The Download: ADT 101

Michael Taylor

MiHIN
MICHIGAN HEALTH INFORMATION NETWORK
SHARED SERVICES

Meeting Agenda

Joanne Jarvi, Senior Director, Outreach and Market Communications

- Welcome & About MiHIN

Mike Taylor, Senior Product Marketing Manager

- What is an ADT?
- Why do we care about ADTs?
- Who creates ADTs, and When?
- Where do ADTs go?
- What does MiHIN's network look like?
- Conformance
- ADTs on a National Scale

Michigan Health Information Network Shared Services (MiHIN)

MiHIN is a non-profit organization that provides technology and services to connect disparate sectors to securely, legally, technically and privately share health information.
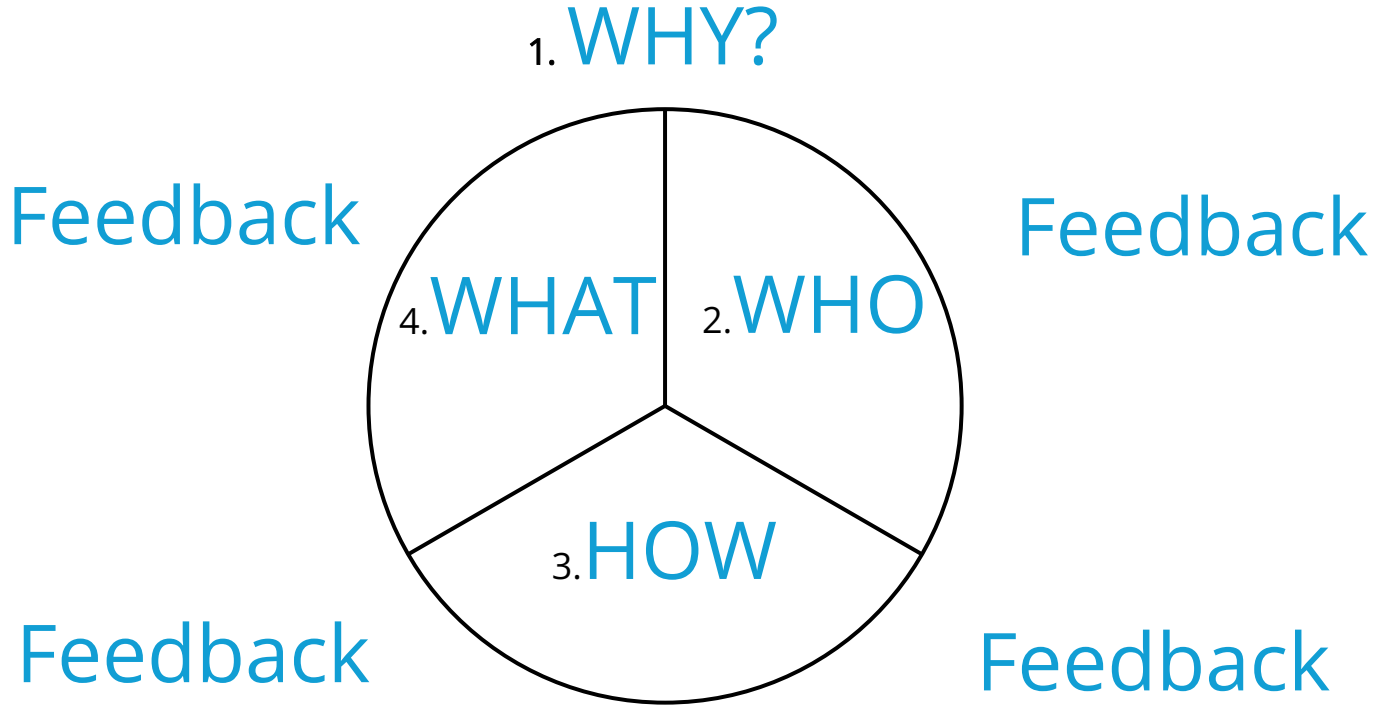
An unbiased data trustee, MiHIN does not provide health care services or produce health care data.

