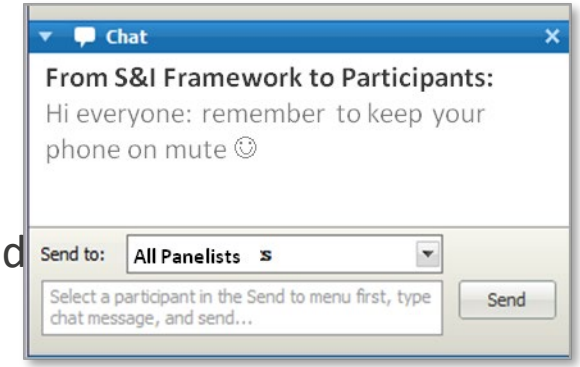
The Office of the National Coordinator for Health Information Technology

# electronic Long-Term Services & Supports (eLTSS) Community Update

*February 22, 2017*

# Meeting Etiquette

- Remember: If you are not speaking, **please keep your phone on mute**
- **Do not put your phone on hold.** If you need to take a call, hang up and dial in again when finished with your other call
  - » Hold = Elevator Music = frustrated speakers and participants
- **This meeting is being recorded**
  - » Another reason to keep your phone on mute when not speaking
- **Use the "Chat" feature** for questions, comments and items you would like the moderator or other participants to know.
  - » **Send comments to ALL PANELISTS** so they can be addressed publically in the chat, or discussed in the meeting (as appropriate).

