

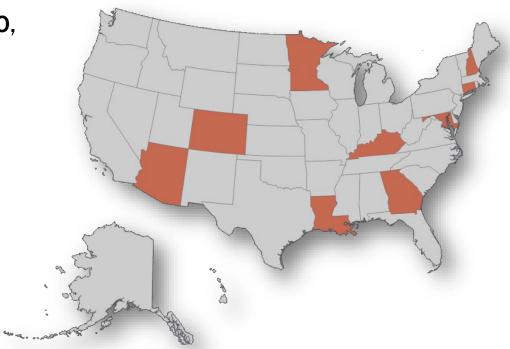
TEFT Update

TITLE

CMS "TEFT" GRANT RECIPIENTS

In 2014, MN received a Testing Experience and Functional Tools (TEFT) grant from the Centers for Medicare and Medicaid Services (CMS)

Other states participating: AZ, CO, CT, GA, KY, LA, MD, NH





PROJECT DELIVERABLES

- 1. Demonstrate use of an untethered Personal Health Record (PHR) system with beneficiaries of CB-LTSS
- 2. Identify, evaluate and test an electronic Long Term Services and Supports (e-LTSS) standard with the Office of National Coordinator's (ONC) Standards and Interoperability (S&I) Framework Process
- 3. Field test a beneficiary experience survey within multiple Community-Based Long Term Services & Supports (CB-LTSS) programs for validity and reliability
- 4. Field test a modified set of Functional Assessment Standardized Items (FASI) measures for use with beneficiaries of CB-LTSS



#1. PHR FOR LTSS: WHY A PHR?

Improved Care Transitions

Improved Data Sharing and Analytics

Person-Centered Care

Health Information Technology (OHIT & SIM)



GOAL

Prove we CAN share information from DHS systems in a way that is:

Accessible

- For seniors
- For people with disabilities

Useful

- For beneficiaries/legal representatives
- For case managers

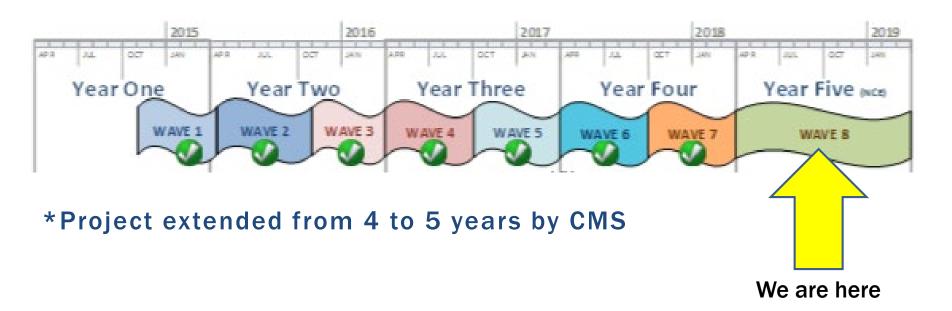
Securely Available

- Where beneficiaries access the Internet
- Through a mobile-first platform



OVERALL PROJECT UPDATES

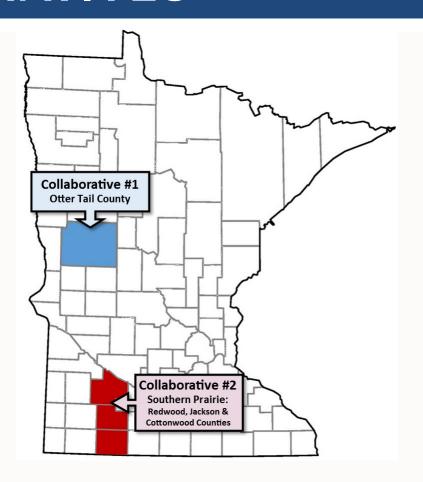
Segmented project into eight* "Waves"





WHAT WE'VE DONE - COLLABORATIVES

- Contracted with two local PHR Community Collaboratives
- Tested PHR with beneficiaries and Case Managers in these areas





PHR: COLLABORATIVE ACTIVITIES

- Established contract with PHR vendor RelayHealth
- Established data sharing agreements
- Recruited beneficiaries, case managers and providers to participate in demo
- Created accessible training materials for users
- Provided training/onboarding to Case Managers/Providers
- Provided training/onboarding to Beneficiaries/legal reps

