When Every Minute Matters: Getting The Right Clinical Signal, Into The Right Hands

[April 29, 2026] | 1:00 pm ET

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Unknown Speaker 0:00

Hello and welcome everyone. Thank you for participating in today's webinar when every minute matters, getting the right signal into the right hands. I'm Rick Gutierrez, senior associate for open minds, and will be facilitating today's session. A few housekeeping items before we begin. Today's webinar is being recorded. You will receive an email in a few days with a link to the recording along with the materials that we present today. Should you have any questions during the webinar, please enter those into the question box and we will address them towards the end of the session.

Unknown Speaker 0:29

This webinar is brought to you by One Care Population Health Academy and allerah health. One Care Population Health Academy is a premier education program created for behavioral health executives, managers and clinicians covering key areas such as population health management, value based contracting and the elements of integrated systems of care. Members get access to key information from industry experts, tools and resources to enhance whole person care for populations with complex needs, simply sign up at one care academy.org and gain access to all these resources and more free of charge. And now I'd like to introduce our presenters.

Unknown Speaker 1:08

Patrice Clayton is a healthcare executive specializing in network expansion and population health with a focus on improving access, performance and care delivery across complex systems. Drew shopping is an analytics and AI leader focused on applying real time data and predictive modeling to improve care delivery, operational performance and decision making in healthcare organizations. And today, we will cover how leading organizations are using ADT claims and pharmacy data to surface high risk events in an actionable and timely manner. We'll learn how traditional care management workflows break down and

how to fix them. Also, we will cover how to structure and prioritize clinical alerts so teams can act quickly and effectively. And finally, we will learn what it takes to connect data workflows and care teams to reduce the total cost of care with that, let's jump into today's session. Hello, everyone in the world of care management there presents a challenge. There is too much data but not enough signal. Care managers, they support the most complex patients in the health care system, yet they spend special spend precious time manually searching for the information that they need right now, ADT feeds, claims, pharmacy records and clinical notes, they contain critical intelligence, but without the right tools, that intelligence is buried in noise. The more data that you have does not mean better care, unless it can be transformed into simple, specific and timely alerts. These things help care managers to act in time to make a difference.

Unknown Speaker 2:50

So there's really

Unknown Speaker 2:52

two, two kind of complementary types of

Unknown Speaker 2:56

sources of alerts that we're kind of touch on today, first and first is ADT alerts, which are admission, discharge and transfer, and then also CDs alerts, which are clinical decision support alerts.

Unknown Speaker 3:13

ADT alerts, they are really, you know, triggered the moment that a patient has an inpatient admission or Ed registration in real time. So, you know, we deliver those alerts immediately as banner alerts within our platforms to kind of

Unknown Speaker 3:31

surface those alerts immediately to care managers, giving them the chance to, you know, see those and become aware of them within seconds or even minutes of

Unknown Speaker 3:44

the event occurring.

Unknown Speaker 3:46

CVS alerts, on the other hand, they follow more of a rules based approach. So instead of it being something where as soon as you know, an event happens, just immediately pops up and is made,

Unknown Speaker 4:01

you know, available to a care manager or user of a system

Unknown Speaker 4:07

CDs, alerts are more things that are a little bit more complex. They kind of look at multiple aspects or dimensions of data to kind of,

Unknown Speaker 4:21

you know, come up with more complicated, or, you know, more advanced alerts.

Unknown Speaker 4:28

So these might be the

Unknown Speaker 4:31

existence of two or multiple signals or diagnoses or any, any other piece of information that we can track in data in order to kind of have those rules based alerts. But together, both of those types of alerts

Unknown Speaker 4:50

really help to ensure that care managers are, you know, kept aware of immediately and in as timely a manner as possible.

