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<b>Use Case Name:</b>	Active Care Relationship Service
<b>Sponsor:</b>	Blue Cross Blue Shield of Michigan
<b>Date:</b>	March 15, 2019

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## Executive Summary

*This brief section highlights the purpose for the use case and its value. The executive summary gives a description of the use case's importance while highlighting expected positive impact.*

Life is easier and better for patients and their doctors if they have a close relationship. If doctors are well-informed about their patients, not only will patients feel more connected to their care team, but the patients will also be getting the best personal care possible. *Their care team will know them...* not just for one visit but for all previous visits and the visits they might make to other care facilities.

Achieving this goal means making sure doctors and other healthcare providers have easy access to a patient's information, particularly when there are changes in the patient's health. Accurately routing a patient's health information to their healthcare providers requires a current, easily-accessible database that connects patients to the providers caring for them.

The Active Care Relationship Service® (ACRS®) identifies providers who have declared an active care relationship with a patient. ACRS promotes better-coordinated transitions of care by enabling physicians and care management teams to receive notifications when there are updates in a patient's status. Using ACRS helps improve post-discharge transitions, prompts follow-up with patients, and improves communication among providers to support patients, especially those with multiple or chronic conditions.

**Purpose of Use Case:** This use case helps link patients with their care team members (providers who have active care relationships with that patient). ACRS enables organizations to send data files which record the active care relationships between health professionals at that organization and patients. This data is then used to accurately route information for this patient to all members of their care team.

Operating as a service, ACRS also enables authorized persons and organizations to search for care providers who have an active care relationship with a patient. Searches can be made from provider/physician organizations, other health care facilities/organizations, and payers.

## Overview

*This overview goes into more details about the use case.*

An average patient has three physicians who help provide care for them. A patient with a complex condition like diabetes can have as many as nine to twelve healthcare providers on their care team. The relationships between a patient and the providers who actively care for them are called patient-to-provider attributions

An “active care relationship” is a kind of patient-to-provider attribution showing relationships between patients and their providers. For providers, an “active care relationship” means the provider has seen the patient within the past 24 months and expects to see them again. For payers, an active care relationship is attributed to an eligible member of one of the payer’s health insurance plans.

A provider may declare an “active care relationship” with a patient when the provider has seen the patient within the past two years and expects to see them again, or a patient is assigned to a practice/provider by a payer. ACRS is a database used to access a patient’s information and find out who to inform about their care (i.e. their active care team).

Active care relationships between patients and the health professionals on their care team must be kept current and must be easily retrieved to accurately route information between providers, such as Admission, Discharge, Transfer (ADT) notifications. ACRS supports better-coordinated transitions of care by enabling notifications to be sent to physicians and care management teams when there are updates in their patient’s status (please refer to the Statewide ADT Notifications use case summary). Better care coordination using ACRS enables the improvement of post-discharge transitions, prompt follow-up with patients and improved communication among providers to support patients, especially those with multiple or chronic conditions.

Provider organizations contribute information about patients to ACRS, which may include, but is not limited to: patient name, patient date of birth, patient address, patient phone number, health professional name, health professional identification number, health professional contact information, health professional organization(s), and other associated information as appropriate.

**NOTE - Requirement Related to This Use Case:** Organizations entering into the ACRS use case should in general also enter into the Health Directory use case.

## Persona Story

*To explain this use case, this section follows a persona example from start to finish.*

Billy Chen, the four-year-old son of Joan and William Chen, has been suffering from a number of health complications resulting from rubella that Billy contracted before birth. They include cataracts, hearing loss, and a congenital heart defect. The Chen's schedule life around doctors' visits with Joan often taking Billy to specialists around Michigan and nationwide. Billy sees 13 different specialists and physicians, each of whom needs to stay current with Billy's condition and treatments to help coordinate his care.



Joan is relentlessly vigilant in managing Billy's healthcare because she knows his condition puts him at a higher risk for infection, meningitis, and heart failure. Joan tries to keep all of Billy's physicians and care team members up-to-date with changes in Billy's status, but this is an exhausting, manual process and requires making lots of paper copies of documents. Joan is drained – she feels unappreciated and ill-equipped to act as Billy's unofficial care coordinator. Being a full-time mother to a sick child is exhausting enough without having to mentally juggle the details on who Billy has seen previously, and where his medical information needs to be shared. To make things worse, Joan feels the clinicians sometimes see her efforts to keep everyone informed as a disruption to Billy's care.

This use case provides a service to automatically send changes in Billy's status to all physicians and specialists who have an active care relationship with Billy. Automating this helps to alleviate Joan's burden, because she is no longer responsible for coordinating communication among members of her son's care team.

