WELCOME

Demonstration Grant for Testing Experience and Functional Tools

CMS TEAM

- Jeane Nitsch, Deputy Director, DCST- DEHPG, CMS

- Kerry Lida, TEFT Director - CMS

- Project Officers:
  - Barbara Holt
 - Mark Reed
  - Anca Tabakova

Overview

- $60 Million Initiative
- Four Year Duration
- Demonstration Grants to Nine (9) State Medicaid Agencies
  - Currently in Planning Phase
- Three (3) Contractors
- Two (2) Federal Agency Partners

TEFT Components

1. Test & demonstrate HCBS Experience of Care Survey

2. Test & demonstrate a set of LTSS CARE functional assessment items

3. Participate in development of & test a standard for e-LTSS records

4. Demonstrate Personal Health Records (PHR) for LTSS population/services

Nine TEFT Grantees
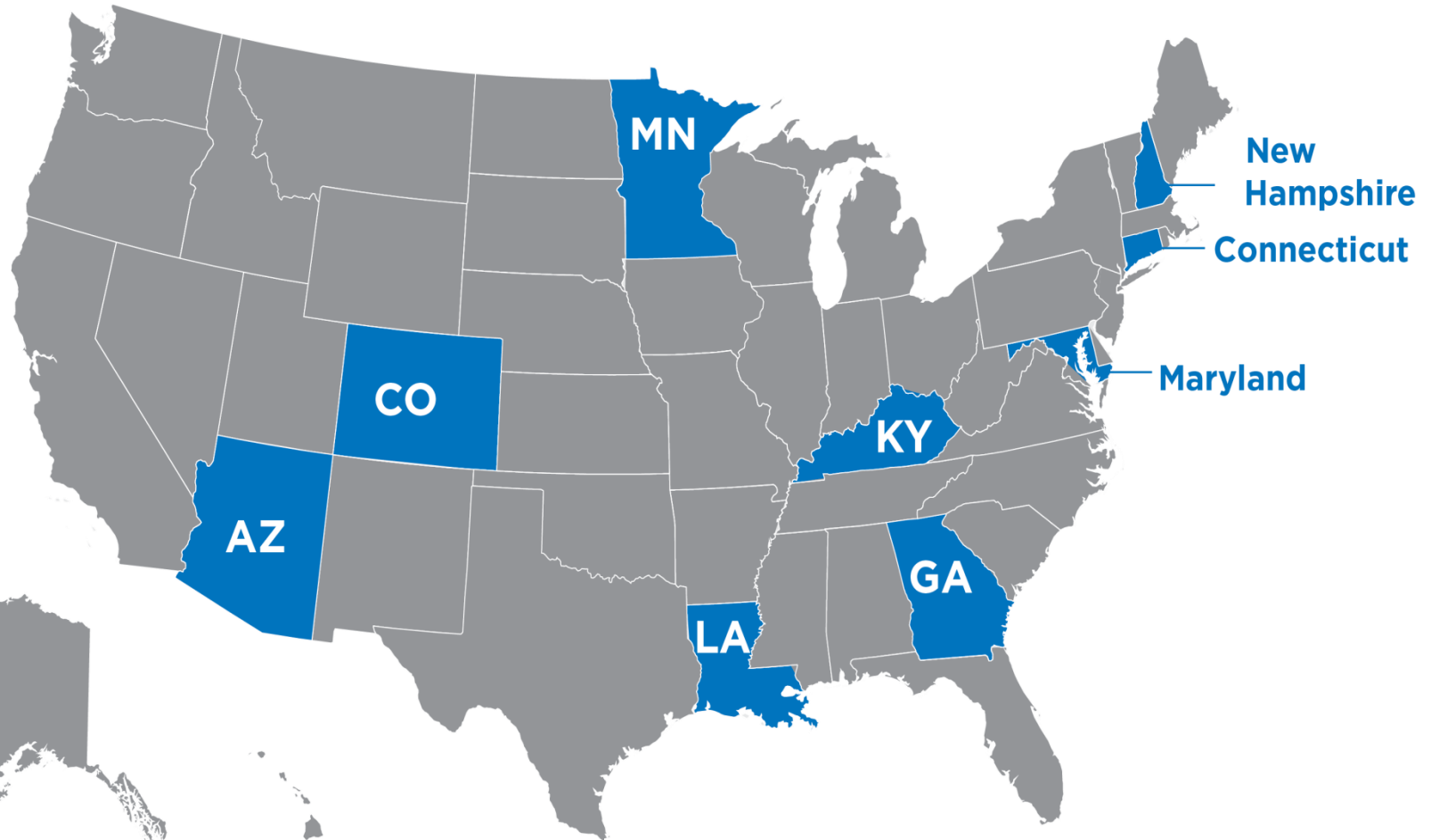
State Grantees and TEFT Components

Grantee	Experience of Care Survey	LTSS CARE	HITECH (PHR & e-LTSS Records)
AZ	*	*	*
CO	*		*
CT	*	*	*
GA	*	*	*
KY	*	*	*
LA	*		
MD	*		*
MN	*	*	*
NH	*		

Today's Agenda

Experience of Care Tool	9:30 -10:15
CARE Items	10:15 -11:00
TEFT Evaluation	11:00 - 1:30
Lunch	11:30 - 1:00
Health Information Technology	1:00 - 2:00
Next Steps	2:00 - 2:15
DoD – Presentation for TEFT Grantees	2:30 - 4:00

TEFT Intensive Experience of Care Survey

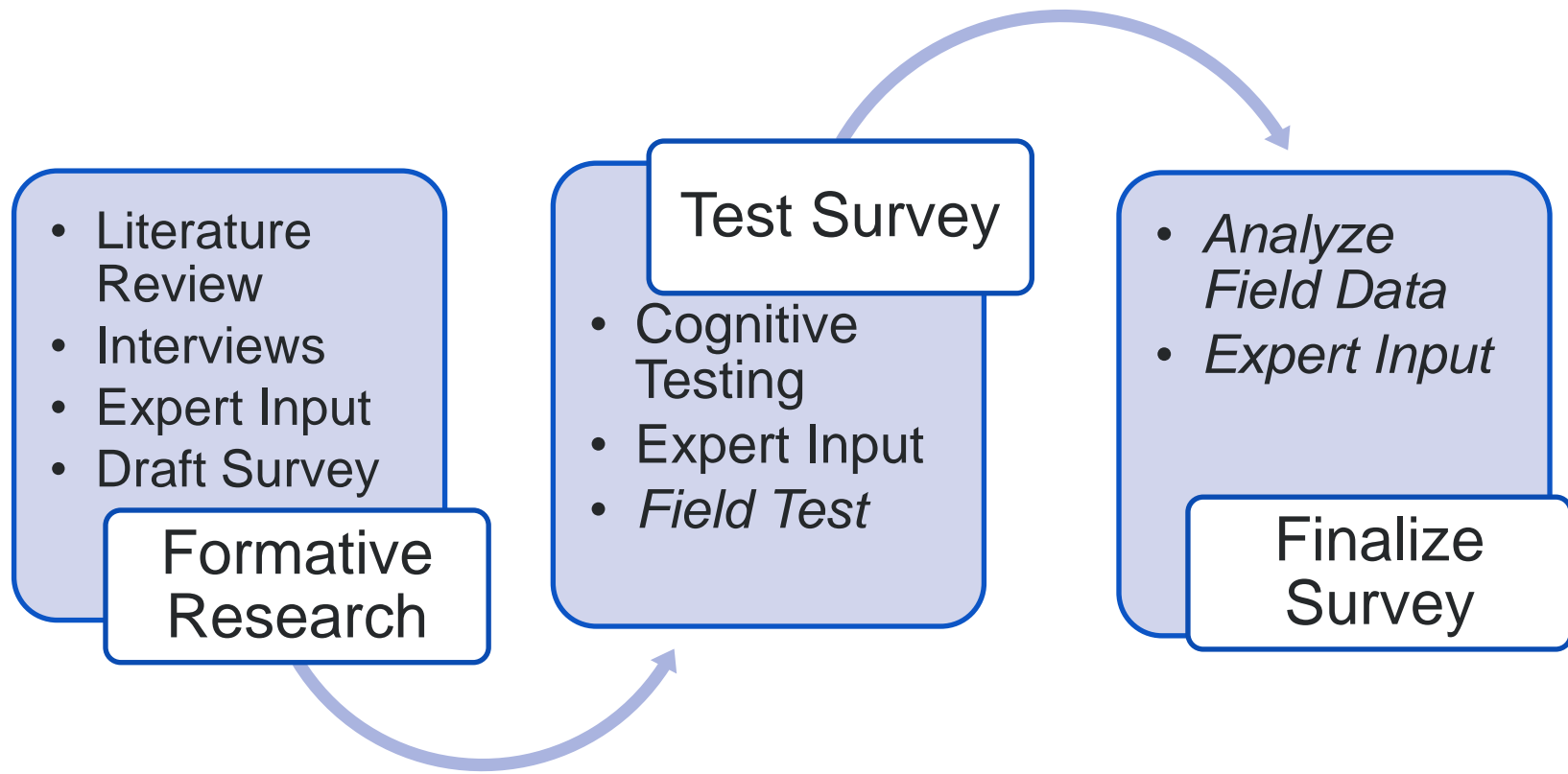Julie Seibert, Truven Health Analytics and
Elizabeth Frentzel, AIR

September 15, 2014

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PURPOSE OF TOOL

- Goals
  - Elicit program participant feedback on experience with Medicaid HCBS
    - Focus on beneficiary experience, not satisfaction
    - Address dimension of quality valued by participants
  - Cross-disability tool
  - Align with existing CAHPS® tools
  - Obtain CAHPS trademark
  - Obtain NQF endorsement

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SURVEY DEVELOPMENT PROCESS

Formative Research

- Literature Review
- Interviews
- Expert Input
- Draft Survey

Test Survey

- Cognitive Testing
- Expert Input
- *Field Test*

Finalize Survey

- *Analyze Field Data*
- *Expert Input*

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PHASE I: FORMATIVE RESEARCH

- Literature review and collection of extant survey tools potentially relevant to HCBS services and populations

- Development of an 1,100 item library of potential survey items culled from extant tools

- Formative research interviews and focus groups with a range of HCBS recipients (all disability types) in several states

  - Determine which services are used and how

  - Identify and rank potential quality domains and constructs

  - Identify common terms and titles for services and providers

  - 24 total participants

- Formative interviews revealed common quality domains and values across disability groups

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TECHNICAL EXPERT PANEL

- Technical Expert panel convened to provide input on survey development and testing. Representatives from:

    - Advocacy groups (e.g. SABE, NAMI, AARP, and ADAPT)

    - State Medicaid and Operating Agencies

    - State Associations (e.g. NASUAD, NASDDDS, and NASMHPD)

    - Federal Agencies

    - Researchers and survey development professionals

- Three TEP meetings held to date

    - In-person meeting with TEP (June 2010) to overview project and seek input on survey domains and data collection modes

    - Presentation of preliminary cognitive testing results to TEP, January 2011

    - Present draft instrument and field test methodology to TEP, April 2012

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PHASE II: COGNITIVE TESTING

- Drafted survey to reflect formative research findings and CAHPS principles, including standard CAHPS items where appropriate

- Conducted three rounds of in-depth cognitive testing interviews in English and one round in Spanish with HCBS recipients to assess comprehension and accessibility

  - All disability groups
  - Concurrent probes
  - 6 states total

- Response "experiments" per CAHPS Consortium recommendation to test appropriate item wording response options, with a focus on individuals with cognitive impairments

