



**DEPARTMENT OF
HUMAN SERVICES**

**TEFT/SIM
SOME LESSONS LEARNED**

3/22/19

OBJECTIVES

- TEFT project summary
- Share Lessons learned
- Provide background on federal funding opportunities
- Briefly overview current plans/initiatives complete or under way
- Discuss opportunities for coordination of these activities with other DHS initiatives
 - Notably: capabilities and experience that could help enable the Integrated Services Business Model (ISBM)
- Share Recommendations

NOTE

- *The concepts in this presentation should not be considered official DHS policy, but rather are a way for the TEFT team to communicate what we've learned and to advocate for approaches we think would benefit DHS, its stakeholders, and most significantly the persons we serve.*

TEFT PROJECT GOALS

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-previously "CARE") measures for use with beneficiaries of CB-LTSS

TEFT PROJECT DELIVERED

1. Demonstrate use of an **tethered Personal Health Record (PHR)** system with beneficiaries of CB-LTSS to expose DHS data
2. Identify, evaluate and test an **electronic Long Term Services and Supports (e-LTSS)** a candidate HL7 standard with the ONC Standards and Interoperability (S&I) Framework Process for balloting
3. Field tested a **beneficiary experience survey** within multiple CB-LTSS programs for validity and reliability
4. Developed a modified set of Functional Assessment Standardized Items (previously “CARE”) measures for use with beneficiaries of CB-LTSS and used the results to inform MnChoices.

