MEDITECH
EXPANSE

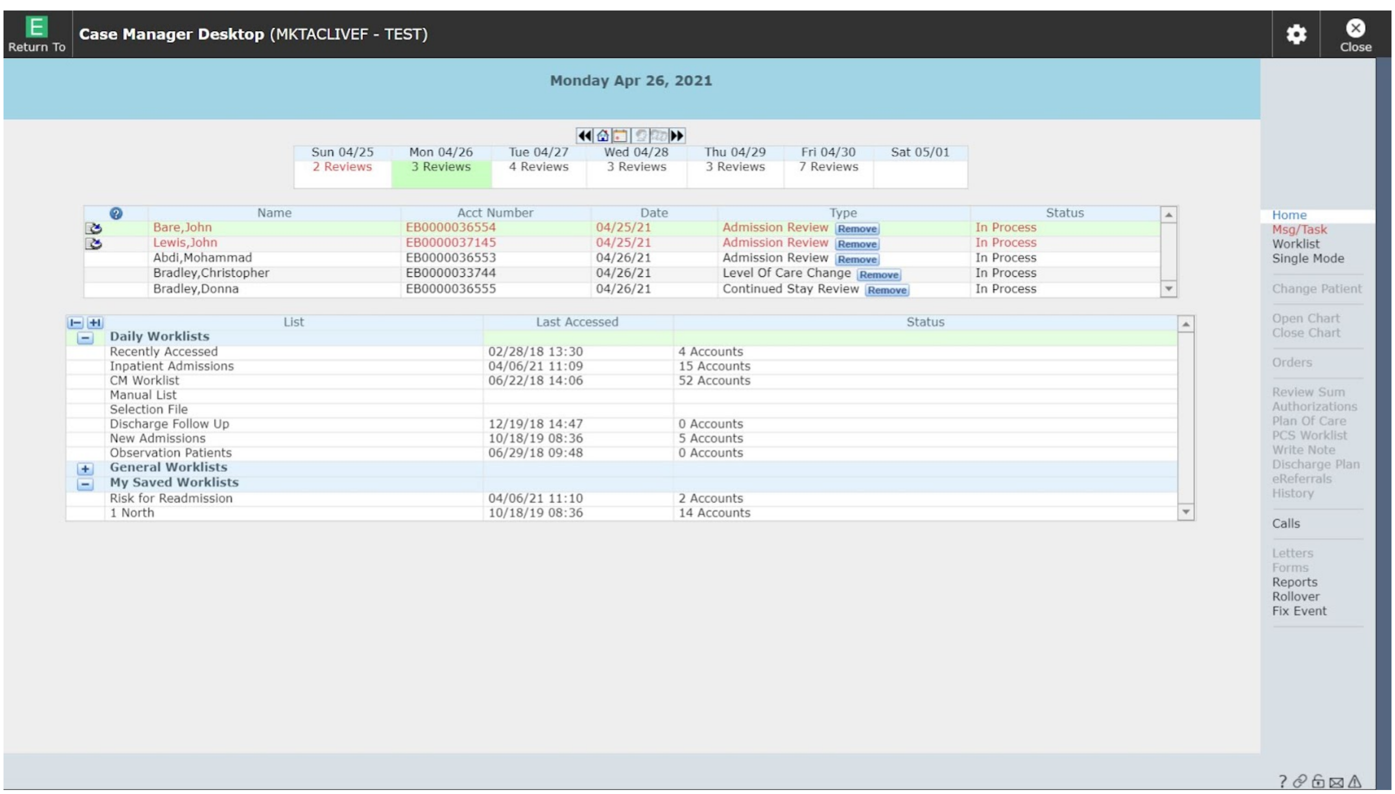
Case Management

FUNCTIONALITY BRIEF

MEDITECH's integrated Case Management solution allows case managers to advocate for their patients to receive the necessary care, while balancing the demands of a profitable business model. To maintain profitability and efficiency, clinical and administrative functions work together to track patient compliance, document the care being delivered to patient populations, and plan for discharge. The solution also includes quick access to evidence-based care guidelines, electronic post-acute transitions, and remote outpatient monitoring capabilities. Case Management helps your organization improve follow-up care and workflows that may contribute to lost payments, enabling you to achieve high-quality, cost-effective patient outcomes.

Centralize Case Management Responsibilities

To coordinate care, case managers can use their Case Manager Desktop to manage daily workloads and monitor patient care. This desktop can be tailored to match each user's unique workflow, including a calendar display, messages screen, and worklists. Case Management supports proactive case management, whether working with a single patient account or with a worklist of accounts. For example, users can pursue insurance authorizations based on their patients' levels-of-care or lengths-of-stay and identify high-cost or high-risk patients using payer appeal/denial management functions.



