

The background features several thin, light blue wavy lines that flow across the page from left to right, creating a sense of movement and design.

## Product Development Tips:

5 steps to get products  
hospital-ready for  
the CMS ADT deadline

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## **Prologue:** CMS ADT Challenges

Creating a great product for hospitals starts with understanding their challenges, and CMS has recently introduced a new hurdle.

ADT (admission, discharge, transfer) notifications are critical to improving care delivery and supporting coordination across the healthcare continuum. After publishing the Interoperability and Patient Access final rule in 2020, CMS has set a deadline of May 1, 2021 for healthcare organizations to comply with notification of ADT events. This rule will apply to all hospitals that have an EHR or administrative system that conforms with the HL7 2.5.1 content exchange standard, including behavioral health and critical access providers.

For companies that want to address ADT compliance, now is the time to examine how their solutions will support hospitals in this time of transition.

What's the best way to start? It is most important to center hospital needs as you develop ADT functionality in your products. Starting there will make sure that your offerings align with the hospitals' compliance and care goals, but also make your go-to-market much easier.

To help you get there, here are 5 steps to get products hospital-ready for the CMS ADT deadline.

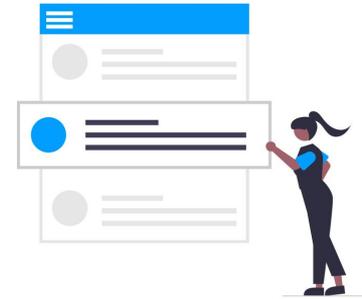
The ultimate goal of ADT notification requirements is to show the notifications in real-time. This shift is expected to improve patient outcomes, smooth care transitions, reduce costs, and minimize stress and workflow tax between parties, achieving an overall better experience for both patient and provider experiences.

Encouraging notifications in real time helps close care gaps, improve care coordination, identify patient leakage, and reduce the chance of unnecessary readmissions.

Real time ADT capability is also crucial to the success of value-based reimbursement programs—think ACOs where a provider is at risk of taking financial damage from costs associated with poor transitions of care.

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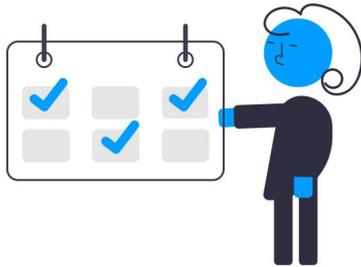
## #1 Connect with Hospital ADT Goals



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#2

## Get Up-to-Date on ADT Requirements



After the deadline, hospitals will be required to prove that they made reasonable effort to contact a patient's primary care physician (PCP), specialty providers as identified by the patient, and any post-acute providers who would require information for proper care coordination.

Hospitals will need to satisfy three requirements related to ADT event notifications.

1. **A fully operational notification system**  
This has to comply with state and federal security regulations.
2. **Notification requirements**  
Notifications must include, at a minimum:
  - a. Patient name
  - b. Treating practitioner
  - c. Sending institution
3. **Sending notifications at the time of registration**  
Hospital systems must send notifications directly or indirectly (through an intermediary) at the time of registration in the ED or inpatient admission, and prior to discharge or transfer. This notification must go to all applicable providers.

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Getting a solid grasp on technical requirements will ensure your products help hospitals meet CMS specifications. Additionally, it can help establish trust with providers who are learning the waters of real-time notification.

Many will want to know that your products support their compliance efforts. They might also need support in educating their staff (IT and clinical) on technical requirements.

While specifics on technical requirements are still vague, there is some guidance out there. CMS encourages the use of the most updated HL7 messaging, [FHIR Release 4](#), or Direct Messages.

[Direct Trust](#), the non-profit trade alliance, has also created a workgroup for developing a standard for Direct Messaging protocols to deliver ADT requirements.



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#3

## Prioritize Automation and Interoperability in Your Marketing & Product Dev



Many hospitals are already sending notifications, however manual notifications remain the most common. In 2018, CMS projected that 71 percent of hospitals were regularly sending ADT event notifications, including manual sends. This signals that hospitals have invested in interoperability.

At the same time, you can expect hospital leadership to be interested in opportunities to prioritize automation. This is especially true as we see more focus on the provider experience.

When working on marketing and product development strategies, consider factors like customizable data-sharing that enables your clients to give clinicians in receiving facilities the information they're looking for. This could include medication information, diagnoses, and additional provider notes.

