



The Office of the National Coordinator for
Health Information Technology

Electronic Long-Term Services & Supports (eLTSS)

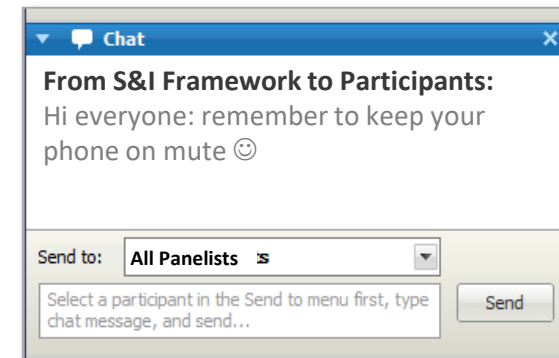
Q3 2017 FEDERAL PARTNER WEBINAR

Date: September 27, 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).



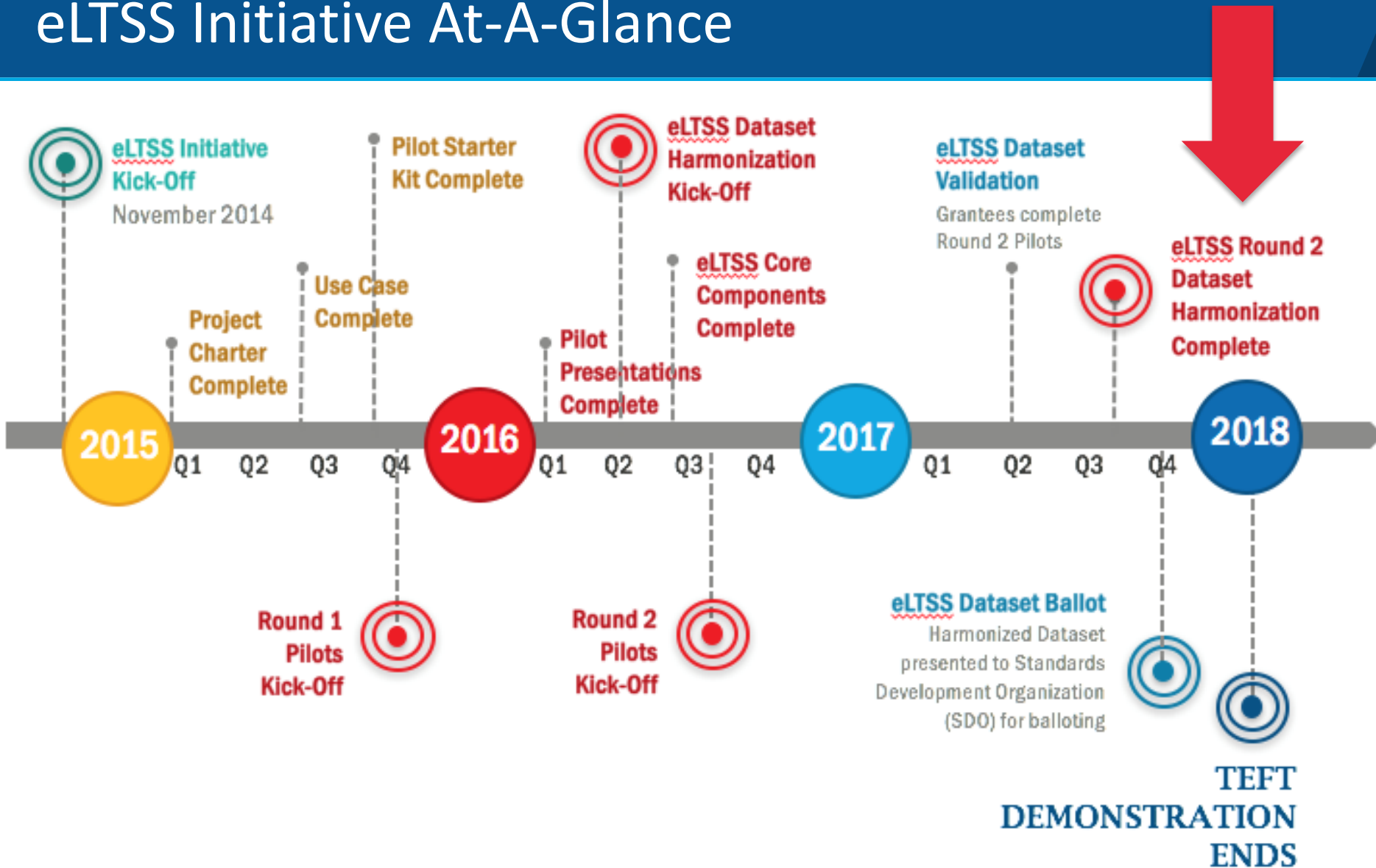
Agenda

Topic Area	Presenter
Welcome	Kerry Lida (CMS)
eLTSS Final Dataset Review and Next Steps	Evelyn Gallego (EMI Advisors LLC)
Advancing the Interoperability of Social Determinants of Health	Sam Meklir (ONC) Liz Palena-Hall (ONC) Al Taylor (ONC)
Federal Partner Discussion	All
Next Steps	Evelyn Gallego (EMI Advisors LLC)

Welcome & Introductions

eLTSS Final Dataset Review & Next Steps

eLTSS Initiative At-A-Glance

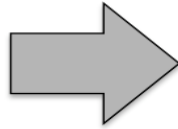


eLTSS Results

- Successful completion of **two rounds** of testing (pilots)
 - » Pilots included **6** TEFT grantees and **12** non-TEFT grantees
 - » **Round 1 results: 692 total data elements** narrowed down to **47 core data elements**
 - » **Round 2 results: Over 270 comments received** and request for **114 new data elements**; narrowed down to **56** core data elements and **36** non-core data elements
- Broad public engagement and contribution to eLTSS dataset
 - » Increased from **200 to 339** members over 2 years
 - » Members include non-TEFT participants across HCBS, government, health and technology industries
- Outreach and Education
 - » **+130** different organizations contacted over course of initiative
 - » **5** Federal Partner Webinars
 - » **27** public outreach presentations

eLTSS Dataset Development Approach

Collect LTSS Plans