PHR DEMONSTRATION OBJECTIVES AND RESULTS

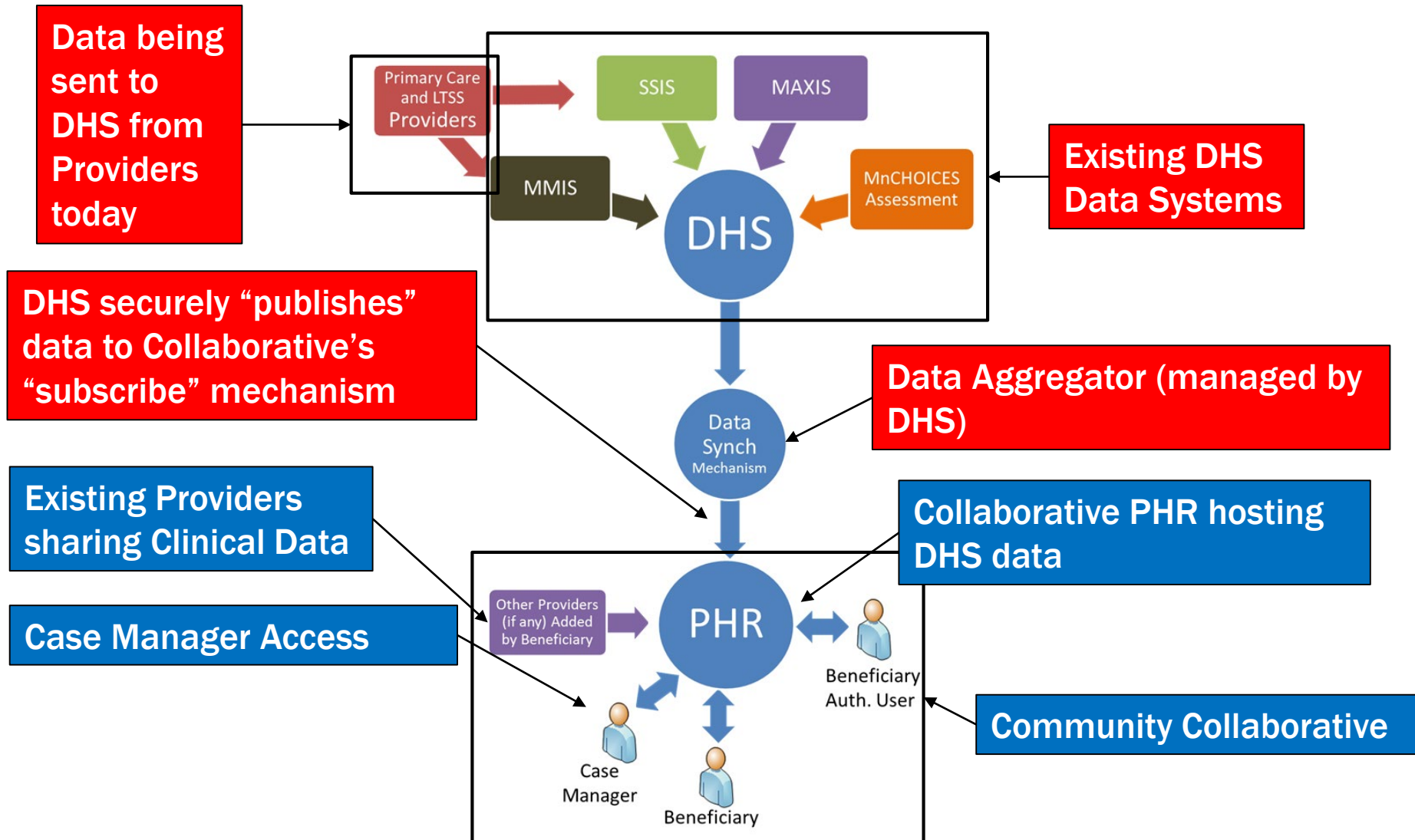
Objectives

- Determine requirements for a PHR system for MA recipients
- Publish PHR Collaborative RFP
- Establish contracts with local groups using PHRs
- Develop mechanism to push DHS data to beneficiaries using PHR
- Learn how to interact with other systems w/ HIT standards
- Test the PHR with actual MA beneficiaries, case managers