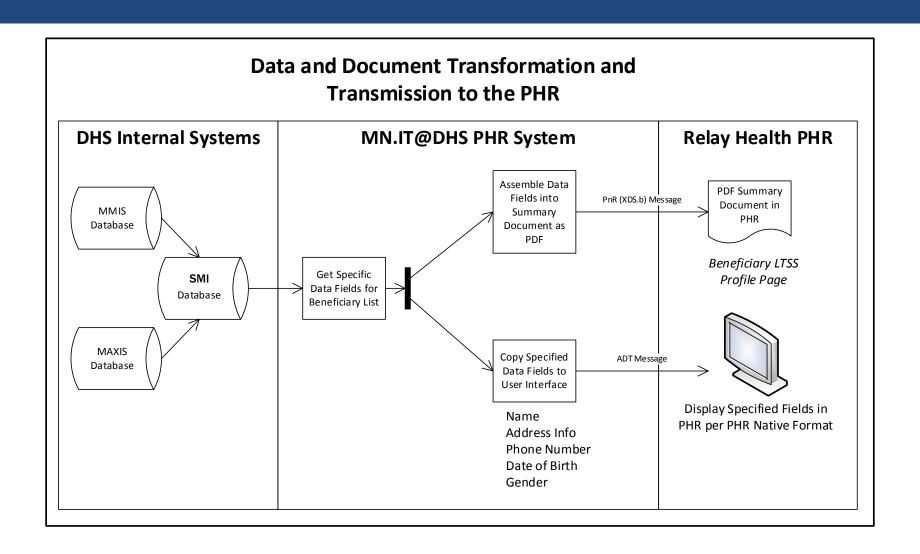


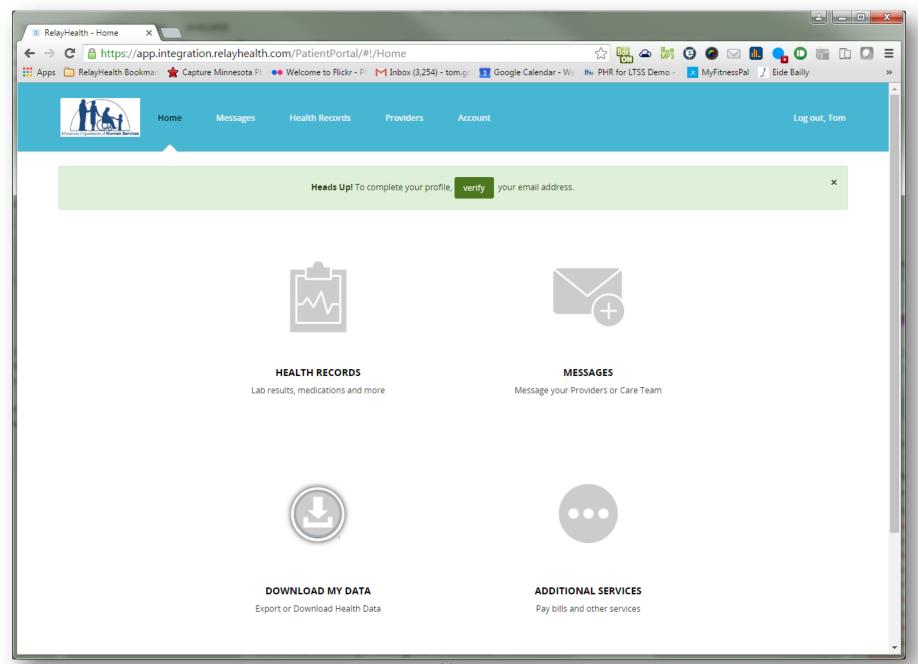
WHAT WE'VE DONE – MN.IT@DHS AGGREGATOR

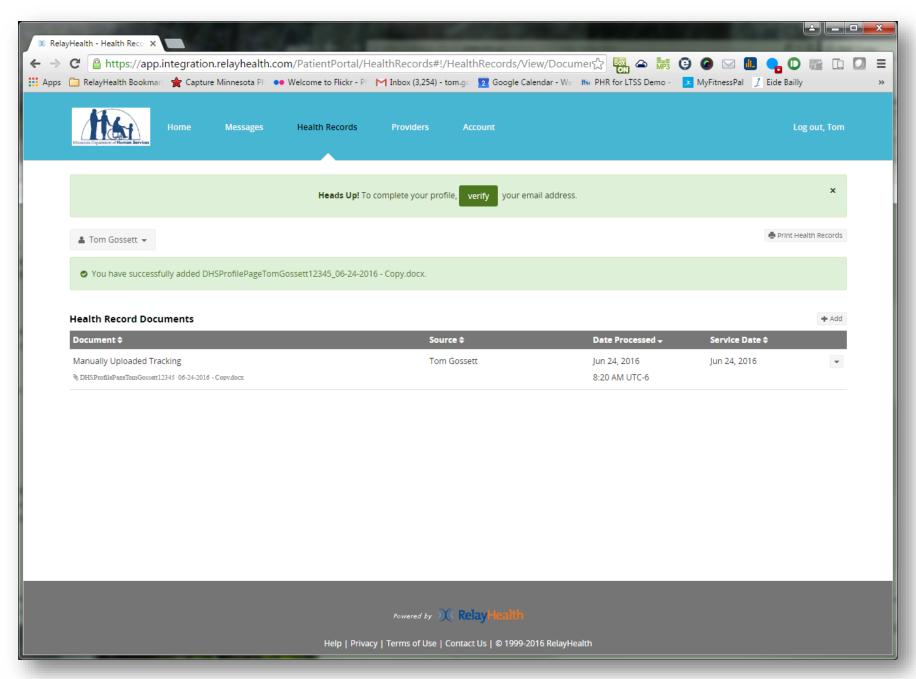
- Created an "Aggregator" that does the following on a daily basis:
- 1. Checks to see if info about beneficiaries has changed in source systems (MMIS, MAXIS)
- 2. If information has changed, the Aggregator:
 - 1. Puts relevant information into HL7 format ADT message
 - 2. Automatically creates an accessibile .pdf "Profile Page"
 - 3. Pushes the information in two ADT messages into the PHR
 - 4. The PHR informs the beneficiary that their PHR has been updated.



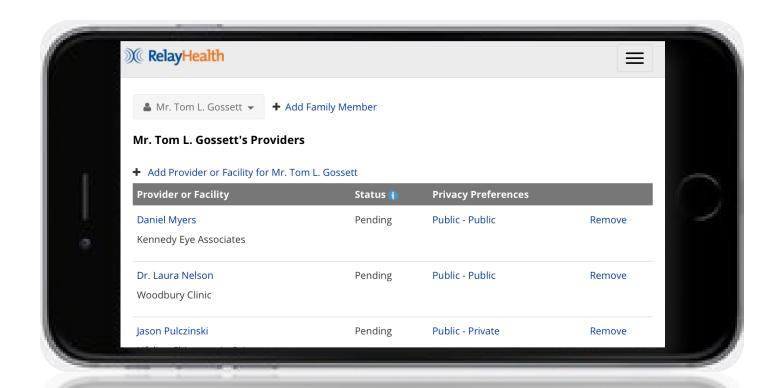
DATA AGGREGATOR







MOBILE INTERFACE





Demo Data

PROFILE PAGE

Current Version 4/17/2017



Long Term Services and Supports Profile Page

Note: This summary is provided by the MN Department of Human Services for informational purposes only. Please contact your Case Manager if you have questions about this information.

Data matches DHS systems as of March 22, 2017

Beneficiary Information

Name: James L Gibson

Address:

1524 Oak Avenue

Apt #25

St. Paul, MN 55164

Date of Birth: 04/06/1950

Age: 66

Gender: Male

Primary Language: Not Available Phone Number: 444-444-1212 Authorized Representative:

Lisa R. Gibson

Waiver Program

Waiver:

Community Access for Disability

Inclusion (CADI) Waiver

Begin Date: 1/1/2017 End Date: 12/31/2017

*You must receive an eligibility reassessment annually. This must be done prior to the waiver program end date as above or as determined by your Program. Please contact your case manager for more information.

*Estimated Annual Eligibility Reassessment Date: 10/31/2017