Also consider giving them the opportunity to provide continuity of care documents on demand, without the burden of creating a login.

To better understand the possibilities of ADT in a health information exchange (HIE) context, take a look at the [Nebraska Health Information Initiative \(NEHII\)](#) and their ADT notification integration — especially how it allows them to collaborate on clinical and financial goals like addressing the opioid epidemic.

Hospitals have a complex relationship with HIEs and also with independent physicians' outside exchanges. These include home health agencies, post-acute facilities, nursing homes, and a growing web of providers of different types. While some providers within the HIE will be on similar platforms and possibly even share an EHR, outside the network, it's likely that ADT information will need to travel across platforms.

Decide ahead of time how your product will address these differences and support hospitals in getting information to the wide range of providers it is working with. How can your systems provide information without putting an additional burden on your customers' provider partners? Will it require logins? Is there a way to give other providers access to ADT information while maintaining secure communication?

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#4

## Understand HIE Implications



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## #5

### Educate Your Audience on How Your ADT Product Works



Decision-makers at your customer organizations have recently been strained by the increased challenges of remote work and the logistical and security challenges it brings. Of course, this is in addition to the usual strains of work in the industry.

This will put more responsibility on you to communicate clearly. Make it easy for hospital leaders to understand your product features and how it directly addresses their challenges.

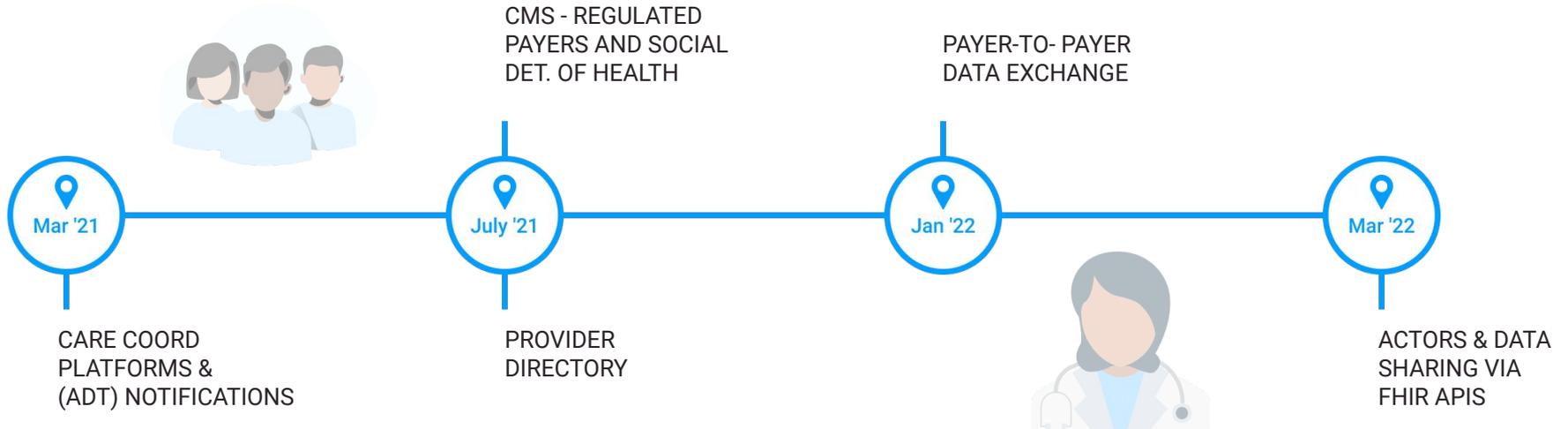
Proactively answer questions like...