Instead, we help convene to share vital health information to advance care, better outcomes and lower costs.
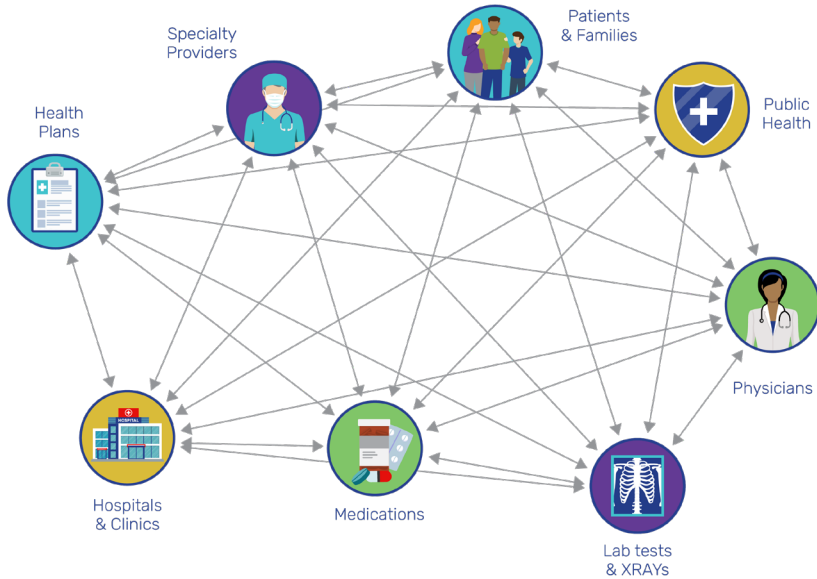
The Group Development Model
(with special thanks to MHEF and MPHI)

1. WHY?

Feedback

Feedback

4. WHAT

2. WHO

3. HOW

Feedback

Feedback

Statewide Health Information Exchange
Breaks Down Data Silos and Creates Efficiency

Duplication of effort, waste and expense

Efficient and cost effective

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Data for Health; Data for Public Good

Act

Protect

Data Steward

Collaboration
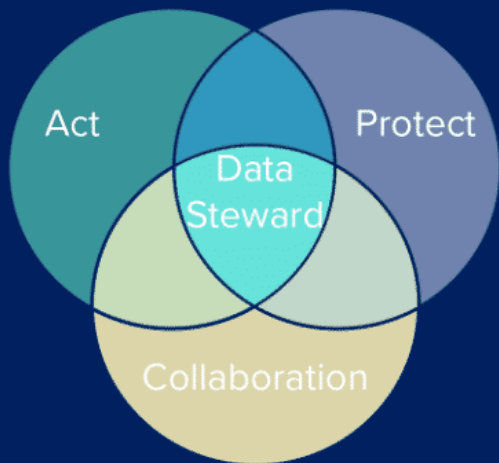
The Goals of Health Information Exchange

Reduced Inefficiencies

Improved healthcare access

Lower healthcare costs

Better quality of care and health outcomes

Personalized medicine for patients

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44,582

Michigan care providers with Active Care Relationships® through MiHIN, working within

5,637

Michigan care entities

13,136,868

Unique Patient Records

Federal Gov't
State Gov't
Health Department
Health Payers
Health Systems
PIHPs

Hospitals
Clinics
Practices
CMHs
Hospices
FQHCs
Pharmacies
Physician Orgs
Physician Hospital Orgs

Doctors
Nurses
Clinicians
Care Managers
Social Workers
Dentists
Pharmacists
CARE SEEKERS!

What is an ADT?