Unknown Speaker 5:00

About,

Unknown Speaker 5:02

you know, patients who might need additional or immediate attention. So when we look at those two types of alerts, what it does is present when a member is admitted to an hospital or an emergency department, it gives them information. An ADT alert is fired immediately, it provides a banner alert with that member's name and information, so that care manager that is helping with them can respond in real time. This is something that brings immediate attention to these to the member that's being addressed in moments that matter, so that they're not sitting around waiting for help the care manager can respond appropriately. So with CDs alerts, the severity of the alert itself is kind of driving the response type and the notification type that comes with that. So, you know, we really started looking at and trying to classify and categorize alerts based on severity level, where those high severity alerts are the things and situations that occur where it really needs immediate attention by

Unknown Speaker 6:11

a clinician or a care manager. So when those high severity alerts present themselves, they do. We do have them kind of pop up with a banner alert, so it is something that has to be looked at and considered and, you know, taken into account immediately by care manager. These tend to be situations that are, you know, course, much more critical and urgent,

Unknown Speaker 6:39

and it really makes sure that, you know, we don't have delayed responses in situations where there are real and direct clinical consequences to letting something like that slide or go on for a long period of time,

Unknown Speaker 6:55

the medium severity alerts. It's these. These are things that are still clinically significant but don't necessarily require, you know, immediate interruption of someone's workflow or things that they're working on. These are these types of alerts. Tend to land in a care manager's workbook, which is basically just, you know, like a task list of running items that they need to look up or follow up for review with patients. But it's more of when, when necessary, as opposed to needs to be looked at immediately.

Unknown Speaker 7:35

And then lastly is more the low severity alerts. These

Unknown Speaker 7:40

tend to be things that are more informational. It's

Unknown Speaker 7:45

more you know, items that are still important and still need to be considered with ongoing care management for patients. But it doesn't necessarily need to be looked at with any sense of urgency. It's more of something that can be reviewed in, you know, normal, regularly scheduled review cycles.

Unknown Speaker 8:09

So all of this setting up these severities, and, you know, categorizing alerts in this way is really just to make sure that, you know, since every alert does not necessarily demand immediate

Unknown Speaker 8:25

attention and pulling away people's time and effort towards digging into them, but you know, sometimes those situations do arise, and so the severity tiering gives a way To, you

Unknown Speaker 8:40

know more accurately determine, is an alert, something that needs to be looked at immediately, or is it something that

Unknown Speaker 8:47

you know can can take kind of a informational stance and be looked at when the time is Right?

Unknown Speaker 8:58

So we have,

Unknown Speaker 9:00

we have a large library of alerts that we've defined in the

Unknown Speaker 9:08

CDs alerts engine. We've got about 30 total that we have defined. But, you know, over a period of time, we've kind of,

Unknown Speaker 9:20

you know, worked with people, found out which ones are actually valuable and which ones are, you know, almost they can. They can trigger alerts overload if you start to receive too many alerts. And it's things, it just becomes noise in and of itself, and the whole,

Unknown Speaker 9:40

you know, driver behind and point of building the system is more to get rid of the noise and to just surface the things that

Unknown Speaker 9:50

you know are the most critical or that need immediate attention, or that someone might you know otherwise miss because it's,

Unknown Speaker 9:59

you know, in for.

Unknown Speaker 10:00

Information that's buried in tons of data.

Unknown Speaker 10:04

We've got a couple of them shown here. These are some of the ones that have kind of

Unknown Speaker 10:11

stood the test of time and stay stuck around as we continue to monitor these and they run

Unknown Speaker 10:19

automatically, so you can see our two high severity alerts are shown there, and then

Unknown Speaker 10:26

the orange color with the medium alerts, and then our low, lowest severity alerts down at the bottom.

Unknown Speaker 10:33

And

Unknown Speaker 10:35

you know, all of these alerts, like I said, we we kind of spend a lot of time defining what these are, and taking a lot of feedback from people who are from care managers and clinicians working in the field and directly with

Unknown Speaker 10:50

with patients and are acutely aware of and are managing

Unknown Speaker 10:55

their health and

Unknown Speaker 10:59

You know, so it's, it's been something where it's not just,

Unknown Speaker 11:04

not just someone with a technical background, kind of defining these it's more of taking in that feedback and trying to to learn, what is it that,

Unknown Speaker 11:15

what is it that's valuable that you're looking into, what are certain things that you're Tracking or seeing in your populations, and then using those to come up with the definitions for these alerts so that we are, you know, finding things that are actually actionable and not,

Unknown Speaker 11:32

you know, just excessive alerts and creating additional data and noise for someone to have to work through in their normal everyday workflows. So now we're going to spotlight two of the high priority CDs alerts. As drew stated, we have some CDs alerts that have been prioritized based on feedback from the care managers and clinicians. So one of them is the suicidal ideation attempt for self harm. And we know that this is a serious situation, so we have a CDs rule that monitors both ADT feeds and claims data for matching diagnostic criteria. When this is detected, it gives an automatic immediate trigger to the care managers through a banner alert that lets them know that they need a same day care manager response so they will be alerted of this situation.

