Information Follows the Person: Advancing LTSS Integrated Electronic Records

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Where Are Federal Agencies Going With Integrated Information?

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CMS Current E-LTSS Initiative

- LTSS Background
- Understanding Other Federal Work
- CMS and an E-LTSS Record
- Iterative Nature

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THE “THREE-PART AIM”

Better Health for the Population

Better Care for Individuals

Lower Cost Through Improvement

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Meaningful Use Addresses Our National Health Priorities

- Improves health of individuals
- Improves population and public health
- Ensures efficiencies and adequate privacy and security protections for personal health information

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The American Recovery & Reinvestment Act of 2009

- Provides Incentives to targeted "eligible professionals" for using Electronic Health Technology
- Targeted Professionals in Medicaid include:
  - Physicians, certified nurse midwife, nurse practitioner, physician assistant practicing in a FQHC or RHC led by a Physician Assistant
  - May not be based in an inpatient hospital or emergency room of a hospital

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WHAT'S MISSING IN THIS PICTURE??

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WHERE IS LONG TERM CARE???

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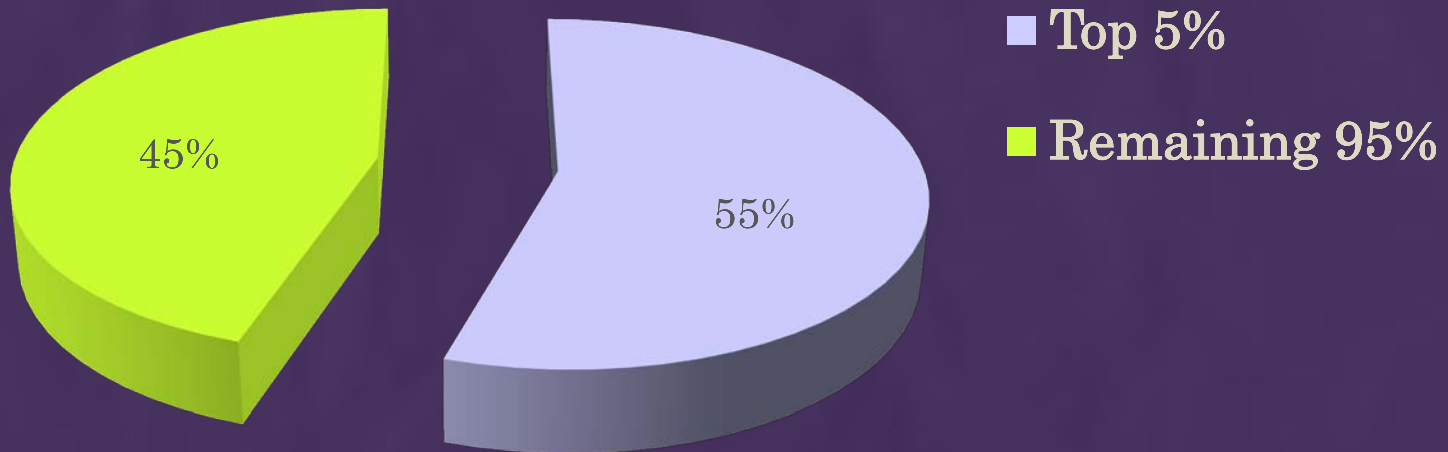
5% DRIVE 55% OF MEDICAID EXPENDITURES



Source: CMS Analysis of MSIS data FY2008

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LONG-TERM CARE EXPENDITURES DOMINATE TOP 5%

Duals
Non-Duals

50.00%
45.00%
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%

Nursing Facilities
Home and Community Based…
Personal Care Services
Home Health Services
Rehabilitation Services
Prescribed Drugs
Intermediate Care Facilities/MRRC
Inpatient Hospital

