

Florida FQHC Brevard Health Alliance is using the Encounter Notification Service® (ENS®), powered by Audacious Inquiry, to gain real-time information on patient encounters with the healthcare system to provide timely follow-up and education, ultimately resulting in reduced readmissions and improved care for the uninsured and underinsured.

Background and the Need

Brevard Health Alliance, a Federally Qualified Health Center (FQHC) in Brevard County Florida serving over 88,900 patients, provides comprehensive medical services including primary care, behavioral health services, dental care, medication management, and referral services to underserved patients regardless of their ability to pay. One of the major challenges facing health systems at present is preventing hospital readmissions. Avoidable readmissions are not only economically costly, they put a resource strain on hospitals and emergency departments and risk patients picking up hospital-acquired infections during their stay.

However, many patients who are hospitalized end up being readmitted, for several reasons. When a patient is discharged, follow-up care is incredibly important to ensure the patient's healthcare needs continue to be met. Education is also important to help patients understand alternative care settings, so that in the event of continuing symptoms, they understand whether returning to the hospital is necessary, or whether their needs can be met at an urgent or primary care center.

Knowing when a patient is hospitalized is crucial for allowing care managers to intervene to provide this vital follow-up care and education. In the past, providers and care managers have had a difficult time controlling readmissions because they don't always know when a patient is hospitalized.

“The ENS platform has been invaluable in helping our organization conduct more effective outreach and tracking for our patients when they are admitted across the various hospital systems.”

Jason Burgos | Brevard Health Alliance
Director of Healthcare Support Services

Current State

In May of 2018, Brevard Health Alliance took action to reduce readmissions and close gaps in care by implementing the Encounter Notification Service® (ENS®), powered by Audacious Inquiry. This service provides near real-time alerts to ED Navigators when a patient is admitted, discharged, or transferred from a healthcare facility enabling outreach, timely follow-up care, and education. This is a change from using claims data to track patients within the healthcare system. With claims data there is a lag in delivery time, which can mean that patients are already discharged by the time ED Navigators arrive. Most importantly, claims data do not provide information on uninsured patients, who make up a large percentage of FQHC patients.

The Community Health Centers Alliance (CHCA), dba The Center for the Advancement of Health IT (AHIT), a non-profit group helping FQHCs adopt technology to better serve their patients, provides education, training, and onboarding assistance to help FQHCs use ENS. Since implementing ENS with CHCA's support, Brevard has seen an overall reduction in readmissions, including a reduction in hospital readmission rates for Medicaid patients from 17.29% in 2017 to 8.59% in 2018, and a reduction in readmission rates for Medicare patients from 19.15% in 2017 to 13.25% in 2018.

The Benefit

To the Patient

- Better patient tracking through ENS helps FQHCs like Brevard keep patients from being readmitted, especially patients with complex and/or chronic conditions. For example, Brevard saw a reduction in the percentage of uncontrolled diabetic patients (HbA1c>9%) from 19.05% in 2017 to 14.49% in 2018.
- By using ENS notifications instead of waiting for claims data to be released, Brevard can effectively track patients belonging to each insurance group.

To the Federally Qualified Health Center

- Real-time alerts allow for timely follow-up and outreach compared to claims data, allowing for improved workflow management and resource allocation for the FQHC.
- Using non-claims data helps close gaps in care for the uninsured and underinsured.
- CHCA's onboarding and training support make it easy to implement and use ENS to reduce readmissions and close gaps in care.

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