Unknown Speaker 12:25

The second type is the high emergency department utilization in the population that the care manager serves. They usually have individuals that utilize the emergency department frequently. It may be due to that is the closest to them, or lack of education based on where they should go in times of need. If a member has two or more ED visits within two days, it will trigger a high severity CDs alert. But we also have escalating tears for those alert as well. If they have three or more within 14 days, or five or more within 30 days, it will send an alert to the care manager. This helps to

Unknown Speaker 13:06

prevent higher utilization and also letting them the care manager knows about different utilization patterns that can be mitigated by the care managers together, both of these represent moments where immediate care manager response can help out a member. It can de escalate, it can reduce readmissions, and it also can help with tragedy. The care managers are the member's first line of contact in many ways, so they're able to be alerted when that member is in need, and these are the types of alerts where every minute matters for the those being served.

Unknown Speaker 13:46

So just to give you an example of a CDs alert in the member in the care manager's workbook, they will see this list of different members that are assigned to them and provide different lists of the CDs alerts that have been provided to them, as we stated, they work from the workbook, and things are prioritized,

so we're going to focus in on one in particular. So you're going to see Lorraine, and you can see that she has a CDs alert for an asthma diagnosis, and it's based off an ADT claim,

Unknown Speaker 14:20

once that care manager clicks on that particular member entry, they'll be able to see a detailed message that provides them with additional context that will help them in managing that member's care. So one they will see an alert message that lets them know what type of alert This is and what has occurred with that member, as stated, this one is for an asthma diagnosis that was received through an ADT message.

Unknown Speaker 14:49

It lists the type of category, it also lists the source of the information, and it provides the event date. This is helpful for the care manager so that they can prioritize.

Unknown Speaker 15:00

Of things have happened. If this is not a critical alert, which this category able to fall into, it also will provide information on the service provider. It's better for the care manager to have that information so that they can coordinate care and reach out to get any necessary information and conduct any follow up that is needed for the member, it also provides the place of service. So in this situation, you can see that it's outpatient, but you can also receive information and let them know that if it was an emergency department or other type of types of facilities.

Unknown Speaker 15:41

So going a little bit deeper into how the care managers receive the alerts, kind of look just now at the workbook alerts. Those are queued up for the care managers to review, as that time allows them to and based on their workflows. So the workbook alerts would include the medium severity and the low severity CVS alerts. They'll be in that care manager's workbook for them to review and look over and coordinate when they are scheduling those care management workflows and follow ups with the members.

Unknown Speaker 16:13

The next type of alerts are the banner alerts. These are the alerts that need immediate attention and requires an acknowledgement from the care manager all types of ADT alerts, so whether it's an admission, Ed visit or discharge, will provide the care manager with a banner alert. In addition to those ADT alerts, all high severity CDs alerts will be provided to the care manager.

Unknown Speaker 16:41

And as you can see in the graphic, it provides additional information. At the top, you'll get that member's name and whether it was a high severity alert in this instance, or if it was an ADT alert, it would signify that it was an ATT message received on that member.

Unknown Speaker 17:01

All right, so another thing that we wanted to, you know, mentioned, we've, so far, we've, we've been focusing on automation and kind of, you know, rules to deliver information in a timely manner

Unknown Speaker 17:16

for the greatest, greatest potential impact on the health of individuals. But sometimes we also need to look more broadly at more like, you know, population level impacts

Unknown Speaker 17:30

this. This type of, you know, look into the data can sometimes even seem a little more difficult,

Unknown Speaker 17:39

because we're not just focusing on the details of one specific patient, but we're more like looking broadly across at the details of many patients.

Unknown Speaker 17:54

So to that end, you know, one of the things we've been looking at, and you know, AI is, of course, the the hot topic these days, but we've been working to build something to help with with some of this more kind of

Unknown Speaker 18:11

it's both broad and deep type of analysis.