Source: CMS Analysis of MSIS data FY2008

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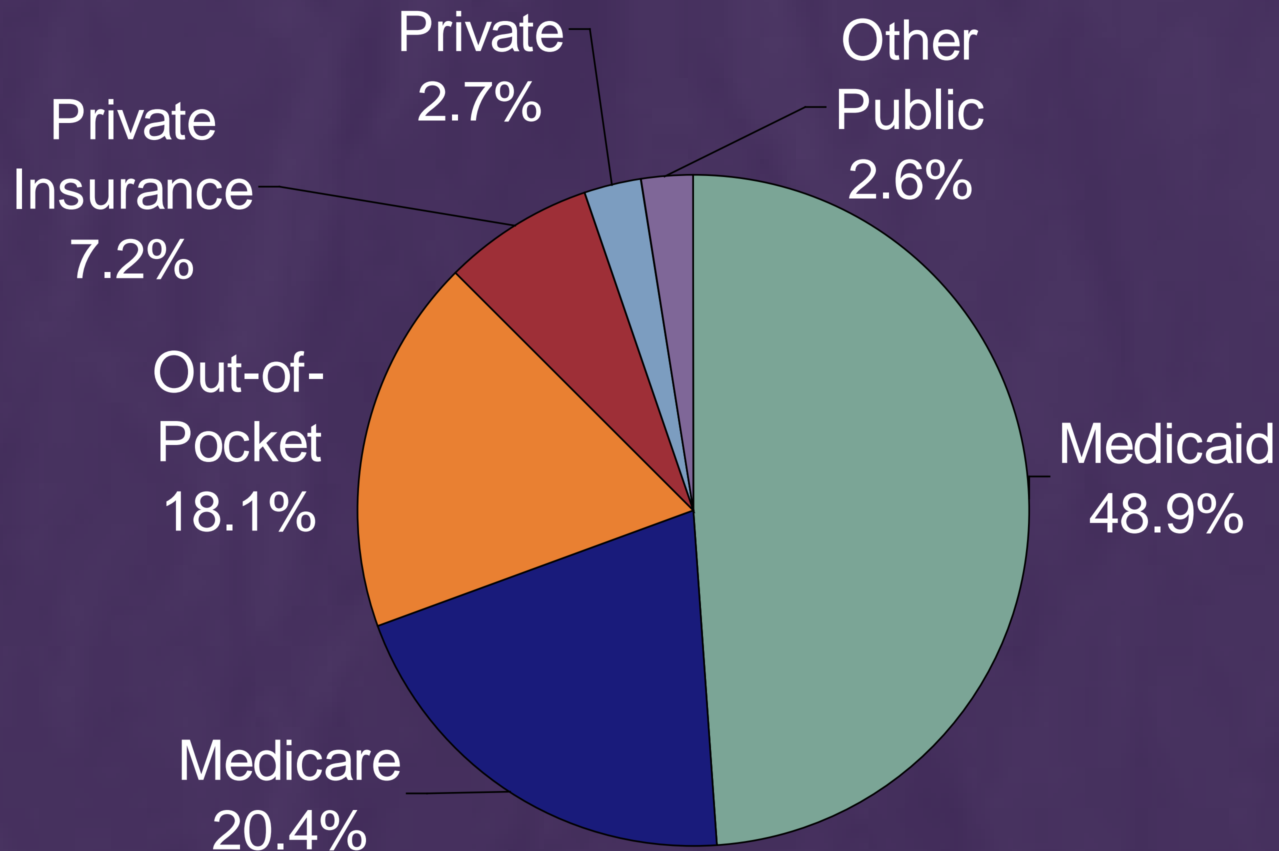
LTC EXPENDITURES BY PAYER: UNITED STATES, 2005



