The Office of the National Coordinator for Health Information Technology

Electronic Long-Term Services & Supports (eLTSS) Initiative

Federal Partner Introduction Webinar

February 12, 2016

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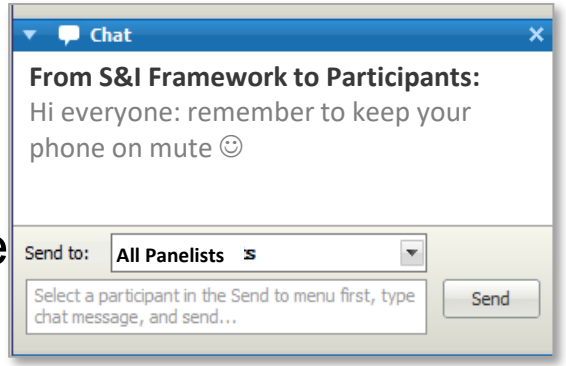
Meeting Etiquette

- 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

- **Introduction & Background:** Kerry Lida, *PhD Testing Experience Functional Tools (TEFT) Program Lead, Division of Community Systems Transformation, Center for Medicare & Medicaid Services (CMS)*
- **Alignment to Federal Initiatives**: Liz Palena-Hall, *RN, MBA, Long-Term Post Acute Care (LTPAC) Lead, Office of National Coordinator for Health IT (ONC)*
- **eLTSS Overview & Pilot Status:** Evelyn Gallego, *MBA, eLTSS Initiative Coordinator, ONC*
- **Opportunities for Broader Federal Engagement**
- **Poll & Open Discussion**

Introduction & Background

Kerry Lida, CMS

Why are we here today: Webinar Objectives

- Provide a progress update on the eLTSS Initiative
- Re-emphasize Medicaid shift to community-based long-term services & supports
- Discuss opportunities available through the electronic capture and exchange of LTSS information
- Expand on the value proposition for sharing electronic **person-centered** information across and between multiple stakeholders within the health and wellness ecosystem:
  - LTSS providers
  - Clinical providers
  - Individuals and their caregivers
  - State Payers & Accountable Entities
- Identify collaboration opportunities between eLTSS Initiative and other Federal Initiatives

Why is LTSS important?

- As part of the Affordable Care Act (ACA), Congress has provided incentives to promote the use of community-based LTSS and promoted the movement from institutions to communities for people who require LTSS
  - **Money Follows the Person** (DRA and Extended through ACA, Section 2403))
  - **Community First Choice** (ACA, Section 2401)
  - **Balancing Incentives Program** (ACA, Section 10202)
  - **Person-Centered Planning and Self-Direction in Home and Community-Based Services** (ACA, Section 2402(a))
- These programs target diverse beneficiary populations, most of which are eligible for services provided by the states

Why is LTSS important? Federal Focus

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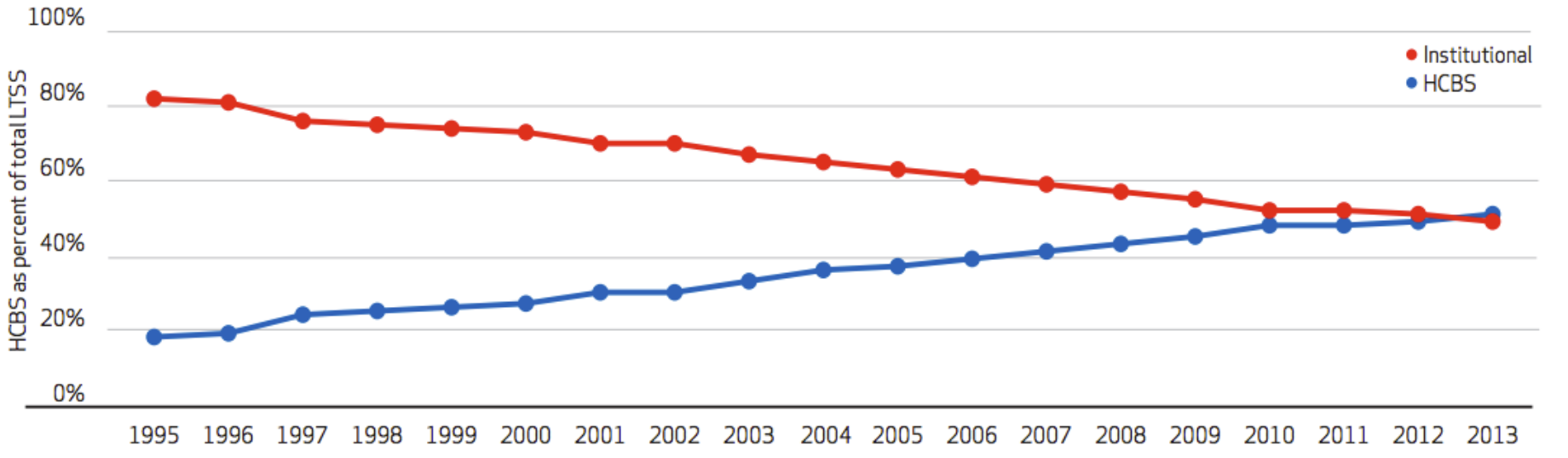
Medicaid Home and Community-Based Services (HCBS) Expenditures as a Percentage of Total Medicaid Long-Term Services and Supports Expenditures, FY 1995–2013



SOURCE "Medicaid Expenditures for Long-Term Services and Supports in FFY 2013," Truven Health Analytics, June 30, 2015, page 7.

Why is LTSS important? State Focus

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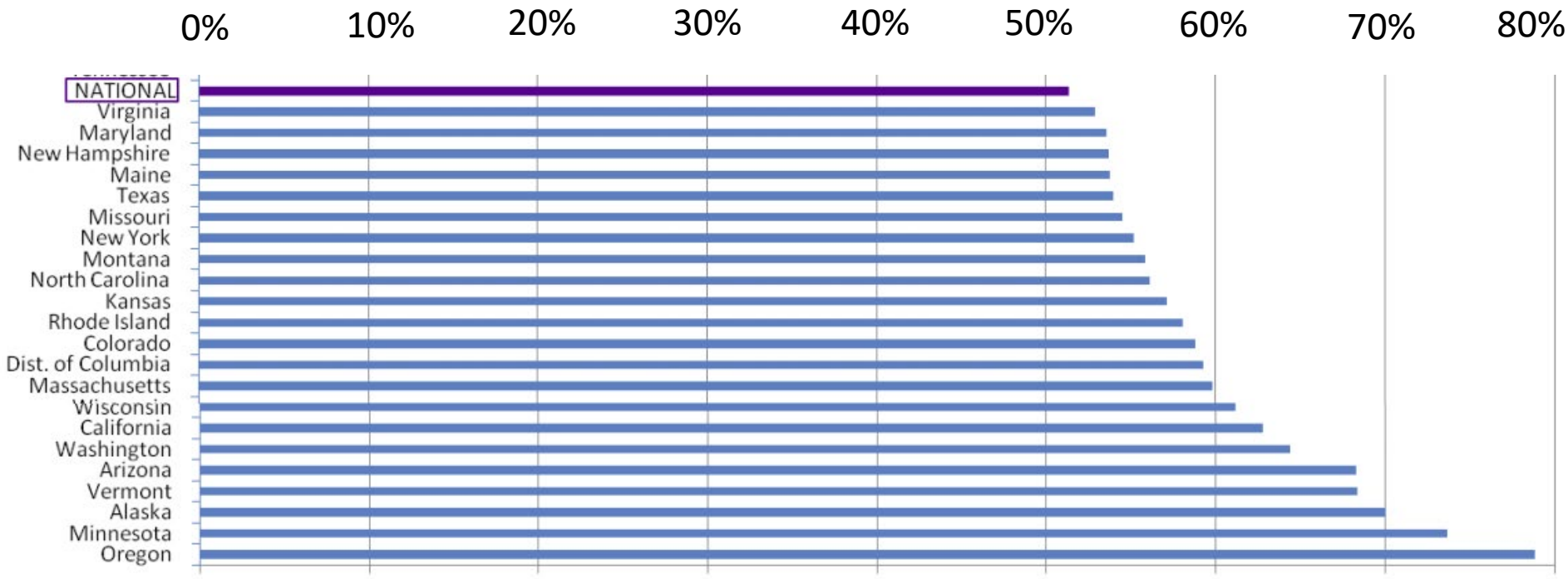
States with Medicaid HCBS Expenditures of over 50% of total Medicaid LTSS Expenditures FY 2013