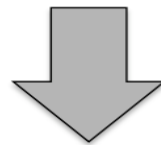
Identify Common Elements



Emergency Contact: _____

Key Contact Name: _____

Contact Name: _____



Harmonize Common Elements

Core eLTSS Dataset Elements			
Grouping	Data Element Name	Data Element Definition (includes examples, expected list of values and usage note where applicable)	Datatype / Format
Beneficiary Demographics	Emergency Contact Name	The name of the individual or entity identified to contact in case of emergency.	String / First Name, MI, Last Name

Harmonization (definition): *to bring into harmony, accord or agreement*

When speaking of standards, relates to process of minimizing redundant or conflicting standards which may have evolved independently.

Source: <http://ulstandards.ul.com/about/harmonizing-standards/>

Round 2 Harmonization Approach

- Data elements identified for harmonization, and thereby included for discussion with eLTSS community, needed to meet following criteria:
 - » Used by 4 or more Pilots in their existing plans
 - » Not used as intended on plan
 - » Suggestions for changes/edits to name, definition or format
- All comments and feedback were consolidated into a spreadsheet and were scheduled for review as part of weekly public calls
 - » Consolidated harmonization spreadsheet with dispositions made available at: <https://oncprojectracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Home>

Harmonization Example: Plan Funding Source

	CO	CT	GA	KY	MD	MN	FEi	MoW	Total
Included in Pilot's Plan?	Y	Y	N	N	N	Y	Y	N	4

Definition: The source(s) of payment for the plan.

Common themes in provider feedback (5 comments total)

There are many different payer sources.