Source: Georgetown University Long-Term Care Financing Project

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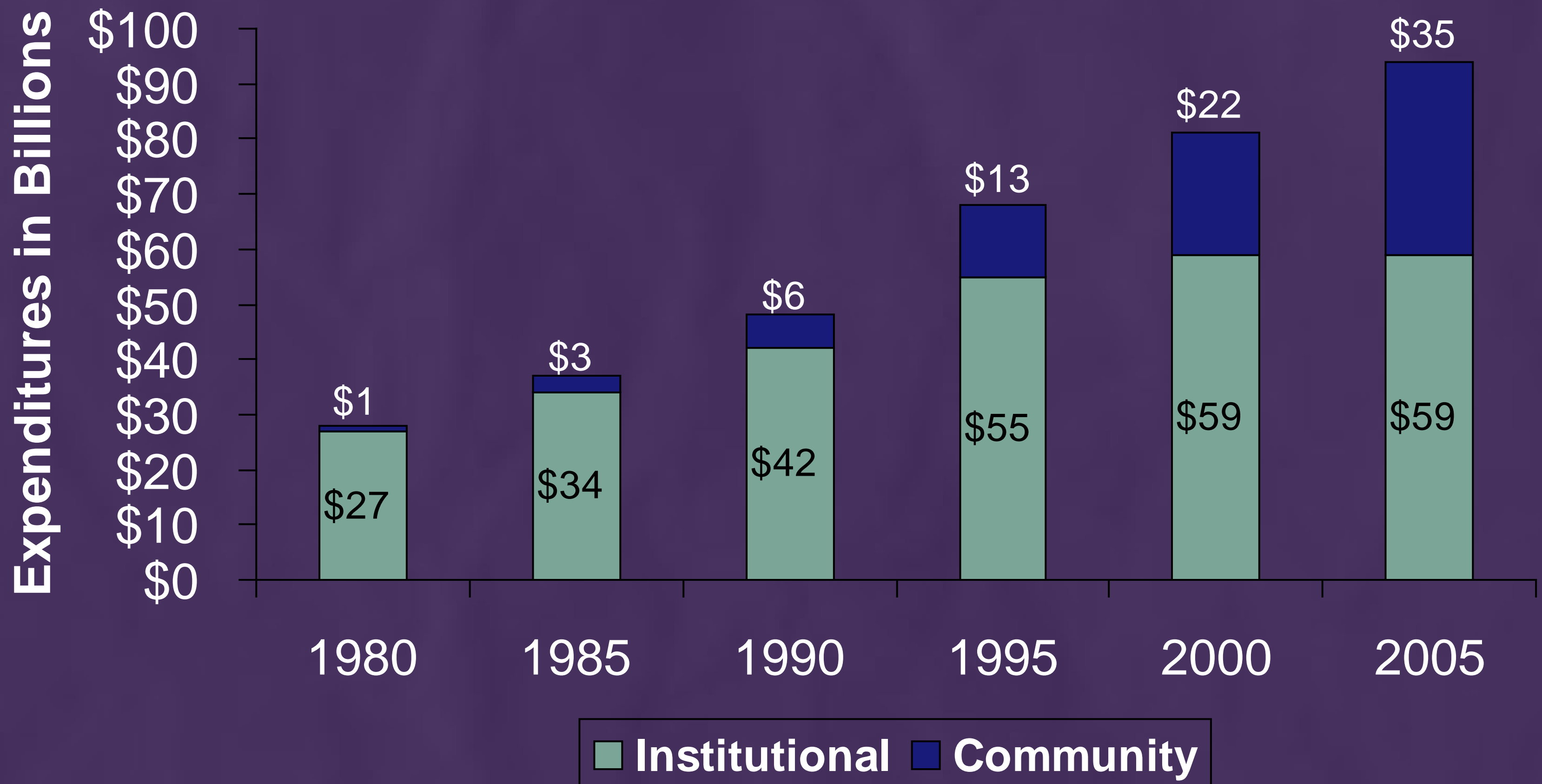
MEDICAID INSTITUTIONAL AND COMMUNITY-BASED EXPENDITURES IN 2005 DOLLARS: FFY 1980-2005



Source: CMS Form 64 Reports, adjusted for price increases based on the Skilled Nursing Facility Input Price Index.

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Figure 3: Non-Institutional LTSS as a Percentage of Total Medicaid LTSS, 1995–2009

Year	Percentage
1995	18%
1996	19%
1997	22%
1998	24%
1999	25%
2000	26%
2001	28%
2002	29%
2003	31%
2004	34%
2005	35%
2006	37%
2007	40%
2008	42%
2009	44%

The E-Health Connected Medicaid Health System

Hospital Care Coordination

Diagnostics

Specialist Referral

EHR/HIE

Order Entry Lab Result Reporting

Primary Care Medical Home Provider

E-Prescribing

Remote Patient Self Monitoring

MCO Medical Medical Mgmt.

Research

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COMPLICATING FACTORS

- Wide Range of Settings
- Wide Range of Service Provider Types and Qualifications
- Wide Range of Measurement Sets: No Standardization
- Wide Variety of Diagnostic Categories in LTC
- No Standard "Treatment Intervention", i.e., service definitions & service delivery models
- Personal & social outcomes versus illness or disease outcomes

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CURRENT & DEVELOPING MEASURES

CURRENT

- Quality of Life Surveys
- Assurance-Process/System Performance
- Avoidable Hospitalization Composite
- Avoidable Incident Composite

DEVELOPING

- Access
- Care/Service Coordination
- Experience Survey (CAHPS trademark)
- Functional Assessment (CARE)
- Evidence-based Practices
- Disparity

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THE CENTRAL LAW OF IMPROVEMENT:

"Every system is perfectly designed to achieve exactly the results it gets."