ADT stands for Admission-Discharge-Transfer Notification

- A message standard managed by the governing body Health Level Seven (HL7)

- Used to communicate a patient's status at a point in time during an encounter
  - Traditionally associated with hospitals, but not a rule

- When you go anywhere that uses EHR technology to seek care, ADTs are typically created
  - Generated in real-time

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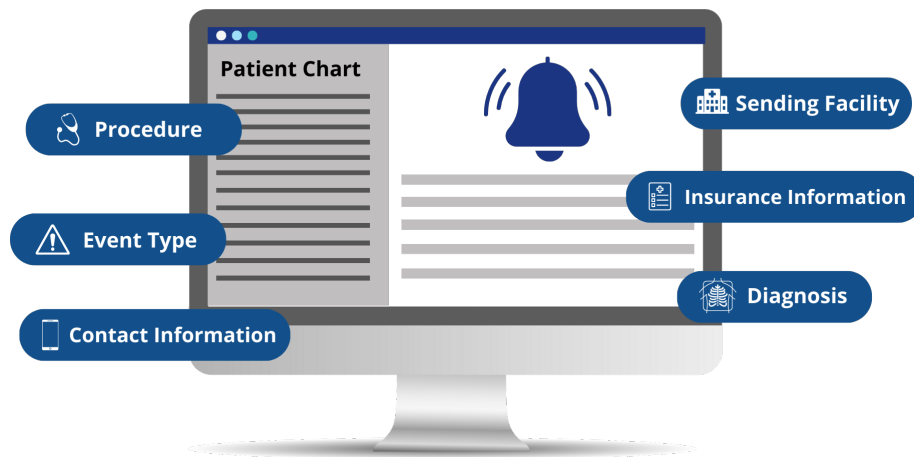
An ADT can come from <u>anywhere</u> people seek care

Hospitals

Health clinics

Psychiatric facilities

Skilled nursing facilities

Primary care providers

Home health agencies

Hospices

Pretty much anywhere

What is an ADT?

- A01- Admit/visit notification
- A02- Transfer a patient
- A03- Discharge Visit
- A04- Register a patient
- A05- Pre-admit a patient
- A06- Change an outpatient to an inpatient
- A07- Change inpatient to outpatient
- A08- Update patient information
- A09- Patient departing – tracking
- A10- Patient arriving – tracking
- A11- Cancel admit or visit notification
- A12- Cancel Transfer
- A13- Cancel discharge or end visit
- A14- Pending admit
- A15- Pending transfer
- A16- Pending discharge
- A17- Swap patients
- A18- Merge patient data
- A19- Patient query
- A20- Bed status update
- A21- Patient goes on a 'leave of absence.'
- A22- patient returns from a 'leave of absence.'
- A23- Delete a patient record
- A24- Link Patient data
- A25- Cancel pending discharge
- A26- Cancel pending transfer
- A27- Cancel pending admit
- A28- Add person data
- A29- Delete person data
- A30- Merge person data
- A31- update person data
- A32- Cancel patient arriving-tracking
- A33- Cancel patient departing -tracking
- A34- Merge patient data- patient ID only
- A35- Merge patient data- account # only
- A36- Merge patient data- patient ID and account number
- A37- Unlink patient date
- A38- Cancel pre-admit
- A39- Merge patient -patient ID
- A40- Merge patient- patient identifier list
- A41- Merge account- patient account number
- A42- Merge visit- visit number
- A43- Move patient data- patient identifier list
- A44- Move account information- patient account number
- A45- Move visit information-visit number
- A46- Change patient ID
- A47- Change patient identifier list
- A48- Change alternate patient ID
- A49- Change patient account number
- A50- change visit number
- A51- change alternate visit ID
- A52- Cancel leave of absence for a patient
- A53- Cancel patient returns from a leave of absence
- A54- Change attending doctor
- A55- Cancel change attending doctor
- A60- Update allergy data
- A61- Change consulting doctor
- A62- Cancel change consulting doctor

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What Information Do ADTs Contain?

Where did the message come from?

What time was the message generated?

What was the event type?

Who is the patient?

Who is helping the patient?