Case managers can process utilization reviews without having to jump between different screens. All necessary tools as well as clinical and financial documentation are incorporated into a centralized Case Management Desktop. Using the Review Summary screen, staff can view, edit, or print all currently filed reviews on the patient. MEDITECH delivers standard content review screens, as well as tools for creating additional, organization-specific review templates. Within the review, staff can document notes using a combination of free text, canned text, data fields, predefined responses, and queries. Review notes can be amended, with previously entered information maintained for a complete version history, including audit trail information, such as username, date, and time stamp.

Integrate with Evidence-Based Care

From the Case Management Desktop's Review Summary, users can launch evidence-based care guidelines using bidirectional interfaces to MCG Indicia or McKesson Interqual. Based on your licensing agreement, case managers can use single sign-on to view evidence-based content, document on imported patient information directly within the evidence-based content, and automatically send this review documentation back to MEDITECH's Case Management solution. These care guidelines allow case managers to compare what care has been provided to patients at your organization to a condition's treatment standards, allowing case managers to confirm insurance coverage.

Access Documentation and Care Plans

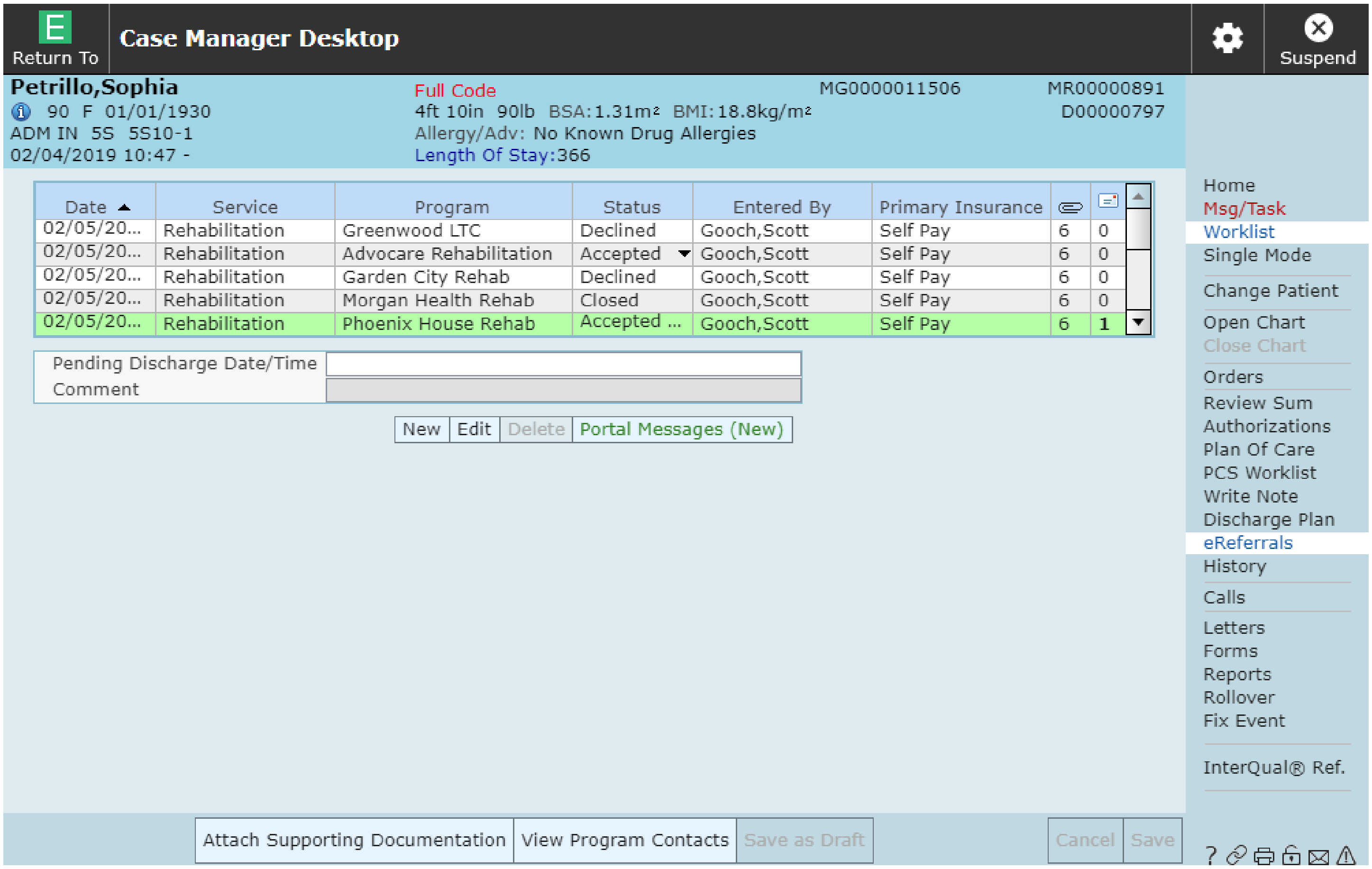
With patient chart access available from their desktop, case managers have easy access to each patient's plan of care, along with clinically-significant documentation. And by integrating required clinical documentation (e.g., care plans, assessments, and other relevant documentation) into clinicians' daily workflow, case managers can ensure all necessary patient information is collected and documented in preparation for the patient's discharge.