  - Compared multiple ordinal scales and item formats

    - Frequency
    - Rating
    - Time references

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COGNITIVE TESTING: FINDINGS

- Alternate response options needed for some respondents

  - Frequency: Never/Sometimes/Usually/Always

  - Dichotomous: Mostly Yes/Mostly No

- Items should be set in the indefinite present

  - Explicit time reference (e.g. last six months) did not work for some respondents

- Need to determine services received by respondent to tailor survey, along with preferred/familiar staff titles

- Adjectival scales and willingness-to-recommend items perform better as ratings and are more accessible than numeric scales

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SPANISH LANGUAGE VERSION

- Survey and interviewing protocol translated into Spanish

    - Two certified translators conducted independent, simultaneous translation

    - Meet with senior translator to reconcile any differences

- One round of cognitive interviews with Spanish-speaking HCBS recipients and/or proxies

    - Texas and Florida

- Final survey draft reconciled English and Spanish translation issues

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HCBS EOC SURVEY DOMAINS

1. Getting Needed Services from Personal Assistant and Behavioral Health Staff
2. How Well Personal Assistant and Behavioral Health Staff Communicate and Treat You
3. Getting Needed Services from Homemakers
4. How Well Homemakers Communicate and Treat You
5. Your Case Manager
6. Choosing Your Services
7. Transportation
8. Personal Safety
9. Community Inclusion and Empowerment
10. Employment (Supplemental module)

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EXAMPLES OF CONSTRUCTS

Getting Needed Services from Personal Assistant and Behavioral Health Staff

- Unmet need in toileting
- Unmet need in taking medication

How Well Homemakers Communicate and Treat You

- Individualized/responsive treatment by homemaker staff
- Homemaker staff listen carefully

Your Case Manager

- Case manager responsive to service requests

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Examples of Constructs

Choosing Your Services	• Service plan includes what is important to participant
Personal Safety	• Assistance addressing physical abuse by paid staff
Community Inclusion and Empowerment	• Able to get together with friends when want

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PHASE III: FIELD TESTING

- Draft instrument and field testing proposal currently with OMB for review and approval to conduct large-scale, national data collection

- Developed training materials and protocols for survey vendors

- Conducted in 2 phases

  - Tennessee and Louisiana volunteered for pilot data collection

  - 9 additional states under TEFT

- Goals

  - Compare the ability of disability groups to respond

  - Conduct psychometric analyses of field test data to evaluate reliability and validity

  - Evaluate survey administration logistics

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SAMPLING PLAN

State	Aged Only	Physically Disabled Only	ID/DD	Traumatic Brain Injury	SMI	Total
AZ	75	75	150			**300**
CO	75	75	150			**300**
CT	150			65	60	**275**
GA	100	100		20		**220**
KY		150	150	40		**340**
LA	75	75	150			**300**
MD	150	150		12		**312**
MN	150			60	150	**360**
NH	75	75	150	37	150	**487**
Total	**850**	**700**	**750**	**234**	**360**	**2,894**

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EXPERIENCE OF CARE TIMELINE

Task	Due Date
Notification of States	April 1, 2014
Sampling Plan Finalized	By April 30, 2014
States and Survey Vendors Prepare for Survey Administration	May 1, 2014 through August 31, 2015
Surveyors in the Field for Round 1 Data Collection	July 15, 2014 – October 31, 2014
Data Analysis	By December 30, 2014
Reports to States	By January 30, 2015
Pursue CAHPS Certification and NQF Endorsement	January 1, 2015 – April 1, 2015
Round 2 Data Collection	Prior to March 2018

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PSYCHOMETRIC ANALYSES

- Confirmatory Factor Analysis

  - Do responses group together based on proposed domains?

- Exploratory Factor Analysis

  - Are there better ways to group responses?

- Test Unit-level Reliability of the Survey

  - Do the responses show meaningful differences between the programs?

- Evaluate the Reliability, Validity, and Variability of the Composite and Single-item Scores

  - Are we collecting accurate responses?

  - Are the data consistent?

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PSYCHOMETRIC ANALYSES

- Developing Composite Measures

- Mode Analysis

  - In-person vs. Telephone

- Response Option Analysis

BACKGROUND: CAHPS TOOLS AND CMS

- CMS supports the use of surveys for quality assessment, public reporting and Value-Based Purchasing (pay for performance) initiatives.

- CMS is committed to gathering data on patient experience (not satisfaction).

- CMS supports a number of CAHPS tools and tools developed using CAHPS principles.

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HCBS EXPERIENCE SURVEY → CAHPS

- Tool is being developed and tested according to the principles of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) initiative

- CAHPS provides alignment with other CMS measurement initiatives

- Survey team collaborating with the Agency for Healthcare Research and Quality (AHRQ) and the CAHPS Consortium to obtain a CAHPS trademark for the final survey tool

  - Preliminary application in 2011

  - Formal review and feedback prior to field testing

  - Consulting expertise from Julie Brown, RAND Corporation

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CAHPS PRINCIPLES

- CAHPS surveys ask recipients to report on and rate the services they receive.

- CAHPS surveys consist of a common core set of measures that are administered to all respondents in a standardized manner to enable meaningful comparisons of providers.

- CAHPS surveys ask about aspects of care

    - for which the recipient is the best or only source of information.

    - that recipients say are most important and relevant to them.

- CAHPS surveys are developed with an understanding of how the data will be reported.

- All CAHPS products, including surveys, are in the public domain and free of charge.

CAHPS PRINCIPLES

- Results on CAHPS survey items are summarized into composite measures, primarily for reporting purposes.

- CAHPS surveys are designed so that only respondents who have had an experience are asked to report on it.

- CAHPS surveys provide an explicit time or event reference for respondents.

- CAHPS surveys use frequency-based response sets for reporting.

- CAHPS surveys include an explicit reference to the provider that the respondent is asked to report on or rate.

- A broad spectrum of stakeholders is consulted.

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CAHPS PRINCIPLES

- CAHPS surveys build on existing research and available tools.

- CAHPS surveys undergo iterative rounds of cognitive testing.

- CAHPS surveys undergo field testing.

- CAHPS surveys are developed in both English and Spanish and, where feasible, are tested in these two languages.

- CAHPS surveys employ multiple modes of data collection to enhance the representativeness of respondents.

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NATIONAL QUALITY FORUM (NQF) ENDORSEMENT

- Must meet Conditions for Consideration

  - Live in the public domain or similar agreement.

  - Identify steward organization and process to maintain and update the measure at least every three years.

  - Use of the measure includes both accountability applications (including public reporting) and performance improvement.

  - Tested for reliability and validity and fully described.

  - Attests that harmonization with related measures and issues with competing measures have been considered and addressed, as appropriate.

  - Complete and responsive measure information so that all the information needed to evaluate all criteria is provided.

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TEFT DATA COLLECTION: ROUND 1 AND ROUND 2

Round 1 Data Collection

- Data collection managed by Truven Health

- Data used for psychometric analysis for CAHPS trademark

- Data collected by November/December 2014

Round 2 Data Collection

- Data collection managed by states with Truven Health providing TA

- Data used for state-determined purposes

- Data collected by close of TEFT grant March 2018

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LESSONS LEARNED THUS FAR

- HCBS program participants want to comment on the quality of their care

- Survey tool can be used for different HCBS programs and program populations

- Allow plenty of time for planning

  - Agreements/contracts

  - Contact data

  - Other data collection efforts

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TEFT Grant

September 15, 2014

Arizona

- Service Delivery
  - All Managed Care since 1982
  - 4 Long Term Health Plans
- IT System
  - Highly integrated encounters system

Reaching across Arizona to provide comprehensive
quality health care for those in need

AHCCCS
Arizona Health Care Cost Containment System

ALTCS Population – August 2014

Fee for Service
2,567
5%

Placement Rates
Nursing Facility - 27%
Alt Residential - 24%
Home - 49%

Elderly/Physically
Disabled
26,112
47%

Developmentally
Disabled
26,932
48%

Placement Rates
Home or
Alt Residential -
99%

Reaching across Arizona to provide comprehensive
quality health care for those in need

AHCCCS
Arizona Health Care Cost Containment System
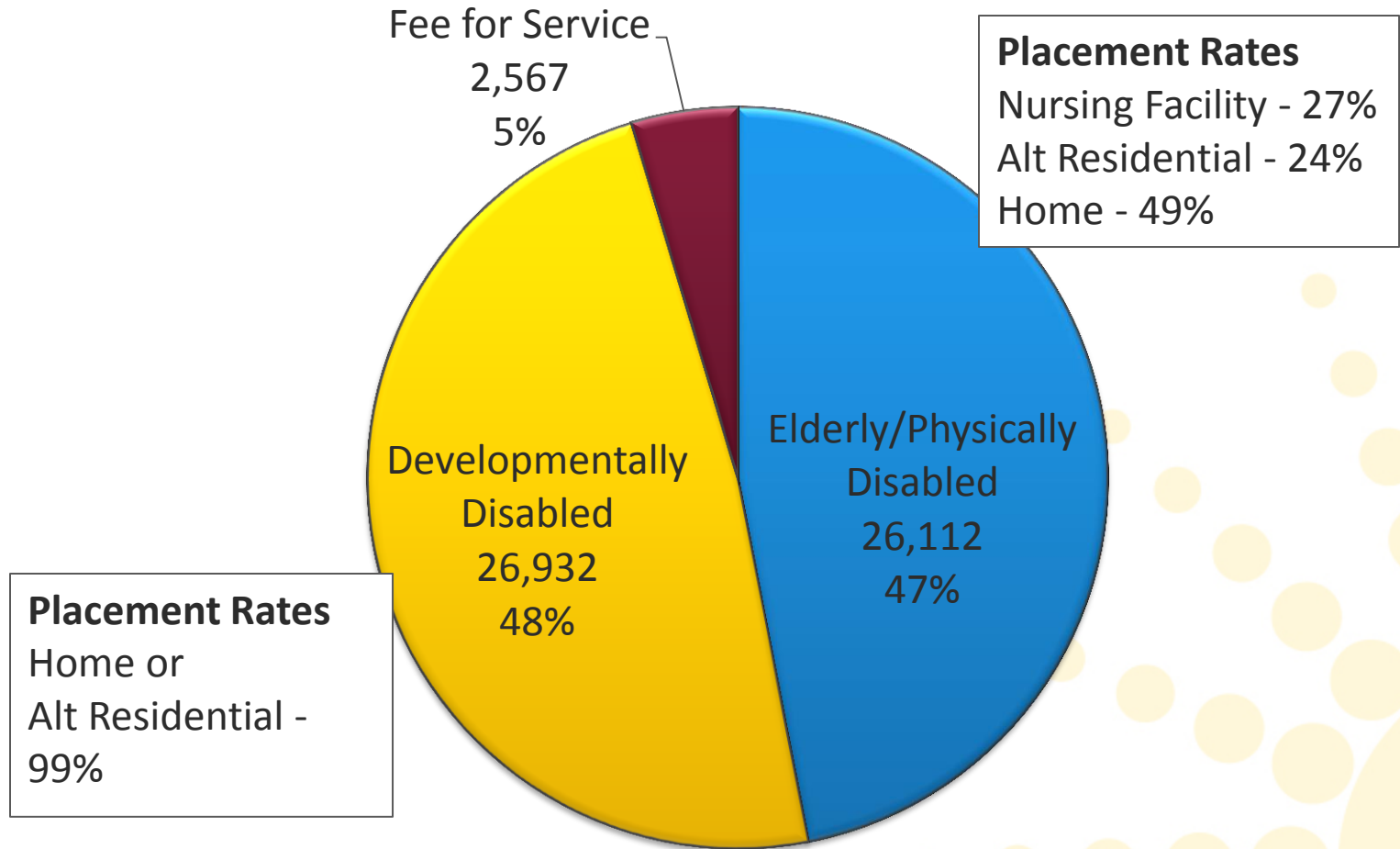
Experience of Care Survey Round One