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WHAT IS CB-LTSS SYSTEM DESIGNED TO DO?

- Flexibility
- Person Centered
- Portable
- Customized Services
- Customized Providers: licensed and non-licensed
- Vehicle to improve QoL and Healthcare

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MESSY!

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WHAT ARE THE THREE MAIN COMPONENTS OF MEANINGFUL USE?

The Recovery Act specifies the following 3 components of Meaningful Use:

1. Use of certified EHR in a meaningful manner (e.g., e-prescribing)
2. Use of certified EHR technology for electronic exchange of health information to improve quality of health care
3. Use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary

A CONCEPTUAL APPROACH TO MEANINGFUL USE

Data capture and sharing

Advanced clinical processes

Improved outcomes

SYSTEM OF CB-LTSS NEEDS WORK TO PARTICIPATE IN MU

1. Personal Health Records
2. Trained Providers
3. Standards
4. Measures

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Background

- NIEM

An end-user driven, federally supported, government-wide initiative, NIEM connects communities of people who share a common need to exchange information in order to advance their missions.

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NIEM (CONTINUED)

The NIEM vision is to be the best practice, by choice, for intergovernmental information exchange. Practitioners at all levels of government and industry will share accurate, complete, timely, and appropriately secured information to enable informed decision making for the greater good. NIEM will provide a common vocabulary to ensure consistency and understanding among domains that may not collaborate traditionally to simplify the process of information sharing between them.

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NIEM (CONTINUED)

NIEM:

1. Is a foundation for information exchange.
2. Offers a common vocabulary so that when two or more people talk to each other they can exchange information based on common words that they both understand.
3. Is community-driven.
4. Provides a data model, governance, methodologies, training, technical assistance, and an active community to assist users in adopting a standards-based approach to exchanging information.
5. Provides technical tools to support development, discovery, dissemination, and reuse of information exchanges.
6. Provides a forum for accelerating collaboration as well as identifying common approaches and challenges to exchanging information.

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NIEM (CONTINUED)

NIEM is Not:

1. The actual exchange of information. NIEM describes the data that is in motion in the exchange.
2. A database or system. NIEM does not store information.
3. Intrusive to existing systems. NIEM allows organizations to move information quickly and effectively without rebuilding systems.
4. Software.
5. A technology stack. NIEM is technology agnostic and addresses the data layer, which means you can use NIEM irrespective of the particular technologies used within an organization.
6. Just for law enforcement and justice. Fourteen domains participate in NIEM with additional domains forming.
7. Strictly for federal government. NIEM is used in all 50 states, as well as local and tribal governments and private industry.
8. Limited by national borders. NIEM is used internationally.

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VISION FOR THE FEDERAL HEALTH ARCHITECTURE

The secure exchange of interoperable health information within the federal government, and with the public and private sectors can support agency priorities such as:

- Disability and Long Term Care
- Continuity of care across federal, tribal and community-based health providers
- Pandemic/Disaster
- Situational Awareness
- Post-Market Surveillance of drugs and durable medical goods
- Bio-surveillance
- Submission of evidence for disability and claims processing
- Anonymized clinical data to support research
- Quality metrics for determining value in health care
- Emergency response
- Wounded Warrior

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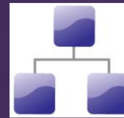
Today's Health IT Environment:

Steps Required for Agencies to Implement *"Secure Exchange of Interoperable Health Information"*

How does an agency implement, acquire, or upgrade health information technology systems used for the direct exchange of health information?