- Collect & disseminate lessons learned

Results

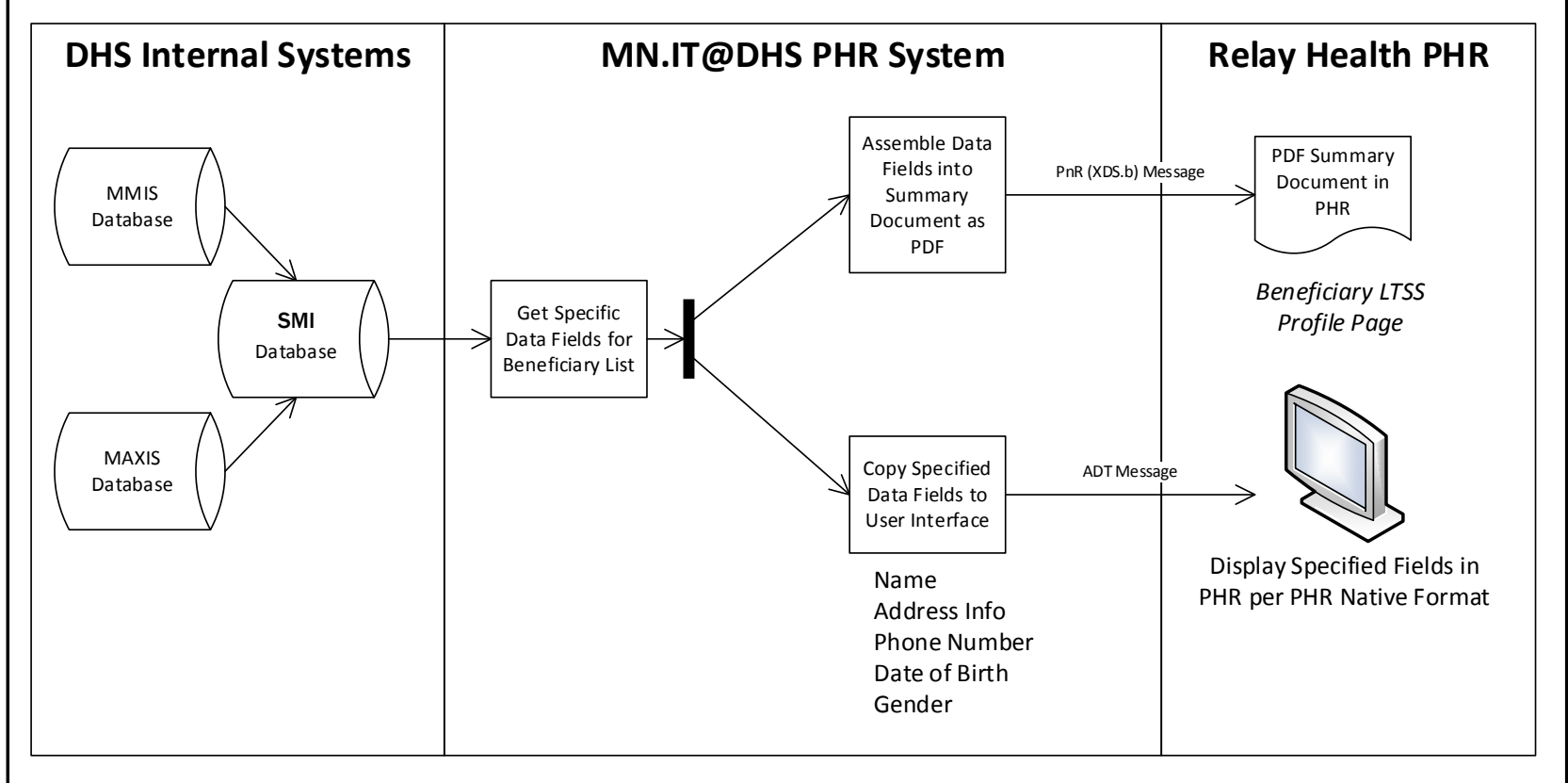
- Created detailed requirements docs (w/KPMG, MN.IT@DHS)
- RFP published (in 2 rounds)
- Otter Tail Cty, Southern Prairie Collaboratives established
- Worked with MN.IT@DHS to develop Data Aggregator
- MN.IT@DHS learned to push data to PHR w/ HIT standards
- PHR tested with actual people in both Collaboratives
- Ongoing

