Health IT BRIEF

ADT Notifications

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Health IT Advisory Council
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DESCRIPTION:

The international standards development organization Health Level 7 (HL7) standard for ADT (Admit, Discharge, and Transfer) data feeds can be used to establish notification services, with automated messages informing a patient's care team when the patient is seen in a hospital or emergency department. Effective notifications are dependent on reliable, segmented data, establishing effective patient-provider or patient-entity relationships, and successfully leveraging health information transport standards.

ADMISSION, DISCHARGE, AND TRANSFER (ADT) NOTIFICATIONS:

- An event, such as an admission, discharge, or transfer of care, triggers an ADT message to be sent from the facility or provider's Electronic Health Record (EHR), practice management system, or other alerting system to a Health Information Exchange (HIE) or Health Information Service Provider (HISP) system.
    - These notifications inform providers about care episodes and allow for rapid follow-up actions, information sharing, and interventions that can help patients stay healthy and avoid readmissions.
    - The ADT notification is sent based on rules within the system regarding who should receive the alert, what format the alert should be sent, and routes the message where it needs to go.
- Basic ADT message provides a patient's demographic information, when that information has been updated, and when an ADT status (e.g. admitted or discharged) has changed.

- ADT messages can be augmented with additional data, including clinical data in the Consolidated Continuity of Care Document Architecture (C-CDA) standard format.

CONSIDERATIONS AND RECOMMENDATIONS:

- Engage support of appropriate partners and stakeholders when implementing ADT notifications, or other notification/alerting mechanisms, including clinical and administrative leaders from hospitals, physician practices, other ambulatory care providers, care managers, and regional HIE leaders.
- Clarify and articulate the value proposition and funding requirements for ADT-based alerts.
- Establish goals for the ADT-based alerting systems in driving clinical transformation.
- Develop Use Cases for ADT feeds, addressing questions such as:
    - How should the ADT feed be filtered?
    - Where will ADT-based alerts originate?

- - Will clinical data be sent, or just demographic information notifying that an encounter has taken place?
  - Who will receive the alerts: a practice or care manager?
- Integrate ADT-based alerts into provider and care coordinator workflows
  - Identify roles and responsibilities
  - Provide training and coaching
  - Tailor workflows to support clinically-meaningful alerts

EXAMPLES OF STATES USING ADTS TO IMPROVE PATIENT CARE:

- Chesapeake Regional Information System for our Patients (CRISP) is Maryland's state-designated entity for HIE
  - CRISP is harnessing the basic data from ADT messages to help providers better coordinate their patient's care.
  - CRISP's **Encounter Notification System (ENS)** provides real-time electronic notifications when patients are admitted to, discharged from or transferred within a hospital.
    - CRISP works with providers to develop hand-selected "patient panels" who have an identified treatment relationship with providers. Patient panels are loaded into the ENS, generating a subscription list for each physician or care coordinator.

- Michigan Health Information Network's (MiHIN) ADT Notification Service
  - MiHIN's ADT Notification Service enables the push exchange of ADT messages to patient-authorized providers and uses an algorithm to compare patient information from the ADT message to information provided by those who have an active relationship with the patient.
    - The message is then pushed to providers or organizations using the notification preferences from the statewide health provider directory.
  - MiHIN's future alerts utilizing the statewide Electronic Notification Service framework include discharge summaries and reconciled medication lists.

- Oregon Health Authority has partnered with the Oregon Health Leadership Council on the Emergency Department Information Exchange (EDIE) system.
  - This is a web-based communication technology that enables intra- and inter- emergency department communication.
    - It allows emergency department clinicians to identify patients who visit the emergency room more than five times in a 12 month period or patients with complex care need so these patients can be directed to the right setting of care.
    - EDIE alerts hospitals in real-time when a patient is visiting the emergency room.
  - PreManage – This is a complementary product to EDIE that allows hospital event data to be pushed to a health plan, Coordinated Care Organization (CCO), and provider groups on a real-time basis for specified member or patient populations.
    - Enables timely and informed care coordination, population management, and discharge planning.