Does not need to be included in plans

PROPOSAL: Remove Plan Funding Source from the core eLTSS Dataset

eLTSS Final Dataset

- Total Number of Elements: 56

Beneficiary Demographics: 10 Elements

Person Name
Person Identifier
Person Identifier Type
Person Date of Birth
Person Phone Number
Person Address
Emergency Contact Name
Emergency Contact Relationship
Emergency Contact Phone Number
Emergency Backup Plan

Goals & Strengths: 3 Elements

Goal
Step or Action
Strength

Person Centered Planning: 11 Elements

Assessed Need
Preference
Person Setting Choice Indicator
Person Setting Choice Options
Service Options Given Indicator
Service Selection Indicator
Service Provider Options Given Indicator
Service Provider Selection Agreement Indicator
Service Plan Agreement Indicator
Plan Monitor Name
Plan Monitor Phone Number

Plan Information: 1 Element

Plan Effective Date

Plan Signatures: 12 Elements

Person Signature
Person Printed Name
Person Signature Date
Guardian/Legal Representative Signature
Guardian/Legal Representative Printed Name
Guardian/Legal Representative Signature Date
Support Planner Signature
Support Planner Printed Name
Support Planner Signature Date
Service Provider Signature
Service Provider Printed Name
Service Provider Signature Date

Risks: 2 Elements

Identified Risk
Risk Management Plan

Service Information: 12 Elements

Service Name
Self-Directed Service Indicator
Service Start Date
Service End Date
Service Delivery Address
Service Comment
Service Funding Source
Service Unit Quantity
Unit of Service Type
Service Unit Quantity Interval
Service Rate per Unit
Total Cost of Service

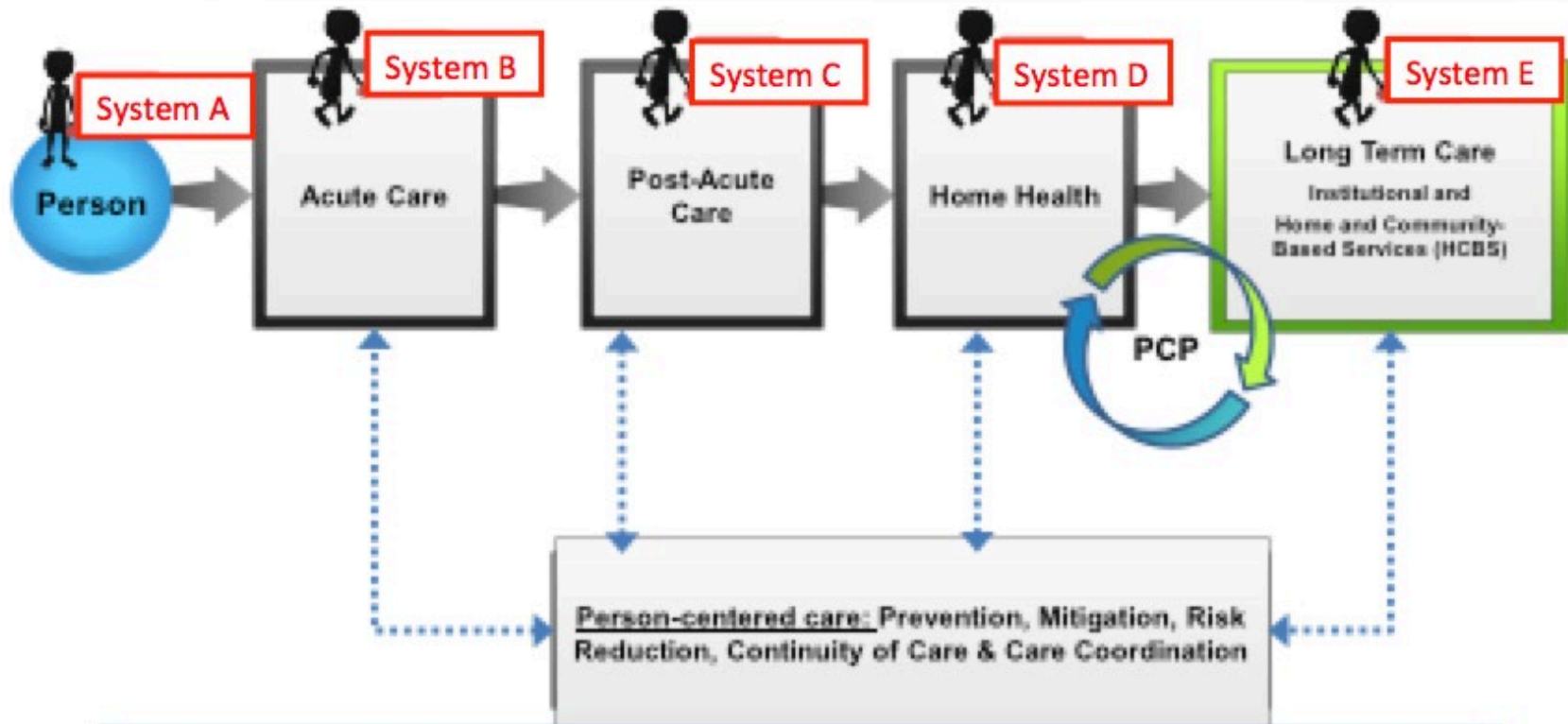
Service Provider Information: 5 Elements