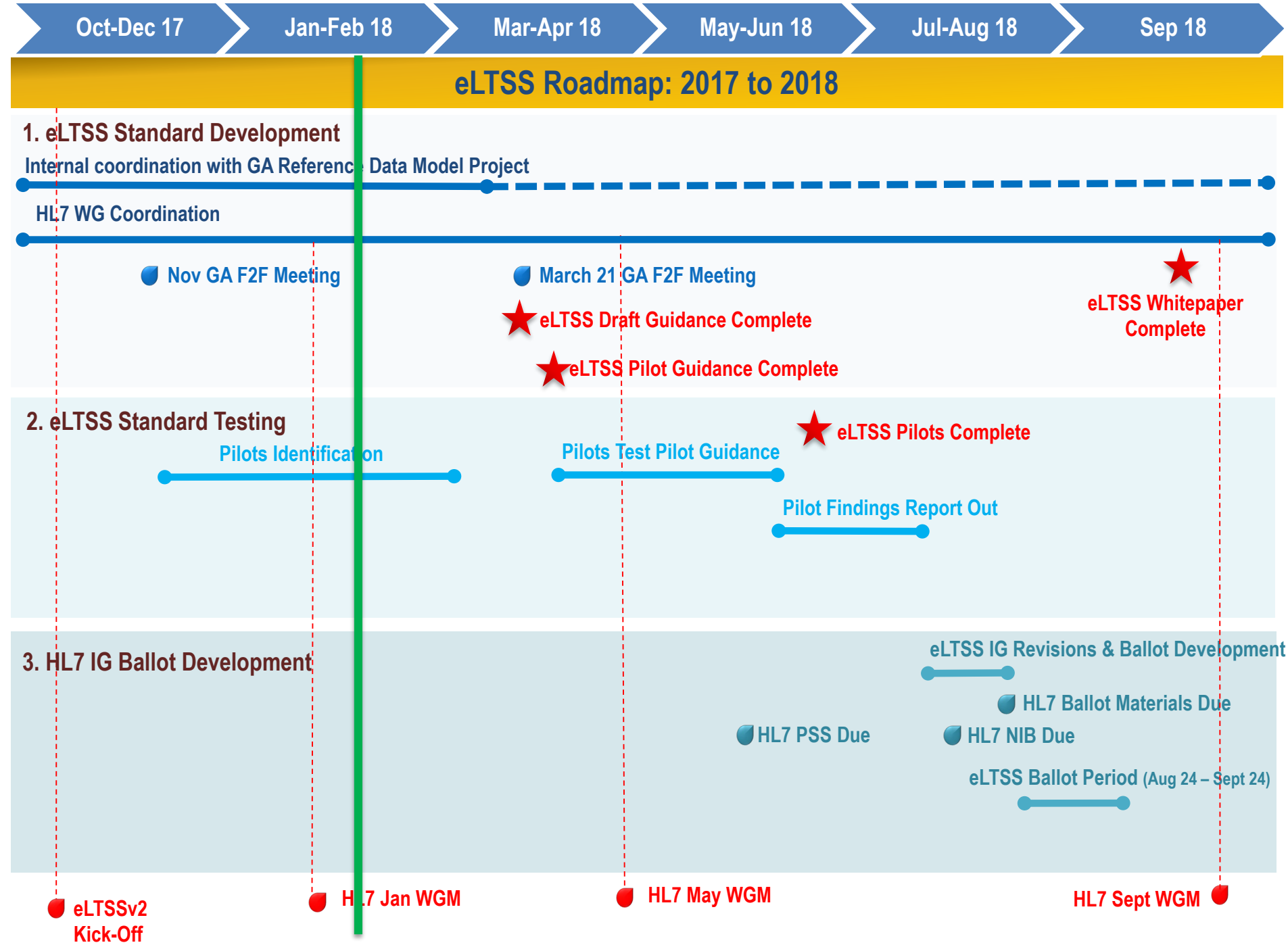


# Agenda

| Topic | Presenter |
| --- | --- |
| Welcome | Evelyn Gallego |
| Recap: eLTSS Dataset Standardization Timeline | Evelyn Gallego |
| Status of eLTSS Standardization Activities<br>• Debrief on HL7 Presentations and next steps | Evelyn Gallego<br>Irina Connelly |
| Opportunities for broad eLTSS Community Engagement | Evelyn Gallego |
| Alignment of HCBS to CMS Data Element Library (DEL) Project | Liz Palena Hall |

# Welcome

# Recap: eLTSS Dataset Standardization Timeline


Oct-Dec 17
Jan-Feb 18
Mar-Apr 18
May-Jun 18
Jul-Aug 18
Sep 18
eLTSS Roadmap: 2017 to 2018
1. eLTSS Standard Development
Internal coordination with GA Reference Data Model Project
HL7 WG Coordination
Nov GA F2F Meeting
March 21 GA F2F Meeting
eLTSS Draft Guidance Complete
eLTSS Pilot Guidance Complete
eLTSS Whitepaper Complete
2. eLTSS Standard Testing
Pilots Identification
Pilots Test Pilot Guidance
eLTSS Pilots Complete
Pilot Findings Report Out
3. HL7 IG Ballot Development
eLTSS IG Revisions & Ballot Development
HL7 Ballot Materials Due
HL7 PSS Due
HL7 NIB Due
eLTSS Ballot Period (Aug 24 – Sept 24)
eLTSSv2 Kick-Off
HL7 Jan WGM
HL7 May WGM
HL7 Sept WGM

# January HL7 Working Group Meeting Debrief

# HL7 Presentation Schedule

| HL7 Workgroup | Topic and/or Standards For Discussion | Schedule |
|---|---|---|
| CBCP | Project Status Update (non-presentation) | Mon Jan 29 Q3 |
| CBCP | FHIR ProcedureRequest, Procedure | Tue Jan. 30 Q3 |
| Financial Management/ Attachments | FHIR Claim, Contract | Tue Jan. 30 Q4 |
| CDS and CQI | FHIR Activity Definition, PlanDefinition, RiskAssessment<br>CDS Hooks? | Wed Jan 31 Q1 |
| Structured Docs | C-CDA Care Plan Document Template<br>C-CDA on FHIR | Wed Jan 31 Q2 |
| FM | Follow up meeting to discuss FHIR payment resources | Wed Jan 31 Q4 |
| Patient Care | eLTSS Project Overview for cross HL7 Care Plan Meeting | Thu Feb 1 Q1 |
| O&O | FHIR Observation, ProcedureRequest, Device Request | Thu Feb 1 Q3 |
| Patient Care, Patient Admin, LHS | FHIR CarePlan, CareTeam, ClinicalImpression, Condition, Procedure, Goal, Patient, Practitioner, Related Person, EpisodeOfCare<br>C-CDA Care Plan | Thu Feb 1 Q4 |

