Northern Light Health

From the Office of Clinical Informatics

Cerner Millennium
HealtheCare Identification and Enrollment

May 4, 2020

HealtheCare is a platform allowing a proactive approach to patient care. Beacon staff will be able to provide surveillance, coordination of care, and facilitation of services to reduce readmission and repeat emergency visits. HealtheCare interfaces with HealtheIntent, which is a cloud-based solution that pulls data from multiple sources into a longitudinal patient for overall quality improvement.

Patient Identification

Potential Case List (PCL) includes names of patients who have met criteria to be considered for one of four categories. There are multiple algorithms processing the information received from HealtheIntent to include patients on the PCL. Most commonly, patients will be assigned the staff based on Beacon's connection to the primary care office. Patients can also be manually referred for services outside of the HealtheIntent solution.

- **Categories**
  - Transitional Care Management: Qualifying Risk Score and Hospital discharge within last 10 days.
  - High Risk Adults: at least 18 years old with at least one qualifying factor.
  - High Risk Pediatrics: under 18 years old with a specific condition and at least one qualifying factor.
  - Complex Care Management: at least seven points from Condition, Medication and Social Determinants.
- **Manual Referrals**
  - On occasion, patients will be referred outside of the HealtheIntent platform. Care Managers/ Community Care Team (CCT) members, and CRAs will have the ability to create a new case.

NOTE: **If the patient is not a current patient of the system, *only* Clinical Review Associates will have the ability to set up a new medical record number.**

STEP 1: From the **Care Manager** tab, expand the window and search for the patient in the **PCL**.
- If not seen, then follow the link to review the electronic record.

STEP 2: Click the link to **Search for a Person**.

STEP 3: Enter the patient name, highlight correct listing and click **OK**.

STEP 4: Enter referral details and click **Create Case**.
- This will create the FIN for the encounter.
- If patient is being referred for *Novel Virus* follow up, the Case Type will be *Care Coordination*.

Patient Assignment

Clinical Review Associates will review the Potential Case List and compare to the CM/CCT active case list. For equitable assignments, CRAs can assign a patient to a CM/CCT other than one identified by an algorithm.

➢ **Initial assignment**

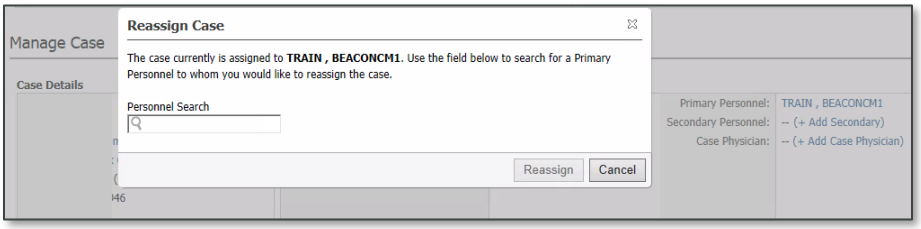
STEP 1: Select a location.

STEP 2: Locate the patient and review placement details.

STEP 3: Check the box and click **Assign**.

NOTE: Click the green checkmark to review which Care Manager has been assigned, as needed.

➢ **Reassignment**



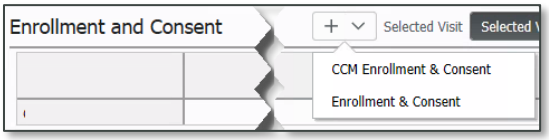
STEP 1: Open the patient's chart.

STEP 2: Navigate to the **Manage Case** section.

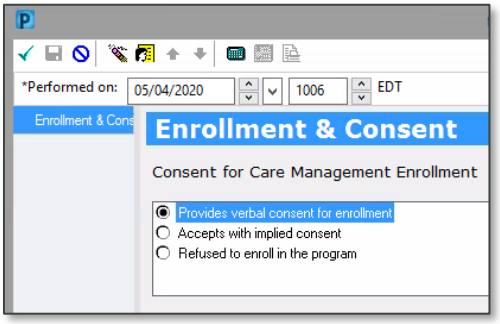
STEP 3: Click the **Primary Personnel** name.

STEP 4: Enter new staff name and **Reassign**.

Patient Enrollment



Contact the patient to explain services and document the response on the **Enrollment and Consent** PowerForm.



STEP 1: Click the **Enrollment** tab and select **Enrollment & Consent** from the drop-down list.

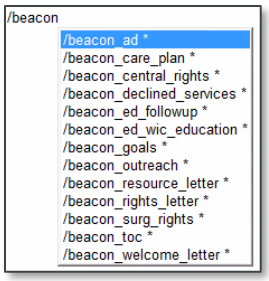
STEP 2: Document the patient response and sign the form.

- The **Case Status** will automatically update to **Enrolled** if the patient agrees to participate. Other case statuses can be set manually.

➢ **Case Status**

- New: Patient with qualifying events are seen on the Potential Case List to be assigned.
- Pending Enrollment: Chart review has been completed but the patient has not yet been contacted.
- Enrolled: Patient has agreed to participate, but the assessment has not been completed.
- Active: Care Manager and patient are working to achieve goals.
- Pending Closure: Services are nearing completion, or two unsuccessful outreach attempts have occurred.

Patient Communication



Once the patient has been enrolled in services, staff will generate a Welcome Letter, document a Communication Event, and schedule a Reminder for follow up.

- **Patient Letter**

STEP 1: Click **Communicate** from the toolbar and select **Patient Letter**.

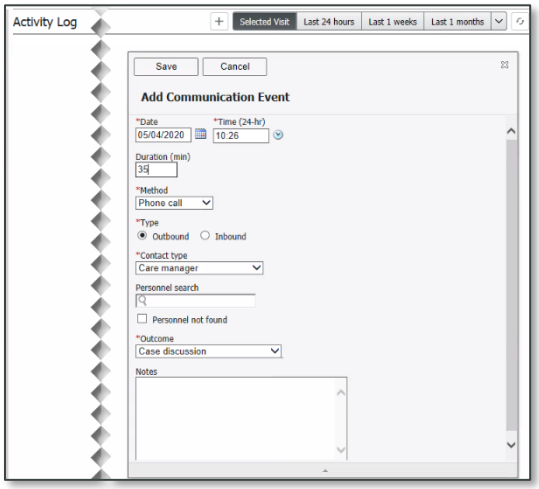
STEP 2: Use the */beacon* autotexts to create the body of the letter.

STEP 3: Click **OK** to print and save.

- **Activity Log**

STEP 1: Click the + icon on the Activity Log component to add a **Communication Event**.

STEP 2: Enter appropriate details and Save.



- **Reminder**

STEP 1: Click the + icon on the **Reminder** component.

STEP 2: Click the **Include Me** option to the right of the To: field.

STEP 3: Enter details of the reminder in the body of the message.

STEP 4: Enter a Due Date for reminder and click **Send**.

- Do not change the Show Up on Date.