Support Planner Name
Support Planner Phone Number
Service Provider Name
Service Provider Phone Number
Non-Paid Provider Relationship

Final Dataset available at:

<https://oncprojectracking.healthit.gov/wiki/display/TechLabSC/eLTSS+Home>

Why standardize Data Elements?

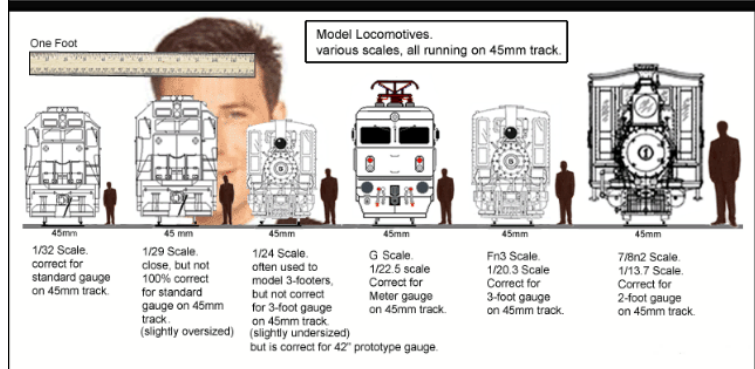
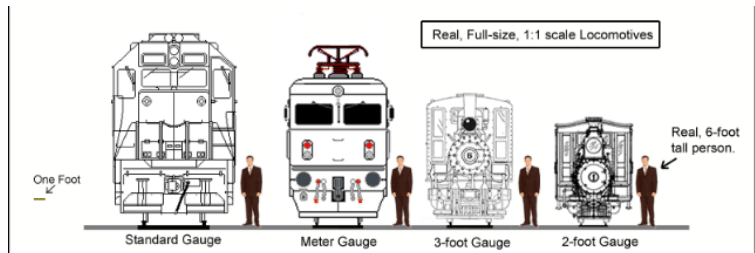
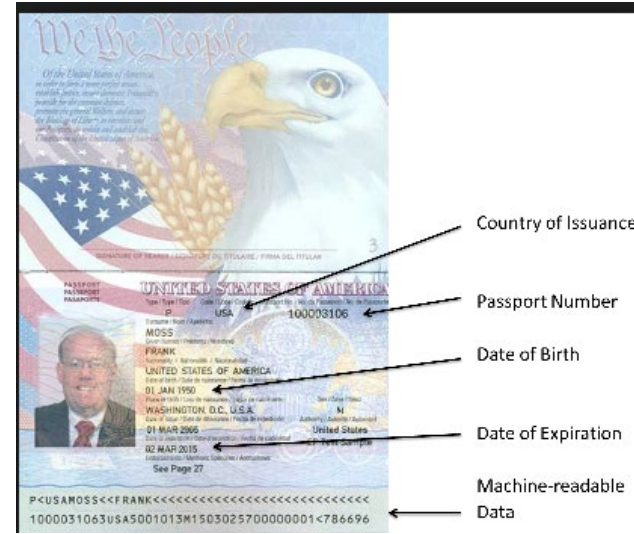
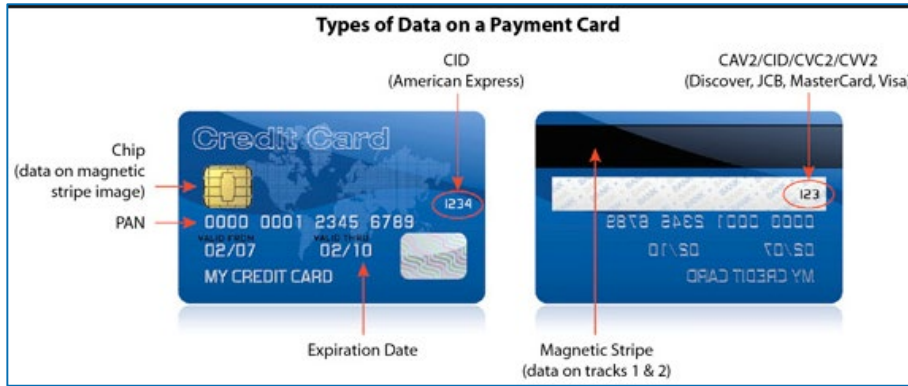