- Selected Population
  - Developmentally Disabled
  - Elderly and Physically Disabled
- Geography
  - 95% of HCBS participants in metropolitan area
- Cultural Variation
  - 25% Spanish-speaking

AHCCCS
Arizona Health Care Cost Containment System

Reaching across Arizona to provide comprehensive
quality health care for those in need

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AHCCCS
Arizona Health Care Cost Containment System
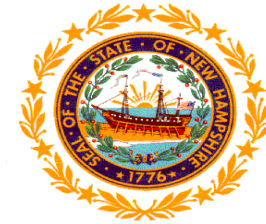
State of New Hampshire
Department of Health and Human Services
Division of Community Based Care Service

Testing Experience and Functional Tools (TEFT)

in Community-Based Long Term Services and Supports

TEFT grant – New Hampshire

Service Delivery System

Dec. 2013

- Department of Health and Human Services implemented Medicaid Care Management (MCM) for medical services

April 2015

- Target date to implement MCM for HCBS waiver services for elderly and chronically ill

Not determined

- Target date to implement MCM for DD and ABD waivers

TEFT grant – New Hampshire

IT System

Department's IT systems are not integrated:

- Limited program / service data in state-managed systems
- Limited IT staff / competing priorities
- Program / service data maintained by community providers (community mental health, developmental services)
- Data from Medicaid Managed Care Organizations not yet able to be received

TEFT grant – New Hampshire

Survey Vendor

N.H. had twice surveyed a sample of elderly/chronically ill waiver program individuals using a Participant Experience Survey (PES) (2008, 2011).

N.H. contracted with the University of New Hampshire (UNH) Survey Center to implement the 2011 PES; Truven Health has contracted with the UNH Survey Center to complete round 1 of the EOC.

UNH and DHHS share many initiatives regarding long term services and supports continuum of care:

- BIP, SIM, ADRC, TEFT, MCM Step 2, et. al.
- TEFT Project Lead participated in UNH Training of TEFT survey team

TEFT grant – New Hampshire

Geography

NH is a small state

- Population (2010 census): 1,316,470
- Race:
  - 93.9% white
  - 2.8%   hispanic or latino
  - 1.1%   African American
- 10 counties; 234 incorporated cities and towns
  - Largest city: 109,565 (8% of population)
  - Next largest: 86,494
  - Capital: 42,695
  - 5 cities: 25,494 - 29,987
  - All cities are in central and southern sections of the state

TEFT grant – New Hampshire

N.H.'s TEFT grant award is to field test the experience of care (EOC) survey

N.H.'s work plan is to survey a sample of **3 waivers, 5 populations**

- Waiver program for individuals who are **(1)** elderly and/or **(2)** chronically ill – the Choices for Independence (CFI) waiver
- Waiver programs for individuals with **(3)** developmental disabilities - the DD waiver - and **(4)** acquired brain disorders – the ABD waiver
- State plan services for individuals determined to be **(5)** seriously mentally ill

TEFT grant – New Hampshire

Thank you!

Sally Varney

Division of Community Based Care Services

Quality Management

TEFT Project Lead

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TEFT Demonstration – CARE Items

Presenters:

❑ **Don Mon, RTI**

❑ **Barbara Gage, Post Acute Care Center for Research & Brookings**

❑ **Carla Crane, Kentucky –TEFT Grantee**

September 15, 2014

10:15 – 11:00 a.m.

RTI International is a trade name of Research Triangle Institute.

www.rti.org

- **Background and Overview**
  - **HCBS CARE component of the TEFT project**
  - **Previous CARE projects: Origin of existing CARE items**
- **HCBS CARE Items**
  - **Description**
  - **Issues and challenges**
- **State of Kentucky's experience with standardized assessment**
- **CARE component of TEFT**
- **Questions and answers**

Background: HCBS CARE Component

- **Need for Standardized Assessment in HCBS**

- **Tied to the CMS Quality Strategy**

- **Previous CARE projects: Origins of Existing CARE Items**

- **HCBS CARE Item Set: Development Objectives**

  - **Adapt existing CARE items so that they are appropriate for assessing individuals using LTSS**

    - **Identify and retain "as is" (unmodified) as many items as appropriate**

    - **Identify and modify items as necessary**

    - **Identify gaps in assessment and develop items to fill those gaps**

    - **Identify items not appropriate for the CB-LTSS population; exclude them from the HCBS CARE Item Set**

  - **Field test the items for validity and reliability, as well as inter-rater reliability**

HCBS CARE Item Set

Section (Domain)	Topics
Administrative & Admission Information	Demographics; Language; Homeownership/Living Arrangement; Representatives/Advance Directives
Employment	
Current Medical Information	Diagnoses & Conditions; Medications; Allergies; Falls; Height/Weight; Treatments
Significant Change in Status	
Pain	
ADLs	Eating; Bathing; Dressing; Hygiene; Toileting; Transfer
IADLs	Meals; Shopping; Housekeeping; Phone Use; Medication Management; Money Management
Mood & Behavioral Symptoms	Mood; Behavioral Symptoms (physical towards others, sexual, self-injurious, etc.); Behavioral Demands on Others
Cognition	BIMS; Mental Status; Cognitive Status
Impairments	Bowel & Bladder Management; Swallowing; Hearing/Vision/Communication
Mobility	Walking; Wheelchair
Pressure Ulcers & Skin Condition	Pressure Ulcers; Skin Condition & Treatment
Transportation	
Informal Caregiver Support	
Home Safety & Abuse	
Preferences & Goals	

Types of Modifications to CARE Items

- ## Trivial
  - Simple wording changes (e.g., changing the word "patient" to "consumer" or the phrase "Can the patient do…" to "Can the consumer do…")
  - Assumption: At face validity, does not change semantic meaning of the item

- ## Non-trivial
  - Modifying wording so that the question is more applicable to the HCBS CARE Item Set (e.g., removing references to prior questions that have not been included in the Item set such as "In the last 2 months, what ~~other~~ medical services ~~besides those identified in A1800~~ . . ."
  - Assumption: At face validity, does not change semantic meaning of the item

- ## Substantive
  - Adapt the question so that it is appropriate for LTSS (e.g., expanding "wiping down surfaces" to "house work"
  - May change semantic meaning of the item

Trivial Modifications

Existing CARE Item	Adapted HCBS CARE Item
Does the patient want or need an interpreter (oral or sign language) to communicate with a doctor or health care staff?	Does the **consumer** want or need an interpreter (oral or sign language) to communicate with a doctor or health care staff?
Has the patient had two or more falls in the past year or any fall with injury in the past year?	Has the **consumer** had two or more falls in the past year or any fall with injury in the past year?

Non-trivial Modifications

Existing CARE Item	Adapted HCBS CARE Item
In the last 2 months, what other medical services besides those identified in A1800 has the patient/resident received?	In the last 2 months, what ~~other~~ medical services ~~besides those identified in A1800~~ has the **consumer** received?
Did the patient receive the influenza vaccine from your facility or agency for this year's influenza season (October 1 through March 31) during this admission?	Did the **consumer** receive the influenza vaccine ~~from your facility or agency~~ for this year's influenza season (October 1 through March 31) ~~during this admission~~?

Substantive Modifications

Existing CARE Item	Adapted HCBS CARE Item
▪ **Primary Diagnosis at Assessment** ▪ **Other Diagnoses, Comorbidities, and Complications**	**Has a doctor or other health care provider told you that you have one or more of the following diagnoses or conditions (check all that apply):** **Responses (total of 31) are from the National Health Interview Survey and include items such as:** a. **Alzheimer's Disease Or Other Dementia** b. **Anemia** c. **Arthritis or Rheumatoid Arthritis** d. **Asthma**

Substantive Modifications (cont.)

Existing CARE Item	Adapted HCBS CARE Item
Medications (Optional) - Please list the ten most clinically relevant medications for the patient during the 2-day assessment period	**How many different medications have you used in the last 7 days? (enter "0" if no medications used)**

RTI
INTERNATIONAL

Kentucky

One State's Experience with Standardized Assessment:

The State of Kentucky

Kentucky's 1915c Waivers

Waiver	Description	Average Monthly Enrollment (FY 2013)
Acquired Brain Injury (ABI)	Short-term, intensive supports for those with an ABI (Adults)	166
ABI-LTC	Long-term supports for those with an ABI (Adults)	211
HCB	Primarily In-Home and some Community Based Services targeted to Individuals who are Elderly and/or Disabled (All Ages)	9,419
Michelle P.	Non-residential, Community Living and Education Supports for individuals with a developmental or intellectual disability (All Ages)	7,545
Model II	In-Home Ventilator Supports for individuals who are dependent for 12 hours or more per day (All Ages)	53
Supports for Community Living	Residential, Adult Day and Non-Residential community supports for individuals with a developmental and intellectual disability (All Ages)	3,768

Kentucky's Current Activities

- **Adopted the Supports Intensity Scale (SIS) for the SCL waiver**

- **Leveraging work supported by the Balancing Incentive Program & required HCBS Statewide Transition Plans in accordance with CMS' new regulations regarding the "final rule":**
  - **Core Standardized Assessment**
  - **Conflict-free Case Management**
  - **No Wrong Door/Single Entry Point System**

- **Required Characteristics of Core Standardized Assessments (Questionnaire vs. "True" Assessment)**

Kentucky's Vision for the Future

- **Field test the CARE tool with individuals who are served in the HCB and ABI waivers.**

- **Adopt Core Standardized Assessments for each waiver (with the exception of SCL & Model II)**

- **Compliment Existing Initiatives: HCB Final Rule, BIP, and Waiver Case Management System.**

Challenges

- "Everything" incorporated by reference in regulation
- Change (Medicaid Expansion & State Run HBE)
- Stakeholder Input
- Eligibility Restrictions (Both at New Intake & Renewal)
- Change (Managed Care Expansion)
- Level of Care/Assessment/Informing Service Planning
- Children currently meeting "Nursing Home Level of Care"
- Change (All Paid Claims Data Base & Waiver Case Management System)
- Timing

Contact:

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Care Items: Round 1 Data Collection

- **Five States Participating:**
  - **Arizona, Connecticut, Georgia, Kentucky, and Minnesota**
- **Truven responsible for collecting Round 1 data**
  - **Truven will connect with TEFT grantees to determine who will collect data (current assessors, outside vendor, etc.) for each grantee**
- **Round 1 Data Collection - Summer 2015**

Care Items: Round 2 Data Collection

- **Grantees will collect data in second round of data collection**
- **Customize and demonstrate use in HCBS programs**
  - **Eligibility determinations?**
  - **Initial Assessments/Reassessments?**
  - **Inform Service Planning?**
  - **Case-mix adjustment?**
- **Demonstrate use for Quality Improvement across:**
  - **Service delivery models (MLTSS, FFS, Participant Direction?)**
  - **Direct service providers?**
  - **Participant characteristics (age, length of stay, level of informal support, etc.)?**
- **Round 2 Data Collection: 2016-2017**

Questions and Answers

More Information

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TEFT Training Intensive

Lewin Collaborators

Team	Description
LewinGroup®	**Lewin,** a national health and human services consulting firm. Lewin's Center for Aging and Disability Policy, the team responsible for the evaluation, focuses on bridging the acute and long term services and supports systems to provide vulnerable populations with disabilities improved, person-centered care. Center staff have directed a number of LTSS-specific evaluations for several federal and a number of state agencies.
Robert Connolly	**Bob Connolly** an independent consultant, has worked with staff of Lewin for several years on various long term services and supports technical assistance contracts, including Money Follows the Person, and Aging and Disability Resource Centers. Prior to consulting, Mr. Connolly retired from his CMS health insurance specialist duties in 2008 after nearly two decades of government service. He has experience with the MDS and the design of the CARE Tool and Health IT as a member of the Post-Acute Care Payment Reform Demonstration team.
AHIMA FOUNDATION	The **American Health Information Management Association (AHIMA)** is a professional association with over 64,000 members with expertise in healthcare informatics, health information management, coding and terminologies, data analytics, and privacy and security. The association's accomplishments range from delivering complex, multi-stakeholder projects at the industry level to providing cutting-edge benefits to its members.