PHR CONCEPTUAL ARCHITECTURE



PHR DATA AGGREGATOR

Data and Document Transformation and Transmission to the PHR



PHR PROFILE PAGE

Demo Data



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 June 19, 2017

Beneficiary Information

Name: James L. Gibson

Address:

1524 Oak Avenue

Apt #25

St. Paul, MN, 55164-1234

Date of Birth: 04/06/1950

Age: 66

Gender: Male

Primary Language: Not Available

Phone Number: 444-444-1212

Authorized Representative:

Lisa R. Gibson

LTSS Program

Program: Medical Assistance (MA)

Begin Date: 01/01/2017

End Date: Unspecified

Waiver: Community Access for
Disability Inclusion (CADI)

Begin Date: 03/01/2017

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: 12/31/2017

Case Manager

Name: Mary Jones

Employer: Otter Tail County

Phone Number: 555-555-1212

Financial Worker

Name: John Smith

Employer: Otter Tail County

Phone Number: 555-555-1215



ELTSS STANDARD OBJECTIVES AND RESULTS

Objectives

- Engage Providers on the 123-element eLTSS Standard
- Map each Provider's EHR to the eLTSS Standard
- Collaborative customization of Access DB to pull/report data
- Implement the eLTSS Data Sheet reporting with Providers
- Establish experience using a secure messaging tool
- Develop proper protocols to securely pull/exchange ePHI
- Gather data about continuity of care for beneficiaries
- Produce and share eLTSS Data Sheets for real beneficiaries

Results

- Providers grasped the eLTSS Standard quickly
- Providers created important data mapping results
- SPCC staff was able to tailor and implement the data tool
- Providers produced eLTSS Data Sheets from their EHR
- All Providers shared secure messages between each other
- Each Provider shared their written workflow/protocols
- Providers gave visibility to data sharing opportunities
- Providers securely exchanged real eLTSS data