Information Follows the Person

****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.

What are Common Industry Data Element Standards?

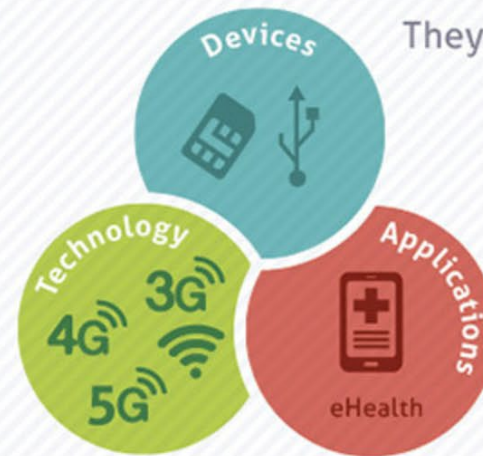


What is a Health & Human Services IT Standard?

What is a Standard?



Standards ensure
Interoperability
between



They are a **tool**

to make things
work together



Source <https://ec.europa.eu/digital-single-market/news/ict-standards-infographic>

An IT standard provides the fundamental *definitions for and structures of* the data that can be communicated electronically across a wide variety of healthcare use cases.

They refer to agreed-upon FILE formats for **electronic documents, messages, and other healthcare related data elements.**

They permit two or more disparate entities to work in some cooperative way to share information in a **secure and seamless way.**

Why are Standards Important for Health & Human Services Industries?

- Need common approach for representing and exchanging health and human services data:
 - » Those who collect it from outside sources
 - » Those who enter it into electronic format
 - » Those who analyze it
 - » Those who verify the findings
 - » Those that communicate the information for interventions (health, public health and services related)

What are Types of IT Standards?

STANDARD TYPE	FUNCTIONS OF STANDARDS	REAL WORLD EXAMPLE
VOCABULARY & TERMINOLOGY	Information is universally understood	Specific words and language used in a letter/package
FORMAT, CONTENT & STRUCTURE	Information is in the appropriate format	Structure and specific type of information in the letter/package
TRANSPORT	Information moves from point A to point B	Method used to move letter/package from one address to another
SECURITY	Information is securely accessed and moved	Sealing the envelope or package
SERVICES	Support the exchange of information	Delivering to intended recipient, finding address, insuring package for delivery