The Lewin Team

Cindy Gruman, Project Manager

Lisa Alecxih, Project Director

Carrie Blakeway Amero, Formative Evaluation and System Mapping

Dana Foney, PHR Review and Beneficiary Outcomes

Jennifer Frost, PHR Review, Interoperability and S&I Framework Support

Ashley Tomisek, Task Coordinator, Grantee Meetings

Michelle Dougherty, AHIMA, PHR Review, Interoperability and S&I Framework Support; e-LTSS Standard

John Derr, AHIMA, PHR Review, Interoperability and S&I Framework Support; e-LTSS Standard

Bob Connolly, Formative Evaluation and System Mapping

Jeremy Warren, Web Developer

Kathleen Tucker, Research, Database Management, and Data Analytics

Betsy Dilla, Research, Database Management, and Data Analytics

Three Evaluation Components

❑Implementation (formative) evaluation

❑Beneficiaries (or program participant) outcomes and impact evaluation

❑System outcomes and impact evaluation

Implementation (Formative) Evaluation

❑ Goals
- 1) Ensure all essential elements of the program are in place and operating according to the CMS vision for the program and Grantees' operational plan in the states; and
- 2) Monitor and provide ongoing feedback to Grantees to ensure continued progress in meeting project goals and compliance with the project requirements.

❑ CMS will use the information for administrative purposes.

❑ Data collection will occurs on a quarterly basis and grantees will submit via a web based portal.

Implementation (Formative) Evaluation Sample Research Questions and Sample Question

❑To what extent are states able to successfully implement a PHR solution?

❑What challenges are involved in implementation?

❑What implementation strategies are most successful?

❑How are partners, stakeholders, and beneficiaries involved in the planning, design, development and implementation of the PHR solution?

❑Sample question:

C1. Based on the plan and timeline submitted in your Work Plan, please provide an update on your state's implementation of a PHR solution for the TEFT demonstration.

Beneficiaries (or Program Participant) Outcomes and Impact Evaluation Research Questions

Goal-- quantify the type and magnitude of impacts, if any, particularly the outcomes related to use of a PHR, for the different populations enrolled in Medicaid CB-LTSS programs.

❑ What outcomes are associated with having access to integrated data through the PHR (e.g., improved communication with providers, improved service coordination, improved functional status, improved health)?

❑ How and to what extent will people with different kinds of disabilities who are receiving HCBS services, their families, and their health care providers use a PHR?

❑ What features of the PHR do people receiving CB-LTSS find most useful?

❑ What features of the PHR are most associated with improved experience?

Beneficiaries (or Program Participant) Outcomes and Impact Evaluation

❑ Two surveys will be fielded on a rolling basis:

- Paper-Based Survey of All Participating CB-LTSS Beneficiaries – to capture information about their experience tracking services, coordinating across providers, if they recall being offered the PHR, if they chose to use the PHR, and why or why not. This survey may also be an opportunity to capture feedback about the experience of CB-LTSS beneficiaries related to the CARE Tool assessment, and the new Personal Experience Survey.

- Web-Based Survey of All PHR Users (including beneficiaries, caregivers and providers) – to capture information about why they chose to use it, what that experience has been like, what features are most useful, and whether its use is associated with any of the desired outcomes (e.g., improved service coordination, improved quality of life).

❑ We will work with each state to develop an appropriate sampling frame (e.g., universal, random sample). Seeking approximately 400 program participants (and/or their surrogates) in each program.

System Outcomes and Impact Evaluation

❑ Assess changes that are made to the policies, structure or operations of the medical and social services networks.

❑ Our approach relies on the mapping of LTSS systems, structures, HIT capacity, and processes and developing a quantifiable measure of data integration.

❑ By creating systems maps for TEFT grantees, our goals are to understand each state's existing linkages between long-term services and supports (LTSS), to establish each state's current use of advanced technology and to assess each state's plans and capacity to improve data sharing systems and develop a Personal Health Record (PHR) for home and community-based services (HCBS) populations.

System Outcomes and Impact Evaluation Research Questions

❑ What are the benefits to the LTSS system of each new tool implemented as part of the TEFT Demonstration (e.g., improved efficiency, improved coordination, reduced cost, improved service quality)?

❑ How are the policies, structures and operations of the medical and socials service providers in the LTSS system changed as a result of the use of these new tools (e.g., EHR, PHR)?

❑ Are programs operating more effectively as a result of using EHR and PHR?

Systems Map and Data Integration Measure

❑ What is a Systems Map?
- A visual depiction of the various components of your system,
  - Organizational structure;
  - Organizations involved in CB-LTSS system from first contact, through eligibility determination, to service planning and service delivery, through quality measurement;
  - Partnerships and collaborations between public and private entities; and
  - How data are shared across systems, with providers, and with individuals

❑ What is a Data Integration Measure?
- Quantifiable measure of the extent of systems integration and data sharing; the more data are shared securely and electronically, the higher the score
- Used to establish baseline and track change over time, help us understand the extent to which data integration infrastructure contributes to greater or lesser success implementing some of the TEFT Tools

The Systems Maps Will Establish a Baseline for Each State

Organizations	Functions	Linkages	
No Wrong Door/ Eligibility and Enrollment Organizations	Person-Centered Planning/Options Counseling	To What Extent Are Organizations Providing These Functions for the HCBS Programs Targeted by TEFT: ❑ Integrated administratively ❑ Participating in Health Information Exchange activities ❑ Sharing data electronically ❑ Sharing individual-level data across settings, across providers and with individuals ❑ Sharing program-level data between providers and state agencies	To What Extent are Functions Integrated for the Different Populations Served by the HCBS Programs Targeted by TEFT: ❑ Aging ❑ Physical Disabilities ❑ Intellectual and Developmental Disabilities ❑ Mental and Behavioral Health ❑ Dementia ❑ Traumatic Brain Injury
	Assessment		
	Eligibility determination		
	Enrollment		
	Service planning		
	Quality measurement and improvement		
LTSS Service Providers	Hospitals		
	Skilled Nursing		
	Rehabilitation		
	HCBS Service Providers		
Care Coordination Providers, MCOs, ACOs	Care Coordination/Care Management		
	Support Brokerage		
	Reassessment		
	Assistance with Transitions between settings		
	Assistance with Transitions between providers		

Data Integration Measure: Sample Items

HCBS Waiver System Functions	Data shared across staff in the same and different organizations to support this and other function A. Data sharing by telephone or fax = 0 points B. Data routinely shared via secure E-mail = 1 point, C. System to system (non-interoperable content) = 2 points D. Direct access to the same system = 3 points E. System to system (interoperable content) = 4 points	Shared with Individuals and/or Guardians and/or Family Members (paper copy or electronically)	Accessible to Individuals Anytime as Part of an electronic PHR	Max Score
Person-Centered Planning/Options Counseling	1-4 points: shared with multiple staff involved in providing services outlined in the person-centered plan 1-4 points: shared with staff performing Level 1 Assessment 1-4 points: shared with staff conducting final eligibility determination	1	1	**14**
Assessment and Reassessment	1-4 points: shared between staff conducting Level 1 and 2 screens 1-4 points: shared between staff who conduct assessment and staff who determine financial eligibility 1-4 points: shared with Enrollment team/Service Planners	1	1	**14**
Eligibility Determination	1-4 points: shared with person-centered plan providers for those not found eligible 1-4 points: shared with Enrollment Workers/Service Planners	1	1	**10**

HIT Scan

❏ Degree of coordination/integration of the different components of the LTSS system for all targeted populations (e.g. access, eligibility determination, enrollment, service planning, service delivery, billing, performance measurement and quality improvement systems)

❏ How LTSS organizations share client data among themselves, with hospitals, primary care providers, ACOs, managed care organizations and/or care coordinators

❏ Current availability of health care and LTSS data for consumer and family use

❏ Extent to which organizations are using common and interoperable IT platforms

HIT Scan: Infrastructure

HIE Organization	Type of Data Exchange	Types of Data
❑ Hospital ❑ Other Care Facilities ❑ Providers ❑ Health Plan or Insurance Company ❑ State Health Agency ❑ Local Health Department ❑ Community/Non-Profit Organization ❑ College or University ❑ Other HIE Organizations	***Send and/or Receive:*** ❑ Unstructured, viewable electronic data (e.g, scans of paper forms) ❑ Structured, viewable electronic data (e.g., electronically entered data that cannot be computed by other systems) ❑ Computable electronic data (e.g., electronically entered data that can be computed by other systems)	❑ Inpatient and outpatient ❑ Emergency department ❑ Pathology ❑ Radiology ❑ Disease management ❑ Pharmacy ❑ Claims ❑ Enrollment/eligibility ❑ Laboratory ❑ Quality measures/data analytics ❑ HCBS Waiver assessment ❑ Person-centered plan ❑ LTSS service provision history

PHR Review

❑ Lewin will collect information about each state's PHR solution through our document review, telephone calls, and site visits.

❑ Reviews will be completed over time as states finalize their PHR designs, select platforms, and develop their systems.

❑ Via a PHR Record Review Template (to be shared after 9/11) we will document specific features and functions of each state's PHR solution. The data collected as part of the PHR Reviews will help us determine later, which PHR features and design characteristics are most associated with positive outcomes and user satisfaction among the TEFT target populations.

❑ Sample question:

3. What type of PHR system is being/will be used for the TEFT project? Select one:

☐ Stand-alone PHR

☐ Patient messaging portal

☐ Tethered or connected PHR

☐ Other

If other, please specify:

Data Sources

❑ Document Review

❑ Telephone Interviews

❑ Web-Based Reporting and Grants Monitoring Calls

❑ Site Visits

Data Sources: Document Review

❑ TEFT grant applications

❑ Needs assessment data collected by Truven

❑ States' work plans

❑ State Health Information Exchanges descriptions that are available

❑ Information about state's existing Medicaid eligibility and assessment processes

Data Sources: Telephone Interviews

❑ With Truven and the Office of the National Coordinator for Health Information Technology (ONC), we plan to hold telephone calls with each state in **late fall/early winter**

❑ Help us complete an HIT Environmental Scan and PHR Review for each state

❑ Provide ONC the information they need to launch the S&I Framework process

Data Sources: Web-Based Reporting and Grants Monitoring Calls

❑ Starting in January 2015, each state will begin reporting about their activities and progress through a web-based reporting system.

❑ These reporting cycles will be complemented by regularly scheduled calls carried out by CMS, Truven and partners (as appropriate and desired by CMS).

❑ The reports and phone calls will be an opportunity for states to provide new information about their activities and progress, fill in any information we were unable to collect during previous phone calls or site visits, or provide updates as their plans change.