Case Manager

Name: Mary Jones

Employer: Otter Tail County

Financial Worker

Name: John Smith

Employer: Otter Tail County

Phone Number: 555-555-1212 Phone Number: 555-555-1212



USER FEEDBACK





#2. ELTSS STANDARD

- HIE requires standardization of Long Term
 Services and Supports (LTSS) data
- Office of National Coordinator (ONC)
 Standards & Interoperability (S&I)
 Framework is leading this effort
- Otter Tail PHR Collaborative has identified
 123 fields they will test sharing among themselves

ELTSS STANDARD – WHAT WE'VE DONE

- Led 9 org's (15 settings) to identify their important data elements
- Identified & prioritized most important data elements available in their HIT systems
- Developed & implemented OTC eLTSS Data Sheet
- Analyzed Minnesota CSP and CSSP data elements, solicited provider feedback & worked with the ONC to represent them in the Core Dataset
- Achieved secure exchange (through an HIE) of the OTC eLTSS Data Sheet between providers



MN ROLE IN CREATING ELTSS STANDARD

- MN's CSP/CSSP is being used as a source document for eLTSS Standard
- Participant in Georgia's work to finalize eLTSS standard to ONC



#3. EXPERIENCE OF CARE

What We've Done:

- Completed Round One Surveys in 2014
- Exceeded goals for completed surveys in Round One
- Effectively communicated purpose and results of Experience of Care Round One to stakeholders



#4: FUNCTIONAL ASSESSMENT STANDARDIZED ITEMS (FASI)

Tool for testing a few Functional Assessment Standardized Items:

- 11 Page instrument
- Performed in person by Vital Research staff
- Participating to see if there are ways we could improve asking MnCHOICES questions





TEFT DELIVERABLES



SO WHAT ARE TEFT'S DELIVERABLES?

