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Shafiq Rab, M.D.
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Background
Hackensack University Medical Center is the largest provider of inpatient and outpatient health services in New Jersey. The nonprofit research and teaching hospital was founded in 1888, and is comprised of 775 beds, more than 7,600 employees including more than 1,600 physicians. It has received top regional and national rankings from multiple organizations, including its ranking as the number one hospital in New Jersey by U.S. News & World Report. HackensackUMC is the flagship hospital of the Hackensack University Health Network, one of the largest healthcare systems in New Jersey comprised of 11,300 employees, 3,100 credentialed medical staff members and 1,697 hospital and nursing home beds.

HackensackUMC has an information technology (IT) staff supporting both clinical and IT-related applications. The medical center utilizes the Epic Software Suite, and is in a full-scale implementation of Epic to its roughly 400 affiliated ambulatory providers.

Requirements
- Attest for Meaningful Use Stage 2 (MU2) requirements starting with the July 1, 2014 reporting period
- Integrate Direct Secure Messaging (Direct) within existing Epic framework to facilitate transmission of continuity of care documents and automated reporting
- Meet and exceed MU2 10 percent requirement of sending continuity of care documents using Direct, for patients that are referred to an external setting of care upon discharge
- Send and confirm delivery of continuity of care documents through a web portal for out of network referral partners without access to Direct – at no extra charge to those providers
- Access external provider directories
- Ensure adequate service and support services are available post implementation
- Stay within modest budgetary requirements

Challenges
In order to successfully meet the 2014 Meaningful Use Stage 2 timeline, HackensackUMC planned to begin its attestation period for MU2 on July 1, 2014. A key requirement of attesting for MU2 was successfully sending and tracking the delivery of continuity of care documents when a patient is discharged to an out-of-network provider, such as a long-term care facility. At least 10 percent of these transition documents had to be successfully sent using Direct from HackensackUMC, and then received electronically by the recipient, also using Direct.

Prior to using Direct, whenever a patient was transferred to another facility, the discharge documents were printed out and were either faxed or physically given to the patient to hand to the next provider. This manual process sometimes resulted in patient transitions taking longer than desired, and often depended on the patient remembering to deliver the documents to the new provider. Automating the process is not only expected to improve the quality of care patients receive after discharge, but also decrease the time it takes to complete the transition.

The medical center also knew that most of the providers they discharged to, especially long-term care facilities, did not have an EHR or a way to obtain a Direct address, which these providers would need in order for HackensackUMC to complete its own attestation process.
Jeremy A. Marut, director of enterprise architecture, explains, “At HackensackUMC we rely heavily on our Health Information Exchange to share information amongst community hospitals and physicians. While this met our needs for Meaningful Use in previous years, MU2 took the exchange of information to the next level with transitions of care. While we had a repository, we found ourselves at a major disadvantage especially given the poor level of technical capabilities most of our community partners could afford.”

Solution
One of the first steps in the move to sending documents electronically was to assess current workflows. This assessment was multidisciplinary including IT, clinical informatics and the clinicians themselves. Having multi-departmental input was critical to not only automating the process, but enhancing the workflow.

Next, the medical center looked at several Health Information Service Providers (HISPs) offering Direct services. DataMotion was selected for several reasons including: overall cost effectiveness of DataMotion Direct, DataMotion’s depth of service and support, its ability to connect non-Direct enabled providers through its Community Web Portal and its ability to quickly integrate with the Medical Center’s existing Epic Care Everywhere system.

“When we first began, none of our long-term care facilities, such as nursing homes, had Direct addresses” said Michael Fitzpatrick, enterprise integrations project manager, HackensackUMC. “Using the DataMotion Direct Community Web Portal, we could easily provide these facilities with Direct access, enabling them to receive our transitions of care documents.”

“DataMotion helped our organization lift the rest of the community to a more sophisticated level of technical integration and interoperability; effectively improving overall healthcare to our patients,” adds Shafiq Rab, M.D., vice president and chief information officer at HackensackUMC.

Working with DataMotion, HackensackUMC quickly automated the transitions of care process using Direct and started the attestation process on time. Fitzpatrick commented, “DataMotion demonstrated that it had the depth of support and service we needed not only during the implementation, but moving forward as well. Implementation was very quick, efficient and effective. We are now using DataMotion Direct with a large portion of our external transitions of care.”

According to Dr. Rab, “DataMotion Direct is a key component of HackensackUMC’s strategic environment of universal interoperability. Using Direct has enabled our organization to achieve Meaningful Use Stage 2 requirements in a short amount of time.”

In addition to meeting MU2 objectives, when a patient is discharged to another facility such as a long-term care facility, that facility is able to start the onboarding process for the patient immediately. This significantly reduces the time it takes to transition the patient from the hospital to long-term care and enhances the quality of care the patient receives on discharge.

Meeting MU2 objectives was just the first step for HackensackUMC. “Now that we have this workflow as a baseline to exchange patient information, we are looking to build on it as a way to expedite other existing workflows outside of transitions of care,” said Fizpatrick.

Marut adds, “The next frontier with Direct is a platform and vehicle for sending images and results.”

Dr. Rab summarizes, “Ultimately it is all about maximizing the quality of care our patients receive and the improvement of the overall health of our community.”

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Results

- Data collection for the MU2 attestation 90 day reporting period was started as planned on July 1.
- The current rate of transitions of care documents sent and received successfully is running well above the 10 percent MU2 requirement due to the Community Web Portal.
- The amount of time relevant patient information has reached nursing homes post discharge, has decreased significantly.
- Hospital clinicians are very satisfied with the new automated workflow.

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