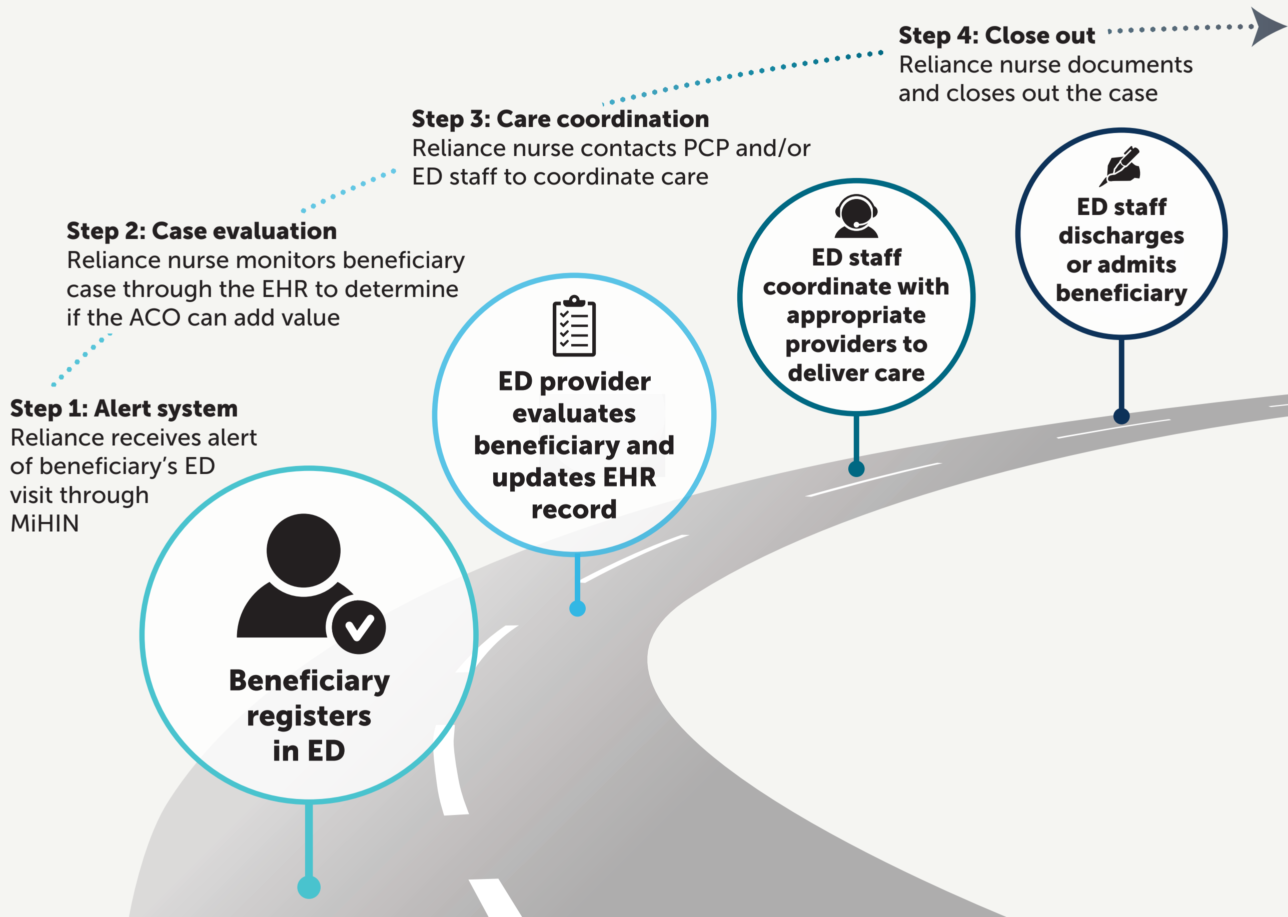
Reliance launched the fully operational ED care coordination program in 2016. Figure 1 shows the four steps that the nurses follow to identify beneficiaries who may benefit from the program and how they may coordinate care throughout and following the ED visit. The process begins when the Reliance team receives a real-time alert that ACO beneficiaries presented in a partner ED. Once the ED providers evaluate the beneficiary and document the presenting condition in the EHR, a Reliance nurse promptly reviews the medical record to determine if the beneficiary would benefit from the ACO's care coordination services. When appropriate, the Reliance nurse then contacts the ED staff to coordinate care. After the beneficiary leaves the ED, either through a hospital admission or discharge, the nurse documents the outcome of the case in the ACO's IT platform, noting the services that the ACO offered and whether the nurse believe that they were able to positively change the care plan. The four steps of the program's process are described in greater details below.

Step 1. Alert system

Reliance nurses receive real-time alerts when beneficiaries present in any ED across the state. These alerts include the beneficiary's name and presenting location, which the nurses use to identify whether Reliance has a partnership with the ED. If it does, and if it has access to the ED's EHR system, the nurse logs in to review the beneficiary's case. The nurse then monitors the IT platform for alerts throughout the day from 8 a.m. to 11 p.m. The nurses begin each day by reviewing any cases from the previous night.

Figure 1

Steps to supporting beneficiary care during an ED visit



Step 2. Case evaluation

Reliance's nurses review cases to identify if the ACO can offer care coordination services to improve the beneficiary's experience and help ensure that the beneficiary receives care in the most appropriate setting. The nurses review the beneficiary's presenting condition, vital signs, the ED provider's initial clinical impression, and lab or imaging results documented in the EHR.