RAMIFICATIONS OF TEFT

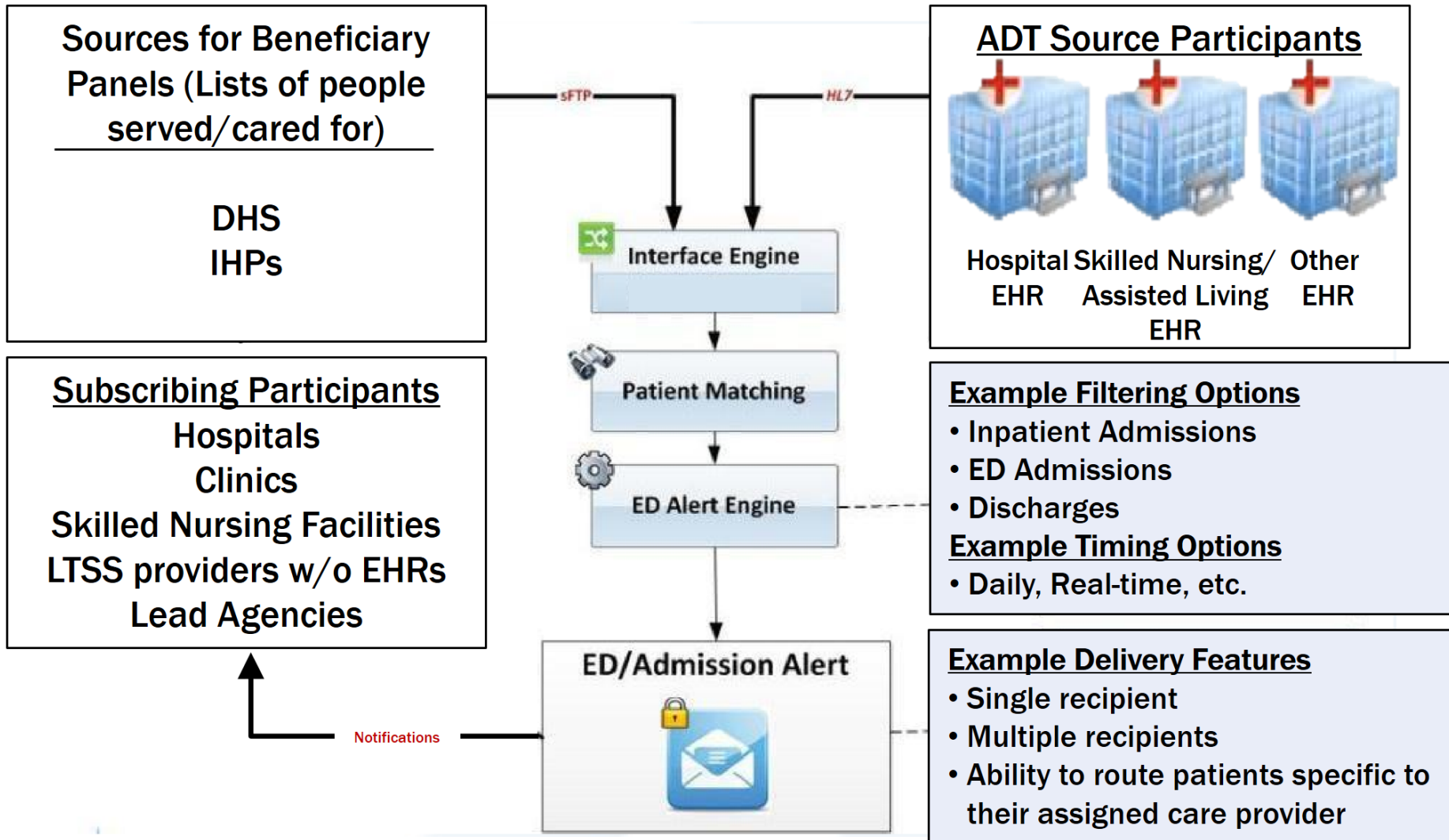
- The TEFT Demonstration Grant allowed us to test Health Information Technology concepts and explore ways to apply those concepts in the world of long term services and supports. This led us to work in the following areas...

RAMIFICATIONS OF TEFT: STATE MEDICAID DIRECTORS LETTER 16-003

■ 02/29/16

- The basis for this update, per the HITECH statute, the 90/10 Federal State matching funding for State Medicaid Agencies may be used for:
 - “...pursuing initiatives to encourage the adoption of certified EHR technology to promote health care quality and the exchange of health care information under this title, subject to applicable laws and regulations governing such exchange.”*