Unknown Speaker 18:16

So Maria

Unknown Speaker 18:19

is a AI assistant that we have embedded into some of our tools, in particular in our dashboard and reporting platform, and it's a place where care managers are already working,

Unknown Speaker 18:34

and so they don't have to switch jump between Different applications in order to

Unknown Speaker 18:40

in order to interact with this tool,

Unknown Speaker 18:46

she draws, she has, she's built on top of the same data foundation that powers everything else. So all of the other analytics, all our care management platform, everything that's available to those tools

Unknown Speaker 19:00

is available to

Unknown Speaker 19:03

this AI tool. This really allows it to

Unknown Speaker 19:08

really look at,

Unknown Speaker 19:12

you know, questions that may not be answered directly in a dashboard or report,

Unknown Speaker 19:20

but that does have the backing of all the data that does feed the platforms and that

Unknown Speaker 19:28

users are already working with.

Unknown Speaker 19:31

It's not, definitely not a traditional chat bot, because it is very much set up as more of a population health partner,

Unknown Speaker 19:44

helping to work with you,

Unknown Speaker 19:48

to you know, uncover new patterns

Unknown Speaker 19:51

and to think through ways to act upon data that you know, care managers already have access to. But.

Unknown Speaker 20:00

May not have looked at it or thought about it in a particular way.

Unknown Speaker 20:06

So this, this is just a quick view of what that kind of interface looks like with talking with this AI tool. So it looks, you know, about like most other chat interfaces that you would see.

Unknown Speaker 20:22

But you know, in this example conversation, it's a really open ended question being asked. So, you know, Maria, it starts off says, What do you want to look at? And the user says, kind of this open ended well, what can what insights can you give me about this population that might help guide my exploration. And then from that, it goes off, and, you know, takes a look. And like I said, this is a very open ended, broad question, no specifics, given just

Unknown Speaker 20:55

more of I don't know where to start. What can you tell me that might, you know, drive where I look at, where I look into this information and data next,

Unknown Speaker 21:08

you know, so she takes that back, takes a look at the data, and starts to provide, you know, kind of a high level,

Unknown Speaker 21:18

you know, some high level population statistics.

Unknown Speaker 21:22

But then going a step further with them, to, you know, mention reasons, possible reasons behind some of the patterns that

Unknown Speaker 21:30

are in the data and potential next steps of or ideas of things that a user might want to look into more so in particular, and you know, in this one, it calls out,

Unknown Speaker 21:42

you know, readmission rates in this population being rather high, the fact that it is a high volume population with 23,000 almost 24,000 ED visits, with less than 9000 members over 12 months. So that, you know, leads you to about an average ED visits per per member, you know, just under three visits in a year.

Unknown Speaker 22:11

Then it goes on to also call out the fact that after hours access is a big

Unknown Speaker 22:18

reason or a big

Unknown Speaker 22:21

time when there's peak usage of the ED, which makes sense, but it is also,

Unknown Speaker 22:30

you know, interesting to call out that this could point to something like access gaps,

Unknown Speaker 22:37

that you know there's not enough care settings available for people

Unknown Speaker 22:43

to get access to care. So they're having to go to after hours

Unknown Speaker 22:49

Ed locations in order to get the care that they need.

Unknown Speaker 22:53

And then, last you know, it does start to point towards additional things to look into, not just to look into in the data, but also to think about what the population itself and, you know, a lot of these things give, you know, can give you a good sense of, you know, just, just ideas, things it's seeing in the data, that it's

saying. I don't know if this is really, you know, the case of what's happening in the real world, but based on the data, it's a possibility.

Unknown Speaker 23:23

So it's just a way to kind of, you know, like I said, it's more like a colleague or a companion that you're talking to who

Unknown Speaker 23:35

is also exploring this data and coming up with ideas and hypothesizing about, you know, things that patterns that might exist and reasons that could be contributing or causing those patterns, or at least influence, or, you know, helping to lead to those patterns that exist, and things that you may want to look into and potential intervention opportunities do.

Unknown Speaker 24:03

So, you know, what, what all can this ai do? Or really, any, any of these AIs that are built on

Unknown Speaker 24:12

a lot of the platforms that are out there today.