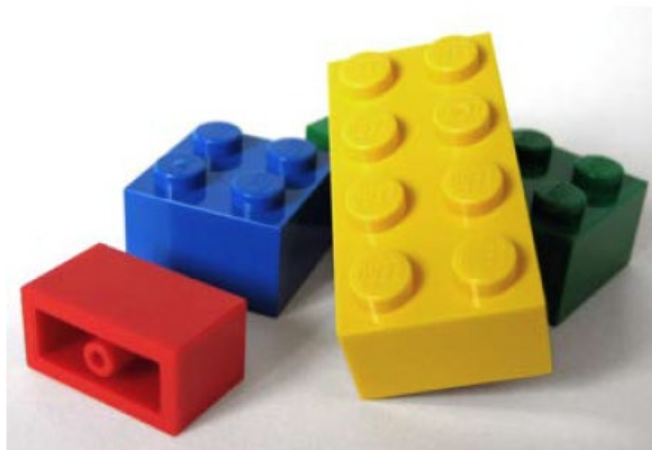


Vocabulary & Terminology Standards

- These are the “words” you choose to use to communicate information so you are clearly understood
- In health & human services, these can be tables of codes that describe things:
 - » Numbers as county codes (FIPS)
 - » Reportable diseases as number codes
 - » ICD-9, ICD-9 CM, ICD-10 codes for underlying cause of death
- These codes are represented as **data element attributes**
- Common code standards include:
 - » LOINC (e.g. code for activities of daily living score is 72095-3)
 - » SNOMED CT (e.g. code for current every day smoker is 449868002)
 - » RxNorm (e.g. code for Ibuprofen is 5640)

