

#### **Alerts Plus Features**

- Alerts Plus listens for up to five days post-discharge, enhancing data completeness and standardization.
- Healthix creates and sends updated alerts when we receive a CCD for the encounter/visit. This helps capture data post discharge.
- Even though Alerts Plus listens longer, 94% of alerts are delivered in under 24 hours, predominantly in 4-hour window post event.
- Alerts Plus is available only for ADT Customers. There is no additional action required on the customers part.
- Participants can choose to exclude facilities if they prefer not to receive alerts from specific sites.
- Participants can receive or exclude alerts from Cross QE facilities. Cross QE Alerts do not contain Dx or encounter number and do not listen for five days.
- Alerts Plus can facilitate patient outreach, care coordination, intervention, and population health by providing real-time data on patients outside the network and assisting in filling data gaps.

#### **Trigger Events**

- ER Admit/Discharge.
- Inpatient Hospital Admit/Discharge.
- Skilled Nursing & Rehab Admit/ Discharge.
- Patient Mortality.

Note: Participant Alerts are not saved by Healthix due to the high volume sent daily. For troubleshooting we will need Participants to provide samples.

For more information on Healthix Alerts Plus reach out to your Relationship Manager or call 1.877.695.4749.

Healthix Alerts Plus triggers alerts for emergency department (ED), inpatient, and skilled nursing facility (SNF) encounters, monitoring data up to 120 hours post-discharge.

#### Why is this important?

Messages received upon admission may not initially include key information such as diagnosis (Dx) as it has not yet been established. The Dx and associated fields are captured later in the visit or even post visit as the provider closes the EHR record. In our analysis, we were able to capture 50.4% more information with Healthix Alerts Plus than our basic alerts, with a much higher level of standardization in ICD10 and SNOMED codes (see next page.)

## **Data Format and Prioritization**

Alerts Plus is delivered in ADT or HL7 standard format.

The HL7 segment contains basic encounter information. For example the *PV1 segment* communicates information on a visit-specific basis (type of encounter, admitting doctor, visit number, etc.) *PD-1 segment* provides demographic information, gender, race, ethnicity, and *DG1* is the segment that contains information on the Diagnosis (Dx).

Not all segments are required to be sent by sources (Hospitals, Physician Practices, etc.). We work closely with our participants to prioritize data contributions based on their significance to our customers, ensuring actionable data for outreach and care coordination.

## **Data Segments in Alerts Plus**

**Patient Visit**: Encounter Number = Visit Number: The encounter number/visit number is contained in PV 19 segment, a mandatory segment for Healthix. This number should be used to link all alerts for a particular visit (admit/discharge/update).

**Diagnosis:** Typically, you will not receive a Dx on admit, however you can receive a chief complaint (ADMIT REASON) or an admit or working Dx (found in DG1-7). By discharge or post-discharge, a final Dx is expected, although an expectation of 100% receipt of Dx does not align with the information we receive from our source Participants.

## Why might you not receive an Alert?

A deny consent on file, 42CFR-SAMSHA protected data, an ED visit transitioning to an inpatient visit without discharge, issues at the MPI level, patient MRN mismatches, and potential transmission and exchange of data from the source to Healthix or within Healthix (these incidents are reported on the Healthix performance page and are more often delayed alerts then dropping alerts entirely). While Alerts Plus aims to deliver comprehensive notifications, it may not achieve 100% coverage due to these factors.



KEY

Data sent at the time of the event.

Data sent at the time of the event PLUS data coming in for the following 120 hours post event. \* These percentages are based on a random 1,000 alert sample of Healthix data (all sources) in March 2024.

# ALERTS: STANDARD VS. PLUS FOR ADT

		STANDARD ALERTS			ALERTS PLUS			
DATA ATTRIBUTES	CODE	СМС	MDM	ADT	% CHANGE VS.	ADT	DAILY DIGEST	% OF DATA RECEIVED*
Admit Reason	PV2-3				58%			88%
Diagnosis Description	DG1-4*				63%			93%
Diagnosis Coding Method	DG1-2				64%			93%
Diagnosis Date/Time	DG1-5				64%			93%
Diagnosis/DRG Type	DG1-7				64%			77%
Diagnosis Code	DG1-3*				68%			93%
Hospital Service	PV1-10				15%			94%
Admission Type	PV1-10				24%			62%
Patient Type	PV1-18				47%			100%
Bed Status	PV1-40				28%			63%
Admitting Doctor	PV1-17				28%			81%
Attending Doctor	PV1-7				31%			94%
Consulting Doctor	PV1-9				16%			27%
Referring Doctor	PV1-6				16%			47%
Discharge Disposition	PV1-36				27%			62%
Discharged to Location	PV1-37				34%			51%
Discharge Date/Time	PV1-45				11%			88%
Event Type Code	EVN-1				11%			100%
Patient Address	PID-11				6%			100%
Phone Number - Business	PID-14				20%			91%
County Code	PID-12				28%			71%
Phone Number - Home	PID-13				48%			42%
Patient Sex (GENDER?)	PD1-8				1%			97%
Race	PD1-10				16%			85%
Insurance Company Name	INI-4				2%			69%
Plan ID	INI-2				2%			88%
Plan Type	INI				2%			88%
Patient Death Indicator					0%			20%
Patient Death Date and Time					0%			100%
# Of Data Attributes: 29		5	20	29	AVG: 27.4%	29	10	AVG: 77.8%

Please note the list focuses on key information and is not inclusive of all data sent (i.e., patient name). This refers to data completeness not standardization