Source: https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/downloads/ltss-expenditures-fy2013.pdf

Promoting CMS Quality Strategy

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Foundational Principles

- Enable Innovation
- Foster learning organizations
- Eliminate disparities
- Strengthen infrastructure and data systems

Goals

- Make care safer
- Strengthen person and family centered care
- Promote effective communications and care coordination
- Promote effective prevention and treatment
- Promote best practices for healthy living
- Make care affordable

CMS TEFT eLTSS Component

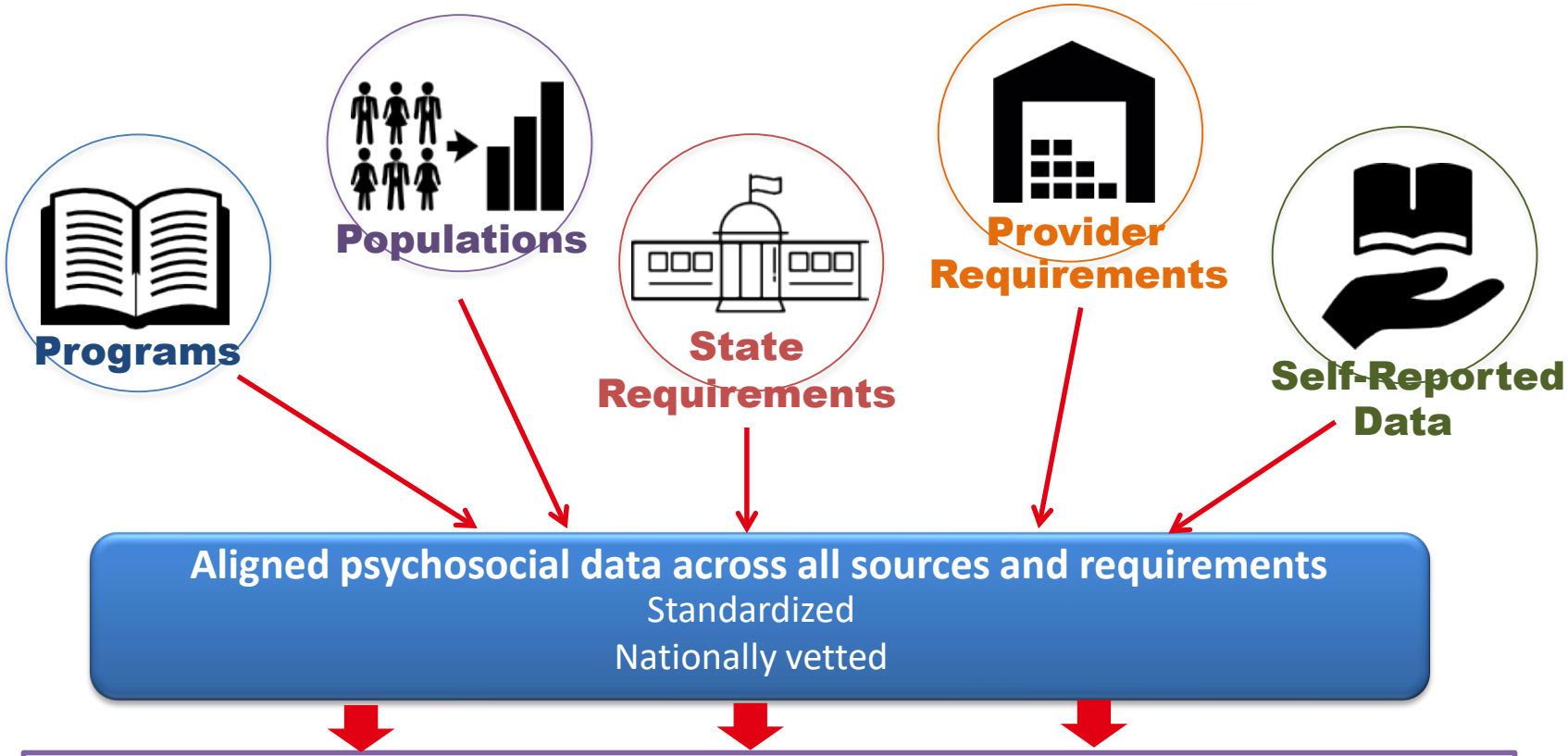
- Launched in November 2014 as joint project between CMS and ONC
- Driven by the requirements of the CMS *Testing Experience and Functional Tools (TEFT) in Medicaid community-based long term services & supports (LTSS) Planning and Demonstration Grant Program*
  - Introduced in Affordable Care Act (ACA) Section 2701
  - March 2014: CMS awarded Demonstration Grants to 9 states: AZ, CO, CT, GA, KY, LA, MD, MN, NH
  - 6 of these 9 states participate in the eLTSS component of TEFT: CO, CT, GA, KY, MD, MN

https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/grant-programs/teft-program.html

CMS TEFT 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 eLTSS standard in conjunction with the ONC S&I Framework

Value Proposition for Standardized Information Capture



Aligned Person-Centered Assessment & Planning Data Elements

Enable use/reuse of data:

- Exchange Person-Centered psychosocial info
- Promote High Quality Care & Service
- Support Care & Service Transitions
- Reduce Provider & Individual Burden
- Expand QM Automation
- Support Survey & Certification Process
- Generate Payment

Standardization: Ideal State

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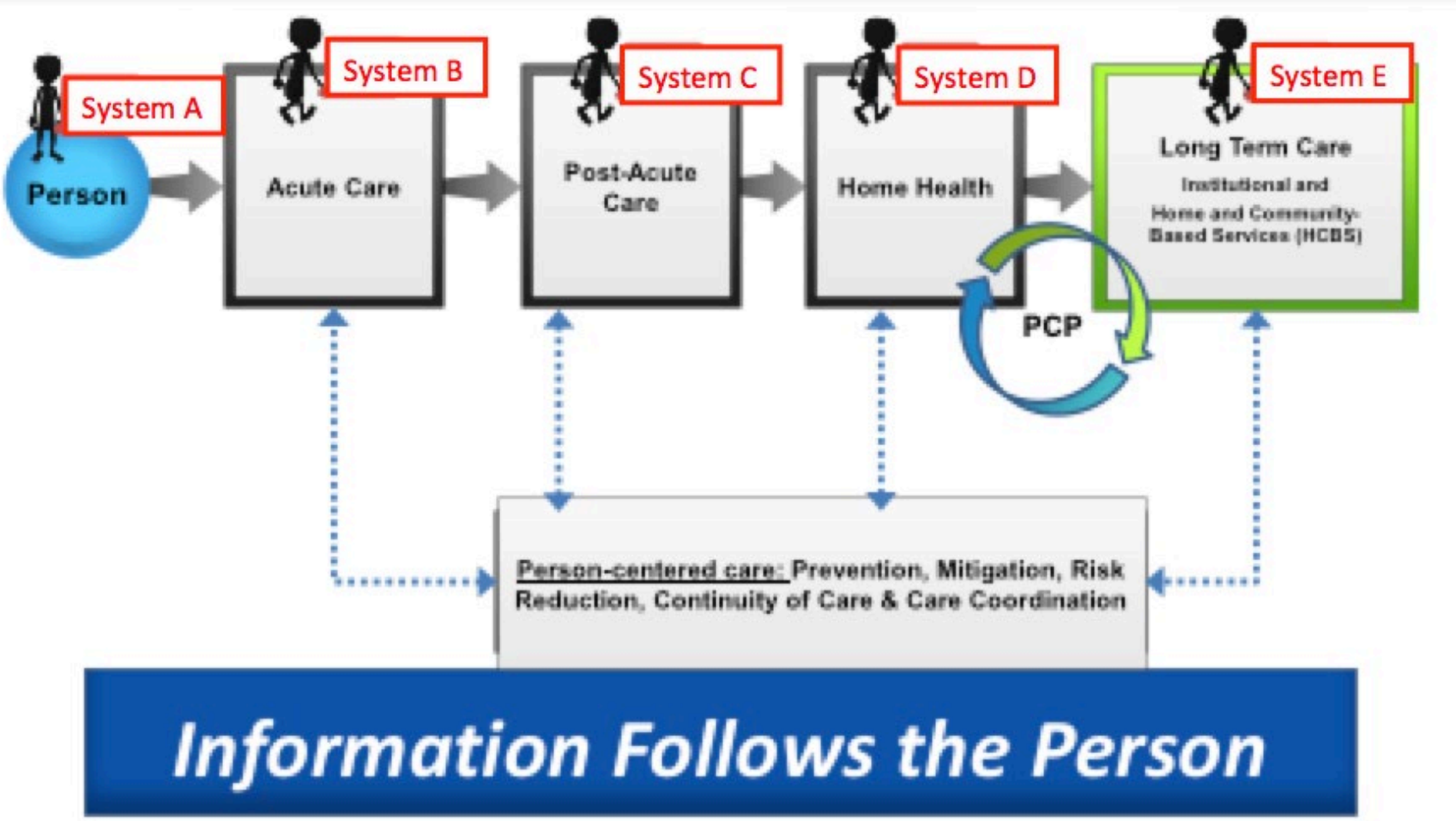

**Standardization at the data level, not IT system level.
Information can be captured in different IT systems to include EHRs, PHRs, care coordination systems, HCBS/LTSS systems.

