

WISHIN HIE SUMMIT 2020

January 29, 2020

Presented by:



Wisconsin Statewide Health Information Network A A A A A A A A

Connecting & Collaborating: Leveraging WISHIN to Enhance Discharge Planning for Family Care Members

My Choice Family Care – Care Wisconsin







Program	Membership
Family Care	16,034
FC Partnership	1,919
SSI Managed Care	2,953
DSNP	553
BadgerCare	13,243
TOTAL	34,702

Membership as of 12/31/2019



Disclosures

- Melissa Eilbes BSN, RN
 - Director of Nursing at My Choice Family Care Care Wisconsin
 - Adjunct Clinical Instructor, University of Wisconsin Milwaukee, College of Nursing
- Christa Tonsor BSN, RN
 - Clinical Services Specialist and Hospital Liaison, My Choice Family Care –
 Care Wisconsin



What is Family Care?

Family Care is a publicly funded program that assists people in managing their community-based long term care.

The program serves frail seniors and adults with intellectual, developmental, or physical disabilities in managing their long term care.





Who Does Family Care Serve?

- Frail older adults (65 years or older)
- People with physical disabilities (18 years or older)
- People with intellectual/developmental disabilities (18 years or older) (ADRCs and MCOs can begin planning for children with physical or intellectual/developmental disabilities prior to their eighteenth birthday.)



Family Care and Hospitalizations





Family Care Before WISHIN

- Untimely or no notification of member hospitalizations
- Reduced discharged planning due to lack of awareness
- Reduced compliance with postdischarge recommendations and follow-up appointments.
- Gaps in service
- My Choice Family Care Care Wisconsin joined WISHIN in 2014.

Family Care with WISHIN

- ► Timely Notification
- ► Increased Communication
- Access to immunizations and prescriptions
- ▶ Better member outcomes
- Increased member satisfaction
- ► Single sign-on access





Addressing Barriers to Discharge HOSPITAL LIAISON

- Hospital Liaison started in 2017.
- •Serves as the secondary contact between hospital personnel and IDTs
- Identifies trends in delayed discharges to help with process improvements

RED FLAG ITEMS:

- Placement Changes
- Decisional/Competency Issues
- Suspected Neglect and/or Abuse
- Readmission Risk
- Medically Complex Discharge
- Members Requiring Tube Feeding
- Behavioral Issues





Member ID Cards



Effective Date: 01/29/2020

Member Name: Mary M'Choice

Member Number: 085519

Toll Free: 1-877-489-3814

TTY: 711

www.mychoicefamilycare.org





Turning Data into Outcomes

- ► RN Primary Contact
- ▶ Day 1: Discharge planning starts
- ▶ Day 2 Discharge: Daily conversations on discharge planning
- ► Day 5: Supervisor involvement to address any barriers to discharge
- Discharge Day 3: RN completes a telephonic assessment
- ▶ Discharge Day 7: High risk members receive an RN home visit in addition to the telephonic assessment

Enhancing Collaboration

- Admitting Diagnosis
- Anticipated Length of Stay
- ► Hospital Social Worker's Contact Information (Phone and Fax)
- Care Team Contact Information (Phone and Fax)
- Guardianship or POA Paperwork
- Member's Current Services
 - Durable Medical Equipment, Durable Medical Supplies, Home Health Agency Services, Residential Services, Adult Day Program, Transportation Provider, PCP information, Pharmacy information
- New Services for Discharge







Enhancing Post-Discharge Follow-Up

- Diagnoses
- Medications
- In-Home Services
- Follow-Up Appointments
- Long Term Care Functional Screen Considerations
- Home Visit Considerations



References

- Re-Engineered Discharge (RED) Toolkit. Content last reviewed May 2017.

 Agency for Healthcare Research and Quality, Rockville, MD.

 http://www.ahrq.gov/professionals/systems/hospital/red/toolkit/index.html
- United Health Foundation. (2019). Preventable Hospitalizations, Wisconsin. Retrieved from https://americashealthrankings.org/explore/annual/measure/preventable/state/WI.









Questions?

Thank You