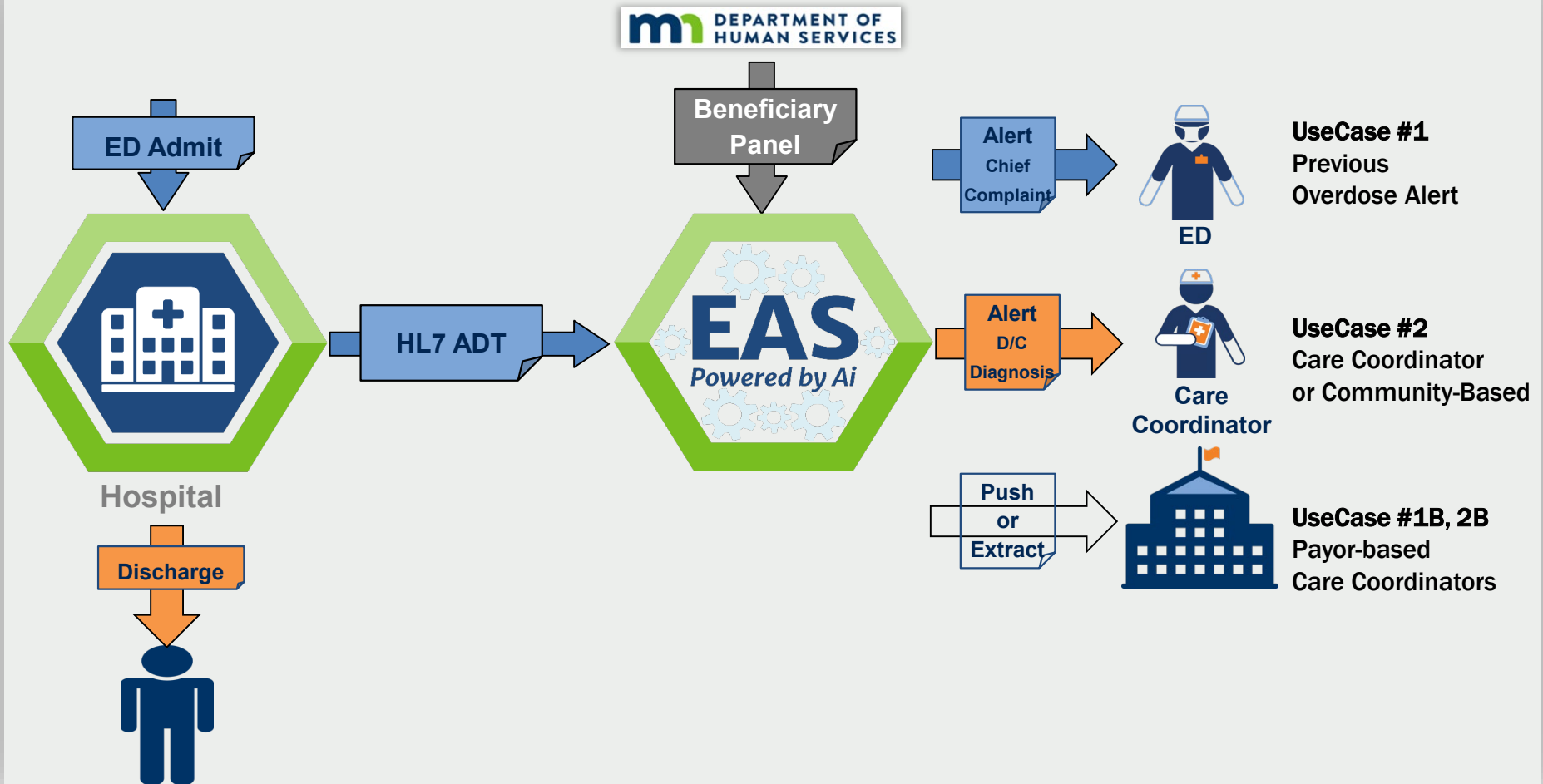
RAMIFICATIONS OF TEFT: ENCOUNTER ALERT SERVICE



EAS STATUS

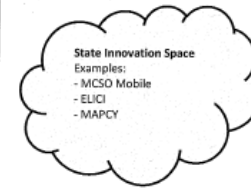
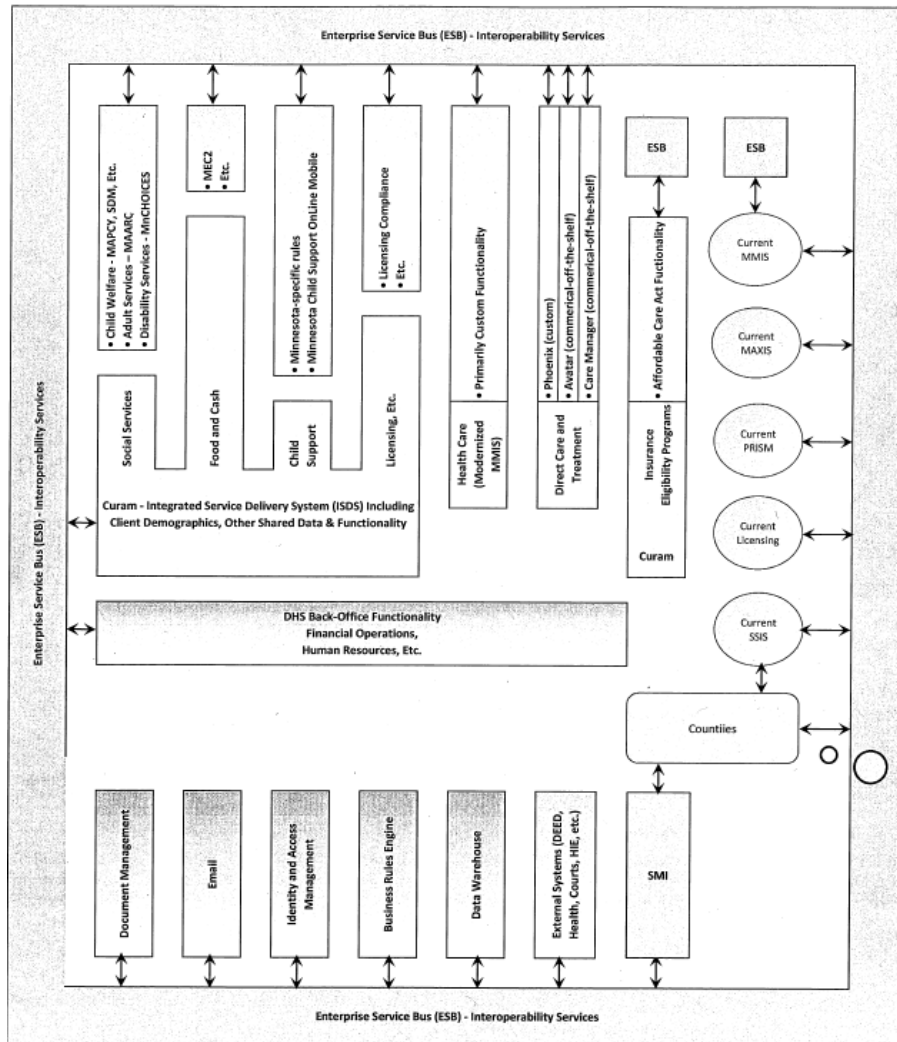
- **Currently live in 5 major MN hospital systems (Fairview, North Memorial, Allina, HCMC, Children's) with more in process**
- **Currently live or in process with multiple Integrated Health Partnerships**
- **Currently in process with over 100 Nursing Homes**
- **Additional partners are being added monthly**
- **Goal is to make EAS available to all MA providers in MN**