Alignment to Federal Initiatives

Liz Palena-Hall, ONC

eLTSS Alignment to IMPACT

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Bi-partisan bill introduced in March, U.S. House & Senate, passed on September 18, 2014, and signed into law by President Obama October 6, 2014

The Act requires the submission of standardized assessment data 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 requires that CMS make interoperable standardized patient assessment and quality measures data, and data on resource use and other measures to allow for the exchange of data among PAC and other providers to facilitate coordinated care and improved outcomes

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

Medicare & Medicaid Data Element Standardization

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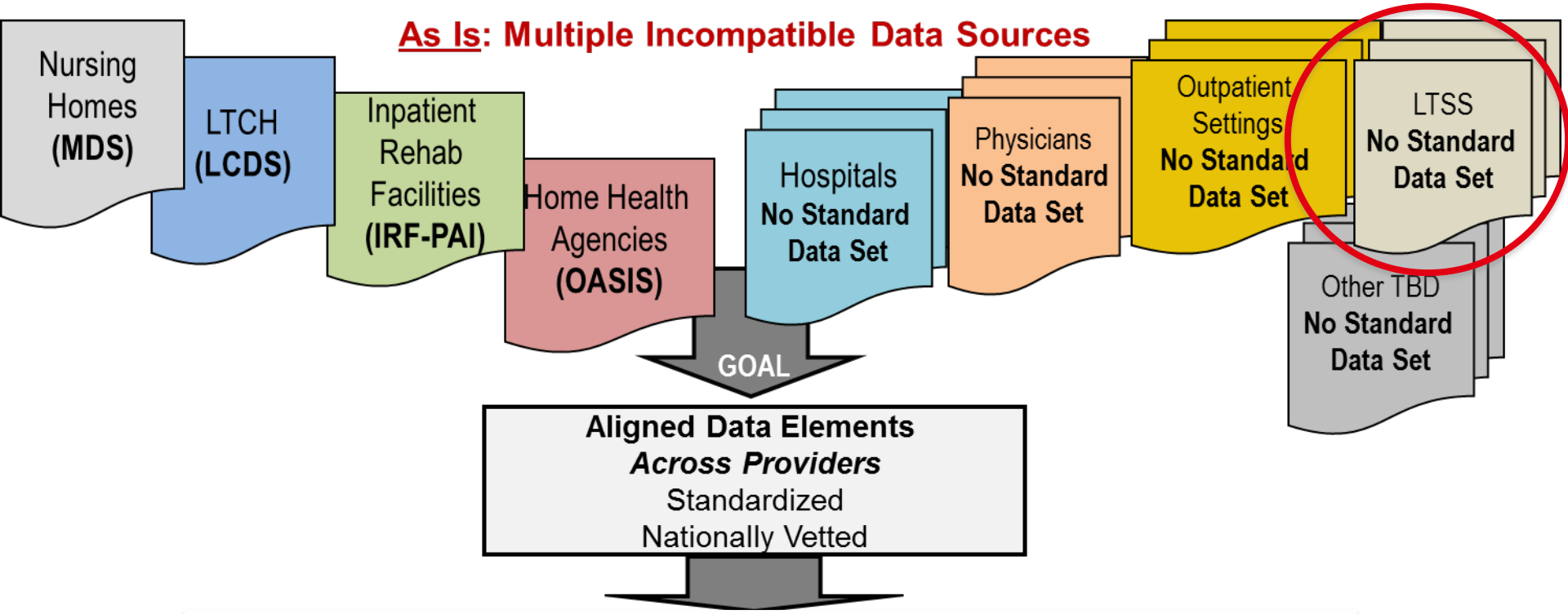

To Be: Aligned Data Elements Across Medicare & Medicaid Programs

eLTSS Alignment to other Federal Initiatives

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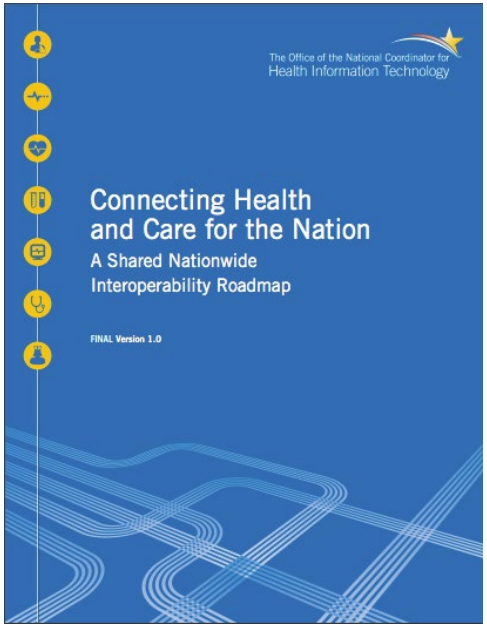
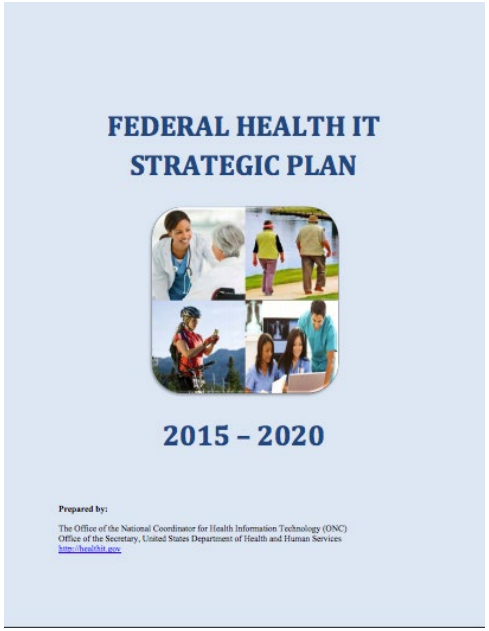
eLTSS Initiative's Goals and focus on person-centered planning align with several Federal Health IT Initiatives to include:



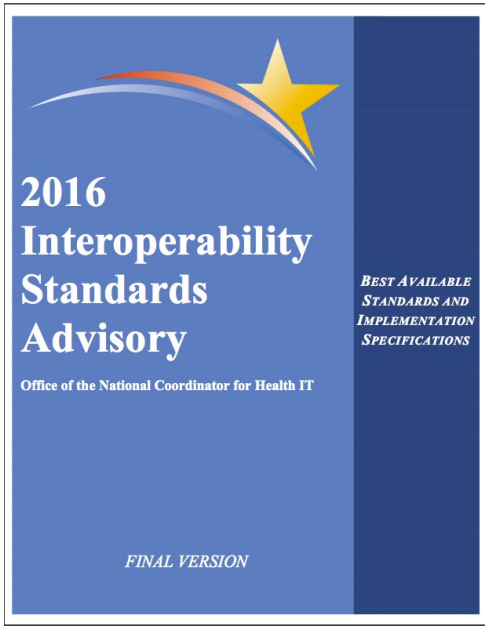
Nationwide Interoperability Roadmap

https://www.healthit.gov/sites/default/files/hie-interoperability/nationwide-interoperability-roadmap-final-version-1.0.pdf



Federal Health IT Strategic Plan

https://www.healthit.gov/sites/default/files/9-5-federalhealthitstratplanfinal_0.pdf



Interoperability Standards Advisory

https://www.healthit.gov/sites/default/files/2016-interoperability-standards-advisory-final-508.pdf