Unknown Speaker 24:17

You know, it's most of this is just natural language analytics, so it's being able to understand questions in plain English. So that, you know,

Unknown Speaker 24:28

this data exploration is something that is more,

Unknown Speaker 24:33

you know, democratized for for users, so that it doesn't have to be something that you know, data nerd like me has to dig into you get

Unknown Speaker 24:46

it, makes it more accessible and something that others, other users can look into.

Unknown Speaker 24:53

So just asking, you know, planning those questions, having this tool be able to understand it and then be.

Unknown Speaker 25:00

Able to behind the scenes, translate that into how to go about exploring the data to get the answers back

Unknown Speaker 25:09

in, you know, in seconds, compared to

Unknown Speaker 25:13

having to send an email and ask someone for time, or, you know, ask someone a question and then have them go off and try and dig into it. And it takes, you know, a week or two before you get an answer back.

Unknown Speaker 25:24

This is the type of thing that can give you more immediate answers right then, right when you're looking at it and are having ideas about, you know, ways to explore the data and, you know, questions you might have or are curious about,

Unknown Speaker 25:39

you know, other other things that Maria is particularly good at is pattern recognition, you know, looking at data,

Unknown Speaker 25:49

trying to, you know, find, find interesting

Unknown Speaker 25:55

things that it find that it sees in data that you know, us Humans might miss or just might not think about, because we may be looking at it from one standpoint and thinking, you know, having a,

Unknown Speaker 26:09

you know, having our own faults, you know, preconceived notions as we're looking at data that we think this or that is what's happening

Unknown Speaker 26:18

as a as an example,

Unknown Speaker 26:21

we had a

Unknown Speaker 26:23

particular analysis that Maria performed

Unknown Speaker 26:28

where we were asked, asking her to kind of look at a population of members that we saw had both severe mental illness and complex heart disease,

Unknown Speaker 26:43

and trying to, you know, just take a look at that high risk population. And, you know, tell us what you see about it. It was another one of these open ended type questions where, you know, we just wanted to see because we saw that, you know, the population,

Unknown Speaker 27:01

you know, this is was a high risk

Unknown Speaker 27:05

cohort, and we asked it to just take a look and let us know what it could see.

Unknown Speaker 27:11

The interesting pattern that it acknowledged or came up with was that, you know, UD visits were spiking

Unknown Speaker 27:20

when temperatures were exceeding, you know, a certain threshold. And this happened to be in a very warm climate state in the US. And

Unknown Speaker 27:33

you know from that, she went a step further and said, you know, this may be something where we may need to screen that particular cohort of patients for housing instability, thinking that, you know, higher temperature, weather, and it could be, you know, members in this population, maybe having, you know, Maybe having housing and instability,

Unknown Speaker 28:01

and they may be

Unknown Speaker 28:02

going finding their way to the emergency department in order to just escape the heat,

Unknown Speaker 28:08

but it was an interesting kind of analysis that it pulled together, and was something we ended up looking at and exploring with that particular population.

Unknown Speaker 28:23

So other, another key piece of,

Unknown Speaker 28:29

you know, her capabilities is really being able to build data visualizations on the fly. So this is, you know it's

Unknown Speaker 28:42

being able to take ask a question, ask an AI tool to provide that back to you in a chart or a map, or,

Unknown Speaker 28:52

you know, tables of values, or any other type of presentation of the data. And you know, it being able to develop it in a matter of seconds, as opposed to, you

Unknown Speaker 29:05

know, spending tons of time with, you know, individually, or having to go through someone else

Unknown Speaker 29:13

to help pull those types of things and that type of representation of The data together.

Unknown Speaker 29:20

So on this next slide, I'll show an example of, you know, one of the what one of those visualizations might look like

Unknown Speaker 29:30

this in particular, was another just very kind of basic prompt, just asking to plot the trend of ED visits over the past six months,

Unknown Speaker 29:44

and then, you know, couple seconds later, it pops back and provides a chart. Sometimes she also does give a little commentary to explain the chart, explain what the visual visualization shows

Unknown Speaker 29:59

like. She.

Unknown Speaker 30:00

Does in this example,

Unknown Speaker 30:02

but, you know, again, putting this kind of capability in the hands of users to allow them to just explore data in a new way,

Unknown Speaker 30:12

just by, just by asking questions in a chat interface.