OPIOID CRISIS: POTENTIAL USE OF EAS FOR OVERDOSE ALERTS (NOT LIVE)



RAMIFICATIONS OF TEFT – ENTERPRISE SERVICE BUS (ESB)

NOTE: This graphic represents a *possible future state*



RAMIFICATIONS OF TEFT FOR CONSENT

■ Consent2Share (C2S) & Data Segmentation for Privacy (DS4P)

Open-source application for consent management and data segmentation developed using the Data Segmentation for Privacy (DS4P) Implementation Guide that:

- Integrates with electronic health records and health information exchange systems via interoperability standards.
- Allows clients control over which health information they share, and with which providers.
- Is compliant with privacy and confidentiality regulations, including 42 CFR Part 2

C2S was deployed within Prince George's County, MD Health Information Exchange (HIE)

LEVERAGING C2S AND DS4P AT DHS

- External opportunity
 - This is a means to implement granular consent that would enable safe, secure and compliant exchange of electronic health data between providers in a community
- Internal opportunity
 - While these standards were developed to support external interoperability between organizations, the existing C2S application and DS4P rules could be adapted for internal systems

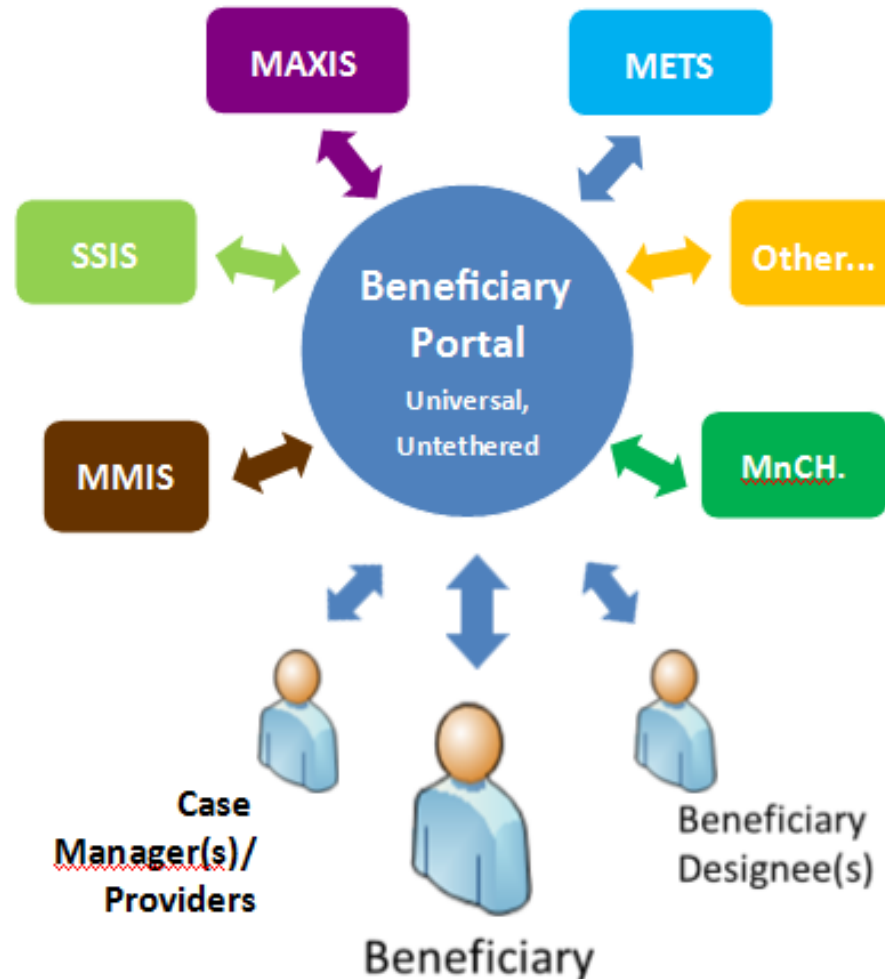
C2S DEMONSTRATION

■ Otter Tail County Collaborative

- DHS is contracting with Otter Tail County to test Consent2Share in the real world.
- This will give us an opportunity to learn about the C2S tool, as well as an additional tool called the Omnibus Care Plan (OCP) which has been developed by the C2S vendor.
- These tools will be the first DHS encounter with a FHIR enabled tool.

RAMIFICATIONS OF TEFT FOR BENEFICIARY PORTAL

- Person-Centered Design



NOTE: This graphic represents a *possible future state*

RAMIFICATIONS OF TEFT FOR ISBM

Minnesota's Person-Centered Integrated Services Business Model Technology-based Tools

Access Channels

- Casual anonymous browsing to learn about services available via websites
- Low touch/self-service online (responsive) & via mobile app 24/7 in DHS-identified languages
- High touch/Interaction with worker
In community (government service centers, community organizations, kiosks, telephone, mail, online chat, email)
- Other access via
 - Involuntary methods
 - Other state/local programs

Screening

- Tools:**
- Web-based portal for people to access their account for services online/mobile
 - Online chat functionality using a real person or a bot, as most appropriate and efficient
 - Online consent for information sharing
 - Ability to assign a unique identifier at first contact
 - Ability/permission for others to help fill out screening tool
 - Allow for additional local questions
 - Allow staff from different counties to work with people that live in a different county/jurisdiction
 - User can revisit their account to make changes, or the screening to update responses. These will be saved; for example, address changes will update across the system(s), and past screening responses continue to be available for comparison
 - When same question is asked in different places, such as account, screening, application, assessment, autofill answer but allow for edits
 - Minimize questions in screening, allow skip to next question

Referral

- Tools:**
- Tailored results
 - Automated notification of referral for user and program
 - Access to data provided during screening
 - Ability to track follow-up
 - Links to eligibility calculators
 - Able to save & come back

Eligibility

- Tools:**
- Prepopulated data fields based on information obtained during screening
 - Link to actual applications, (current examples are METS/MNsure, CAF, etc.)
 - Ability to determine multiple program eligibility
 - Ensure answers auto populate same questions
 - Help ensure info entered by the person is true/correct and clear by using drop downs & format standardizations ("did you mean...")
 - Allows people to save and revisit application to complete later
 - When same question is asked in different places, such as account, screening, application, or assessment, autofill same answer, but allow for edits

Assessment

- Tools:**
- Simplify assessments to use common data sets across electronic forms and avoid duplication
 - Specialized assessment questions for specific programs
 - Prepopulated with information previously collected
 - Populate "account" when first contact is here for involuntary or mandated
 - Allow counties/tribes to opt in to scheduling functionality that would allow people to schedule an appointment for voluntary services or link/call a live person to do that

Service Delivery & Coordination

- Tools:**
- Shared workspace that allows person, their designees, and multiple workers, including contracted providers, to work together with the individual (Features may include ability to set virtual meetings, checklists, shared goals, permissions/access hierarchy, reminders/notifications, document storage)
 - Ability for user to easily grant and rescind access to designees
 - Ability to grant access to people outside the agencies to upload documents, etc.
 - ITV meeting capacity
 - Integrated service coordination tools, such as shared plan
 - Single plan created by/with the person
 - Allow for alerts and referrals between workers
 - Allow for case assignment, including primary versus secondary workers

Outcomes

- Tools:**
- Reporting and data analytic tools
 - Longitudinal access to data/information
 - Counties have access to the data they enter
 - Persons own their own data and have easy access to what is legal for them to see
 - Population data included for analytics
 - Ability to report outcomes by jurisdiction
 - Continuous quality improvement built in