Interoperability Vision for the Future

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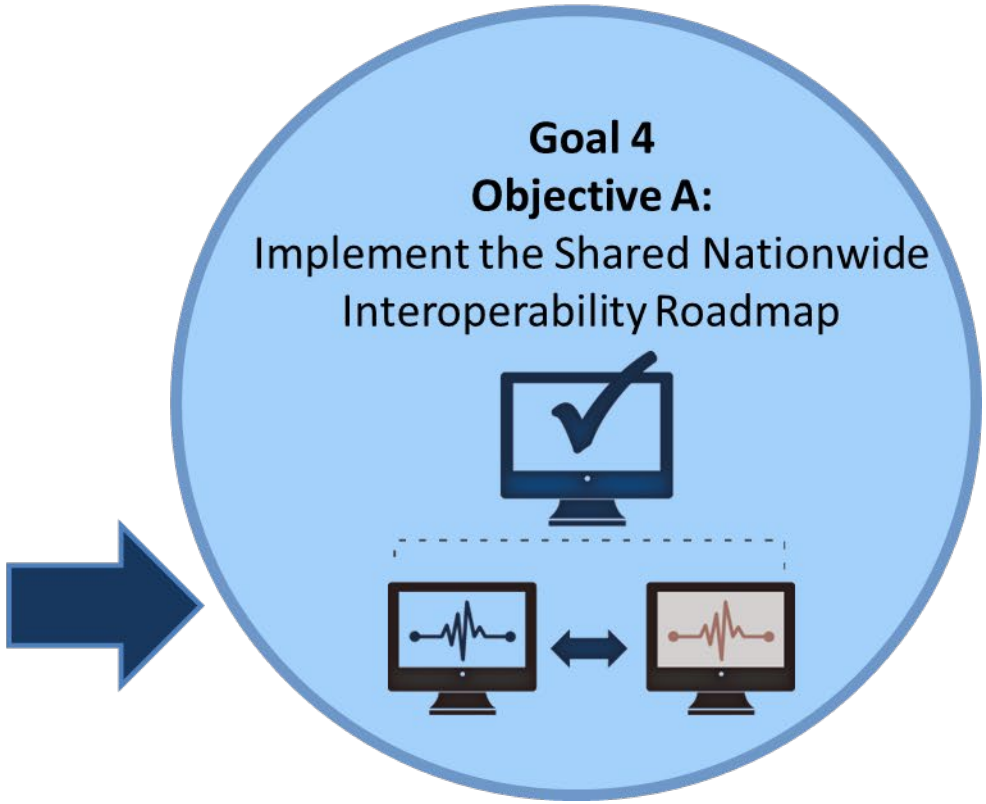
Federal Health IT Strategic Plan Goals



Data Standardization critical to Interoperability Vision

- Move beyond using EHRs as sole data source for electronic health information
- **IT System agnostic**—incorporate range of technologies used by individuals, providers and researchers
- Short-term goal of sending, receiving, finding and using priority **data domains**
- For these data domains to be universally understood by individuals and IT systems—***semantic interoperability***—they must be developed and configured to adhere to a common and consistent set of vocabularies, code sets and value sets

Person-Centeredness critical to Interoperability Vision

- Shift from *patient-centered care* to *person-centered services*
- Person-centered Health IT Infrastructure must support specific goals of communities, providers and individuals
  - We spend 5% or less of our lives as 'patients' and 95% as 'persons'
- System enables individuals to access wellness and health care services and information
- System is enabled by user-centered technologies that reflect individual needs, values and choices
- System supports meaningful interactions and seamless sharing of electronic information between and across individuals, caregivers and providers

ONC 2016 Standards Advisory

The standards advisory represents an updated list of the best available standard(s) and implementation specification(s). The list is not exhaustive but it is expected that future advisories will incrementally address a broader range of clinical health IT interoperability needs.

Purpose:

1. To provide the industry with a **single, public list of the standards and implementation specifications** that can best be used to fulfill specific clinical health information interoperability needs.
2. To reflect the results of **ongoing dialogue, debate, and consensus among industry stakeholders** when more than one standard or implementation specification could be listed as the best available.
3. To **document known limitations, preconditions, and dependencies as well as known security patterns** among referenced standards and implementation specifications when they are used to fulfill a specific clinical health IT interoperability need.

eLTSS Alignment to Federal Rules

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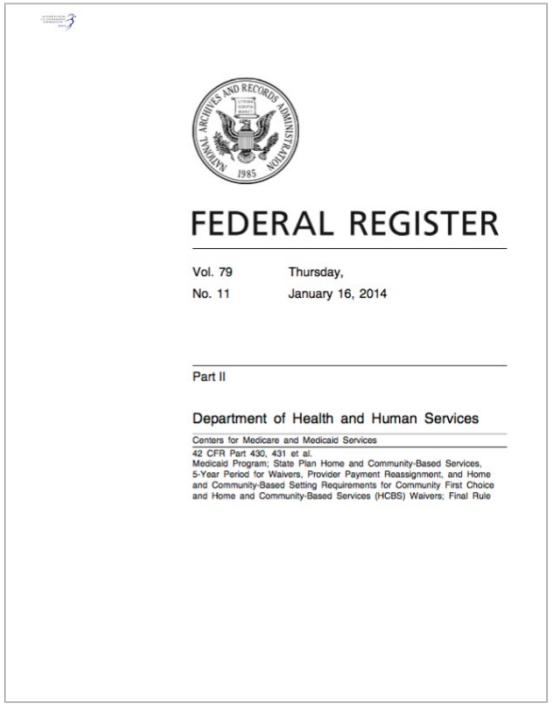
eLTSS Initiative's Goals and focus on person-centered planning align with existing and new Federal Rules:



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Part II

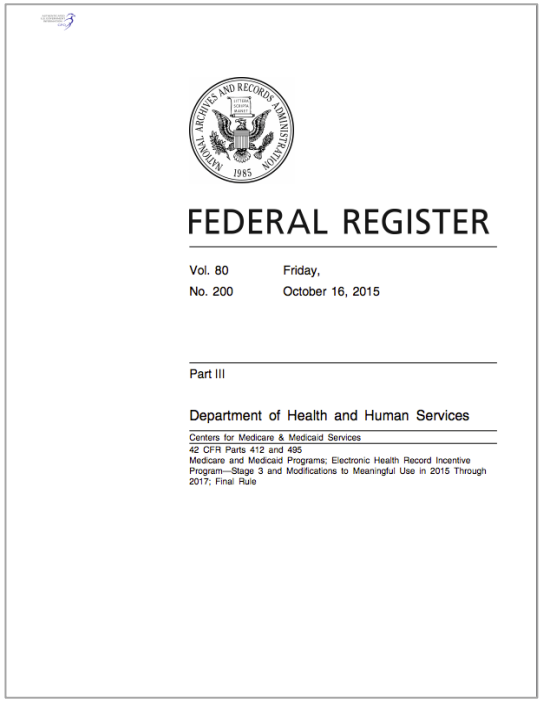
Department of Health and Human Services

Centers for Medicare and Medicaid Services

42 CFR Part 430, 431 et al.
Medicaid Program; State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice and Home and Community-Based Services (HCBS) Waivers; Final Rule

CMS 2014 Medicaid HCBS Rule

https://www.gpo.gov/fdsys/pkg/FR-2014-01-16/pdf/2014-00487.pdf



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Vol. 80 Friday,
No. 200 October 16, 2015

Part III

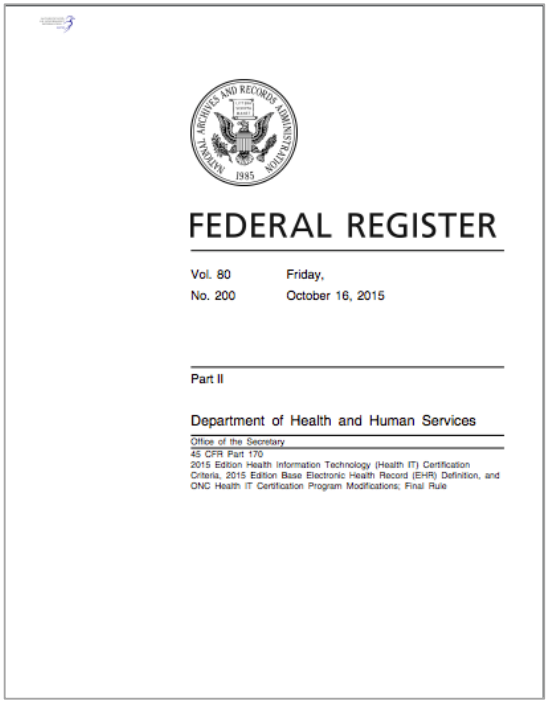
Department of Health and Human Services

Centers for Medicare & Medicaid Services

42 CFR Parts 412 and 495
Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 3 and Modifications to Meaningful Use in 2015 Through 2017; Final Rule