Unknown Speaker 30:18

It's, you know, extremely powerful in it and enabling makes it so that you know

Unknown Speaker 30:26

more brains,

Unknown Speaker 30:28

different perspectives looking at data, you're going to discover so much more than leaving it to just a small handful of people to look at

Unknown Speaker 30:37

so opening this up

Unknown Speaker 30:41

to users to be able to explore as they want to.

Unknown Speaker 30:46

As you know, the real potential for helping to uncover some information that we

Unknown Speaker 30:53

may not have otherwise discovered just by us exploring and looking at data

Unknown Speaker 30:59

on our own,

Unknown Speaker 31:04

so kind of to bring this all together. Alerts, you know, the alerts are there to tell you which patients need attention right now.

Unknown Speaker 31:14

Tools like Maria can help to understand the why, kind of at a broader and more population level, and helping to kind of uncover patterns that may contribute to certain situations or certain

Unknown Speaker 31:33

you know, nuances that are seen in the data itself. And when you combine both of those, you start to see multiple angles, ways to intervene in an individual patient's health, but then also ways to

Unknown Speaker 31:47

to really impact an entire population of patients.

Unknown Speaker 31:58

And then, you know, just to call attention as well to what kind of where things are going with Maria, this is kind of a

Unknown Speaker 32:06

roadmap for the next year of things that we are currently working on

Unknown Speaker 32:13

is really trying to move it out of just looking back at data, things that have happened in the past, and finding patterns and starting to get more proactive. So the idea is to, you know,

Unknown Speaker 32:28

be having tools like this to start monitoring data more in real time,

Unknown Speaker 32:36

to be looking for, you know, both the predefined patterns that we know about and know that we want to monitor. So these are things similar to, like the predefined rules that we have for the

Unknown Speaker 32:49

CDs alerts. Those are, you know, more things that we have worked with people and gotten feedback on, and know that these are things that are critical to be monitored, and we want, you know, to be alerted when these situations happen.

Unknown Speaker 33:06

So those things will definitely kind of act as kind of that baseline, or that foundation of what a tool like this can be, monitoring continuously, but then also to look at those and to consider, you know, different dimensions of the data

Unknown Speaker 33:25

with those existing, predefined kind of items that we want it to be monitoring. And to start thinking about it more broadly, and start thinking, Well, what other what other patterns are in the data that are also or could be,

Unknown Speaker 33:43

you know, influencing

Unknown Speaker 33:45

these particular items or metrics that we're looking at.

Unknown Speaker 33:49

So that's kind of where that emergent discovery comes in. So it's beyond, you know, just looking at rules we define, and beyond just saying, Okay, we we know that this, we want to monitor this and that,

Unknown Speaker 34:04

but it's to start looking towards Well, what else should we monitor that we haven't thought about yet?

Unknown Speaker 34:11

What are some patterns that it can uncover in the data

Unknown Speaker 34:15

that are influencing these other things that we have told it are important.

Unknown Speaker 34:22

And the goal here, of course, is, you know, to shift shifting care management from being reactive to proactive.

Unknown Speaker 34:32

You know, starting to be able to think through and predict,

Unknown Speaker 34:38

you know, based on what's changing in the population,

Unknown Speaker 34:43

and seeing, thinking about where it's going,

Unknown Speaker 34:47

and to start being able to make more proactive improvements or influence kind of the direction things are heading based on, you know, this combined intelligence of, you know.

Unknown Speaker 35:00

We We have trained this tool to look into and to think about, and then things that we haven't trained it to look into and think about. Yet

Unknown Speaker 35:09

we want to look at the impact. So when you think about the alerts engine, and also with Maria, together, they provide intelligence that drives action the alert engine. It takes that raw data and performs clinical intelligence that gives the care managers the information that they need. It provides the diagnosis. It can provide the level of care when the event happened. The care manager can then take all of that information to get the patient at the right time, but also direct them to the right information the right providers, before that crisis escalates, their care managers, they are managing a lot, so utilizing the alerts engine helps them prioritize, but also stay alert to what the members are experiencing and have a broader understanding When they utilize Maria of what trends are existing within the population that they serve, and

Unknown Speaker 36:06

then we will open for questions. Thank you very much. Patrice and Drew and remember everyone. If you have a question, go ahead and drop it in the question box on your GoToWebinar platform. We have a question here,

Unknown Speaker 36:23

does the volume of alerts ever seem overwhelming to care managers, and how do you counteract this?