❑ We will use the reporting and grants monitoring call data to carry out our formative evaluation of TEFT, update the program dashboard, and share information and lessons learned with CMS and grantees.

Data Sources: Site Visits

❑2-day visits in Year 1 (Late fall/early winter); repeated in Year 4

❑Scheduled at a convenient time for each state; agendas, planning checklists, and stakeholder invitation templates will be provided

❑Site Visit Goals

- Identify what impact the grant team expects TEFT to have on the states' overall LTSS system

- Gain a better understanding of states' unique circumstances, goals and outcomes of interest for their demonstration;

- Determine extent to which data are currently exchanged between state and public entities in CB-LTSS system

- Determine extent to which individual-level information is exchanged across settings, across multiple service providers, care managers, and with individuals receiving services and family members;

- Assess the extent to which current information sharing processes and technologies support effective care coordination;

Questions and Contact Information

❑ Carrie Blakeway Amero
 ▪ Carrie.blakeway@lewin.com

❑ Cindy Gruman
 ▪ Cindy.gruman@lewin.com

WELCOME

HIT Session

HIT Session Agenda

1:00 – 1:10	Overview of HIT components in TEFT
1:10 – 1:20	PHR Component
1:20 – 1:30	eLTSS Component
1:30 – 1:55	Grantee Presentation

Overview of HIT Components of TEFT

1. Demonstrate Personal Health Records (PHR) for LTSS population/services
2. Participate in development of and test a standard for e-LTSS records

Demonstrate PHR Systems

Benefits of PHRs for LTSS beneficiaries (and caregivers)

- Provides information for informed decision-making about care

- Provides access to a range of personal LTSS and health information
  - Encourages a more active role for beneficiary/caregiver in managing care
  - May contribute to better outcomes

- Way to manage LTSS and health care/services
  - Particularly for beneficiaries who have multiple LTSS services/providers and physicians, or lengthy medical histories

Develop a Standard for e-LTSS Records

- Grantees will participate in development of a new electronic standard for an eLTSS record

- Office of National Coordinator (ONC) leading development efforts

- Once developed, Grantees will pilot and test the standard with select providers and beneficiaries

ONC Policy & Standards Development Opportunities to support LTSS

TEFT Training Intensive

September 15, 2014

Elizabeth Palena-Hall, RN, MIS, MBA
Evelyn Gallego-Haag, MBA, CPHIMS
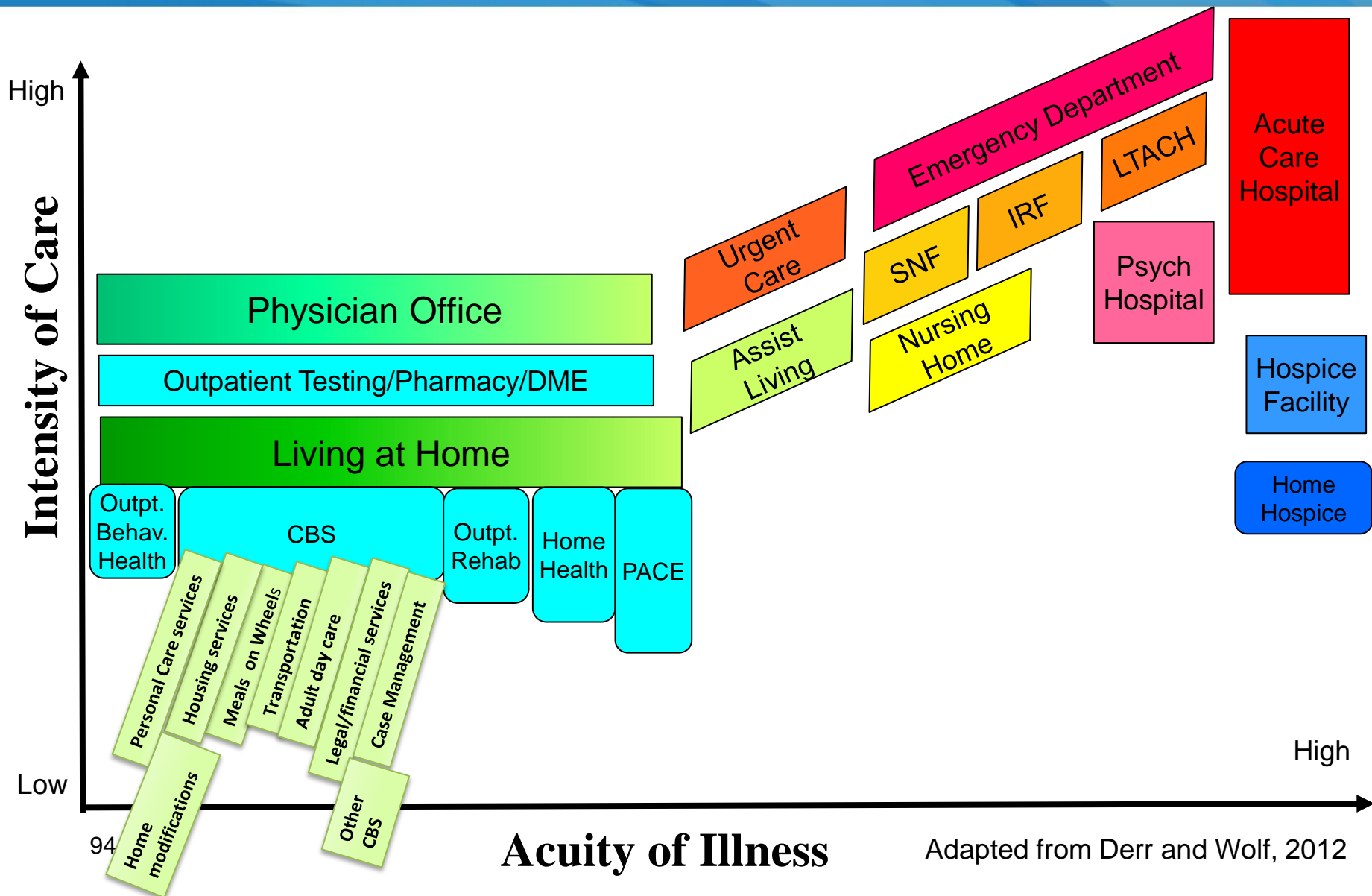
Meeting Purpose

- Introduce role of Federal Government in Health Information Technology & Exchange

- Introduce ONC LTPAC Policy Directives & Opportunities

- Introduce ONC S&I Framework and it's role in supporting the new eLTSS Initiative

Overview of ONC Policy Developments to support LTSS

Federal Engagement in HIT: Role of ONC

Office of the Chief Privacy Officer

Office of the Chief Operating Officer

Office of the Chief Scientist

Office of Standards and Technology

Office of Care Transformation

Office of the National Coordinator

Office of Clinical Quality and Safety

Office of Policy

Office of Programs

Office of Planning, Evaluation, and Analysis

Office of Public Affairs and Communications

- Coordinates nationwide efforts to implement and use most advanced HIT and electronic exchange of health information
- Legislatively mandated 2009 under HITECH Act

Challenge: The Spectrum of Care is Vast…
as are the Barriers to Care Coordination

Putting the I in Health IT
www.HealthIT.gov

High

Intensity of Care

Low

Physician Office

Outpatient Testing/Pharmacy/DME

Living at Home

Outpt. Behav. Health

CBS

Outpt. Rehab

Home Health

PACE

Personal Care services

Housing services

Meals on Wheels

Transportation

Adult day care

Legal/financial services

Case Management

Home modifications

Other CBS

Urgent Care

Assist Living

Emergency Department

SNF

Nursing Home

IRF

LTACH

Psych Hospital

Acute Care Hospital

Hospice Facility

Home Hospice

High

94

Acuity of Illness

Adapted from Derr and Wolf, 2012

ONC 10 Year Interoperability Plan

Connecting Health and Care for the Nation:
http://healthit.gov/sites/default/files/ONC10yearInteroperabilityConceptPaper.pdf

Opportunities for ONC Long-Term & Post-Acute Care (LTPAC) Health IT Certification

- **Leveraging Existing Infrastructure to Support Other Settings of Care:** Current certified EHR technology supports health care providers seeking to achieve meaningful use, but <u>certain criteria may be applicable to other settings of care and could improve the transfer and use of information across systems.</u>

- **Modular, Voluntary Approach:** A modular approach enables adoption of certification criteria to meet specific functional needs of providers and settings. All ONC certification programs are voluntary. However, certification criteria may be part of a broader program and required by that program.

- **Improved Communication Across Care Providers:** Tailoring certification criteria by setting/functionality would open critical communication lines between MU eligible and MU-ineligible care providers.

- **Increasing Interoperability:** Alignment among federal programs around data and standards relevant to LTPAC settings would increase interoperability and improve provider workflow and person-centered care.

Organizing Principles for Recommendations

For ALL Providers

- Transition of Care
- Privacy and Security
- Enhancements to Privacy and Security

LTPAC Setting-Specific

- Patient Assessments
- Survey and Certification

BH Setting-Specific

- Patient Assessments
- Consent Management (included under Enhancements to Privacy and Security)

For some LTPAC and BH Providers

- Clinical Reconciliation
- Clinical Health Information
- Labs/Imaging
- Medication-related
- CPOE
- Clinical Decision Support
- Quality Measures
- Patient Engagement
- Advanced Care Planning
- Data Portability
- Public Health - Transmission to Immunization Registries

Health IT Policy Committee Recommendations on ONC LTPAC and BH Certification

Transitions of Care

- LTPAC and BH providers should adopt health IT that is certified by ONC for transitions of care. Beginning with the criteria in the 2014 Edition, transitions of care certification criteria for LTPAC and BH settings should align with the transition of care certification criteria for the EHR Incentive Programs.

Privacy and Security

- LTPAC and BH providers should adopt health IT that is certified by ONC for privacy and security. Beginning with the criteria in the 2014 Edition, privacy and security certification criteria for LTPAC and BH settings should align with the privacy and security certification criteria for the EHR Incentive Programs.

Trend Tracking

- 1) Track national trends in LTPAC and BH health IT adoption, including use by functionality and by certification criteria; and 2) Utilize EHR adoption definitions consistent with those used in other ONC/CMS initiatives. Such tracking would provide baseline data and enable monitoring of EHR adoption and use among LTPAC and BH providers.

Data Segmentation / Consent Management

- HITPC's Privacy and Security Tiger Team made additional recommendations regarding data segmentation:

  http://www.healthit.gov/sites/faca/files/PSTT_DS4P_Transmittal%20Letter_2014-07-03.pdf

FUTURE WORK

LTPAC Patient Assessments

- Support the use of ONC specified HIT standards for the CMS-mandated patient assessments (for example, the MDS for nursing facilities and OASIS for home health agencies) that are required in these care settings. This will enable reuse of the data for clinical and administrative purposes. ONC should partner with CMS to align the standards to support re-use and exchange of the information in these assessments. A certification criterion was not recommended at this time because of additional standards and workflow work needed to support the interoperable exchange of patient assessment data with other provider types.

BH Patient Assessments

- Future work was recommended to identify standards which could support BH patient assessments by identifying the most useful data elements from existing assessments. Unlike for LTPAC, standardized assessments are not in place to be used uniformly. There are also state-specific assessments, adding to the variability.

Quality Measurement

- The HITPC Quality Measurement Workgroup examined opportunities for LTPAC and BH EHR certification related to quality measurement. While there are no final recommendations in quality measurement at this time, the draft recommendations of the Quality Measures Workgroup could serve as a foundation for future exploratory work.