# Overall Summary

- ONC and GA DCH Support Teams worked hand in hand to deliver **seven** separate presentations
  - Evelyn (ONC Support) presented background and introductory slides
  - Irina (GA Support) presented FHIR mapping activities and posed questions on specific FHIR resources (Jack led one of the 7 presentations)
  - Jack (GA Support), Mark (GA DCH), Jamie (ONC Support), Katiya (ONC Support) and Greg (MN) provided additional support
- HL7 Participants demonstrated interest in this work and recognized this would be a new focus for HL7 (social services/human services); no one indicated HL7 should not be involved
  - Similar HL7 projects more focused on information exchange between clinical settings and community-based settings (encounter starts within clinical setting not HCBS setting)
  - Workgroups 'open' to revising existing FHIR resources to meet eLTSS requirements

# Testing Opportunities

- Several individuals expressed interest in testing the eLTSS dataset at future FHIR testing events and/or within their organizations
  - Point of Care Partners Payer Electronic Prior Authorization Services
  - Epic: Community Connect Platform
  - Motive Medical Intelligence : Motive Care Plans for Population health Management
  - Almerys: French Health Payer software platform
  - CDC Bidirectional Closed Loop Referral Project
  - Other Federal Agency Care Plan Related Projects (SAMHSA, VA)

# Who owns what….HL7 Work Groups and eLTSS

| eLTSS Core Dataset Data Grouping | FHIR Resource(s) | HL7 Workgroup(s) |
|---|---|---|
| Beneficiary Demographics (e.g. person name, emergency contact) | Patient<br>CarePlan | Patient Administration<br>Patient Care |
| Goals and Strengths (e.g. goal, step or action, strength) | Goal, CarePlan<br>Observation | Patient Care<br>Orders and Observations |
| Person Centered Planning (e.g. assessed need, service indicators, preference) | Condition<br>Questionnaire, QuestionnaireResponse<br>EpisodeOfCare, Practitioner<br>Observation | Patient Care<br>FHIR Infrastructure<br>Patient Administration<br>Orders and Observation |
| Plan Information (e.g. plan effective date) | CarePlan | Patient Care |
| Plan Signatures (e.g. signatures for person, service provider) | *Contract*<br>**CarePlan** | Financial Management<br>**Patient Care** |
| Risks (e.g. identified risk, risk management plan) | RiskAssessment<br>**CarePlan** | Clinical Decision Support<br>**Patient Care** |
| Service Information (e.g. service name, self-directed service indicator, start/end date, funding/cost/rate, service quantity/unit) | **ServiceRequest**<br>**Procedure**<br>Questionnaire, QuestionnaireResponse<br>Location<br>*Coverage, Claim* | **Orders and Observations**<br>**Patient Care**<br>FHIR Infrastructure<br>Patient Administration<br>Financial Management |
| Service Provider Information (e.g. service provider name, non-paid provider relationship) | Practitioner, Patient, RelatedPerson, Organization | Patient Administration |

**Bold text** indicates resources and work groups that we are actively working with regarding potential changes to FHIR resources based on the corresponding eLTSS Core Dataset elements

*Italicized text* indicates currently mapped resources that may no longer be necessary depending on the outcome of HL7 tracker requests for other resources and work groups