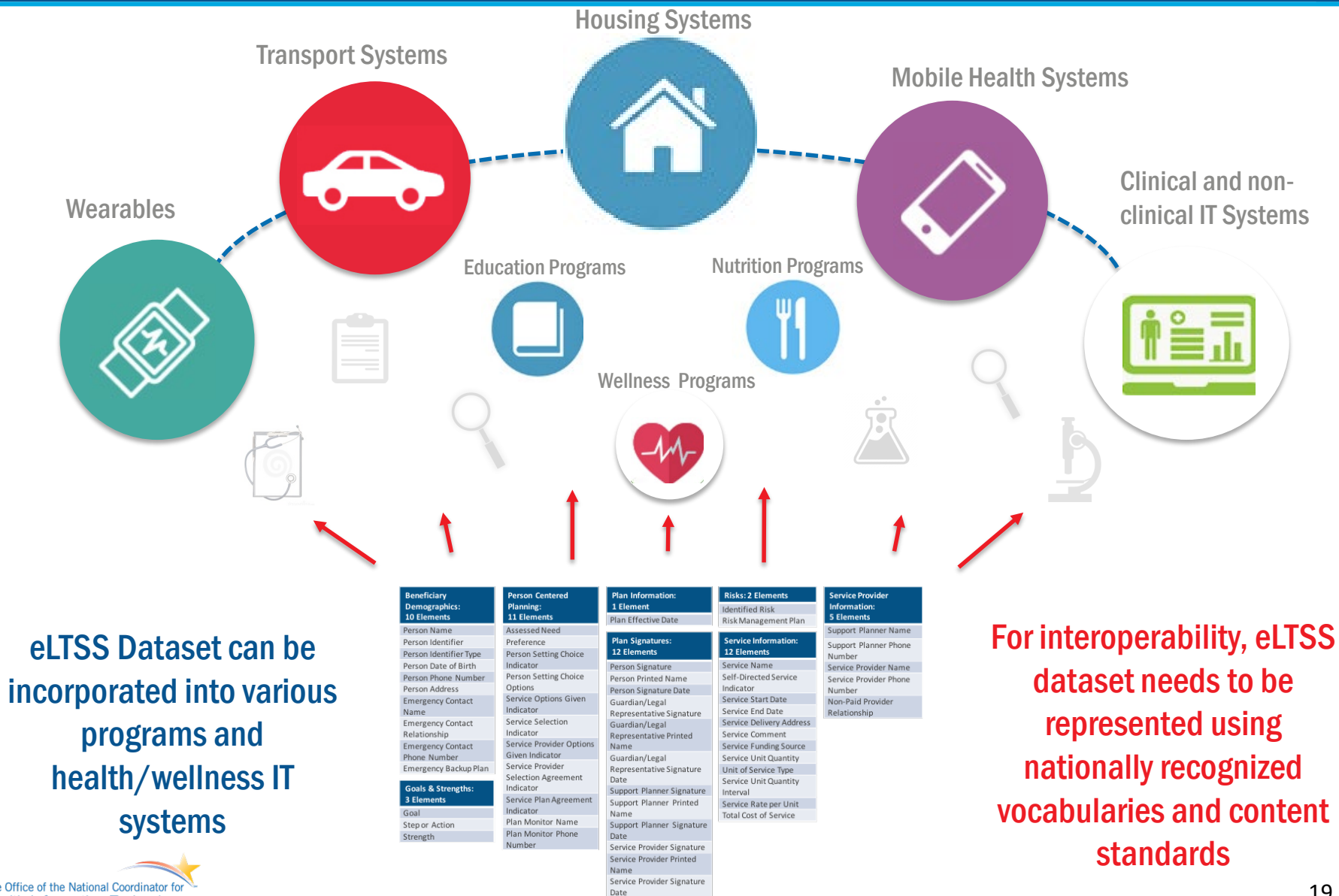
Content Standards

Define the structure of the building blocks which can be used to contain a multitude of data elements that can be captured, stored, accessed, displayed and transmitted electronically for use and reuse in many formats



THE WAY YOU PUT WORDS TOGETHER

Vision for eLTSS Dataset Integration





eLTSS Dataset Standardization

- eLTSS dataset has been “harmonized” so it can be easily understood across “human” end-users
- Next level of harmonization involves standardization so dataset is machine readable and thereby “interoperable” across multiple systems
 - » Need to identify applicable **vocabulary**, **content** and **transport** standards
- A few of **vocabulary standards** exist for eLTSS elements that are commonly collected in clinical systems
 - » E.g. person demographics, goals, preferences
- Most of eLTSS dataset consists of elements that do not have existing vocabulary standard available for machine readability
- **Content standards** such as C-CDA and FHIR will need to be updated if used to support eLTSS dataset exchange

Example: Existing Vocabulary Standards and Gaps

eLTSS Data Element	Definition	Datatype/ Format	Applicable Code Standard
Goal	A statement of a desired result that the person wants to achieve	String/ Free text	LOINC Goals Narrative (61146-7)
			Goals Achievement value set: Goal achieved Goal not achieved Goal not attainable, No progress toward goal
Assessed Need	The clinical and/or community based necessity or desire as identified through an assessment that should be addressed by a service.	String/ Free text	Not available

eLTSS Standardization: Next Steps

- One of the TEFT Grantees, GA, provided supplemental funding to advance the standardization of the eLTSS dataset through HL7
- HL7 will provide guidance on best available standards and revisions needed to update the dataset so it can be included in a standard
 - » For dataset to be incorporated into an electronic LTSS system and be interoperable with other systems, it needs to be formatted using nationally recognized health IT standards
- GA will develop concept whitepaper and reference data model to:
 - » identify existing standards gaps with the eLTSS dataset
 - » describe how eLTSS dataset can be incorporated into existing content standards (C-CDA and FHIR)

Advancing the Interoperability of Social Determinants of Health

ONC Health IT Certification Program Criterion: Social, Psychological, and Behavioral Data

45 CFR 170.315(a)(15): Enable a user to record, change, and access the following patient social, psychological, and behavioral data:

- **(i) Financial resource strain**
- **(ii) Education**
- **(iii) Stress**
- **(iv) Depression**
- **(v) Physical activity**
- **(vi) Alcohol use**
- **(vii) Social connection and isolation**
- **(viii) Exposure to violence (intimate partner violence)**