CMS 2015 MU3 Rule

https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base



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Vol. 80 Friday,
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Part II

Department of Health and Human Services

Office of the Secretary

45 CFR Part 170
2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications; Final Rule

ONC 2015 Certification Rule

https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base

CMS 2014 Medicaid HCBS Rule

Defined by Medicaid under **§ 441.301(c)** as part of the scope of services and supports required under the State's 1915(c) Home and Community-Based Settings (HCBS) waiver to include:

- The setting in which the individual resides is chosen by the individual
- Individual's strengths and preferences
- Clinical and support needs as identified through an assessment of functional need
- Individual's identified goals and designed outcomes
- Services and supports that will assist individual to achieve identified goals, and providers that will perform services
- Risk factors and measures in place to minimize them
- Individual and/or entity responsible for monitoring the plan
- Informed consent of the Individual
- Services the individual elects to self-direct

* Source: https://www.federalregister.gov/articles/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider

CMS Stage 3 Meaningful Use Rule

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Stage 3 Objectives

- ✔ 1 Protect Electronic Health Information
- 2 Electronic Prescribing (eRx)
- 3 Clinical Decision Support
- 4 Computerized Provider Order Entry (CPOE)
- ✔ 5 Patient Electronic Access to Health Information
- ✔ 6 Coordination of Care through Patient Engagement
- ✔ 7 Health Information Exchange
- 8 Public Health Reporting

eLTSS Use Case Requirements align with ***four*** of the Stage 3 Objectives. A detailed mapping of these requirements is available in the eLTSS Functional Requirements Matrix (FRM)

Source: https://www.cms.gov/eHealth/downloads/Webinar_eHealth_October8_FinalRule.pdf

ONC 2015 Certification Rule

- Contains new and updated vocabulary, content, and transport standards for the structured recording and exchange of health information
- **Program is 'agnostic' to settings and programs, but can support many different uses cases and needs**
- This allows ONC Health IT Certification Program to support multiple program and setting needs such as:
  - EHR Incentive Programs
  - Long-term and post-acute care
  - **Home and Community-based Services and LTSS**
  - Behavioral Health
  - Other public and private programs

ONC Cert Rule: Common Clinical Data Set

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- Renamed the "Common MU Data Set." This does not impact 2014 Edition certification.
- Includes key health data that should be accessible and available for exchange.
- Data must conform with specified vocabulary standards and code sets, as applicable.

Patient name	**Lab tests**
Sex	**Lab values/results**
Date of birth	**Vital signs (changed from proposed rule)**
Race	**Procedures**
Ethnicity	**Care team members**
Preferred language	**Immunizations**
Problems	**Unique device identifiers for implantable devices**
Smoking Status	**Assessment and plan of treatment**
Medications	**Goals**
Medication allergies	**Health concerns**

ONC Interoperability Roadmap Goal

2015-2017

Send, receive, find and use priority data domains to improve health and health quality

Red = New data added to data set (+ standards for immunizations)
Blue = Only new standards for data

ONC Cert Rule:
Social, Psychological and Behavioral Data Set

New Criteria to support other settings and use cases: 170.315(a)12

- Financial Resource Strain
- Education (Education Attainment)
- Stress
- Depression
- Physical Activity (Exercise Vital Signs)
- Alcohol Use
- Social Connection and Isolation
- Exposure to violence
- Sexual Orientation
- Gender Identity

eLTSS Overview & Pilot Status

Evelyn Gallego, ONC

eLTSS Initiative: Purpose & Scope

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Identify, evaluate and harmonize standards needed for the creation, exchange and re-use of:

- Key domains and associated data elements of Community Based-Long Term Services and Support (CB-LTSS) person-centered planning
- Accessible person-centered service plans that are interoperable and used by providers, beneficiaries, accountable entities and payers.

The standard(s) identified will support the creation of a person-centered electronic LTSS plan, one that supports the person, makes him or her central to the process, and recognizes the person as the expert on goals and needs.*

* Source: Guidance to HHS Agencies for Implementing Principles of Section 2402(a) of the Affordable Care Act: Standards for Person-Centered Planning and Self-Direction in Home and Community-Based Services Programs

Why is the eLTSS Initiative important?

- Promotes *re-use* of existing federal and state investments in data infrastructure
- Enables re-use of CB-LTSS data elements across institutionally-based and non-institutionally based settings and with individuals
- Advances how health IT can be used to support:
  - Person-Centered Planning to include enabling the beneficiary to lead decision making regarding appropriate care and services to be received
  - Better client engagement needed to improve point of care decision-making within community-based settings
  - Provider workflows for eLTSS plan development, approval, sharing and updates
  - Reducing data collection burden for beneficiaries, providers and payers
  - Improving timeliness for collecting and sharing LTSS information

What are key challenges for this work?

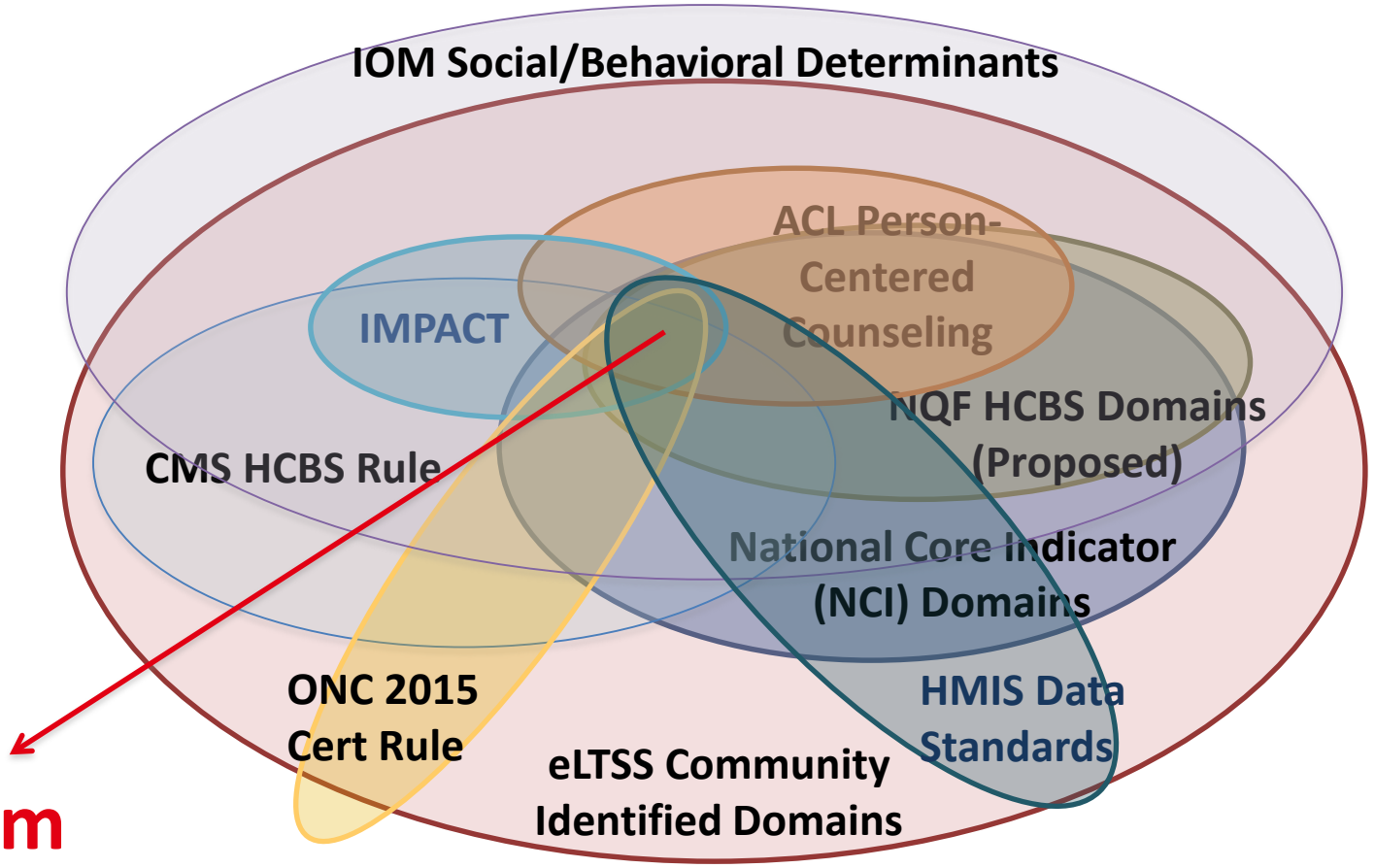
- Limited implementation and use of Health IT tools (i.e. EHRs/PHRs) in LTSS settings
- Limitations in financial incentives for service providers to exchange LTSS information electronically
- Lack of uniformity in the terminology and definitions of data elements needed for assessments and service plans used across and between community-based information systems, clinical care systems and personal health record systems
- Lack of integration of social and behavioral determinants of health in health records regardless if paper-based or electronic
- No consensus on what a person-centered eLTSS plan is and what information should be included
  - Combination of clinical care, client assessment and service plan data

What is an eLTSS Plan? What have we learned so far?

