EMDI Amedisys and Homecare Homebase Pilot

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Pilot Overview

Stream	Pilot Information							Status	Pilot Use Case	Link to IPG
Home Health Agency	Amedisys and Homecare Homebase Pilot							**COMPLETE**	**USE CASE 1** / **USE CASE 2**	Coming Soon
	Hospital	Interface Vendor	Document Transfer Vendor	Transfer Standard	Document Transfer Vendor	Interface Vendor	Home Health Agency (HHA)			
	N/A	N/A	N/A	Portal	N/A	Homecare Homebase (HCHB)	Amedisys			
	Content Standard: HL7 V2 & CCDA									
	Pilot Date: Start: **15 Oct 2018** End: **06 Nov 2020**									

Pilot Summary

Organization Name	Amedisys
Piloting Organization(s) Name	Homecare Homebase
Pilot Stream (e.g. DME, HHA)	HHA
POC Email	nreizer@hchb.com ed.swan@amedisys.com
Pilot Summary Date	06 Nov 2020

Category	Question/Description	Pilot Response
Background	High-level overview about the piloting organization(s)	Homecare Homebase was started by industry veterans in 1999 to tackle the real-world challenges of nurses on the front lines of home health care. With the steady growth and evolution of services, we've expanded into a comprehensive and innovative platform to empower exceptional home health and hospice care used by virtually all the top providers in the industry.

In addition to a powerful software platform, Homecare Homebase offers a range of added services that can lift the administrative and operational burden, offer greater insight into key metrics, and give you more time to focus on patient care.

Amedisys, Inc. is a leading healthcare at home company, delivering personalized home health, hospice, and personal care. Amedisys is focused on delivering the care that is best for our patients, whether that is home-based personal care; recovery and rehabilitation after an operation or injury; care focused on empowering them to manage a chronic disease; or hospice care at the end of life. More than 2,600 hospitals and 67,000 physicians nationwide have chosen Amedisys as a partner in post-acute care. Founded in 1982, headquartered in Baton Rouge, LA, with an executive office in Nashville, TN, Amedisys is a publicly held company. With 21,000 employees in 524 care centers within 39 states and the District of Columbia, Amedisys is dedicated to delivering the highest quality of care to the doorsteps of more than 415,000 patients and clients in need every year. |
| | Describe what encouraged you to participate in the EMDI program | As the largest Home Health and Hospice EHR solution provider, Amedisys and Homecare Homebase wanted to show our support for national initiatives to improve patient care. Transitions of care leave patients vulnerable to missing or inaccurate clinical information exchange. With nearly 800,000 patients cared for daily on the Homecare Homebase platform, we have a special responsibility to increase interoperability adoption and consistency. The EMDI program welcomed our voice, and in turn, we wanted to share first-hand vendor and provider experiences. Adoption of standardized interfaces and data exchanges benefits both providers and patients. Amedisys welcomed the opportunity to take part in the EMDI pilot and to provide feedback. |

| | Describe each participating organization role in the EMDI pilot | Homecare Homebase is the electronic health record powering Amedisys' Home Health and Hospice service lines. Homecare Homebase provided the core infrastructure and connectivity to support Amedisys' participation in this use case.

Amedisys is the healthcare provider, utilizing Homecare Homebase as its EHR system. Amedisys also serves as the intermediary between Homecare Homebase and various 3rd party partners such as HIE's and ACO's. Amedisys receives ADT and CCD files from Homecare Homebase and interacts directly with such partners. |
|---|---|---|
| | Describe the onboarding strategies used to get other organizations involved in piloting | Homecare Homebase customers are the largest Home Health and Hospice providers. Their national footprint includes hundreds of joint ventures and partnerships with health systems. We have offered a variety of interoperability solutions for years. Our strategy to get other organizations involved in piloting was straightforward: Join Homecare Homebase in our attempt to provide CMS experience reports from the trenched, and to inform current and future interoperability policy. |
| **Business Workflow/ Requirements** | What are some benefits to your customers from implementing EMDI? | The key benefit is a "seat at the table" with CMS. Our customers typically have strong existing relationships with CMS. EMDI builds on those relationships by providing a specific series of use cases. As such, it allows our customers to directly contribute their feedback in critical policy choices. |
| | Detailed description of how the use case(s) helped the piloting participants meet their goal | Home Health and Hospice providers rely on their referral partners. A small agency may be able to handle referrals manually. Our customers process hundreds, if not thousands, of referrals weekly. They need an electronic, automated solution to ensure accuracy, efficiency, and the timely initiative of care. The EMDI referral use case, while not fully applicable to Home Health and Hospice, provided enough guidance to support these goals. |
| | Describe any pain points that you've incurred before piloting and how electronic interoperability assisted in resolving them | Pain points incurred prior were due to manual entry of referrals. This laborious process often included receiving a fax, and manually typing patient demographics into the EHR. This introduced delays from the time the fax was physically received to the time someone could process, as well as introduced data entry errors. |
| | Detailed description of the implementation of the use case(s) | Referrals