Unknown Speaker 36:32

Yes,

Unknown Speaker 36:35

I think we mentioned this at some point during the presentation, but

Unknown Speaker 36:40

yeah, we have had many, many situations where we had an idea of an alert that

Unknown Speaker 36:48

care management staff actually let us know they wanted to be made aware of.

Unknown Speaker 36:54

And

Unknown Speaker 36:56

it was, I think it was actually asthma

Unknown Speaker 37:00

inhaler prescriptions, and we started noticing that, you know, there, there could be

Unknown Speaker 37:08

several 100 of those alerts in a day in a particular population. And,

Unknown Speaker 37:16

you know, that was something that was immediately just, you know, it was just overwhelming. That was one of the first alerts that we put in place. And it was a request. And then within about, you know, a week of it going live, we were, you know, already reached out and said, Yeah, this is overload. We can't act on all of this. It's just too much.

Unknown Speaker 37:38

So that was, you know, the way that we counteract that is to then talk with

Unknown Speaker 37:46

with these folks to say, Well, is there a way that we can tweak the definition of this alert to make it something that is more

Unknown Speaker 37:54

more targeted

Unknown Speaker 37:56

to instead of finding, you know, all of these situations, maybe there's something more critical about certain,

Unknown Speaker 38:05

you know, certain cohort of patients or certain types of prescriptions that

Unknown Speaker 38:11

we want to more target instead, and to kind of reduce that volume.

Unknown Speaker 38:17

So that's kind of, that's how we have approached it in the past is really to look at it and see is, you know, is this casting too broad of a net? It's something that is capturing too much and can't be you know, it's so much that no one can get a handle on it and, you know, make an impact. How do we narrow that scope down into something that is more actionable

Unknown Speaker 38:45

and you know that you know makes makes those alerts more valuable.

Unknown Speaker 38:51

Drew another question, does this function in conjunction with one's EHR or outside of it? Yeah,

Unknown Speaker 39:04

do you want to take that one or me? Patrice? You can go ahead. It is.

Unknown Speaker 39:11

It's

Unknown Speaker 39:14

really in conjunction. So the the alerts that we have in place are looking at all kinds of data. So it is both ADT data and

Unknown Speaker 39:26

claims data. So it is not, you know, necessarily,

Unknown Speaker 39:31

this is something that's kind of acting more on the care management side, and not necessarily directly within

Unknown Speaker 39:40

their EHR

Unknown Speaker 39:42

it is more that we we take EHR data and can include that in the data that the CDs alerts are pulling from. But all that you know, it basically just serves additional

Unknown Speaker 39:59

data.

Unknown Speaker 40:00

Payments that can, you know, help to identify and drive when we trigger those alerts to go out.

Unknown Speaker 40:08

And just to add to that, it's within their care management platform which serves as their documentation for this particular line of service. So it would show up directly for those care managers when they are within the system, documenting for those specific members.

Unknown Speaker 40:28

Hey, these alerts seem that they would be very helpful and they could really impact value based contracts. What types of organizations would benefit the most from a program like this? I

Unknown Speaker 40:42

think all types of programs with this alerts, it kind of alerts you mainly. One of the things that we are seeing is high utilization. We know that is a big cost driver, so it can provide the providers with information to help them identify members who are utilizing the ed at a higher rate than others, and then also try to develop ways to mitigate that, by either looking at the diagnosis or the types of services that they would need to be routed to instead of utilizing the emergency department. And then I think also with the usage of Maria, it can provide insights to different measures that are part of the value based contracts that the different providers would have.

Unknown Speaker 41:34

Thank you. Patrice, similar question, how can we better utilize clinical data that is stored in our EHR and getting that info into our clinicians hands,

Unknown Speaker 41:49

good question.