Data analytics cross the system

<p>Screening generates recommendations based on current data entered, past service data collected, best practices research, and community/population data.</p> <p>Automatic notifications of clients at high risk for X based on underlying risk models or predictive models.</p>	<p>Analytics may trigger in-person help, based on churn, multiple visits to site, etc.</p> <p>Recommendations would be interactive meaning that a user could select preferences or unselect certain providers, etc.</p>	<p>Based on past patterns of success, recommend specific combinations of services and next steps</p> <p>Risk or propensity score related to needing high touch or low touch.</p> <p>Key recommendations based on what has been most effective for clients who present similar characteristics.</p>	<p>Conduct analysis on screening items to identify redundancies and streamline assessments.</p> <p>Insights about particular baskets of services that are more or less effective that can be used to counsel / work with clients.</p>	<p>Incorporate insights from analytics to proactively manage programs for the person/family</p> <p>Alert staff to key connections based on analytics (e.g. when staff X and Y work together we know it is more effective. Be sure to alert both X and Y of this to help ensure coordination).</p>	<p>Create goals and measures for shared community outcomes based on social determinants of health</p> <p>Analyze types of personal goals to development meaningful categories of goals that can be more easily incorporated (e.g. through a drop down). Such goals then support evaluation of program effectiveness.</p>
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OPPORTUNITIES FOR ISBM

- **ISBM functions/domains that TEFT/HIT services can help include:**
 - Deep experience extending electronic interaction with beneficiaries and their care givers through a PHR; DHS should leverage this experience and knowledge for future beneficiary-facing systems
 - Data Aggregator - to extract useful information from DHS systems, and share it with external parties using HIT standards
 - TEFT team experience with C2S is helpful internally and externally
 - Ability to assign a unique identifier at first contact using DHS EAS core Provider Directory and Master Patient Index (MPI) technology; this could be leveraged to inform future development of DHS systems
 - The MA EAS is an automated notification service for more than Health Care Providers; this is a capability called out multiple times in the ISBM
 - Communicating securely and appropriately to all parties using interoperability standards and solutions; leverage knowledge gained by the TEFT team
 - Referrals in the health care space are common and use health industry standards; DHS should use standards-based exchange internally and externally to enable communication between a broader range of providers and agencies
 - Service Delivery and Coordination leans heavily on health interoperability technologies; the TEFT PHR and eLTSS effort are intended to improve person-centered service delivery to beneficiaries, broaden participation and coordinate efforts between the beneficiary, service providers and other agencies
 - New work with the Omnibus Care Plan (OCP) pilot brings new insights and experience to care coordination using a FHIR-based platform

SOME LESSONS LEARNED (1)

Business Project Management

1. Bring some money
2. Engage internal and external stakeholders- including consumers
3. Leverage “Pilot Status” (“succeed/fail small”)
4. Coordinate with similar projects- utility of EHR across programs
5. Apply person-centered principles to information – ensure people need to engage with systems
6. Consider the utility for beneficiaries, providers, DHS and CMS
7. Be prepared to make decisions so the IT work can proceed w/o scope creep

SOME LESSONS LEARNED (2)

Internal DHS IT

1. 112 lessons in a separate spreadsheet (total so far)
2. Expose MN.IT@DHS to HIT concepts and standards
3. Use implementation to map existing data systems
4. Need separate test environment that mirrors production exactly
5. Documentation on existing systems is not always sufficient or up to date. It must be prioritized (MMIS, SMI, workflow, etc.).
6. MN.IT@DHS had problems gaining access to data fields
7. DHS has a culture as a “data black hole” and “Land of 10,000 Data Silos”
8. State agencies need to collaborative more on data sharing and interoperability
9. Use of common language to describe data and exchange is needed.

SOME LESSONS LEARNED (3)

External EHR/Other similar data bases-

1. Other systems aren't perfect- Need separate test environment that mirrors production exactly in external systems.
2. Federally certified EHRs unable to produce exchangeable CCDs and C-CDAs
3. Consent issues need further socialization (no consensus on implementing consent across DHS and counties)
4. Consent is an issue but not an insurmountable one

SOME RECOMMENDATIONS

1. Be aware:

- Of Health IT Capabilities that already exist
- Of funding opportunities to implement existing solutions (SMD 16-003)

2. Be person-centered:

- “Modernization” is not an end in itself, it is a MEANS to person-centeredness
- People want to be able to interact with government through their smart phone – how do we make that happen?

3. Be interoperable:

- Internally, with other state agencies, Counties and MCOs, providers, beneficiaries and their informal circle of care

4. Be strategic:

- Use pilots to test concepts with actual users
- Take advantage of existing tools (use a buy not build approach when possible)

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