- An eLTSS Plan is a structured, longitudinal *person-centered service plan* that can be exchanged electronically across multiple community-based LTSS settings, institutional settings (e.g. hospital, primary care office), and with beneficiaries and payers.
- Content or information contained within an eLTSS Plan is specific to the types of service rendered and information collected for CB-LTSS
- An eLTSS plan is developed within a CB-LTSS setting, not an institutional or clinical setting
- An eLTSS plan is NOT the same plan developed within an institutional or clinical setting (e.g. Care Plan, Plan of Care, Treatment Plan); however, parts of an eLTSS plan MAY contain information captured in other settings
- An individual assessment generates parts of an eLTSS plan

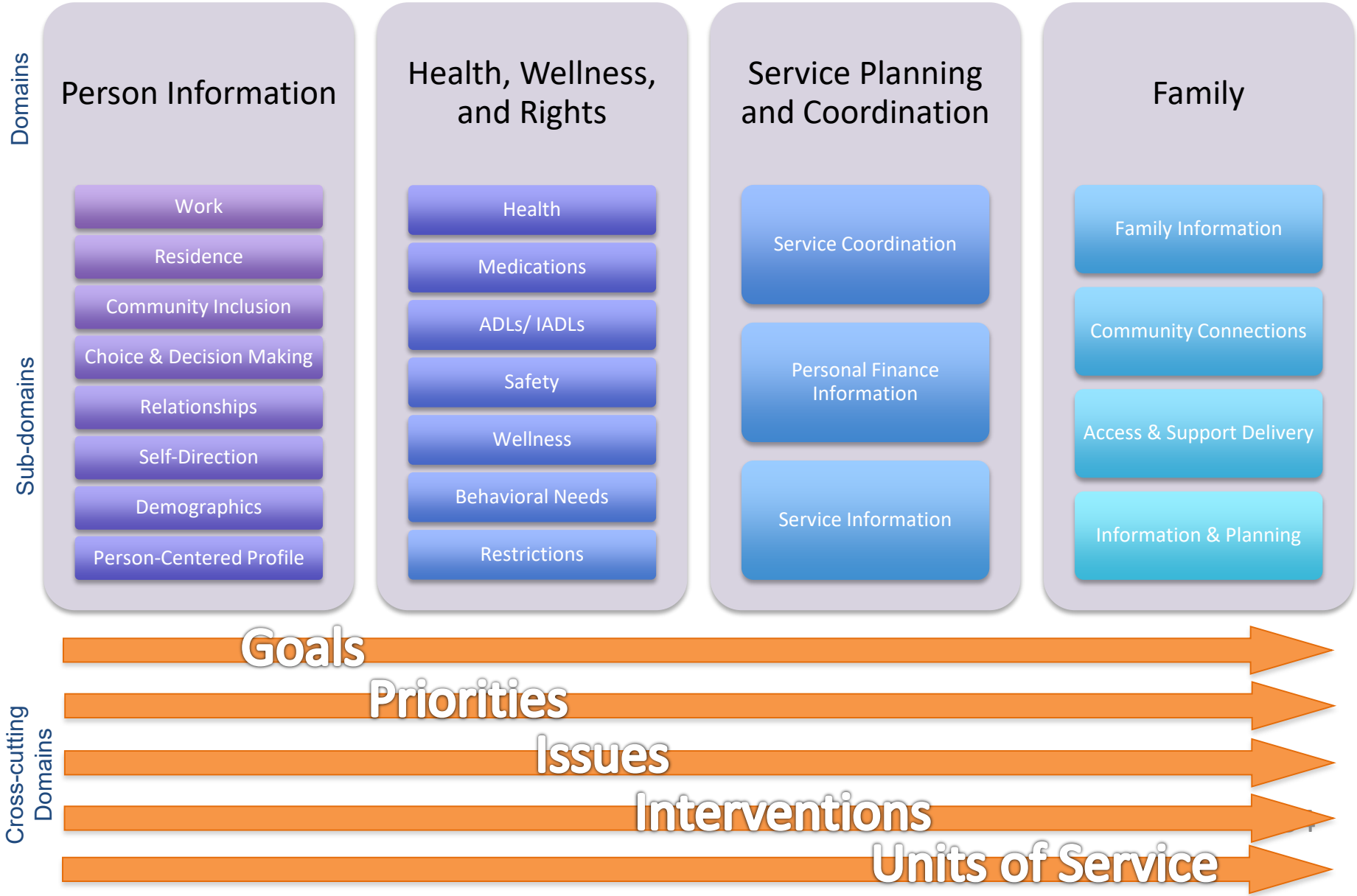
Source: eLTSS Glossary http://wiki.siframework.org/eLTSS+Glossary

eLTSS Use Case Development: Domain Identification

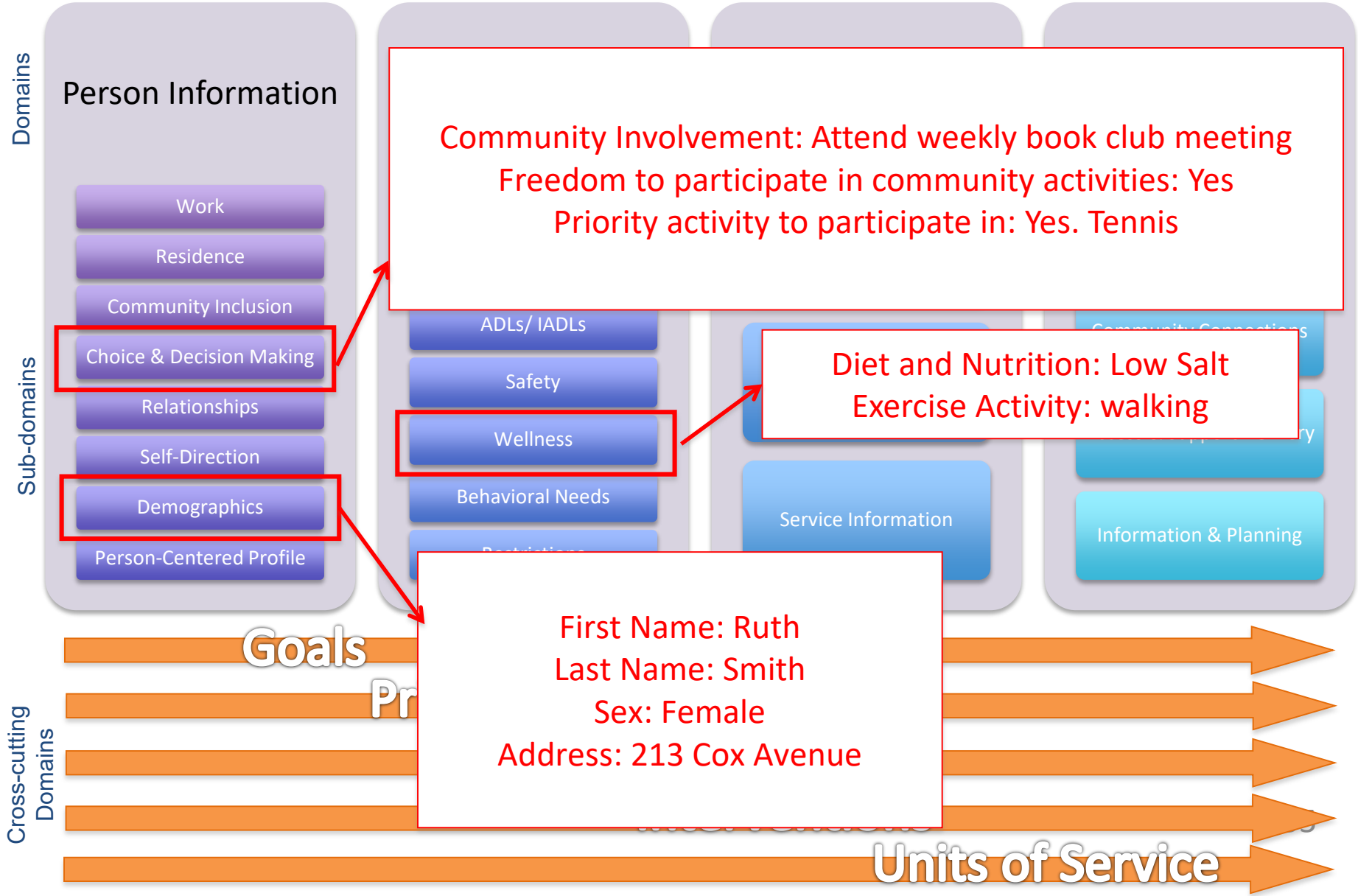


Uniform Domains

What is in an eLTSS Plan?