Is the patient still alive?

What observations have been made

What diagnosis have been made?

Does the patient have insurance?

What other relevant information?

Why do we care about ADTs?

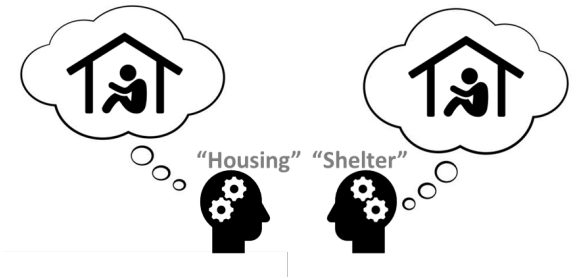# Preventing Readmissions

Cost prevention

Outcome improvement

Clinicians can spend more time with existing patients instead of seeing more patients

We want to know where people are seeking care (or where they haven't gone)

Why are ADTs complicated?

"Housing" "Shelter"

1. Semantic vs syntactic interoperability
   - Standard places to put data, but value sets were not clearly defined
     - Example: 'Male' vs 'M' vs '01'
     - Example: 'NA' can mean Native American or Not Applicable

2. Need context when you get an alert
   - Where are they?
   - Who are they?
   - What's happened?
   - What are you doing for them?
   - Is this connected to other notifications?

