

HopeWest is the Hospice provider for a large six county area of rugged, rural western Colorado. This service area is approximately the size of all the New England states combined. Dr. David West, Vice President of Medical Affairs for HopeWest recently spoke to Quality Health Network (QHN) about their utilization of the QHN Health Information Exchange (HIE).

Dr. West started the conversation by noting the recent changes in the eligibility criteria that have been placed on the Medicare benefit for Hospice care admission. In his role, at HopeWest, he facilitates and reviews the majority of Hospice admissions throughout their six county service area. "We send out our Hospice nurses to see people in the far reaches of the rural areas we serve. This often means they must travel 100 miles or more. The nurse calls me from the field to relate the details of the patient assessment in response to a referral we have received, which vary in detail and sophistication, but many are self-referrals. The typical scenario is some health status change event has happened, such as the patient has fallen. It is my responsibility to assess the patient need, long distance, and decide if the patient qualifies for and is appropriate for Hospice care."

Information in HIE Facilitates Hospice Admission Process

QHN has extensive market penetration in the HopeWest service area. More than 93 percent of the providers, 100 percent of the hospitals and greater than 80 percent of other healthcare organizations in area are connected to the QHN HIE. "By accessing the information in the QHN data repository [Patient Summary Record] I can see all the patient's health records and determine if they qualify to be in Hospice care and that they don't need emergency department or inpatient hospital care," continued West. "Without the data in QHN I can't determine whether the patient meets the Medicare Hospice benefit criteria or not. QHN allows me to research all the patient data quickly, while the nurse is right there in the patient's home or assisted living facility - wherever the patient might be. We can make the decisions about the appropriate care, this is a huge! Hospice admissions can be very complicated. On admission you often find out they have been going to seven different doctors, just getting their medications straight can be a challenge without the HIE."

Using HIE to Share Advance Directives – Respecting Patient Wishes

Seeing a community need to have the ability to share patient advance directives, HopeWest and the QHN Clinical team have taken on the initiative to educate providers and promote the process of uploading these documents into the HIE. "To have the patient's advance care planning documents on-line in QHN is a bit new. However, I can tell you that at least 10 patients a year, that have signed advance directives indicating they don't want to go to the hospital and that they want to die in their own home, are transported to the hospital," shared West. "Something happens, like they fall in the yard and somebody calls 911. Away they go to the ED and we spend \$10,000 dollars on tests before anyone finds out that the patient didn't want any of this advanced care. To me community access to advance directives is about two things, respecting patient choice, and healthcare system cost savings."



David West, M.D

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"One case has really stayed with me. About 6 months ago, a woman was transported to a smaller local hospital. She was admitted for a couple of days and they determined they couldn't provide the care she needed. She was then transported to the ICU at the regional medical center and admitted for 4-5 days before a relative was able to arrive in town. The relative told the staff 'mom never wanted any of this, she didn't want this treatment; I have it here in writing.' For all this unwanted care the taxpayers paid \$75,000-100,000."