What is in an eLTSS Plan?



eLTSS Use Case: What are the key activities for eLTSS Planning?

Capturing, sharing and updating an eLTSS Plan involves five high level activities…

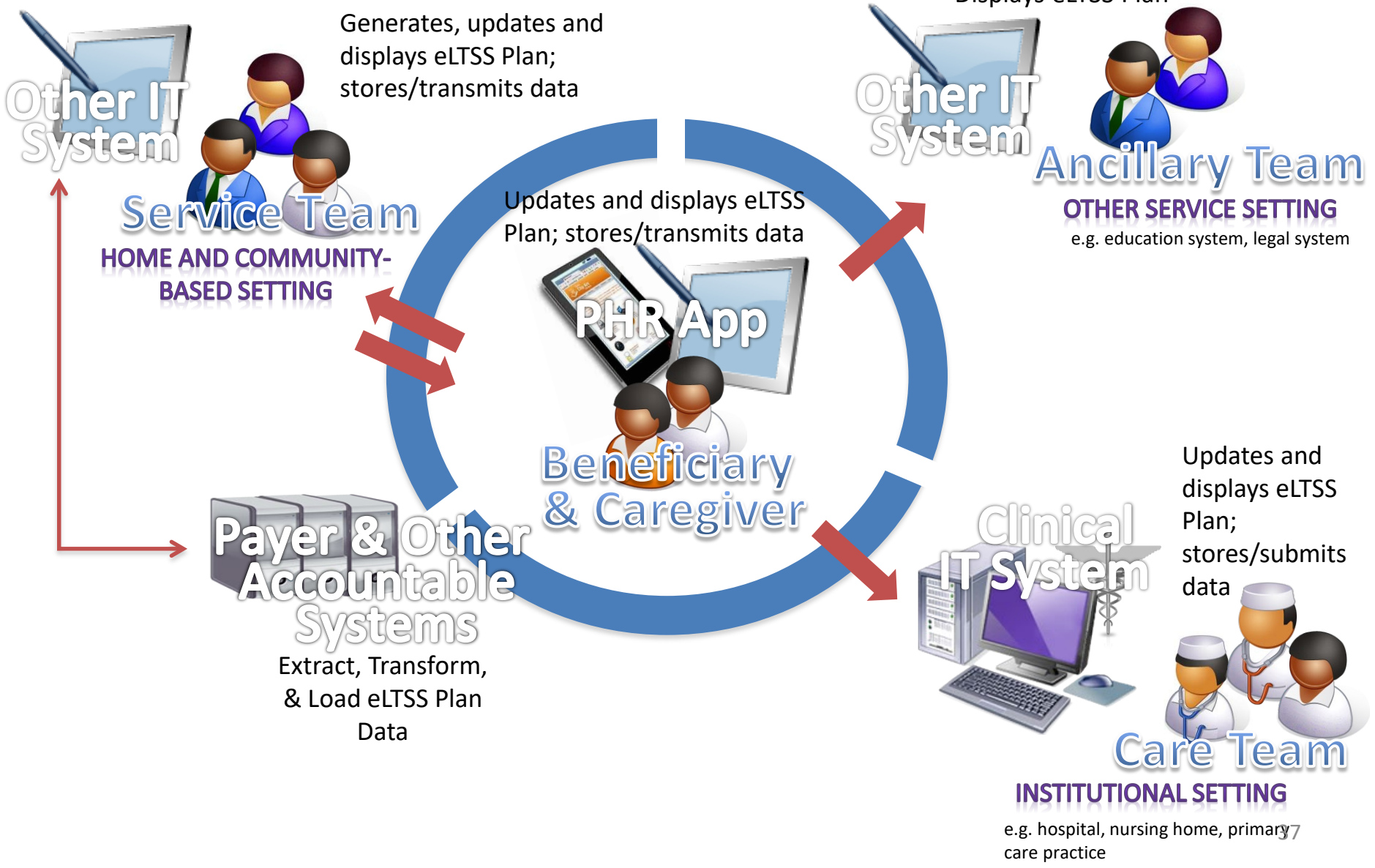
1. Create Plan
2. Approve and Authorize Services within the Plan
3. Send and Receive the Plan
4. Access, View and Review Plan
5. Update Plan

These are also referred to as 'functional requirements'—activities identified within a use case that a 'system' must perform. Functional requirements are generally captured within a Use Case. For the eLTSS Initiative, when we refer to functional requirements, we mean those captured in the eLTSS Use Case.

Source: eLTSS Use Case Final Document http://wiki.siframework.org/electronic+Long-Term+Services+and+Supports+%28eLTSS%29+Use+Case

Future: eLTSS Plan Conceptual Framework

Move from Patient-Centered to Person-Centered Planning and Information Exchange



What systems do we want to share eLTSS Plan information with?

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Technical solutions identified for the eLTSS plan will need to support interoperable exchange with various information systems to include:

1. Community-based Information Systems
2. Clinical Information Systems (e.g. EHRs)
3. State Medicaid Systems and/or other Payer Systems
4. Health Information Exchange Systems
5. Personal Health Record Systems (PHRs)/ Digital Health Devices
6. Other Information Systems (e.g. legal, justice, education, etc.)

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eLTSS Initiative Roadmap & Status

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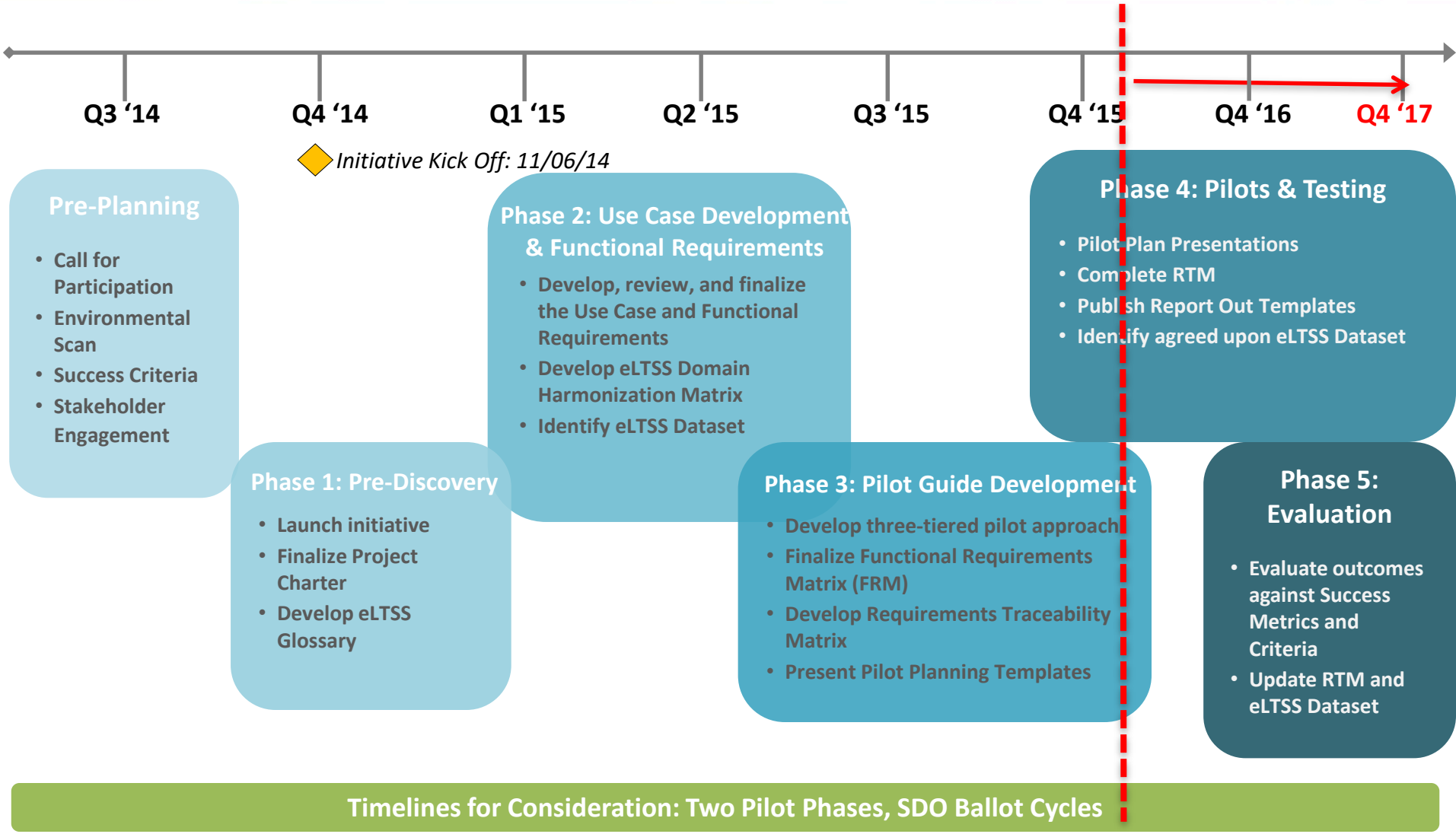