3. HL7 defined how to populate each message type but not when to use them
   - Example A01 Admission vs A04 registration followed by A08 update
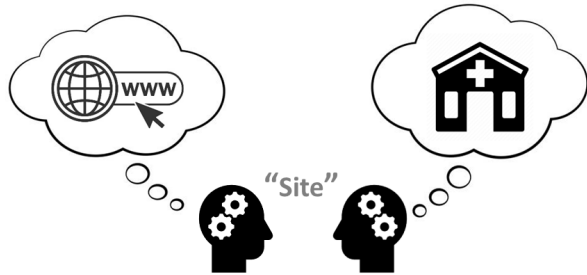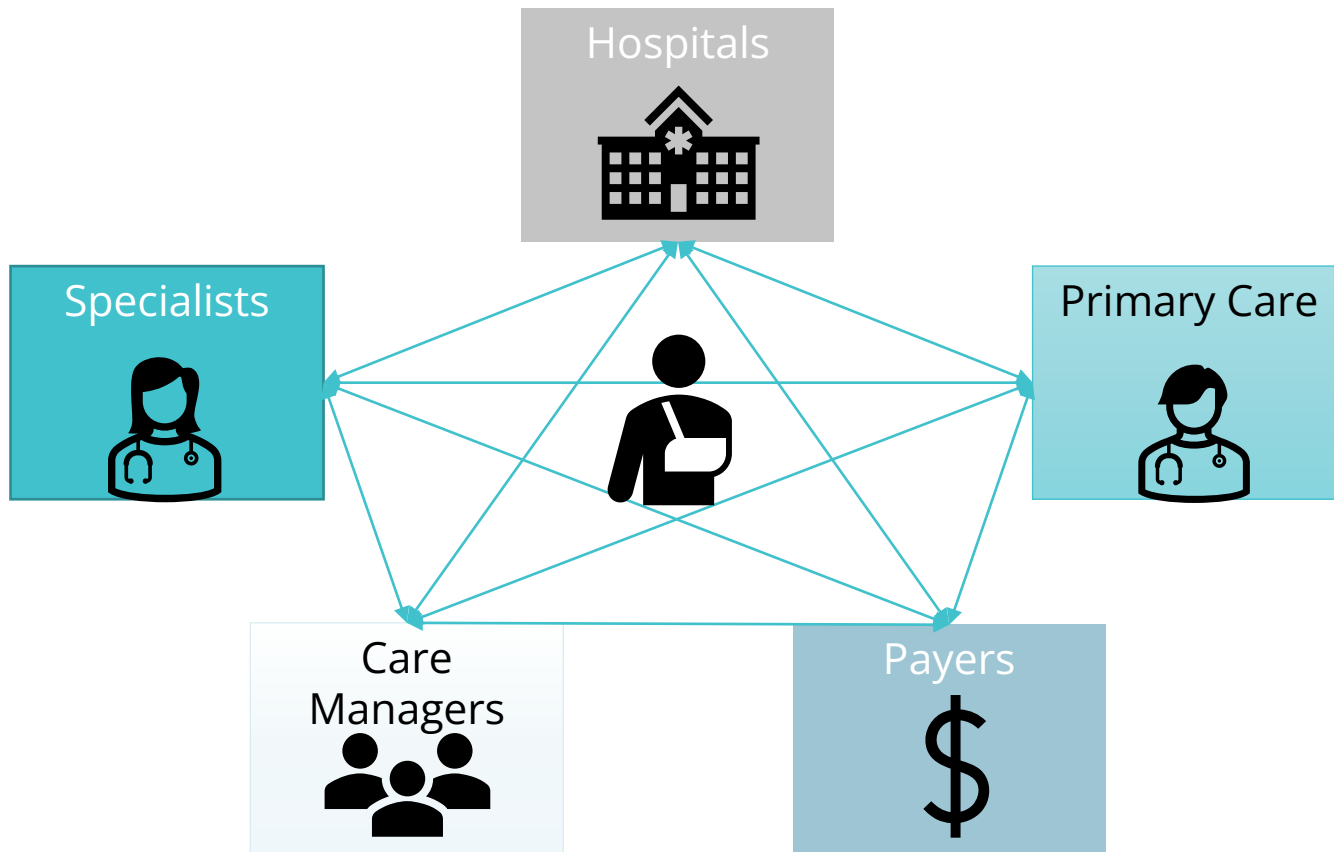
"Site"
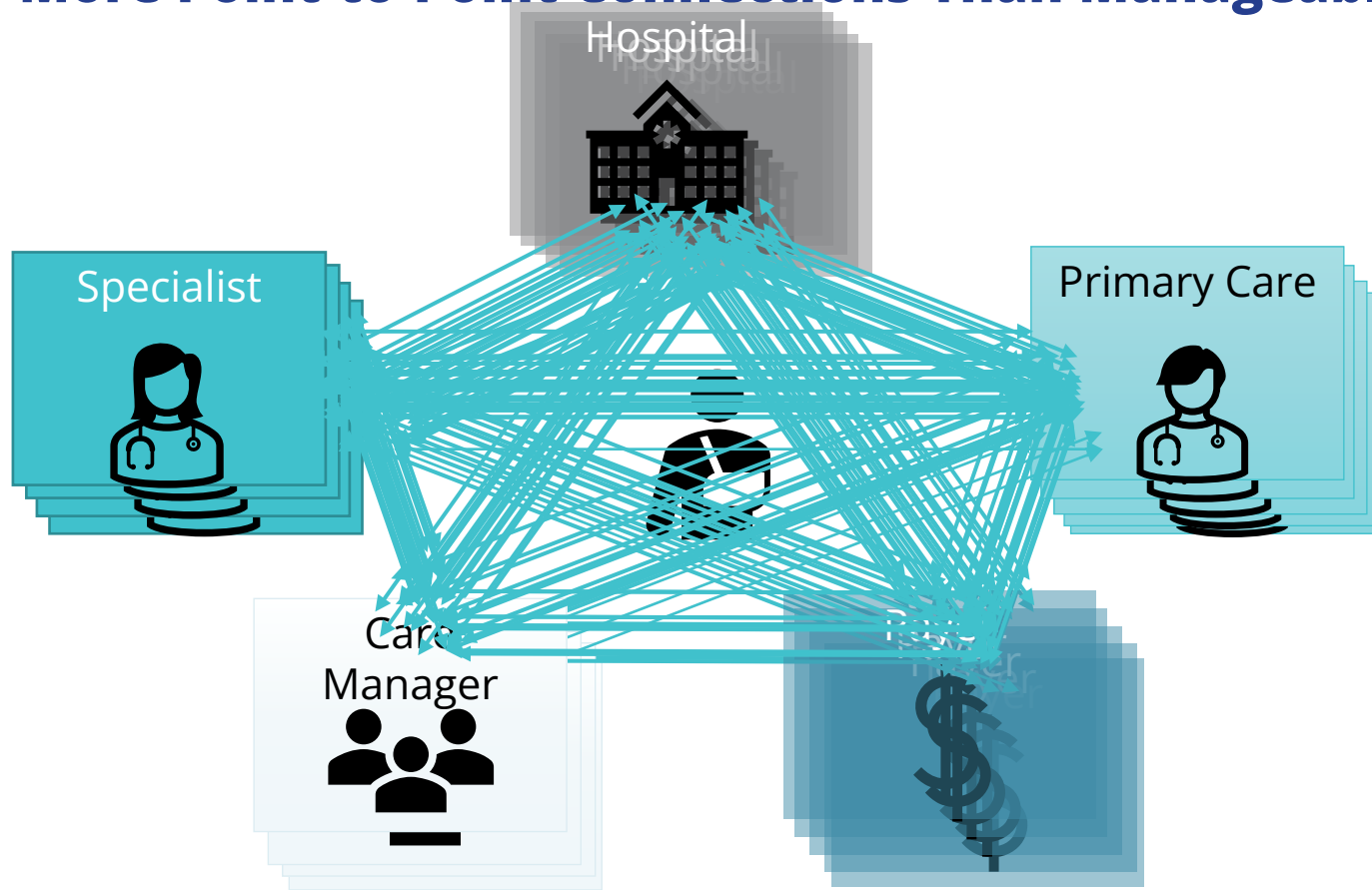
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Why do we need a statewide solution?

