



## **Cureatr - NYHQ**

Mobile Care Transition Notifications





# Pilot Overview



- **Goal**
  - Demonstrate value of receiving mobile Care Transition (Event) Notifications for “at Risk Patients”
    - Emergency Department Diversions
    - Identify At Risk Patient Population
    - Provide faster follow up
    - Multiple financial ROI Opportunities
    - Patient Tracking
- **Scope**
  - Cureatr aggregates ADT Feeds from NYHQ and sends “Push Notifications” to Pilot Clinicians via Cureatr Mobile Care Coordination app
  - Clinicians “Subscribe” to Patient Population
  - Clinicians Receive “Alerts”
    - ED Admission
    - ED Discharge
    - In-Patient Admission
    - In- Patient Discharge
- **Members**
  - NYHQ ED Care Management Team
  - IPA
  - Rehab
  - Home Health





# Real-Time, Automated, Mobile

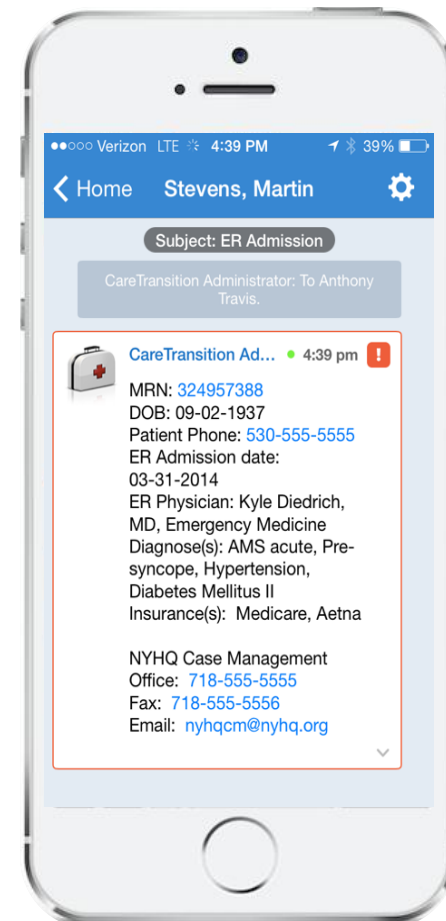
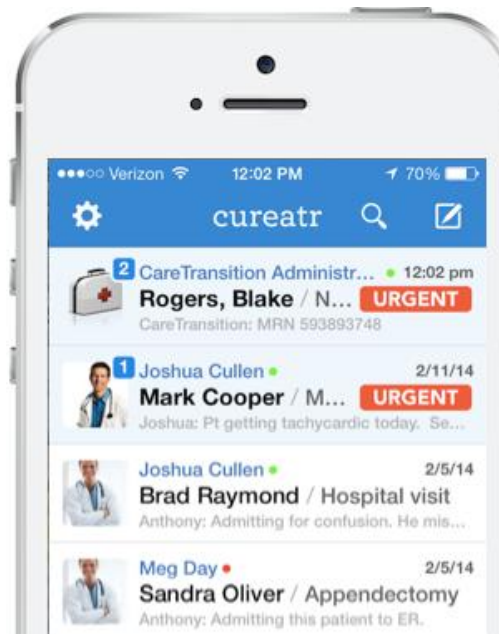


CTN includes all admission, discharge, transfer data so providers or care managers can act on the following information:

- Treatment date and location
- Chief complaint/admitting Dx
- Attending physician
- Preliminary diagnosis
- Notification response instructions

## Smart notifications

- Prioritize notifications, i.e. risk
- Care instructions
- Document/image attachments

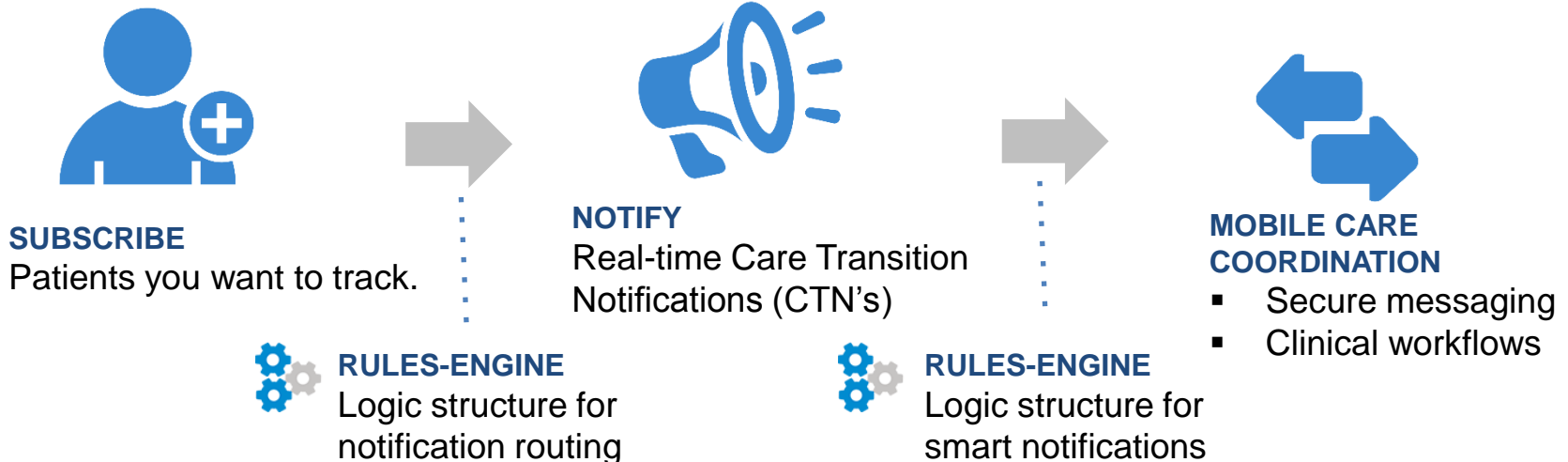




# Benefits



- **Hospital - NYHQ** Care Managers receive notifications on average 30 mins faster than through EMR
- **IPA** – know when patients have ED Events, Admissions and Discharges 24-48 hrs earlier. Enables faster follow up. Improved Patient Coordination.
- **Home Health** – know where their patients are and can re-establish relationship post discharge. Prevents Leakage
- **Rehab** – Know when patients **are** admitted In-patient and can accept a new patient. Know In-Patient Discharge and can re-establish relationship on patient





# Challenges



- **New Product** - Developing and Refining a New Product Offering
  - What is Technically Possible
  - What do Clinicians Need
- **Training**
  - Managing Culture Change of Secure Mobile Alerts + Messaging
  - Clinician Participation
  - Connectivity and Devices
    - Wi-Fi
    - BYOD Policies
- **Reporting**
  - Marrying Hospital Patient Data with CTN Alerts
    - Diagnosis for Re-Admission
    - Patient Tracking
- **Technical Dependencies**
  - Quality and Content of ADT Feed
  - Patient Data – (Allscripts)
  - Connectivity



# Next Steps



- Extend Pilot
- Goal
  - Refine Reporting and ROI Data
  - Add In-Patient Care Management Team
  - Foster Physician Participation in Hospital
  - Add Secure Messaging Across Teams