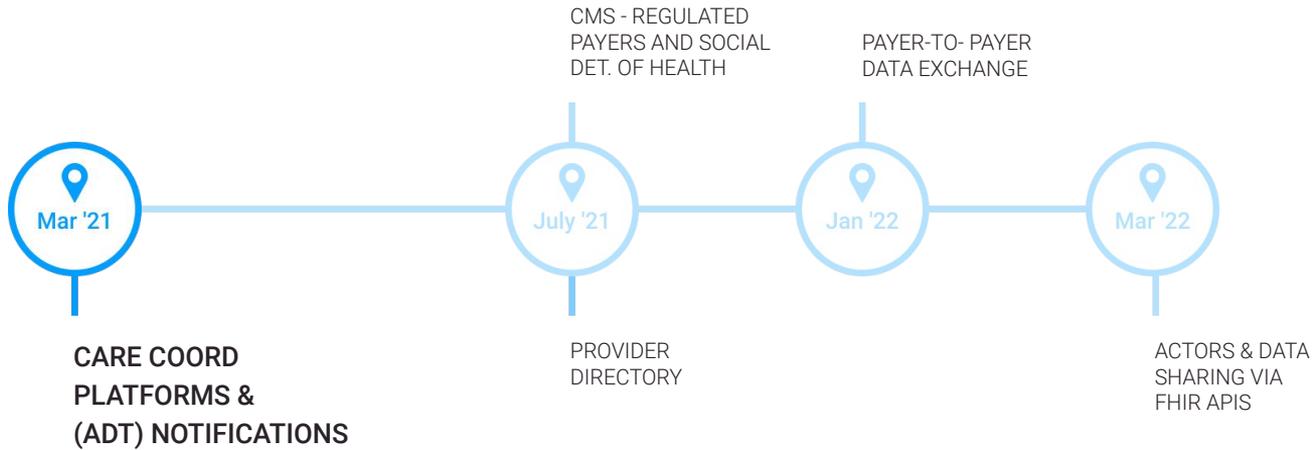
- How will it automate existing hospital ADT processes and general workflows?
- How does it address HIE challenges?
- How will it support organizations that aren't meeting standards? (e.g. documenting cases where a PCP couldn't be identified)
- How will you integrate into their system, and how will this impact their existing workflows and IT staff?

This small step will not only improve your customer relationship, but also ensure that your customers are getting the most out of your offering.

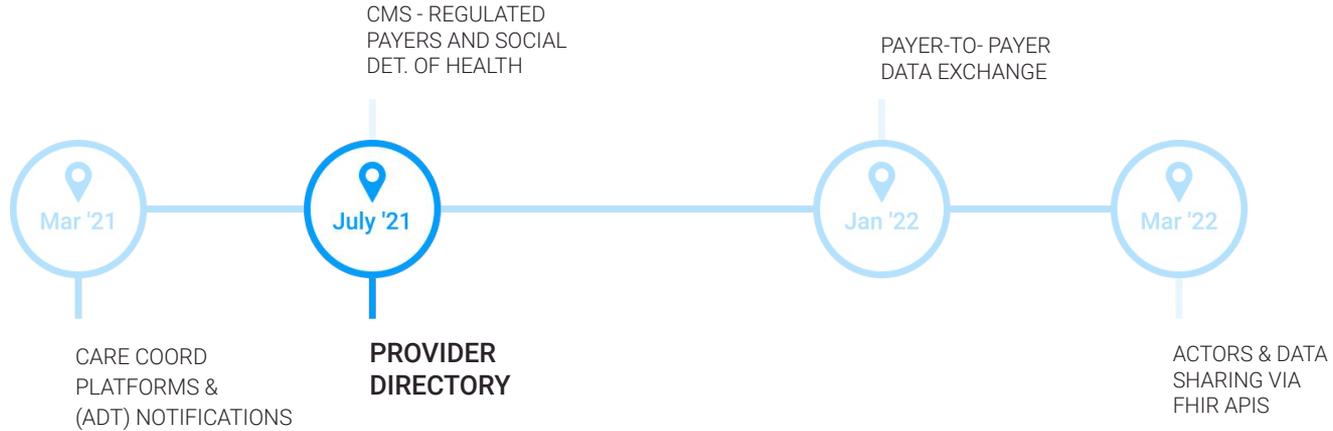
# CMS Regulation Timeline

A new slew of CMS regulation mandates are coming to bring healthcare to the future. These mandates will be bringing a lot of change, and it'll be crucial to have an expert in your corner when the time comes. To help you navigate your way through the upcoming mandates we have prepared a graphical timeline. On next pages, the key steps that Vicert can help you with are **highlighted in blue**.





- Healthcare facilities required to **send key event notifications to other providers** who are also caring for a patient.
- **Coordinating** information and post-acute care effectively is a huge challenge; using APIs gives time and money back to future patients.
- The approaching deadline promises **accelerated adoption**.