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Historically Messaging Within IT Systems in a Hospital

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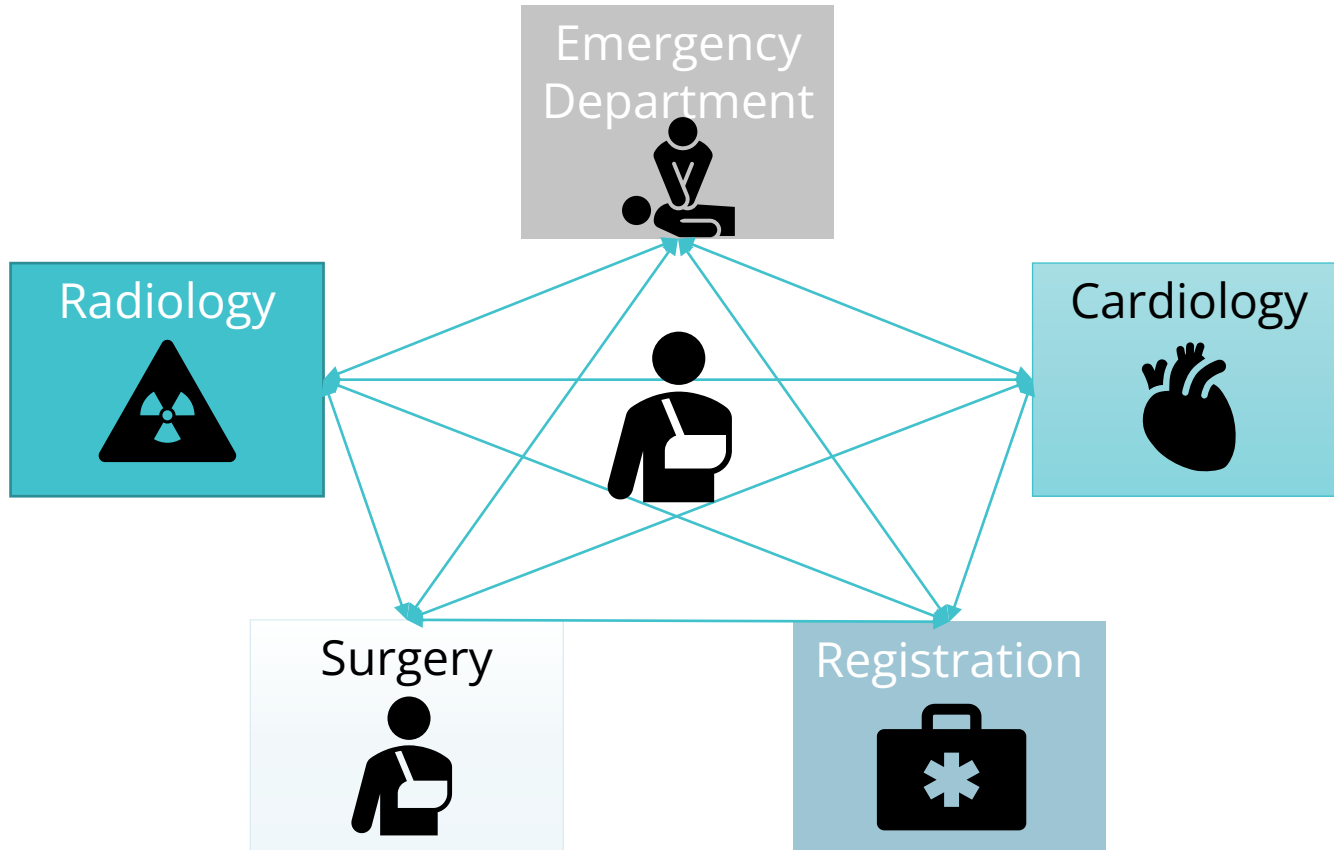
Same Information Can Support Coordination Across Care Settings