Identify Needs



Architect Solutions

Plan Investments

Implement Solutions

Measure Progress

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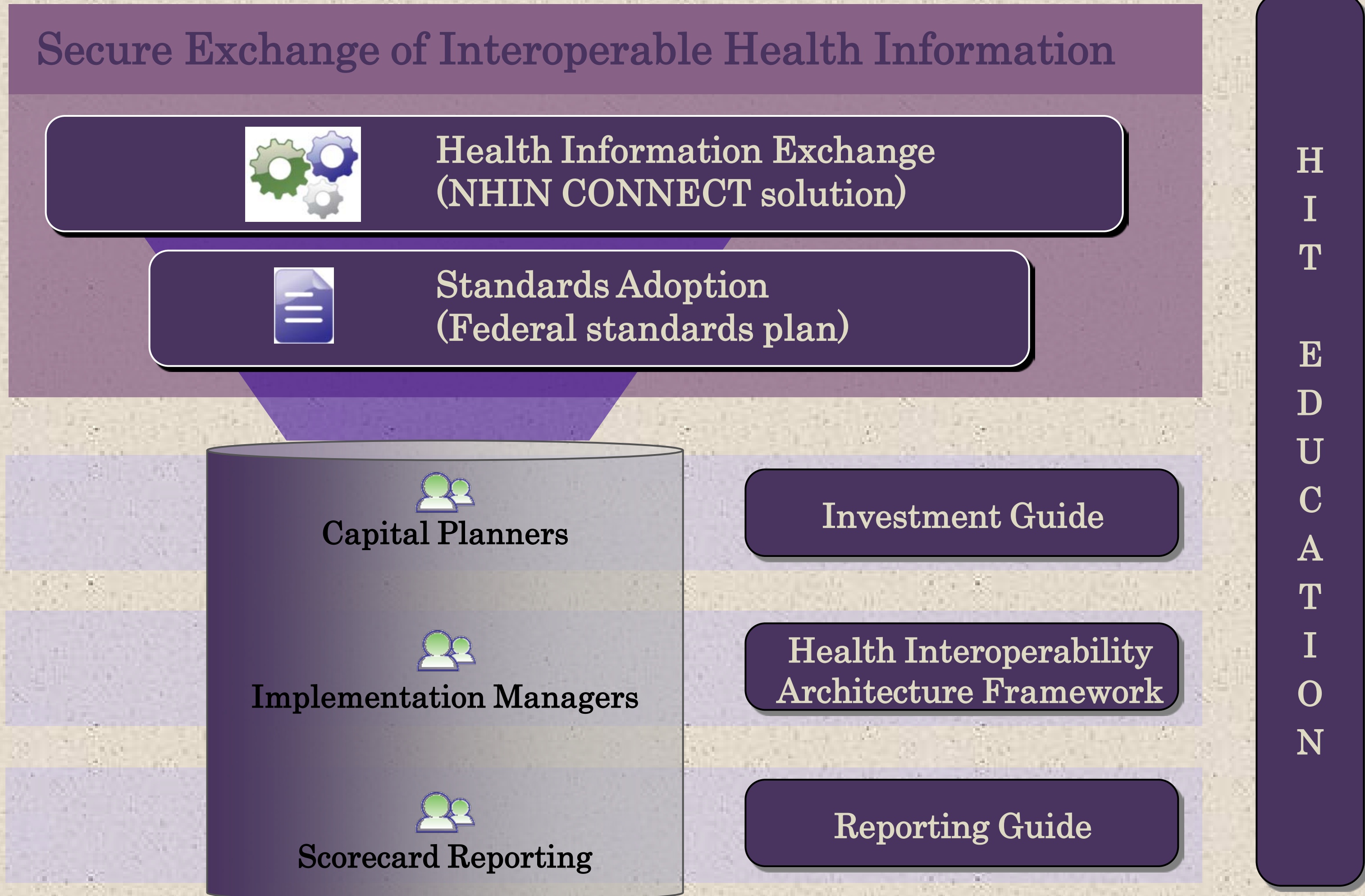
ALIGNMENT AND THE PROCESS



CMS IS BUILDING ON EXISTING INITIATIVES: NATIONWIDE HEALTH INFORMATION NETWORK (NHIN)

- Trial Implementation Awards to 9 state & regional Health Information Exchanges (HIEs) (September 2007)
- NHIN Cooperative to test, implement, and demonstrate core services by September 2008
  - Support for consumer access controls ("consumer choice")
  - Lookup and retrieval of clinical information
  - Exchange of patient summary records
- Test implementations of the first 7 priority scenarios
  - Lab result reporting; medication history exchange; quality and public health, etc.
- Expansion plan to include other types of HIEs, such as
  - Multi-community Integrated Delivery Systems
  - Regional & State level HIEs
  - Health plans
  - Health data banks

OTHER CRITITICAL PIECES

S&I Longitudinal Care Coordination Workgroup

What is the S&I Framework?