Reliance developed guidance to identify beneficiaries who could benefit from its care coordination services. This guidance, shown in Figure 2, includes a list of 10 medical conditions that could represent an opportunity for Reliance nurses to coordinate with the ED staff. The ACO prioritizes conditions that can often be effectively managed without admitting the beneficiary to an inpatient setting, especially if the ED connects with the beneficiary's primary care provider (PCP) to discuss a treatment plan or the beneficiary secures a follow-up care. Reliance nurses use these 10 conditions as a starting point for deciding whether to contact the ED and offer care coordination support, in addition to reflecting on their clinical knowledge when considering the beneficiary's individual needs and comorbidities when deciding whether to offer care coordination services.

Figure 2

Reliance's priority medical conditions for care coordination support

- **TIA (transient ischemic attack)**
- **Syncope**
- **Fall, no intracranial bleed**
- **Chest pain**
- **Heart failure**
- **Chronic obstructive pulmonary disease**
- **Pneumonia**
- **Electrolyte imbalances**
- **Abdominal pain**
- **Acute kidney injury**

Step 3. Care coordination

When Reliance identifies a beneficiary who may benefit from its care coordination services, a nurse contacts the ED staff to discuss the care plan and offer support. The specific services that Reliance offers vary according to the beneficiary's needs. Overall, Reliance's goal is to offer support that will help to avoid unnecessary inpatient admissions, for example by arranging follow-up care so that the beneficiary can be discharged, when appropriate. The Reliance team supports ED providers in several ways, including:

- **Facilitating provider-to-provider communication.** Reliance nurses can connect the ED team with the beneficiary's PCP, who can offer additional medical context that may inform the care plan. For example, the PCP may share relevant lab or imaging results from recent visits to provide a more comprehensive clinical picture. The PCP can also recommend managing the condition in observation, rather than admission, and if the beneficiary is stabilized, the PCP can follow up the next morning.
- **Arranging follow-up care.** Reliance nurses can arrange a follow-up call from one of the ACO's care coordinators or case managers, or the nurses can coordinate with a local home health agency to initiate home visits. Additionally, Reliance can coordinate with the beneficiary's PCP to ensure follow up care. ED providers may feel more confident discharging a beneficiary with a defined plan for the ACO to monitor the beneficiary's status and secure additional care as needed.
- **Identifying beneficiaries who may require social services.** Because Reliance receives information about all of its beneficiaries' ED visits, it is well-positioned to identify beneficiaries who may require social services or different types of care. For example, Reliance might identify beneficiaries who present in an ED multiple times over a short period. The ACO can share this pattern with the ED provider and discuss whether these beneficiaries have underlying needs that should be addressed by, for example, referring the beneficiaries to social services.

Step 4. Close out

Reliance nurses close out the case in the IT platform after the beneficiary leaves the ED, such as when discharged or admitted to the hospital. The nurses document care coordination services that the ACO provided, such as whether the beneficiary has planned follow-up care, as well as the beneficiary's final disposition. The nurses also note whether they believe that the ED was able to improve its care plan based on the support Reliance offered. For example, the nurses may indicate whether the ED was able to discharge a beneficiary with the assurance for 24-hour follow up instead of admitting the beneficiary to the hospital. This documentation allows Reliance's analytics team to develop reports for monitoring the program.

RESULTS

In fall 2020, Reliance implemented a new system to understand the impact of the care coordination program, focusing on documenting instances where they believe their team contributed to a change in the beneficiary's care plan. As a shorthand goal, Reliance aims to partner with EDs to prevent at least one avoidable admission each day, recognizing that this leads to more appropriate care as well as cost savings. Early data suggest that the program is preventing about two avoidable admissions per day. In the future, Reliance hopes to measure the specific impact of their ED care coordination work on cost and quality outcomes.

Key stakeholders, including ED staff and PCPs, have shared positive feedback on the program. ED staff expressed their appreciation to the program director for the support that Reliance nurses offer, noting that the nurses provide helpful context about the beneficiaries' previous health care needs. PCPs have also shared with Reliance that they especially value the real-time updates when their beneficiaries present in the ED, as this enables the PCPs to coordinate with the ED to care for their beneficiaries.

LESSONS LEARNED

Over time Reliance found that hospitals and EDs were more likely to participate in the care coordination program if local physician groups were also supportive. Now, when Reliance plans to approach a new hospital to join the program, they first identify the physician groups that account for a large percentage of hospital admissions, and meet with those physicians to describe how the ED care coordination program could add value for their beneficiaries. With the support of these physician groups, Reliance then approaches the hospital to explain the program and describe how all parties can contribute to better outcomes for beneficiaries. To secure buy in for the program, Reliance sometimes engages representatives from those physician groups to speak about the value of the care coordination program to their hospital and ED colleagues.

Reliance reflected on the importance of identifying a program contact at each ED to manage communication between the Reliance nurses and the ED providers. A suitable program contact is the first step in generating an ED's buy-in for the program and in customizing the program to the clinical workflow of each participating ED. Early on in the program's implementation, a miscommunication between the Reliance nurse and an ED's program contact led to a strained relationship. The ED program contact did not feel well-positioned to facilitate conversations between the Reliance nurses and the ED provider who was treating the ACO beneficiaries. To remedy this, Reliance began working proactively with EDs to identify a program contact who was comfortable fostering communication between an ED provider and Reliance nurses. This attention to effective communication leads to positive working relationship with the ED providers and better outcomes for beneficiaries.

NEXT STEPS

Reliance plans to expand the ED care coordination program by establishing partnerships with additional EDs and identifying new ways to add value, such as monitoring beneficiaries in observation status more closely. The ACO is also continuing to enhance its reporting and analytic capabilities so it can better understand the program's return on investment.

About the ACO Learning Systems project
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For more information, contact the ACO Learning System at ACOLearningActivities@mathematica-mpr.com

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