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More Point-to-Point Connections Than Manageable

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With a Central Connection Point, That Looks Like MiHIN

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What does MiHIN do with ADTs and where do they go?

Admission, Discharge, Transfer Notifications

Keeping care team members informed on a patient's major health events

1 When Tricia goes to the hospital an ADT Notification is sent to a TDSO and then to MiHIN

2 MiHIN checks ACRS and identifies Tricia's care team

3 MiHIN retrieves contact and delivery preferences for Tricia's care team from the Health Directory

4 ADT Notifications are sent to the care team based on electronic addresses and preferences

HOSPITAL

MiHIN
MICHIGAN HEALTH INFORMATION NETWORK
SHARED SERVICES

Trusted Data Sharing Organization

Health Directory

ACRS

Trusted Data Sharing Organization

ACRS® = Active Care Relationship Service®

What does our network look like?

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ADT Metrics

1,400
sending sites including 172 sending hospitals

8,209
ADT receiving organizations Practices, Hospitals, Payers, POs, PIHPs, ACOs, CINs, FQHCs, HHAs, and CMHs

44
ADTs per licensed bed per day

7M
Number of ADTs MiHIN receives per week

12M
The number of ADTs MiHIN delivers after flowing through ACRS

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Conformance

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Better Data: Leveraging Incentives for ADT Adoption