# Key Takeaways: CBCP

- Team had to elaborate on difference between “patient” and “person”
- Team clarified why FHIR HealthcareService Resource not applicable to eLTSS
- CBCP participants questioned mapping to FHIR Procedure Resource—did not feel it reflected scope of what a service is. Unclear whether it made more sense to revise existing resource or create a new ‘Service’ Resource
  - » Suggested ONC/GA team discuss in more detail with Patient Care WG before creating new resource
  - » Encouraged team to prototype a model of what this ideal resource could look like and share this with Patient Care
- Suggested team look at Structured Data Capture Profile that is applicable to FHIR  RiskAssessment Resource and EpisodeOfCare Resource
- Suggested Plan Signature data elements map to FHIR Contract Resource

# Key Takeaways: Attachments & FM

- Much discussion on use of FHIR Claim and Contract Resources; no consensus on whether Claim is appropriate to use for specific eLTSS financial data elements
  - » Claim and Contract are best fit of existing FHIR Resources; gaps may be addressed through revision to other Resources (e.g. CarePlan, Procedure and ServiceRequest)
- Suggested we meet with Paul Knapp about mapping from Contract to CarePlan vs. CarePlan to Contract
- Advised to connect with Dave Walsh from CMS MITAC

# Key Takeaways: CDS/CQI

- Very agreeable on making changes to FHIR RiskAssessment Resource to meet eLTSS requirements
  - » Current resource is very qualitative and no fields for text-based data; this is goal for eLTSS but need fields to be able to capture non-coded text
  - » Requested ONC/GA team submit comments on FHIR tracker
- Confirmed that ActivityDefinition and PlannedDefinition are template resources and should not hold data specific to patient/person

# Key Takeaways: Structured Documents

- No questions posed to SD; presentation was for general awareness and to confirm eLTSS dataset is being mapped to C-CDA Care Plan Document Template
- Workgroup favored any HL7 guidance that will be developed to reference or point to C-CDA versus creating new document template or sections
  - » Request we use same approach as has been done for the C-CDA Nutrition Supplemental Implementation Guide
  - » ONC/GA team believe developing informal guidance would be more valuable than developing complex supplemental guidance for balloting

# Key Takeaways: O&O

- Confirmed that ProcedureRequest has been named to ServiceRequest and thereby more fitting for eLTSS
- Agreeable to make changes to ServiceRequest to meet 'location', 'funding source' and 'unit cost' requirements for eLTSS dataset
  - » Requested ONC/GA team submit comment on FHIR tracker and join the O&O WG meeting on March 4, 2018
  - » Updates will be included in May Ballot cycle
- Discussion on hosting a catalog or directory of services that the resource can point to
  - » Irina noted that every state pays out services differently but may be good to highlight this opportunity for efficiencies; Victor noted this should be included in authorization documentation
- Participants agreed that Observation Resource is best to capture preference

# Key Takeaways: LHS, PC and PA

- Long discussion on use of Procedure Resource for eLTSS
  - » Agreed that multiple services can be delivered within one encounter
  - » Achieved consensus on updating definition of Procedure Resource to reflect that the 'action' can be made 'on' or 'for' an individual. This would support services such as 'walking the dog' that are done FOR the individual, not ON the individual. PC Co-chair added this request to FHIR Tracker
  - » PC requested ONC/GA team participate in weekly PC FHIR meetings (Thurs. 5pm ET)
  - » PC requested GA share the eLTSS mapping document
- LHS developing Care Team DAM that includes eLTSS Use Case. Will be building model of a whole person care team which is made up of multiple component teams or sub-teams

# Next Steps: HL7 Work Group Trackers

## Community Based Care and Privacy

| | |
|---|---|
| Actions Summary | We will track the status of our PSS, and will provide periodic project updates |
| **Meeting Time** | **Tuesdays 12pm-1pm** |
| Submitted Trackers | none |

## Patient Care

| | |
|---|---|
| Actions Summary | We will create trackers for the Procedure change requests - will also coordinate with ServiceRequest |
| **Meeting Time** | **Thursdays 5pm - 6:30pm** |
| Submitted Trackers | [#15127] Summary: Update Procedure scope, examples, and category for eLTSS |