- Inbound referral from 3rd party to Amedisys [CSV format from 3rd party via SFTP]
- Amedisys transforms to HL7 (ADT) using on-premium integration engine
- Amedisys pushes HL7 (ADT) to HCHB via VPN tunnel
- Outbound referral extracted from HCHB as CSV via SFTP to support 3rd party vendor format

Request for documentation

- Outbound HL7 (ADT and CCD)

Amedisys receives info through the vendor portal |
| | Detailed description of the pilot participants workflow before and after the EMDI use case(s) | Prior to implementation with a 3rd party partner, the business workflow for Amedisys was manual data entry. The amount of data that could be entered was determined by manpower, lags could occur if the business user had other responsibilities, and any time data is being re-keyed then there is a possibility of mis-keying data. After an implementation, data flows between Amedisys and the 3rd party automatically. No manual data entry is necessary, lag is eliminated, the risk of mis-keying data is eliminated, and business users can focus on other tasks. |
| **Technical Specifications** | Describe the lessons learned while implementing the technical standards | The most significant lesson learned is that having a standard is necessary, but not sufficient. The standards ensure the format of the message is consistent. However, we lack a clear definition of the required data elements for a Home Health or Hospice referral. For example, while we may agree on exchanging a HL7 ADT message, Homecare Homebase must still negotiate specific data elements and their location within the HL7 message. |
| | Detailed description of why you've chose certain industry standards for piloting the use case(s) | Industry standards provide a level of assurance that:

- Other vendors will provide support of these use cases
- Homecare Homebase will comply with unforeseen future policy or regulatory requirements

Standards used included HL7 (ADT), HL7 (CCD), SFTP, and TCP/IP VPN Tunnel |
| | Describe the level of effort used for the infrastructure when using the document transfer vendor or describe how you had to improve your infrastructure to align with EMDI | Fortunately for Homecare Homebase, this EMDI use case leveraged standards we adopted years ago. There was little additional infrastructure required. In fact, the level of effort was centered on implementing standards-based interfaces and coordinating with external referral systems.

Amedisys built a new interface between HCHB and Amedisys to be leveraged out to third parties. Current capabilities include HL7 (ADT bidirectional) and HL7(CCD outbound). Total project spanned over a year due to competing priorities. Would estimate actual work time to be a few months for one developer. |
| **Recommendation** | Note any recommendations for the EMDI program | We recommend the EMDI program create a subset of use cases specific to the Home Health and Hospice provider community. We outline specific suggestions in the Additional Considerations section below. |

	Note your experience with CMS and Scope Infotech under the EMDI program	To date, we have not had direct interaction with CMS. Scope Infotech has been highly collaborative and patient. We have found the Scope Infotech representatives to be knowledgeable, accessible, and proactive.
Additional Considerations	Note any additional implications	We recommend the EMDI program create a subset of use cases specific to the Home Health and Hospice provider community. We outline specific suggestions in the Additional Considerations section below.
	Note any suggestions for expanding the EMDI use case(s)	We recommend EMDI review the referral use case for Home Health and Hospice suitability. Specifically: • Define a standard data set for referrals to each service line. We propose to collaborate with a number of leading Home Health and Home Hospice providers to develop a proposed standard data set, specific to referrals to these two service lines. • Determine suitability of the 360X initiative, subject to Home Health and Hospice workflow needs. Initial review of the 360X initiative revealed a bias towards physician to physician referrals. We believe the core premise of 360X is sound, and proposed further analysis specific to Home Health and Hospice workflow needs. Expand the scope to include obtaining physician signatures workflow for required documentation (e.g., Home Health Plan of Care, the "485", Physician Face to Face). This should include both the submission from the Home Health or Hospice agency and the receiving EHR in which the physician operates.

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Related Links
Amedisys
Homecare Homebase