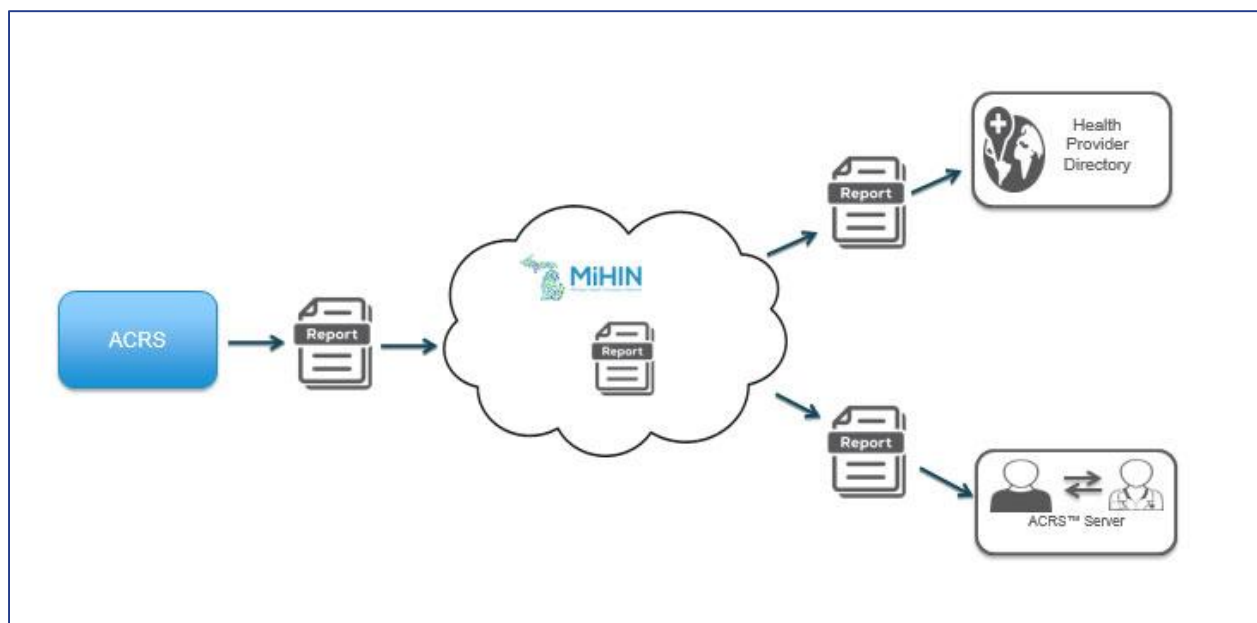
Recently, when Billy was admitted to a hospital through an emergency department with a high-grade fever, confusion, and muscular pain, Joan received an unexpected surprise. Normally, Joan would provide all of Billy's records to the hospital staff, in addition to calling all of Billy's healthcare providers to ensure they knew Billy had been admitted. However, this time the hospital had already notified Billy's providers. Because Billy's care team members are now linked to him via ACRS, they received an automatic admission notification alerting them to Billy's hospitalization. Joan was relieved to learn that she

could spend more time with her son and less time chasing down health records and contacting his providers with information.

Having a chronically ill child will never be easy; however, having a support system working around the clock to ensure her son's providers have the right information at the right time makes things a little easier for Joan.

## Diagram

*This diagram shows the information flow for this use case.*



*Figure 1. Path of Medical Information from Providers via ACRS.*

## Regulation

*This section describes whether this use case is being developed in response to a federal regulation, state legislation or state level administrative rule or directive.*

### Legislation/Administrative Rule/Directive:

Yes

- No
- Unknown

- Public Law 111-152 (Affordable Care Act)
- Public Law 111-5; Section 4104 (Meaningful Use)

**Meaningful Use:**

- Yes
- No
- Unknown

This use case supports Meaningful Use Stage 2 Transitions of Care measures (12) for Eligible Professionals and Eligible Hospitals.

## Cost and Revenue

*This section provides an estimate of the investment of time and money needed or currently secured for this use case.*

No fees are presently required for data-sharing organizations (DSOs) to submit ACRS files to MiHIN; however, it is the responsibility of the DSO to get the information into the required format(s) (as described in this use case’s implementation guide) and to provide resources to conduct testing to ensure the data is submitted correctly.

## Implementation Challenges

*This section describes the challenges that may be faced to implement this use case.*

Participating organizations often have multiple patient registries and EHRs, making it a challenge to maintain accurate and complete lists of their patient populations. As a result, these organizations may have difficulty compiling their patient data into a single and/or standardized format.

For providers to contribute data to ACRS, they should be or become members of a trusted data sharing organization which has already established connectivity to MiHIN.

Data sharing organizations and participating organizations should include Direct addresses for their providers when sending files to ACRS. The challenge around this guideline is that many providers have not yet adopted Direct Secure Messaging.

## Vendor Community Preparedness

*This section addresses the vendor community preparedness to readily participate in the implementation of this use case.*

MiHIN has designed a proprietary format that defines the data elements that must be submitted to ACRS. This format was modeled after the Michigan Data Collaborative patient-to-provider attribution lists that have been widely adopted across the state.

Presently the data can be submitted in the proper format using CSV or Excel files. While this format was new to DSOs and their vendors, initial feedback has indicated the format is not a challenge for vendors to implement.

## Support Information

*This section provides known information on this support for this use case.*

### Political Support:

- Governor
- Michigan Legislature
- Health Information Technology Commission
- Michigan Department of Health and Human Services or other State of Michigan department
- CMS/ONC
- CDC
- MiHIN Board

### Concerns/Oppositions

A concern reported to MiHIN is that DSOs need to understand what to do to get started. MiHIN's Onboarding Coordinators have developed an Onboarding Presentation which details the steps from getting started to entering full production, including a detailed Implementation Guide. The Onboarding Presentation may be requested and a kickoff conference call may be arranged by contacting MiHIN at [www.mihin.org/requesthelp/](http://www.mihin.org/requesthelp/).

## Sponsor(s) of Use Case

*This section lists the sponsor(s) of the use case*

- Blue Cross Blue Shield of Michigan
- Other large health plans

## Metrics of Use Case

*This section defines the target metrics identified to track the success of the use case.*

The percent of participating organizations submitting ACRS files are tracked as a metric to evaluate performance.