Unknown Speaker 41:55

So you know, I will say that you know a lot of

Unknown Speaker 42:02

so you know, while, while this current implementation that we've kind of talked about here is more in that care management platform, it does not necessarily mean that someone else can't integrate this, something similar, you know, directly in an EHR. It's kind of a,

Unknown Speaker 42:21

you know, the concept of it could be extended and explored,

Unknown Speaker 42:28

you know, outside of just a care management platform and looked at in terms of with other tooling

Unknown Speaker 42:37

out there.

Unknown Speaker 42:39

But I think that, yeah, like I said, the concept of it is

Unknown Speaker 42:44

something that could be leveraged in a lot of different settings.

Unknown Speaker 42:52

You drew How do you decide what types of CDs alerts to monitor for?

Unknown Speaker 43:00

So a lot of this also comes from,

Unknown Speaker 43:04

you know, we've, we've talked to and seen

Unknown Speaker 43:09

from different care management staff, what, what types of,

Unknown Speaker 43:15

you know, the the different areas that they are trying to have an impact and are trying to influence. What are the, you know, hot topics, the biggest,

Unknown Speaker 43:25

you know, the biggest

Unknown Speaker 43:27

interventions that they're trying to make. And then, you know, we start to work with them and see, well,

Unknown Speaker 43:34

what, what things could we alert on? What are those kind of items that we can monitor that might influence or impact,

Unknown Speaker 43:45

you know, whatever these these interventions are, or things that we're wanting to monitor.

Unknown Speaker 43:51

And then from that, starting to think through, okay, well, you know, we know that we're trying to, you

Unknown Speaker 44:01

know, make an impact on this particular population. What is it about this population that is something we would like to be made aware of,

Unknown Speaker 44:11

you know, as quickly as possible, and then those kind of help to drive what alerts we end up creating

Unknown Speaker 44:21

a hey,

Unknown Speaker 44:23

how do alerts differ from raw data feeds or dashboards?

Unknown Speaker 44:31

I think they differ because it provides direct actionable items for a specific patient. The staff don't have to dig through information to find things. It's real time, and it's providing information in a timely manner where they can go ahead and assist the members that there's that are under their care.

Unknown Speaker 44:53

Related question, how do you ensure alerts actually drive clinical or care management decisions? I.

Unknown Speaker 45:00

Uh,

Unknown Speaker 45:03

I would say education,

Unknown Speaker 45:05

making sure that clinical staff are aware of the types of alerts and what are they actually driving. But then also having, making sure that each agency facility has some type of workflow where they've designated what action should be taken so developing policies and procedures on what types of alerts should be responded to in the amount of time that it should take to respond to them.

Unknown Speaker 45:33

And I think we have one more question, What are common limitations of ADT alerts alone?

Unknown Speaker 45:45

Well, I think the first thing that I can think of, they have to be entered. We know some facilities may delay in entering that information, and some providers may not receive that information if it's an admission until away after that member has been discharged or close to their discharge. So if they're not timely, it does create a barrier for them. And then also just making sure that all the relevant information is there. What a patient was admitted for may not be what the true reason for their visit is for with that admission admitting facility.

Unknown Speaker 46:24

Yeah, that's true. And there's

Unknown Speaker 46:28

you know, another, another piece of that is that sometimes at the admission time, you know, no, no diagnosis, is necessarily attached to

Unknown Speaker 46:39

to the visit. At the time of admission.

Unknown Speaker 46:44

So that's, that's another limitation is, you know, making sure that

Unknown Speaker 46:49

things that occur and are attached to a visit over,

Unknown Speaker 46:54

over the course of the, you know, the lifespan of that visit,

Unknown Speaker 47:00

that that information is passed along and leveraged as well, and not just,

Unknown Speaker 47:06

you know, looking at the admission and not continuing to look at the rest of the data that might flow in those ADTs related to that visit.

Unknown Speaker 47:19

All right, well, that about wraps it up for today. I'd like to, once again, thank our speakers, Patrice and drew for this wonderful presentation. I'd also like to thank our audience for attending and listening in this presentation, and recording will be available in the next few days on The One Care Population Health Academy. So make sure to enroll and not miss out on this exclusive resource, and don't forget to check out The One Care Cafe happening at the Open Mind Service Innovation Institute in New Orleans on June 9. Space the space is filling up, so if you want to attend, please visit open minds.com to register. Thank you, everybody, and have a great day. You.

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