ONC Reports

- Strategy and Principles to Accelerate HIE

  http://www.healthit.gov/sites/default/files/acceleratinghieprinciples_strategy.pdf

- A 10 Year Vision to Achieve an Interoperable HIT Infrastructure

  http://www.healthit.gov/sites/default/files/ONC10yearInteroperabilityConceptPaper.pdf

- Health IT in LTPAC Issue Brief

  http://www.healthit.gov/sites/default/files/pdf/HIT_LTPAC_IssueBrief031513.pdf

ONC LTPAC Web Page

- http://www.healthit.gov/policy-researchers-implementers/long-term-post-acute-care

Health IT Policy Committee (HITPC) LTPAC and BH Health IT Certification Recommendations

- Transmittal Letter
  http://www.healthit.gov/facas/sites/faca/files/TransmittalLetter_LTPAC_BH_Certification.pdf

- Recommendation Slides
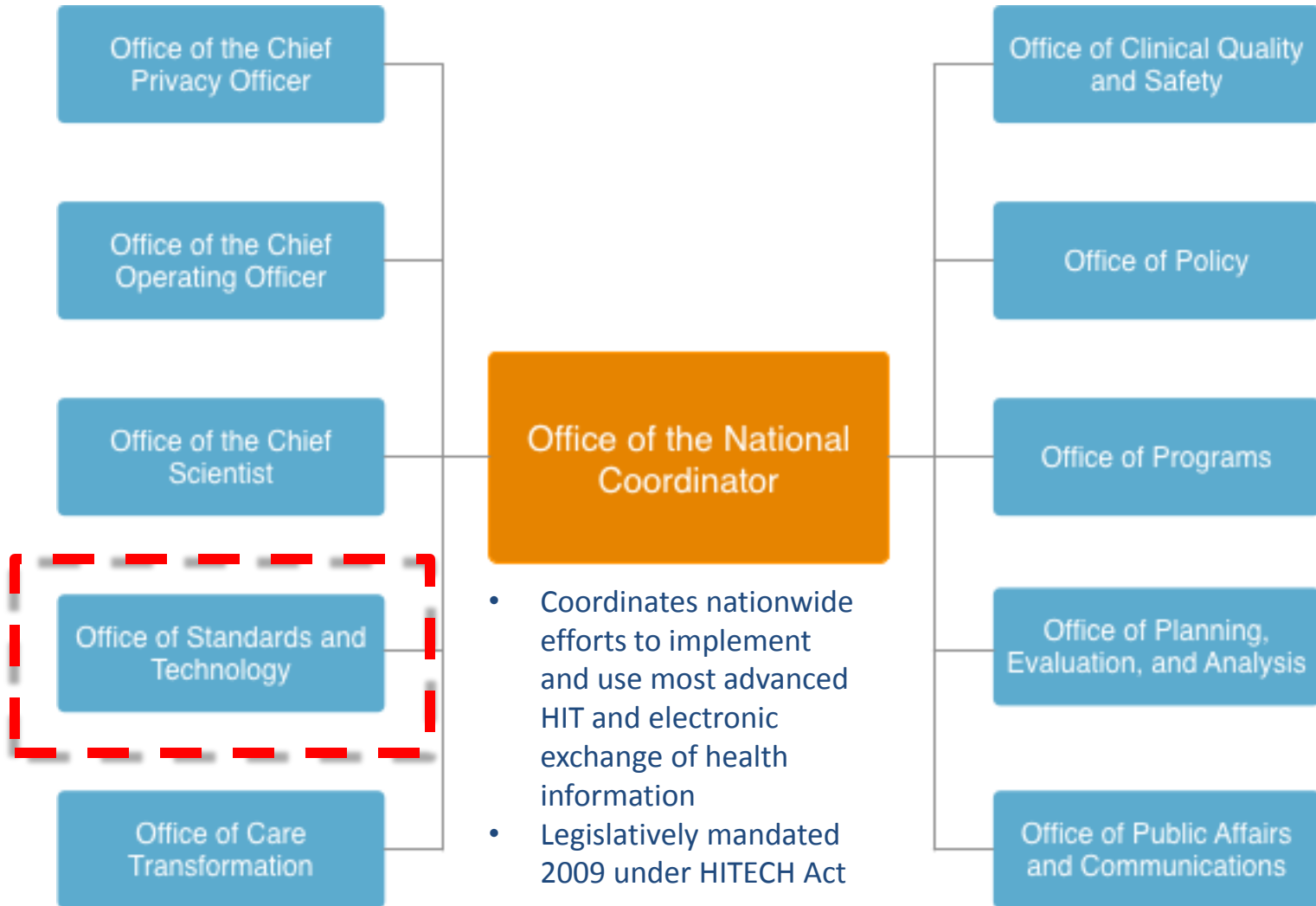 http://www.healthit.gov/facas/sites/faca/files/HITPC_LTPAC_BH_Certification_Recommendations_FINAL.pdf

ASPE Report

- EHR Payment Incentives for Providers Ineligible for Payment Incentives and Other Funding Study

  http://aspe.hhs.gov/daltcp/reports/2013/ehrpi.shtml

Leading Age's Center for Aging Technologies (CAST) 2014 EHR Selection Matrix (includes ONC certification status, plans for ONC LTPAC certification)

- http://www.leadingage.org/uploadedFiles/Content/Centers/CAST/Resources/2014_EHR_Selection_Matrix.pd.pdf

Overview of ONC Standards Development Activities for eLTSS

Office of Standards & Technology (OST)

Office of the Chief Privacy Officer

Office of the Chief Operating Officer

Office of the Chief Scientist

Office of Standards and Technology

Office of Care Transformation

Office of the National Coordinator

Office of Clinical Quality and Safety

Office of Policy

Office of Programs

Office of Planning, Evaluation, and Analysis

Office of Public Affairs and Communications

- Coordinates nationwide efforts to implement and use most advanced HIT and electronic exchange of health information
- Legislatively mandated 2009 under HITECH Act

102

What is the S&I Framework?

- The Standards and Interoperability (S&I) Framework represents one investment and approach adopted by OST to fulfill its charge of prescribing health IT standards and specifications to support national health outcomes and healthcare priorities

- Consists of a collaborative community of participants from the public and private sectors who are focused on providing the tools, services and guidance to facilitate the functional exchange of health information

- Uses a set of **integrated functions, processes, and tools** that enable execution of specific value-creating initiatives
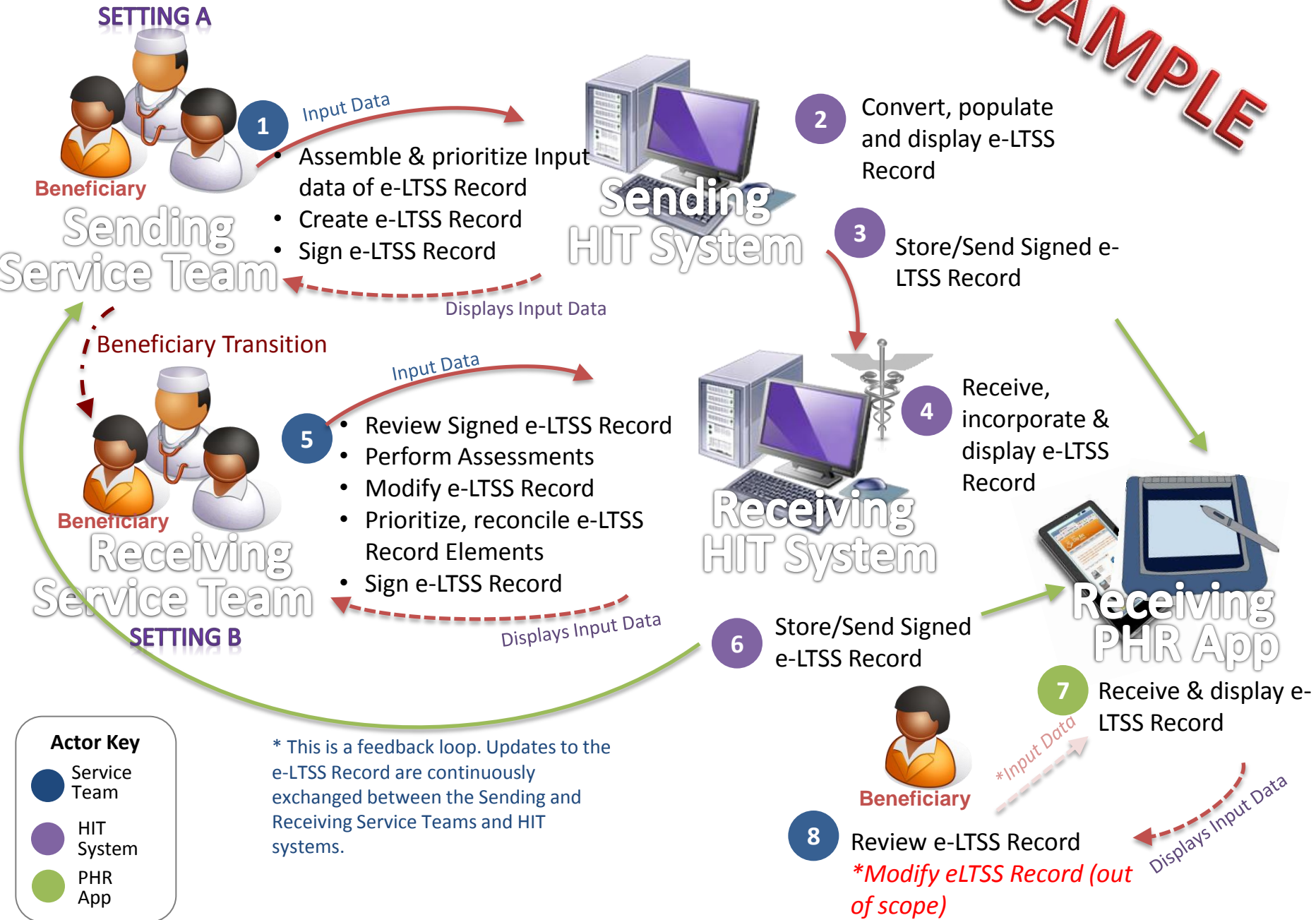
Focus on two of four components:

1. Test a beneficiary experience survey within multiple CB-LTSS programs for validity and reliability

2. Test a modified set of CARE functional assessment measures for use with beneficiaries of CB-LTSS programs

3. Demonstrate use of PHR systems with beneficiaries of CB-LTSS*

4. Identify, evaluate and harmonize an e-LTSS standard in conjunction with the ONC S&I Framework

* States participating in the PHR demonstrations must also participate in e-LTSS S&I Process

S&I Framework Phases

Phase	Planned Activities
1. **Pre-Discovery**	• Development of Initiative Synopsis • Development of Initiative Charter • Definition of Goals & Initiative Outcomes
2. **Discovery**	• Creation/Validation of Use Cases, User Stories & Functional Requirements • Identification of interoperability gaps, barriers, obstacles and costs • Review of Vocabulary
3. **Implementation**	• Evaluation of candidate standards • Development of Standards Solution Plan • Creation of Implementation Guidance
4. **Pilot**	• Validation of aligned specifications, testing tools, and reference implementation tools • Revision of documentation and tools • Development and presentation of Pilot Proposals
4. **Evaluation**	• Measurement of initiative success against goals and outcomes • Identification of best practices and lessons learned from pilots for wider scale deployment • Identification of hard and soft policy tools that could be considered for wider scale deployments

e-LTSS Record Exchange: Conceptual Workflow

SAMPLE

SETTING A

Beneficiary

Sending Service Team

1 Input Data
- Assemble & prioritize Input data of e-LTSS Record
- Create e-LTSS Record
- Sign e-LTSS Record

Displays Input Data

Sending HIT System

2 Convert, populate and display e-LTSS Record

3 Store/Send Signed e-LTSS Record

Beneficiary Transition

Beneficiary

Receiving Service Team

SETTING B

5 Input Data
- Review Signed e-LTSS Record
- Perform Assessments
- Modify e-LTSS Record
- Prioritize, reconcile e-LTSS Record Elements
- Sign e-LTSS Record

Displays Input Data

Receiving HIT System

4 Receive, incorporate & display e-LTSS Record

6 Store/Send Signed e-LTSS Record

Receiving PHR App

7 Receive & display e-LTSS Record

Beneficiary

*Input Data

Displays Input Data

8 Review e-LTSS Record
*Modify eLTSS Record (out of scope)

* This is a feedback loop. Updates to the e-LTSS Record are continuously exchanged between the Sending and Receiving Service Teams and HIT systems.