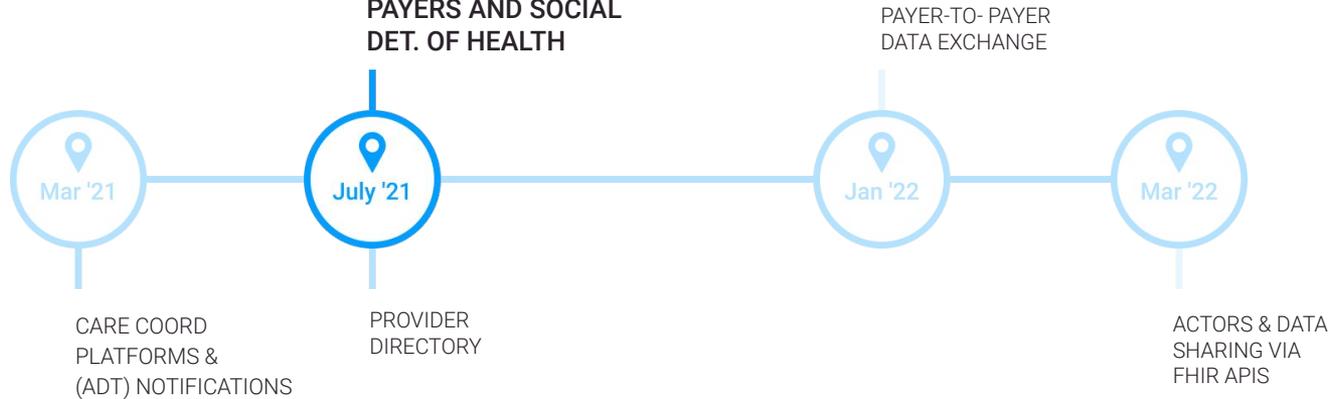


- Payers/insurance plans must make **standardized information** about their provider networks available through a published API.
- Typically spend one day a week and \$1000 a month on directory maintenance, which could be halved by APIs.



- Payers are required to implement **FHIR API**.
- Payers APIs must include **data for population health** purposes like social determinants of health, in-home care, meal prep/delivery, and transportation.
- Data must be available no **later than one business day** after a claim is adjudicated or encounter data are received
- Population health management is the simplest way to keep a community healthy and save money.

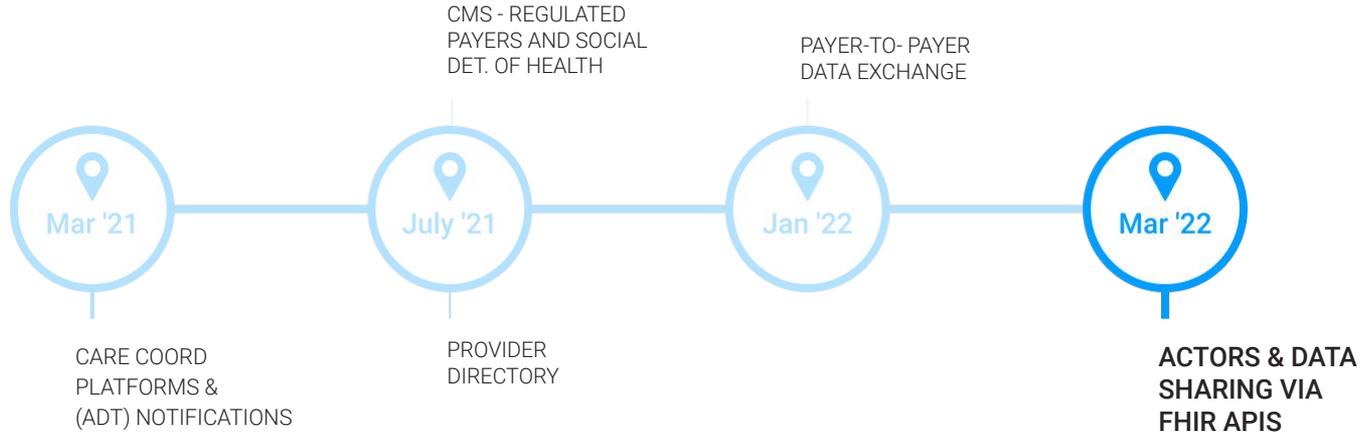
### CMS - REGULATED PAYERS AND SOCIAL DET. OF HEALTH





- Payers must comply with patient requests to **send their clinical data to other payers**, ensuring record exchange if enrollees change plans.
- Could solve a lot of wasteful/repetitive care when switching insurers.





- Actors must make **EHI shareable** to patients, insurance plans, and federal agencies through FHIR-standard APIs.
- Actors are forbidden from information-blocking.
- ONC requires **2 privacy and security criteria**.

# ENABLING THE DIGITAL HEALTH REVOLUTION!

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