- A PHR for Beneficiaries, Case Managers and Providers that's populated with data from MMIS?
- An "aggregator" that pulls data from MMIS and pushes it to an external party using HIT standards?
- A draft national (Office of the National Coordinator) standard for exchanging LTSS data electronically?
- A prototype state (community) standard for exchanging LTSS data electronically between LTSS providers?
- Progress on a new MMIS Enterprise Service Bus (ESB)?

Well, Yes... and No



TEFT'S KEY WORK PRODUCT(S)

- Many of the project's grant objectives were tangible deliverables
 - The PHR, the Aggregator, the eLTSS standard(s) and MMIS ESB work
- However, the core TEFT deliverables for DHS from this effort are the knowledge, experience, skills and relationships built throughout the grant period!
- TEFT worked directly with beneficiaries, providers and agencies for years throughout the grant, gaining key real-world insights
- This project has always been a "demonstration" project to build DHS awareness and competence on a variety of critical (and timely) topics important to our ability to deliver person- and family-centered services



KEY TEFT-DHS HIT LESSONS

- Beneficiaries and technology
 - TEFT has worked extensively with beneficiaries (especially EW) and family/care givers/legal reps to understand how they use technology; focus groups were run to develop person-and family-centered input
 - DHS should leverage this experience for beneficiary-facing systems
- External industry/vendor solutions
 - The DHS EAS has best-in-class Provider Directory and Master Patient Index (MPI) technology; new solutions could leverage the technology being used by EAS
- Internal systems innovations
 - TEFT developed electronic system "pushes", of data that changes in MMIS (Aggregator and MMIS ESB work)
- Legal issues, including data sharing, privacy and consent
 - TEFT worked at length with DHS legal to understand data sharing and privacy requirements; experience with data sharing, consent and C2S would be useful
 - Experience with state/regional/national consent/data sharing legal frameworks



KEY TEFT-DHS HIT LESSONS (CONT)

- Experience with electronically enabling coordination of care and services
 - Care/services coordination in the health care space are common and use health industry standards; multiple efforts are part of TEFT (or are under consideration, such as OCP) that facilitate communication between providers and agencies
 - TEFT has been working with SAMHSA on their Omnibus Care Plan (OCP) project; opportunity to review their work-in-progress to gain insights on care plans shared collaboratively among providers
- Skills and experience with data sharing and interoperability
 - Data sharing requires health interoperability technologies; the TEFT PHR and eLTSS effort, at its core, are intended to improve service delivery to beneficiaries (and their families) and coordinate efforts between the beneficiary, service providers and other agencies
 - Secure communication to all parties requires interoperability standards and solutions; leverage knowledge gained by the TEFT team



KEY TEFT-DHS HIT LESSONS (3)

- Secure messaging and automated notifications
 - TEFT developed electronic system that "pushes" data from MMIS to an external party using HIT standards
 - TEFT has also been key in the development and launch of the Encounter Alert Service (EAS), which sends notifications based on provider encounters and events
 - TEFT is also very familiar with Direct secure messaging, which can support secure communication with providers (both from/to DHS, and among providers) in both an on-demand or automated manner.
- Experience with healthcare industry standards and technologies
 - Potential for applying Data Segmentation for Privacy (DS4P) to augment DHS internal system role-based security
 - First in the nation to model the ONC's eLTSS standard in HL7's Fast Healthcare Interoperability Resources (FHIR)
 - Ex. ADTs, CCD, C-CDA, XDS.b and, of course... LOINC and SNOMED



HOW TEFT HAS INFORMED HIT OPPORTUNITIES



SIM/TEFT LESSONS AND COLLABORATION

- Axway Upgrade to allow automated SFTP capabilities
- Encounter Alert Service
- Consent Management/Data Segmentation
- MMIS to Enterprise Service Bus (ESB)
- Investigating SMD 16-003 opportunities such as:
 - Provider Directories
 - Secure Messaging: with an emphasis on partnering with DirectTrust
 - Encounter Alerting (ADTs)



MORE INFO

- Contact TEFT Project Manager Tom Gossett
 - tom.l.gossett@state.mn.us
 - **651-431-2601**