Round 1 Pilots: Oct 15 to Apr 16; Round 2 Pilots: June 16 to Dec 17

eLTSS Artifacts

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Date Published	Artifact Name	Wiki Link
2/2015	**Project Charter**	http://wiki.siframework.org/electronic+Long-Term+Services+and+Supports+%28eLTSS%29+Charter
8/2015	**eLTSS Glossary**	http://wiki.siframework.org/eLTSS+Glossary
7/2015 11/2015	**Use Case**	http://wiki.siframework.org/electronic+Long-Term+Services+and+Supports+%28eLTSS%29+Use+Case
9/2015	**Pilot Starter Kit**	http://wiki.siframework.org/electronic+Long-Term+Services+and+Supports+%28eLTSS%29+Pilots#Pilot Starter Kit
8/2015	**Pilot Resource Materials**	http://wiki.siframework.org/electronic+Long-Term+Services+and+Supports+%28eLTSS%29+Pilots#Pilot Resource Materials

Aim for the eLTSS Pilot Program

- Bring awareness of available national standards that will address the eLTSS Plan interoperability gap
  - Provide real-time feedback on applicability of ONC Datasets and IMPACT assessment data elements 'standards'
- Organize and guide the deployment of eLTSS Pilot projects that will test the suitability of the eLTSS Plan Data set and use case requirements in real-world settings
- Provide tools and guidance for managing and evaluating the Pilot Projects
- Create a forum to share lessons learned and best practices
- Real world evaluation of eLTSS Pilot Artifacts
  - *Is this implementable? Useable?*

Pilot Execution Approach

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- eLTSS Initiative published a **Pilot Starter Kit** to inform how Pilot Organizations can plan for and execute an eLTSS Pilot
- Pilot Starter Kit consists of four work products:

Document Name	Description
eLTSS Pilot Readme	Serves as high-level overview of the contents of the eLTSS Pilot Guide which is comprised of the Three-Tiered Pilot Approach, the Functional Requirements Matrix and information on how to best leverage them to support Pilot success
Three-Tiered Pilot Approach	Introduces three incremental tiers to execute on an eLTSS Pilot. The tiers range from basic, non electronic information exchange to more robust electronic and interoperable data exchange.
Functional Requirement Matrix (FRM)	Detailed cross-walk of all functional requirements for creating, sharing and administering an eLTSS plan as defined in the eLTSS Use Case
Requirement Traceability Matrix	A matrix of the eLTSS functional requirements that enables the participant to track their work and thereby complete an eLTSS pilot.
Pilot Planning Template	Template for potential pilots to present on their pilot project.

Source: http://wiki.siframework.org/electronic+Long-Term+Services+and+Supports+%28eLTSS%29+Pilots

eLTSS Stakeholder Engagement

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287 Total Members

- 90 Committed Members
- 197 Other Interested Party
- 255 Not Registered (attended 1+ meeting)

Stakeholder Group Type/ Total Participants			
Beacon Community, Quality Improvement Organizations, or similar organization	3	Research Organization	13
Consumer / Patient Advocate	10	Standards Organization	4
Contractor / Consultant	29	Service Provider (community-based)	8
Federal, State, Local Agency	62	Service Provider Professional (community-based)	9
Health Information Exchange (HIE) / Health Information Organization (HIO)	11	Other System IT Vendor (Community-Based IT Vendor or Other)	18
Health IT Vendor (EHR, EMR, PHR, HIE)	40	Other	43
Health Professional (DO, MD, DDS, RN, Tech, etc.)	9	Unknown	214
Healthcare Payer/Purchaser or Payer Contractor	4	TEFT Leadership / TA	30
Licensing / Certification Organization	2	ONC Staff / Contractor	24
Provider Organization (institution / clinically based)	9		

Events and Presentations

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- Health IT Standards Committee: Dec 2014
- CMS-ONC SIMergy Health IT Cluster Virtual Discussion: Dec 2014
- CMS Quality Conference Dec 2014
- HHS EHR Interagency Working Group Subcommittee: Jan 2015
- ONC Annual Meeting: Feb 2015
- HHS Idea Lab Event (Treating the Whole Patient: How HHS is Connecting Health and Social Services with Open Data): Feb 2015
- Health IT Standards Committee: Mar 2015
- CMS and National Associations Quarterly Meeting: Apr 2015
- TEFT eLTSS Round Table: Apr 2015
- CMS DEPHG Meeting: May 2015
- AHIMA LTPAC Summit: Jun 2015
- Alliance for Home Health Quality & Innovation: Aug 2015
- Annual HCBS Conference: Sep 2015
- HL7 United States Realm Steering Committee: Sep 2015
- ONC Consumer Summit: Oct 2015
- mHealth Summit: Nov 2015
- Nemours Building Community Resilience learning Collaborative: Nov 2015
- CMS Quality Conference Dec 2015

Participating eLTSS Pilot Organizations

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TEFT Organization
CO: Dept. of Health Care Policy & Financing
CT: Dept. of Social Services Division of Health Services
GA: Dept. of Community Health
KY: Office of Administrative & Technology Services
MD: Dept. of Health & Mental Hygiene
MN: Dept. of Human Service

****eLTSS Pilots are open to all participants regardless of participating grant program**

Non-TEFT	Type of Organization
A/D Vault	Care Planning Software Platform
Care at Hand	Predictive mobile care coordination Platform
FEI Systems	LTSS Software System
Janie Appleseed	Consumer Health IT Education
Kno2	Health IT Transport Solution Platform
Meals on Wheels (Sheboygan, WI)	LTSS Service Provider
National Disability Institute	Disability Advocacy and Tools Development
Peer Place	Cloud-based Data Management System
Therap Services	Cloud-based Data Management & Care Coordination System

Opportunities for Broader Federal Engagement

Open Discussion

Federal Partnership Outreach and Alignment

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How can we further collaborate?

- How does the eLTSS Project align or complement current or emerging Federal Initiatives?
- What opportunities exist for joint collaboration?
  - Care Coordination from acute to post-acute to HCBS?
  - Coordination between individual and clinical provider? Individual and payer system?
  - Engagement of non-clinical workforce in capturing and sharing psychosocial data?
  - Re-use of data captured in HCBS for other purposes—quality improvement, research?
- Do you have current projects that can serve as pilots for the eLTSS dataset?

Next Steps: Poll

- We would like to garner federal partner interest in convening a short-term eLTSS Federal Stakeholder Committee
- This Committee or workgroup will provide forum for information sharing across all aligned projects
- It can serve to facilitate discussion and promote further synergies and collaboration across similar Federal Projects
- Please indicate your interest to participate in this committee and your preference for the coordination calls: **monthly, quarterly or semi-annually**
- Please submit responses via webex poll or by emailing Evelyn Gallego: evelyn.gallego@emiadvisors.net

Who we are: eLTSS Project Team

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