The Standards and Interoperability (S&I) Framework is a forum enabled by integrated functions, processes, and tools for implementers and experts to establish standards and guidance that enable health information exchange

The S&I Framework represents one investment and approach adopted by the Office of Standards & Interoperability to fulfill its charge of enabling harmonized interoperability specifications to support national health outcomes and healthcare priorities

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MORE ON THE S&I TRANSITIONS OF CARE INITIATIVE

The S&I Transitions of Care (ToC) initiative was motivated by one very compelling question: **what if every care transition was accompanied by a unambiguously-defined core set of high-quality clinical data?**

– Focus on core clinical content that could inform complete reconciled
medication, problem, medication reaction, laboratory results, etc.
– Build on existing standards to accelerate results
– Work with community to lower the implementation burden
– Guide decision-making based on the requirements of meaningful use and
IOM-identified needs for improvement in the quality of care

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CMS – GOV'T LED INITIATIVES AS PART OF SECTION 2701 OF ACA

To further adult quality measurement activities under Section 2701 of the Patient Protection and Affordable Care Act (ACA) CMS is planning on

1) Field test an experience survey for validity and reliability on multiple Community-Based Long Term Services and Supports (CB-LTSS) programs;
2) Field test the CARE (Continuity Assessment Record and Evaluation) functional assessment tool for use with beneficiaries of CB-LTSS programs;
3) Demonstrate personal health records with beneficiaries of CB-LTSS; and
4) Curate an electronic Long Term Services and Supports (e-LTSS) standard coordinated through the Office of National Coordinator's (ONC) Standards and Interoperability Framework.

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PHR AND AN E-LTSS RECORD

Let’s focus on the last two goals.

3) Demonstrate personal health records with beneficiaries of CB-LTSS; and
4) Curate an electronic Long Term Services and Supports (e-LTSS) standard coordinated through the Office of National Coordinator’s (ONC) Standards and Interoperability Framework.

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3) Demonstrate personal health records with beneficiaries of CB-LTSS

Individuals will have access to their own PHR that includes information entered by the CB-LTSS providers and other Meaningful Use Eligible Providers.

States will have the option to include additional components of interest in the PHRs such as individual budgets, staff schedules, team member contact information, domains promulgated by the Secretary under Section 2402(a) of the Affordable Care Act , and other pertinent subject matter.

Applicable providers are equipped to train and support individuals to access and use their PHRs through an outreach and training strategy.

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Curate an electronic Long Term Services and Supports (e-LTSS) standard

States can develop a strategy in their initial operational protocol to integrate health related information through the use of HIT (Health Information Technology). This strategy is intended to engage eligible Meaningful Use (MU) providers/ professionals serving beneficiaries to integrate information from their EHRs into a beneficiary's PHR.

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Curate an electronic Long Term Services and Supports (e-LTSS) standard

In order to securely send and receive information by providers, beneficiaries, and State agencies, can decide which protocol they are going to use:

Direct protocol which includes the Applicability Statement for Secure Health Transport, and External Data Representation (XDR) and Cross-Enterprise Document Media Interchange (XDM) for Direct Messaging,

or

The Exchange, SOAP-Based Secure Transport RTM version.

The key question is which is most appropriate to achieve alignment with a State's Health Information Exchange (HIE) or HIT implementation.

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Curate an electronic Long Term Services and Supports (e-LTSS) standard

We need stakeholder volunteers for the S&I (Standards and Interoperability) CB-LTSS work group initiative for the duration of the grant. (i.e. provider, beneficiary, Service Coordinators, State staff, etc.). These volunteers can expect to spend as much as 12-16 hours a week during the busiest times on the development of an e-LTSS standard, depending on the schedule of the work groups and the plan adopted by the work group under the guidance of the S&I Framework.

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Curate an electronic Long Term Services and Supports (e-LTSS) standard – More on the process

We need to establish an outreach and training strategy to ensure applicable providers are using the e-LTSS record according to prescribed procedures.

CB-LTSS providers serving individuals will be required to enter information in the e-LTSS record based on standards developed through the S&I Framework. At least two iterations of the e-LTSS record will be rolled out to States and their providers for testing throughout a potential demonstration.

State's will need to develop a crosswalk between each version of the E-LTSS record and the State's existing standards for service plan development and reporting.

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Questions

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