Actor Key
- Service Team
- HIT System
- PHR App

- **Providers**
  - Clinical and Institutional based Providers (e.g. Primary Care Physicians, Nurses, Nurse Practitioners, Specialists)
  - CB-LTSS Providers (e.g. Social Workers, In-home supportive service providers, CB-Adult Service providers, multipurpose Senior Service Program providers, Case Managers, Home Health Aides, and any other approved state specific services which assist in diverting and/or transitioning individuals from institutional settings into their homes and community)
  - Clinical Informaticists
- **Advocates:** Patient, Consumer, LTSS Beneficiary and Medicaid Advocates
- **Vendors/Solution Providers**
  - EHR Systems, PHS Systems, Mobile Health, Health Information Exchange
  - Device Manufacturers
  - Data Warehouse/Data Mart

eLTSS Stakeholder Groups: *Who should be participate in the Initiative?*

- **Government Agencies:**
  - CMS: Center for Medicaid and CHIP Services (CMCS), Medicare-Medicaid Coordination Office (MMCO), Center for Clinical Standards and Quality (CCSQ)
  - HHS Office of the National Coordinator for Health IT (ONC)
  - HHS Office of the Assistant Secretary for Planning & Evaluation (ASPE)
  - HHS Agency for Healthcare Research & Quality (AHRQ)
  - Social Security Administration (SSA)
  - Veterans Health Administration (VHA)
  - Department of Defense (DoD)
  - State Medicaid Offices and Department of Health
- **Standards-Related Organizations**: Standards Development Organizations (SDOs), vocabulary/terminology organizations
- **Private Healthcare Payers**
- **Provider Professional Associations**

Next Steps for eLTSS Initiative

- eLTSS Initiative will launch as new Initiative under the S&I Framework

- CMS TEFT grantees are invited to participate in the eLTSS Initiative as part of their grant program requirements

- eLTSS Initiative will also be open for other stakeholder groups to participate:
  - Other States and State Medicaid Offices
  - LTSS system vendors
  - Other HIT systems
  - LTSS Providers and Facilities
  - Consumer Engagement Organizations

- Timeline: eLTSS Initiative will launch Nov 2014 and will run for duration of CMS TEFT grant program (3 years)

Join the eLTSS Initiative

- To join the upcoming eLTSS Workgroup, go here:
  http://wiki.siframework.org/Longitudinal+CC+WG+Committed+Member+Guidance .

Longitudinal Coordination of Care (LCC)

Initiative Home	Join the Initiative	Charter & Members	S&I Phases	Materials
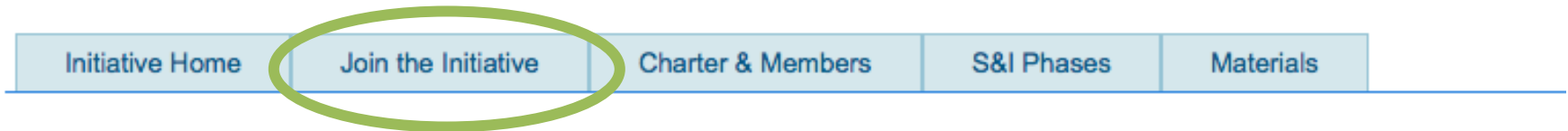
- Joining the initiative ensures that you are included on initiative communications and announcements. You may join as an Interested Party or a Committed Member. (More information about these two options is on the Join page.)

- Thank you! Your commitment and participation are critical to our success.

- CMS TEFT Leads:
  - Kerry Lida (Kerry.Lida@cms.hhs.gov)
  - Anca Tabakova (anca.tabakova@cms.hhs.gov)
- ONC Leads:
  - Mera Choi (mera.choi@hhs.gov)
  - Farrah Darbouze (farrah.darbouze@hhs.gov)
  - Elizabeth Palena-Hall (elizabeth.palenahall@hhs.gov)
- Initiative Coordinator
  - Evelyn Gallego (evelyn.gallego@siframework.org)
- Project Management
  - Use Case Lead: Becky Angeles (becky.angeles@esacinc.com)
  - Pilots Lead: Lynette Elliott (lynette.elliott@esacinc.com)

LCC Wiki Site: http://wiki.siframework.org/Longitudinal+Coordination+of+Care

Colorado 3X3 TEFT

3 Things learned about Stakeholders

3 Types of Stakeholder and needs

Security

Connection

User Flexibility

Better Health

Client/Provider Use

Care Givers – Workflow/ Outcomes

3 Type of PHR's

Free – User Controlled

Custom Fitted for specific needs-EBW

Untethered with four year roadmap
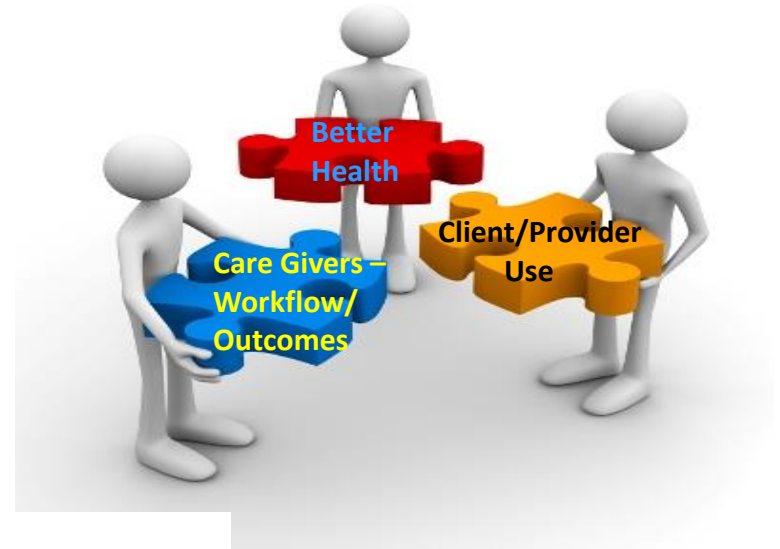
MINNESOTA'S PHR FOR LTSS DEMO PROJECT UPDATE

THE HCBS CONFERENCE
9/15/2014

Personal Health Record for Long Term Services and Supports

A CMS "TEFT" Planning & Demonstration Grant

Minnesota Department of **Human Services**

OBJECTIVES

- Project Update
- Efforts to refine PHR requirements
- Next steps

STAKEHOLDER KICKOFF (6/19)

Attendees:

State Government	Providers/Advocates	Others
DHS – AASD, DSD, NFQR, OPO, SNP, DCT, CMH	Disability Orgs: MCCD, MCIL, MDLC, TBI Comm., MNSCOD	MN HDI & HDO
MN Senate	Senior Org's: Care Providers, Ebenezer Society	U of MN - ICI
MDH – E-Health	County Social Service - MACSSA	Contractors
MNIT	Medica	

Minnesota Department of **Human Services**

PHR FOR LTSS DEMO

PHR DELIVERABLE

Demonstrate use of an untethered Personal Health Record (PHR) system with beneficiaries of CB-LTSS

Minnesota Department of **Human Services**

PLANNING/NEEDS ASSESSMENT WORKSHOP (7/29)

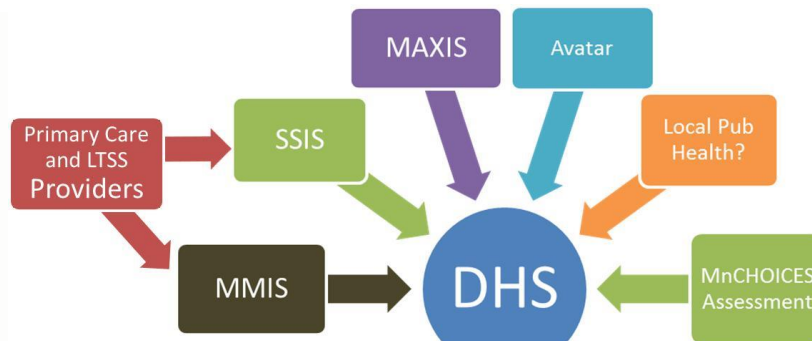| Details |
|---|
| Focused on Vision for PHR for LTSS Demo |
| Attendees: DHS, MNIT, DCT, Hennepin Cty, Aging Services of MN |
| • Define Strategic Vision
• Determine Vision for PHR for LTSS Demo
• Review Approach to Requirements Workshops |

Minnesota Department of **Human Services**

VISION AND OBJECTIVES FROM WORKSHOP

- **The vision for Minnesota's PHR for LTSS Demo is:**
  - To determine what information about LTSS beneficiaries is currently in DHS systems, and how that information can made available to them, subject to privacy and consent rules.

  - To make information in DHS systems available to LTSS beneficiaries in a way that is person-centered, ensuring that it is understandable, useful, accessible and shareable.

  - To provide LTSS beneficiaries with an untethered Personal Health Record, which can contain information from DHS, primary, acute and post-acute care providers, as well as from the beneficiaries themselves.

  - To leverage data integration efforts for State quality/population health data and analytics.