# Next Steps: HL7 Work Group Trackers

## Orders and Observations

| | |
|---|---|
| Actions Summary | Per O&O request, we will engage them after March 4th.<br>We will need to create trackers and discuss changes to ServiceRequest. Will also coordinate to ensure alignment with changes to Procedure. |
| **Meeting Time** | **Tuesdays 2pm-3pm** |
| Submitted Trackers | none |

## Clinical Decision Support

| | |
|---|---|
| Actions Summary | Making sure RiskAssessment can hold LTSS Service Plans risk data and risk management plan info |
| **Meeting Time** | **Wednesdays 12pm - 1pm** |
| Submitted Trackers | none |

# FHIR Connectathon Care Plan Track:

# January 27 – 28, 2018

Greg Linden, Principal, Linden Tech Advisors LLC

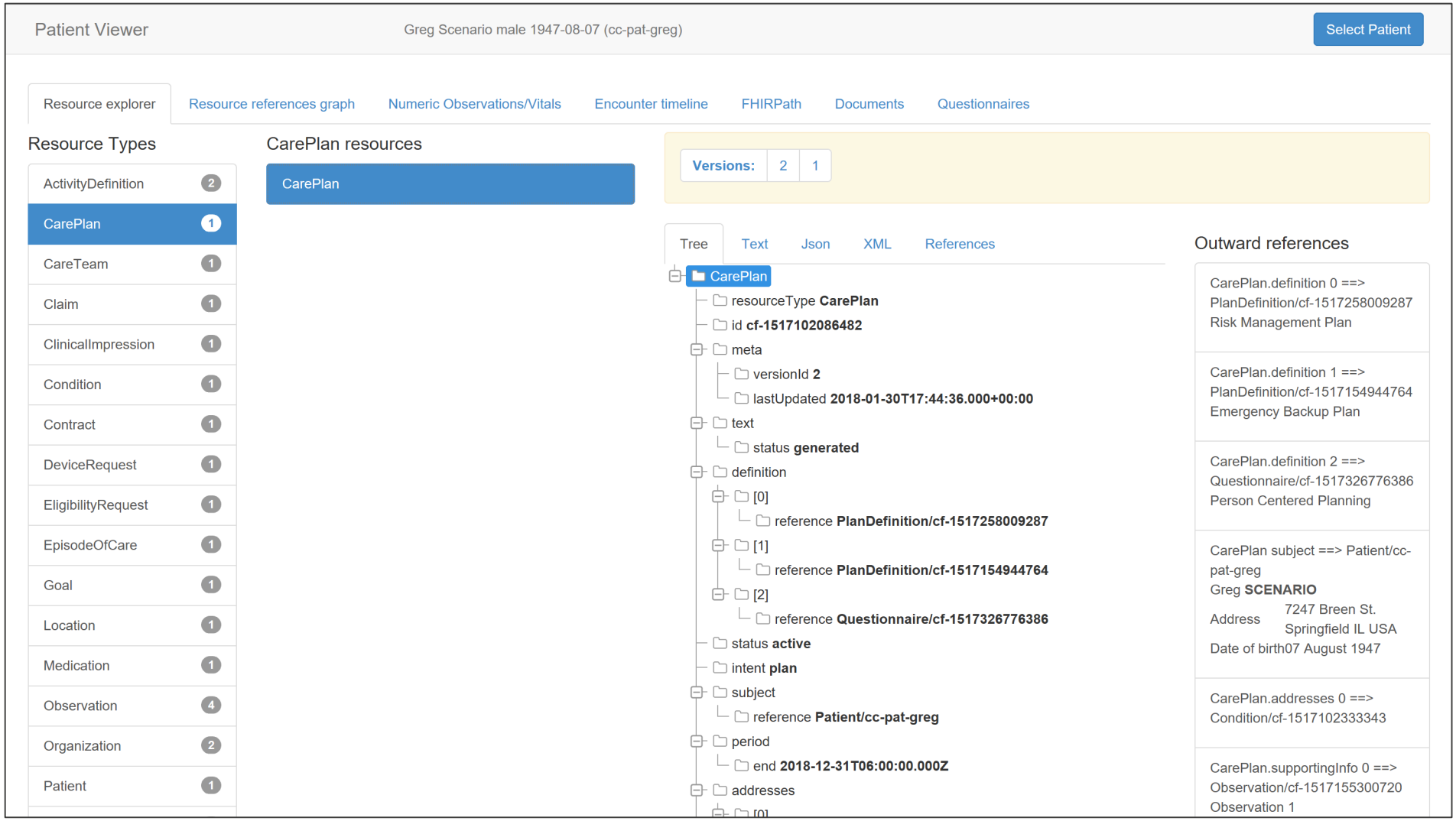
# eLTSS FHIR Testing Approach

- Testing methodology
  - The intent was to test/validate the modeling assumptions of eLTSS in FHIR
  - The clinFHIR tool was used to add, modify and edit all of the Resources called out in the GA eLTSS Element Mapping spreadsheet for a test patient on a public server
  - Modifications and relation of resources followed the specifications called out in the GA eLTSS Element Mapping spreadsheet (Rev. 01/25/18)
  - Testing conducted by Greg Linden

# FHIR Resources Used

- ActivityDefinition (2)
- CarePlan
- CareTeam
- Claim
- ClinicalImpression
- Condition
- Contract
- Goal
- Location
- Observation (4)
- Organization (2)
- Patient
- PlanDefinition (2)
- Practitioner (4)
- Questionnaire (2)
- QuestionnaireResponse (2)
- RelatedPerson (2)

# clinFHIR Patient Viewer Representation



# Testing Results

- Three categories of Test Results
  - **Success as intended:** Resources and parameters were entered into clinFHIR exactly as defined in the spreadsheet
  - **Success with notes:** The intent of the spreadsheet spec was validated against the FHIR spec but wasn't not able to be fully implemented in the test patient due to limitations of the current release of clinFHIR
  - **Alternative approach and findings:** There were alternate means to accomplish what was proposed in the spreadsheet, or related findings in the FHIR spec were cited
- Testing Result Summary
  - Success as intended: 20