One Hospital System Incentivized by a Payer

Conformance reports based on ADT notifications can serve as critical tools to encourage adoption and use of ADT notifications, particularly when tied with incentive dollars from payers, resulting in dramatically improved data quality and compliance.
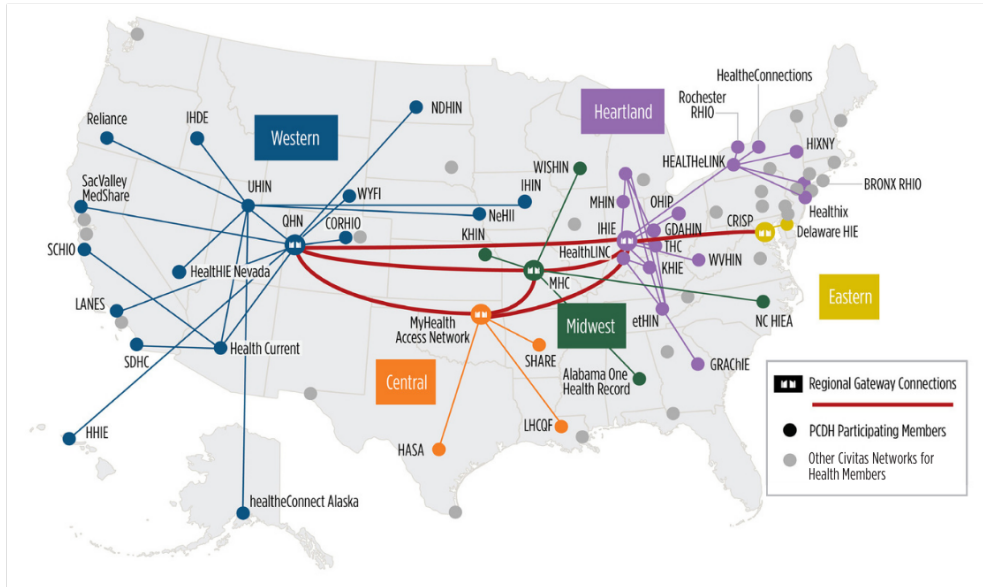
ADT data quality: April

Fields populate	Fields mapped	Enhanced fields
100.0%	100.0%	0.0%
63.6%	53.8%	0.0%
81.8%	53.8%	33.3%
90.9%	61.5%	0.0%
100.0%	38.5%	0.0%
90.9%	92.3%	0.0%
54.5%	15.4%	0.0%
54.5%	15.4%	0.0%
100.0%	0.0%	33.3%
90.9%	61.5%	0.0%
90.9%	76.9%	33.3%
90.9%	23.1%	0.0%
63.6%	69.2%	0.0%
63.6%	92.3%	0.0%
63.6%	0.0%	0.0%
63.6%	38.5%	33.3%
90.9%	92.3%	33.3%
63.6%	53.8%	0.0%
90.9%	92.3%	0.0%
90.9%	38.5%	33.3%
63.6%	38.5%	33.3%
81.8%	23.1%	0.0%
63.6%	53.8%	0.0%
81.8%	69.2%	33.3%

ADT data quality: December

Fields populate	Fields mapped	Enhanced fields
100.0%	100.0%	100.0%
100.0%	100.0%	66.7%
100.0%	0.0%	33.3%
72.7%	100.0%	66.7%
100.0%	100.0%	66.7%
100.0%	100.0%	100.0%
90.9%	100.0%	100.0%
100.0%	92.3%	66.7%
100.0%	100.0%	66.7%
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%
100.0%	100.0%	66.7%
100.0%	100.0%	100.0%
100.0%	76.9%	66.7%
72.7%	100.0%	66.7%
63.6%	84.6%	66.7%
	92.3%	100.0%
100.0%	100.0%	33.3%
100.0%	53.8%	33.3%
100.0%	100.0%	66.7%
100.0%	84.6%	66.7%
100.0%	100.0%	66.7%
63.6%	92.3%	0.0%
72.7%	69.2%	66.7%
90.9%	100.0%	33.3%
100.0%	100.0%	66.7%

ADTs at a national scale

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PATIENT CENTERED DATA HOME®

OVER	SERVING	WITH
1 BILLION	**177 MILLION**	**45 HIEs**
Total event notifications exchanged	Patients in PCDH regions	Participating

PATIENT CENTERED DATA HOME® IS A REGISTERED TRADEMARK OF CIVITAS NETWORKS FOR HEALTH ASSOCIATION.

Bits & Bytes
ADTs Technical Deep Dive

Wednesday, May 31
12:00-1:00 PM EST

THANK YOU

LET'S CONNECT

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in linkedin.com/company/mihin

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