Minnesota Department of **Human Services**

SAMPLE CONCEPT FROM WORKSHOP

Minnesota's
PHR for LTSS Demo
Concept 2
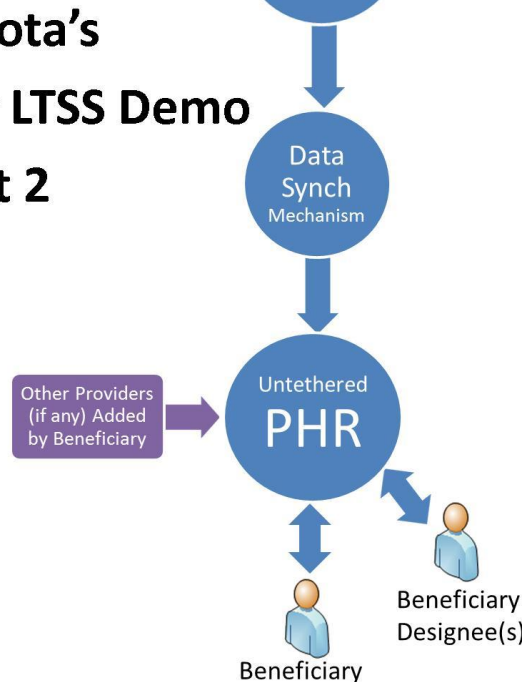
FUNCTIONAL REQUIREMENTS WORKSHOP – BENEFICIARY MANAGEMENT (8/20)

Details
Focused on gathering functional requirements for PHR
Attendees: DHS, MNIT, DCT, NAMI, M4A, Hennepin Cty, TBI Comm.
• Discuss and validate functions performed related to Beneficiary Management • Discuss what beneficiary information could be shared in PHR • Discuss how an untethered PHR would benefit beneficiary • Discuss how an untethered PHR would help improve case management

Minnesota Department of **Human Services**

FUNCTIONAL REQUIREMENTS WORKSHOP – BENEFICIARY INFORMATION (8/21)

Details
Focused on gathering functional requirements for PHR
Attendees: DHS various, MNIT, M4A
• Discuss and validate functions performed related to direct service delivery • Discuss what beneficiary information could be shared in PHR • Discuss how an untethered PHR would benefit beneficiary • Discuss how an untethered PHR would help improve case management

Minnesota Department of **Human Services**

FUNCTIONAL REQUIREMENTS WORKSHOP – PROVIDER INFORMATION (8/21)

Details
Focused on Vision for PHR for LTSS Demo
Attendees: DHS, MNIT, DCT, Hennepin Cty, Otter Tail Cty, Aging Svcs of MN, Care Providers of MN, ARRM
• Discuss if/how LTSS Providers and others will be able to provide and access beneficiary information in the PHR • Discuss how providers will participate in the PHR, including registration and management • Discuss who will serve as the Steward of the PHR and how this will be done in the short/long term

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PHR VENDOR DEMOS

Vendor	Date	Details
Relay Health	7/31	• Created PHR for military • Focus on patient engagement • Can provide an "EHR Lite" function for providers
CHIC HealthBio	8/5	• PHR developed with physicians, DD clients, providers, caregivers • No active users • Health ID card function
Microsoft HealthVault	8/15	• Mentioned in CMS RFP for project • Untethered solution • Used by states of Iowa and Michigan • Could create app to run on top of HealthVault

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PHR CHALLENGES

Challenge	Mitigation/Resolution
Narrow scope from all possible options to specific, achievable demonstration	• Requirements workshops • Communication with interested stakeholders
Understand Department of Defense Tools – CMS and DoD have not yet signed an Inter-Agency Agreement	• Attend TEFT Intensive at HCBS conference • Continue to request information from CMS
Ensure proper coordination with other DHS and MDH initiatives	• Cross-impact analysis ongoing • Communicate with DHS, MNIT, MDH E-Health, others

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PHR NEXT STEPS

- Finalize functional requirements
- Develop Scenarios to scope/define solution options
- Create blueprint for logical architecture
- Develop architectural model
- Develop transformation roadmap
- Create work breakdown structure/project schedule/budget
- Provide Implementation Work Plan and Planning Document to CMS by 10/31/2014
- Engage stakeholders through surveys/focus groups
- Initiate and execute implementation plan
- Adjust plan as needed during implementation phase

Minnesota Department of **Human Services**

CMS TEFT Grant
Data Collection Tools

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05 JUN 2014

UNCLASSIFIED

BRIEFING OUTLINE

PURPOSE: Describe the MiCARE and HERMES Tools and the mechanics of the data collection

1. Introduction

2. MiCARE

3. HERMES

4. TEFT data collection

5. Questions

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What is MiCARE?

- Short for Military Care

- Data broker capable of moving data to designated Personal Health Records

- Role based access

- Utilizes data adapter plug-ins to broker data between end-points

Why use a MiCARE?

- Convenience

- Portability

- Safety

- Information/Control

- Government developed software (non-proprietary)

How does it work?

- Requires Microsoft Healthvault account

- Unique patient identifier

- Very granular ability to store, view and share information

- High state of privacy and protection

HERMES Kiosk
Health & Readiness Medical Surveys

- ❖ **Utilizes latest .NET Framework / C#**
- ❖ **Utilizes SQL Server 2005/2008**
- ❖ **N-Tiered architecture**
- ❖ **Web-based patient access**
- ❖ **Web-based administration**
- ❖ **Built-in survey authoring tool – design and administer your own surveys**

Why use HERMES?

❖ **Gathers and presents information to Patient (web based)**

❖ **Can print required information for patient**

❖ **Quickly gathers and stores information on patient**

❖ **Helps eliminate bottlenecks at counters**

❖ **Provides patient information to provider in a logical format**

❖ **Periodicity model supported at survey level**

❖ **Includes NIH PASTOR/PROMIS validated survey banks**
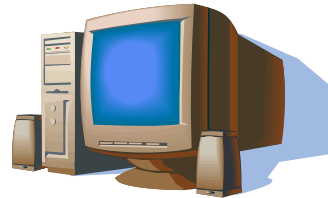
❖ **CDA/CCDA message format compliant**

HERMES Administrative Portal

❖ **Provider portal**

❖ **Integrated administration portal**

❖ **Integrated survey builder**

❖ **Integrated dashboard**

❖ **Granular security role membership**

Hardware Agnostic

Implementation for TEFT

HERMES/CMS Use Cases

❖ **Two primary use cases supported by HERMES**

  ❖ **Clinic-centric kiosk:**

  ❖ Provides ability for surveys to be administered to patients checking in at a clinic kiosk

  ❖ Surveys presented based on clinic location

  ❖ Completed surveys forwarded to patient's PHR and stored in HERMES

  ❖ Completed surveys available through HERMES administrator portal
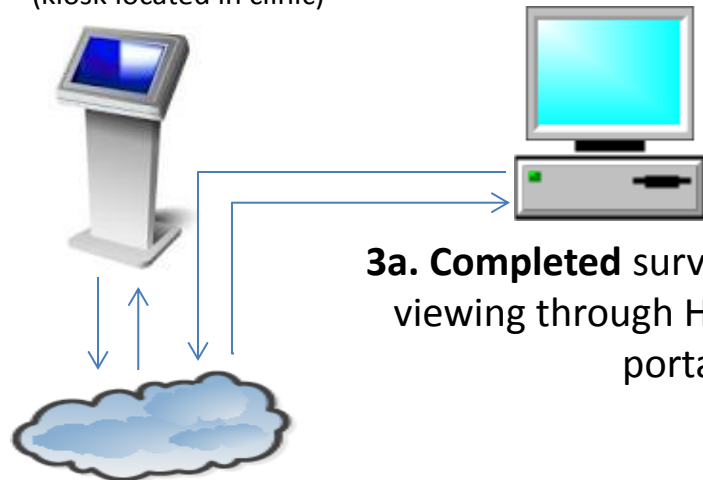
  ❖ **Patient-based portal**

  ❖ Provides ability to tailor delivered survey groups per patient

  ❖ Provides ability for patients to take surveys remotely (i.e.: from home)

  ❖ Completed surveys forwarded to patient's PHR and stored in HERMES

  ❖ Completed surveys available through HERMES administrator portal

Clinic-centric Kiosk

1. Patient Checks In

(kiosk located in clinic)

3a. Completed surveys available for viewing through HERMES Admin portal

2. HERMES presents patient with clinic-based surveys

4. MiCare routes completed surveys to patient **PHR**

3. Completed surveys stored in HERMES and **forwarded** to **MiCare**

Patient-centric Kiosk

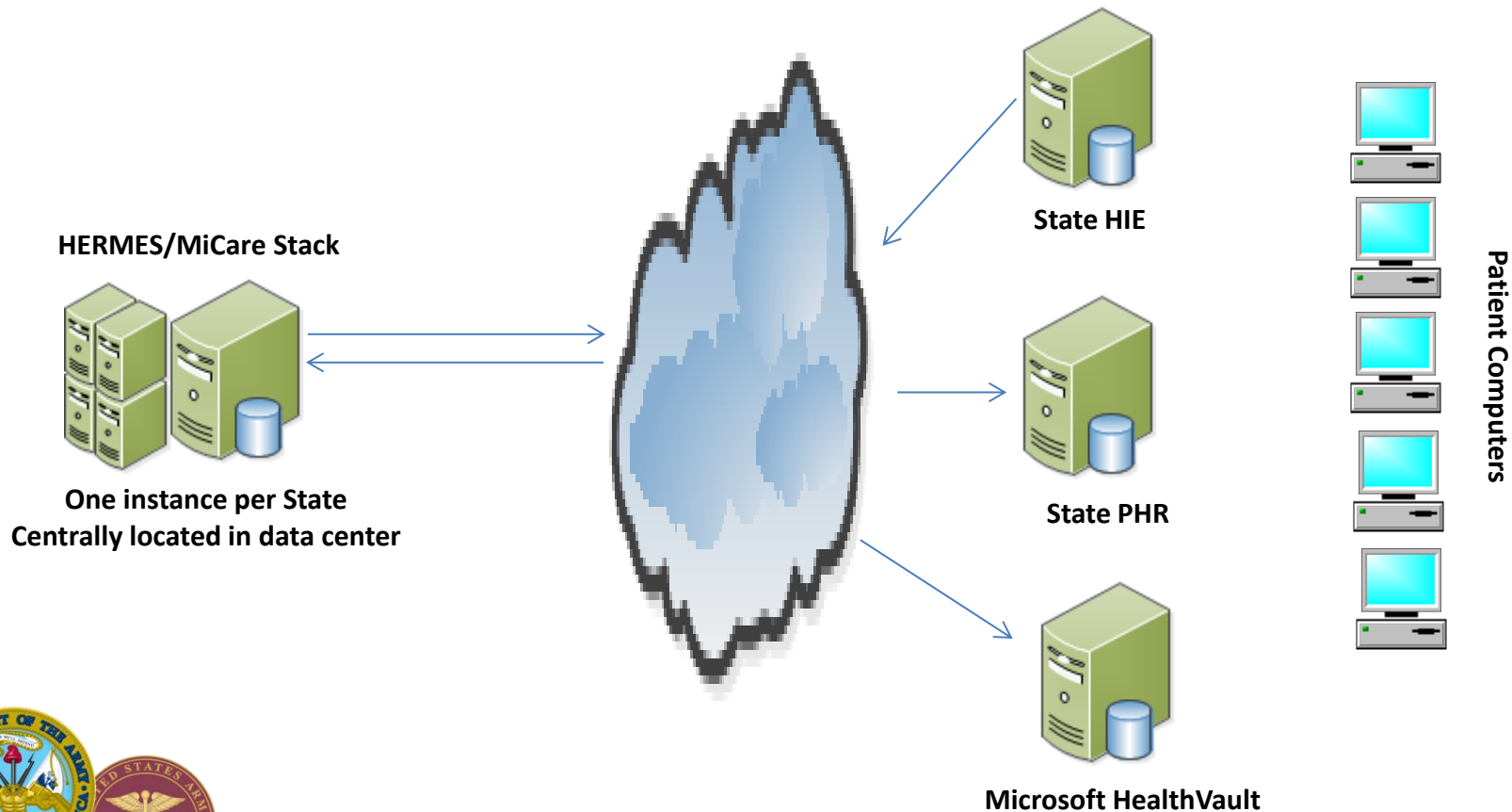**1. Clinic** Signs patient up in **HERMES** and assigns them surveys

4. MiCare routes completed surveys to patient **PHR**
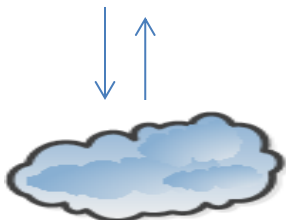
2. HERMES Sends token to patients email

3. Completed surveys stored in HERMES and **forwarded** to **MiCare**

Center for Medicare/Medicaid Services CMS Pilot

10 States – 9000 Patients – 30 Pilots – 300 patients each

HERMES/MiCare Stack

One instance per State
Centrally located in data center

State HIE

State PHR

Microsoft HealthVault

Patient Computers

Questions?

Contact Information

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