

Precedence expands cdmNet platform following sale to Sonic

Written by Kate McDonald on 07 December 2015.



Care coordination specialist Precedence Health Care (<http://precedencehealthcare.com/>) has launched a new cloud-based coordinated care platform designed to support plug-in application services and the full continuum of care following its recent acquisition by the primary care division of Sonic Healthcare.

Sonic has purchased 100 per cent of the Melbourne-based company, and it will now form part of Sonic Clinical Services (<http://sonicclinicalservices.com.au/>), which also includes other well-known assets such as the Independent Practitioner Network (IPN) of medical centres.

Precedence Health Care's CEO Michael Georgeff said he had been in discussions with Sonic Clinical Services' CEO Malcolm Parmenter for some time about forming a strategic relationship aimed at contributing to the national health agenda, which then turned into an agreement to buy the company outright.

"It doesn't really change what we do and we are continuing to run as an independent company ... but what it gives to us is two substantial gains," Professor Georgeff said.

"One is we are backed by Sonic's financial strength, so that enables us to develop and deploy things in ways that we would have been unable to do without it, and secondly, it gives us that clinical arm of Sonic that will help us push through the health reform agenda in a way that is much harder when you are just a vendor.

"I think we can really make a change to healthcare because we can get adoption of the technologies much more rapidly."

Precedence Health Care is best known for the cdmNet chronic disease care planning system predominantly used by GPs to develop general practice management plans (GPMPs) and team care arrangements (TCAs), allowing allied health practitioners and other members of a patient's care team to access a shared care plan.

However, Professor Georgeff said that over the last year or so, Precedence had moved beyond its original market to develop what it calls a coordinated care platform that links the patient to the continuum of providers, including GPs, nurses, allied health, specialists, pharmacists, community and indigenous health centres, hospitals and aged care facilities.

One of the platform's points of difference is that it has the ability to track and manage actions – long a downfall of GPMPs, which often sit in a drawer and are forgotten – but it has also been designed on an open architecture to allow third-party plug-ins and application services such as care planning and management, consumer-directed care (CDC), practice profiling and population intelligence services.

“For a long time in healthcare we have focused on the shared health record for supporting multidisciplinary care and reducing care fragmentation,” Professor Georgeff said. “However, the key to longitudinal care is knowing what everyone on the care team should be doing and what they are doing, and being able to follow up and intervene when things are not going to plan.

“While it is important to know the status of the patient – their health record – it is even more important to know how everyone on the care team is working together to improve the health outcomes of the patient.”

The cdmNet platform includes libraries of customisable care plans, guidelines and workflows to help automate the clinical and administrative tasks involved in collaborative care, including all Medicare compliance and paperwork.

Professor Georgeff said these workflows enable the platform to support many different models of care, from the “medical home” to CDC, and they also dramatically improve the productivity of the care team.

Now it will also add other user services and applications to plug into the platform through web services and standard interfaces such as FHIR.

The cdmNet platform is already being used by Medibank for the CarePoint (<http://www.pulseitmagazine.com.au/news/australian-ehealth/2371-carepoint-trial-looks-to-reduce-hospital-admissions?highlight=WyJjZG1uZXQiXQ==>) program being trialled with the Victorian government, and IPN is rolling out the platform across its practices nationwide.

The Movember Foundation also uses the platform to help coordinate the care of men with prostate cancer as part of the largest men's health project in the world.

The platform also links to Apple Health and most remote monitors on the market, such as Fitbits and Withings, so it can automatically track patient metrics in real time and share these with the patient's care team.

“Despite the huge number of mobile health solutions entering the health and fitness sector, very few connect to the patient's care providers,” Professor Georgeff said. “This just leads to more fragmentation of the healthcare system.”

Other application services include telehealth, care coordination, health service provisioning, budgeting, aged care and health analytics services.

The company also plans to work with PHNs as the platform can collect data across the whole care continuum at a very fine-grained level, he said.

“If you are picking up the GP data, that is obviously valuable, but to pick up data across allied health, specialists, across public and private, gives a very comprehensive picture of coordinated care which is where the PHNs are focused. Much of that we are doing quite independently of Sonic and some of that we are doing with Sonic.”

Professor Georgeff also sees huge potential in the aged care market, both residential and community based, particularly following the introduction of CDC.

One of its clients is Southern Cross Care WA, which is piloting the cdmNet platform to optimise service planning, track service delivery and seamlessly integrate with providers in the primary care and acute sectors.

“The genesis [of the platform] is the same idea that started off the GP system – our belief that apart from the fragmentation of care, the real problem in healthcare is lack of follow-up and knowing what everyone is meant to be doing in their care of the patient,” he said.

“We see a shared health record as a key part of co-ordinated care, but tracking actions and managing notes and coordinating those, knowing what people should be doing and what they have done, is where the problems lie.

“That is where our focus is – the coordinated care platform manages all of the plans, the activities and the workflows of all of the providers and the patient. Into that we then plug in a whole lot of application services, not only ours but potentially other vendors.”

He said the idea behind the platform is twofold: one is to get rid of the fragmentation of care by enabling connectivity across the care continuum, which is not much different from what Precedence was achieving with the GP system, but also then to plug in a whole lot of application and services in different areas.

“One of those application services is the old cdmNet but we have then plugged in a range of

others for coordinated care where an organisation such as Medibank wants to act as a care coordinator or care facilitator,” he said.

“We have a plug-in that enables the care coordinator to bring in the care team and manage the whole team proactively. We are doing that for both Medibank and Movember.”

The plan is now to connect up many different health application services that do things Precedence doesn't supply. “For example, if somebody has a medication management module then that can plug in also,” he said.

“We don't aim to be the only coordinated care platform so potentially if others come along we can connect to those as well. The whole idea is a network of application services, and our focus is on tracking and managing what the care team are doing.

“No individual organisation or vendor is going to make a difference by themselves. If we are to overcome the challenges we have today in healthcare, we have to work together.”

Precedence plans to release some new application services in the first quarter of 2016, including cdmNet Practice Profiler for practice audit and profiling, and cdmNet Population Health, an extensive analytics service backed by SAP BusinessObjects.

“These new application services go beyond existing tools because they track what happens across the full care team, identify service delivery gaps and link these to patient outcomes,” he said.