Plan for Discharge

MEDITECH's centralized, interprofessional discharge process provides discharge planning staff—along with the entire care team—access to discharge plans, information, and routines they need to efficiently discharge their patients. This includes relevant forms, discharge medications, referrals, and discharge instructions from across the patient's integrated, electronic record. Staff can review the patient's chart, while using assessments, notes, and care plans to easily document discharge planning progress and goals. Discharge notes also assist staff in setting up and contacting post-acute resources, documenting discharge planning notes and assessments, and performing post-discharge follow up.

Facilitate Community Care Transitions

MEDITECH's Case Management Community Care Transitions Portal includes eReferral features to improve the coordination of transitional case management activities. This allows case managers to monitor the status of post-acute referral requests while managing their caseload (e.g., writing utilization reviews, following up with other patients and insurance companies, ensuring care guidelines are followed). Directly from the Case Manager Desktop, inpatient case managers can create and send an electronic referral to multiple services within the community through a secure, web-based portal.



Accessible from an internet browser, post-acute case managers can log into the portal to view the request details (e.g., discharge summary, H&P, progress notes, medication list, wound care assessments), respond to the request (accept or decline), and exchange secure messages with the inpatient case managers. With MEDITECH's integration, if post acute care providers request additional information such as therapy minutes, medications, documentation, etc., patient information is right at their fingertips and can be communicated back through streamlined and secure portal messaging capabilities without having to fax, email, or call during any point within the referral request process. With post-acute referrals accepted, the inpatient case manager can work with the patient and/or their families to select the best post-acute option and arrange the transition of care.

Monitor Populations Remotely

Case managers can monitor outpatient populations remotely post-discharge using our Patient and Consumer Health Portal and an interface with Validic to gather patient-generated health data. For patients requiring remote monitoring, case managers can enroll admitted patients into our Portal, assign specific discharge care plans, such as Congestive Heart Failure, and provide a reason for why the patient requires Remote Monitoring. Upon discharge, patients can use personal health trackers or durable medical equipment (e.g., Bluetooth-enabled blood pressure cuffs, Fitbits, heart monitors, digital scales, and glucometers) at home to record this data directly into the Portal and in turn populate our Case Management Remote Monitoring Desktop. Case managers can determine the frequency and time frame this data should be monitored and receive message/task notifications to review data changes, such as weight. The Case Management Call functionality can then be used to check in with the patient for why these changes may have occurred, write notes regarding remote data, and launch into Community-Wide Scheduling to schedule follow-up appointments based on data. Once the patient no longer requires remote monitoring, case managers can also be prompted for a reason for why remote monitoring has ended.

Communicate with Patients, Families, Providers, and Insurers

Case managers can view, edit, and print any associated forms or letters directly from the Case Management Desktop. Authorized staff can access organization-defined letter templates to quickly draft letters to patients, families, providers, and insurers regarding case management information. They can also create customer-defined packets of information to fax to outside providers, facilities, or insurance companies.

Track and Report

Case Management includes various key case manager and patient statistics for internal reporting and efficiency tracking. Standard reports include a Case Management Census Report and an Assigned Caseload Report. For targeted analysis and performance measurement, the Case Manager statistical desktop allows you to analyze real-time statistics in graphical and tabular formats with drill-down capabilities for detailed information. The following statistical desktops are available:

- The Statistics Summary provides a user-defined summary screen, displaying up to four statistical reports in a single, high-level view of desired report data.
- Case Manager Statistics display statistical data about individual case managers presented in five-week line graphs to determine reasons behind delays with patients and payment loss.
- Patient Statistical Reporting tracks key patient activities and concerns as well as statistics about reviews, avoidable days, denials, appeals, inpatient readmissions, and average length of stay.

Experience the Benefits of Integration

Integration with Authorization and Referral Management and Expanse Patient Care also improves your case manager's workflow by centralizing access to patient financial and clinical data. Case managers can work efficiently and effectively to secure reimbursement for patient care.

Additional benefits include the ability to:

- Create, edit, and view authorizations/referrals in various sort orders (visit, appointment, procedure).
- Complete utilization reviews from a single system location.
- View and edit a patient's inpatient and discharge plans of care.
- View or document interventions, outcomes, and medications from the Patient Care worklist.
- Communicate through system-wide messaging.

For more information, contact a MEDITECH Account Executive.