  - Success with notes: 34
  - Alternative approach and findings: 2
  - Total elements tested: 56
- Conclusions
  - GA mapping was effective and on-point, and followed the FHIR spec very closely; successfully implemented 54 of 56 elements, with options noted for two elements
  - This was a point-in-time test; HL7 meeting identified new resources and approaches

# eLTSS Engagement

# How can broader eLTSS Community engage?

- Participate in monthly eLTSS Community Update Meetings
- Follow engagement with HL7 CBCP Workgroup:
  - https://www.hl7.org/Special/committees/homehealth/index.cfm
  - Weekly calls scheduled Tuesdays 12 to 1pm ET
  - GTRI will provide periodic brief status updates
- Sign up to pilot draft eLTSS standardized materials
  - Contact: Jamie Parker jamie.parker@carradora.com

# eLTSS Initiative: Project Team Leads

- ONC Leadership
  - Elizabeth Palena-Hall (elizabeth.palenahall@hhs.gov)
  - Caroline Coy (caroline.coy@hhs.gov)
- CMS Leadership
  - Kerry Lida (Kerry.Lida@cms.hhs.gov)
- Initiative Coordinator
  - Evelyn Gallego-Haag (evelyn.gallego@emiadvisors.net)
- Project Management
  - Lynette Elliott (lynette.elliott@esacinc.com)
- Use Case & Functional Requirements Development
  - Becky Angeles (becky.angeles@esacinc.com)
- Pilots Management
  - Jamie Parker (jamie.parker@carradora.com)

# CMS Data Element Library (DEL)

# IMPACT Act of 2014

- Bi-partisan bill passed on September 18, 2014, and signed into law October 6, 2014

- **The Act requires the submission of standardized patient assessment data elements by:**
  - Long-Term Care Hospitals (LTCHs): LCDS
  - Skilled Nursing Facilities (SNFs): MDS
  - Home Health Agencies (HHAs): OASIS
  - Inpatient Rehabilitation Facilities (IRFs): IRF-PAI

- **The Act specifies that data** "… be **standardized and interoperable** so as to allow for the **exchange of such data among such post-acute care providers and other providers** and the use by such providers of such data that has been so exchanged, including by **using common standards and definitions** in order to provide access to **longitudinal information** for such providers to **facilitate coordinated care** and **improved Medicare beneficiary outcomes**…".

Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014

# Data Element Standardization

- **Achieving Standardization (i.e., Alignment) of Clinically Relevant Data Elements to Improve Care and Communication for Individuals Across the Continuum**
  - Enables shared understanding and use of clinical information;
  - Enables the re-use of data elements (e.g., for transitions of care, care planning, referrals, decision support, quality measurement, payment reform, etc.);
  - Supports the exchange of patient assessment data across providers;
  - Influences and supports CMS and industry efforts to advance interoperable health information exchange (HIE) and care coordination in disparate settings.

# The CMS Data Element Library (DEL)

- Centralized and authoritative resource for CMS's required Long Term and Post- Acute Care (LTPAC) assessment instrument data elements (e.g., questions and their response codes) and their associated mappings to HIT standards.

- DEL goals include:
  - Facilitating the maintenance of uniformity across CMS assessments and quality measures
  - Serving as an authoritative resource for LTPAC assessment data elements
  - Promoting the sharing of electronic LTPAC assessment data sets and information standards
  - Influencing and supporting industry efforts to promote EHR interoperability and care coordination

# How is the DEL Useful for HCBS?

- Publically available database of potential assessment questions and responses
  - Contains the Functional Assessment Standardized Items (FASI)
  - States may reuse the standardized data elements from other areas
  - Most items have been previously tested for feasibility and reliability in PAC settings

| A1000. Race/Ethnicity | |
|---|---|
| ↓ Check all that apply | |
| ☐ | A. American Indian or Alaska Native |
| ☐ | B. Asian |
| ☐ | C. Black or African American |
| ☐ | D. Hispanic or Latino |
| ☐ | E. Native Hawaiian or Other Pacific Islander |
| ☐ | F. White |

| BB0700. Expression of Ideas and Wants (3-day assessment period) | |
|---|---|
| Enter Code ☐ | **Expression of ideas and wants** (consider both verbal and non-verbal expression and excluding language barriers)<br>4. Expresses complex messages **without difficulty** and with speech that is clear and easy to understand<br>3. Exhibits some **difficulty** with expressing needs and ideas (e.g., some words or finishing thoughts) or speech is not clear<br>2. **Frequently** exhibits difficulty with expressing needs and ideas<br>1. **Rarely/Never** expresses self or speech is very difficult to understand |
| **BB0800. Understanding Verbal and Non-Verbal Content** (3-day assessment period) | |
| Enter Code ☐ | **Understanding Verbal and Non-Verbal Content** (with hearing aid or device, if used, and excluding language barriers)<br>4. **Understands:** Clear comprehension without cues or repetitions<br>3. **Usually Understands:** Understands most conversations, but misses some part/intent of message. Requires cues at times to understand<br>2. **Sometimes Understands:** Understands only basic conversations or simple, direct phrases. Frequently requires cues to understand<br>1. **Rarely/Never Understands** |

# Questions?

- For more information on the IMPACT Act, please visit the IMPACT Act home page here.
- For more information on CMS educational materials, please visit the Medicare Learning Network.
- For more information on Post-acute Care Quality Initiatives, please visit:
  - Inpatient Rehab Facilities
  - Skilled Nursing Facilities
  - Long-term Care Hospitals
  - Home Health Agencies
- For updates to the Post Acute Care Quality Programs or the Data Element Library, sign up for the list-servs here
- If you have questions about the Data Element Library, please feel free to contact:
  - Beth Connor Beth.connor@cms.hhs.gov