

Brightree Developing Interoperability Technology to Automate Referral Data Exchange between EHRs and HME Providers

By Nick Knowlton

Brightree is proud to have participated in the CMS EMDI interoperability pilot program for HME ordering from EHR platforms. We appreciate the involvement of CMS in helping look for solutions for our industry and are proud to help advance this important initiative through our efforts on the EMDI team. The best interoperability solutions are found through strong collaboration, and this has been a great example of teamwork helping all stakeholders.

Interoperability is finally here for the home medical equipment (HME) provider. Brightree, a leader in post-acute health IT and interoperability, is pleased to report results as part of the CMS EMDI pilot program. Interoperability benefits to the HME include: time and cost savings through automation of what was, until recently, a very manual process; improvements in ability to care for a patient in a timely manner; and improvements in relationships with referral sources. Benefits to the referring provider include the ability to stay in their native workflows and maximizing timely order fulfillment for their patients.

The healthcare IT world has come a long way in the past decade. Through government incentives and payment reform drivers, the healthcare ecosystem is using healthcare information technology (HIT) solutions at most points of care, and there are green shoots of interoperability sprouting up across many settings of care. For instance, more than 80% of non-federal acute care facilities exchange healthcare data outside of their system. And the results are positive for all stakeholders who have interoperability – more than 90% of providers who leverage interoperability report improvements to the quality of patient care. It goes without saying that they also reap positive benefits with regards to efficiency and timeliness. Until recently, however, the post-acute world, and especially the HME provider ecosystem, has been left behind.

As those of us in the post-acute world are well aware, the early interoperability standards and incentives to connect did not account for the needs of the HME provider. There was beneficial electronic data available for them, but no pipes to transport it to help patient care and to help post-acute providers survive against a rising tide of cost and consolidation pressures. At Brightree, we recognized the problem and saw that we were in a unique situation to help solve this issue – we had mass, we had the correct architecture to scale interoperability across our customer base, and we had invested in the right human capital to understand not just the problems that exist for our customers, but also the landscape in which our referral sources operate. In 2014 we began a strategic push to connect our providers to their referral sources. And one of the first companies we reached out to happened to power a large portion of the acute and ambulatory physician practice market – Epic (Verona, WI), creator of the most widely used electronic health record system in the U.S.

The goals of the discussions started with several principles well understood in the interoperability world. First and foremost, interoperability solutions need to keep physicians and other referring providers in their native workflows. Physicians order everything from prescription drugs to follow-up lab tests for their patients within their EHR (in this case, Epic) – why should HME be any different? If you lose the physician adoption by asking them to duplicate workflows in a third-party system, you have lost the interoperability race before you even begin. The solution that was settled upon demonstrated that

physicians could order HME-delivered products and services just as they order other planned follow-ups for their patients.

The second major goal was that the solution needed to scale. While custom order interfaces can be put in place for just about any health system, they don't always replicate perfectly from site to site, and their point-to-point nature makes them expensive and slow to deploy. As the solution needed to be ubiquitous, the teams turned to Direct Secure Messaging to handle the scalability question. Put in place as part of the meaningful use EHR incentive program run by CMS and ONC, Direct Secure Messaging is in use at most healthcare referral sources in the country. This provided the scalability necessary to ensure the program could grow and positively impact the entire HME space and not just a few providers here or there.

The solution went live in 2016. At that time, CMS informed Brightree that it was starting a pilot program to demonstrate interoperability between the EHR world and HME providers. Upon review of the draft specifications, we were excited to learn that the prospective solution was very closely aligned with what we had already built. Live at several sites around the country, Brightree's solution, what we refer to as eReferral Management, is changing the way HMEs can operate and relate with their referral sources, and we are happy to report some of the successes as part of the CMS EMDI pilot program.

The pilots Brightree launched in 2016 and 2017 have demonstrated our key criteria for success – automate the flow of patient data from the physician setting of care to the HME provider, demonstrate that the physicians would use the system, and prove that the solution could scale across multiple sites.

Epic has worked diligently with Brightree since the inception of this initiative and provided support throughout development. Rob Klootwyk, Director of Interoperability at Epic, explained to us that, "We are devoted to robust interoperability for all healthcare providers. Interoperability will have a big impact in the post-acute care space, and we are happy to help our customers and HME providers with referral management."

Brightree's eReferral interoperability with the Epic system currently processes thousands of patients every month. Automating data input into our HME customers' systems can save them several minutes per order, which translates to a huge number of manual man hours that they can reallocate to patient-focused activity. Our providers using the system can also realize benefits to their financial performance – having consistent and accurate information auto-loaded into their system can reduce Days Sales Outstanding (DSO), eliminate data entry errors that can hold up claims and reimbursement, and expedite order and delivery of equipment. Referring provider adoption is strong, and those clinicians are pleased that they need not do anything outside of their usual clinical workflow. Last but not least, the ability to interoperate has enhanced the relationships between HMEs and referring providers. While the initial pilot project focused on integration with Epic's platform, Brightree is actively working with other EHR vendors to expand the initiative.

Josh Marx, VP of Medical Services Company, one of the providers utilizing the eReferral Management solution, notes the value to his organization: "Through this interoperability, we are not only helping to blaze a trail for the HME provider to be a more connected partner in care delivery, but we are improving patient care, improving our operations and removing costly rework from orders."

An early adopter of this integration, Ochsner Health System sees tremendous additional benefit in terms of how the interoperability works on the physician side. According to Ochsner's HME operations director Tammy Ordoyne-Vial: "Referrals are the lifeblood of an HME provider. By putting the ability to order in the physician workflow, we know that their adoption of the solution will be very high, and that is what we have seen in practice."

For some time, HME providers have reported to us that they faced severe problems due to lack of interoperability. One provider noted she had to refuse 10% of her PAP orders because she could not get information from her referral sources. As the links between lack of therapy for sleep apnea and negative patient outcomes have become clearer, we know that interoperability is not just the right thing to do from an operational perspective – it is also the right thing to do for the patient. And that is the key metric – interoperability helps patients live better lives.

Brightree is proud to participate in the CMS pilot to help lead the post-acute care sector to interoperability with their referral sources. We thank Epic and their team for their engagement and leadership to make this happen. We also recognize that there is much work to be done to handle other problems faced by our industry and we look forward to reporting our continuing success towards solving those problems. Please reach out if you would like to learn more.

About the Author

Nick Knowlton is the vice president of strategic initiatives for Brightree, where he leads the company's approach to healthcare interoperability. Knowlton also co-founded CommonWell Health Alliance and serves in a leadership role. He graduated from the University of Notre Dame, and lives in Denver with his wife and three children.