- **Specifics on Criteria:**
 - » Certification Companion Guide for SDOH provides technical explanations and clarifications to the regulation text and provides links to resources to facilitate adoption:
https://www.healthit.gov/sites/default/files/2015Ed_CCG_a15-Social-psych-behavioral-data.pdf
 - » Test Procedure for SDOH provides information to EHR developers on the testing procedures employed by the Authorized Testing Labs to validate compliance with regulation on SDOH:
https://www.healthit.gov/sites/default/files/170_315a15_social_behavioral_data_v1.1.pdf

Interoperability in Action: Advancing Interoperable Social Determinants of Health (SDOH)

July 25 2017: ONC hosted webinar to discuss current state of interoperability of social determinants of health (SDOH) screening and assessment tools in care delivery. Webinar highlighted:

- efforts and available resources to increase the interoperability of SDOH tools, concepts and data elements
- how health IT can be leveraged to support the use of SDOH in clinical practice and to improve clinical decision support and quality measurement, care coordination, and population health management
- specific “health IT enabled” exemplars (such as Health Leads, Socially Determined, NACHC/AAPCHO/OCHIN and PRAPARE tool)
- content to support future playbook as informed by NLM and Regenstrief Institute

[Access Slides/Recording Here](#)

Interoperability in Action: Advancing Interoperable Social Determinants of Health (SDOH)

Action Day Spotlights:

- **76% of participants** were interested in exchanging social needs data with community based organizations
- Stakeholders such as Social Interventions Research & Evaluation Network (SIREN) working to inventory available codes representing different SDOH domains across screening tools
- NACHC/AAPCHO developing Common Data Model and looking to link social risk assessment data with interventions data and facilitate EHR integration
- Growing research base (OCHIN) on EHR/portal integration to support data collection and referrals to community services to meet social needs; standardizing SDOH data collection and presentation in EHRs could lead to improved patient and population health outcomes
- Considerations for standardization prioritization include: consensus, instrument validity and ease of use, available interventions, business value (program requirements, reimbursement for interventions and outcomes)
- Best Practices for developing terminology and codes when users request additions
- Assessment tools use validated and standardized questions and answers with flexibility in administration

Interoperability in Action: Informing Next Steps

- Call upon various stakeholders to commit to adopting health IT to enable SDOH tools
 - » social determinant assessment tool developers, end users, EHR developers, payers, researchers
- Identification of best practices/best tools for further development
 - » SIREN (<https://sirenetwork.ucsf.edu/tools-resources/metrics-measures-instruments>)
- Identification of available resources to assist the community in health IT enabling these tools
 - » ONC Interoperability Standards Advisory- <https://www.healthit.gov/isa/>
 - » National Library of Medicine
 - Common Data Element Repository- <https://cde.nlm.nih.gov/>
 - Value Set Authority Center (VSAC)- <https://vsac.nlm.nih.gov/>
- Supporting communities with technical assistance and facilitating connections with non-governmental resources to advance progress

ONC and Standards Related /Other Resources for Social, Psychological, and Behavioral Data (SPB)

- ONC Interoperability Standards Advisory: <https://www.healthit.gov/isa/i-s-social-psychological-and-behavioral-data>
- Certification Companion Guide for SDH and Test Procedures provides technical explanations and clarifications to the regulation text and provides links to resources to facilitate adoption:
 - » https://www.healthit.gov/sites/default/files/2015Ed_CCG_a15-Social-psych-behavioral-data.pdf
 - » https://www.healthit.gov/sites/default/files/170_315a15_social_behavioral_data_v1.1.pdf
- ONC's Tech Lab is a platform for ONC's standards and technology work and houses The Interoperability Proving Ground (IPG) <https://www.healthit.gov/techlab/ipg/>
- ONC (via HITPC workgroup) has explored the issues of what health IT policies are needed to support advanced health models' capabilities to address the holistic health of individuals and communities that they serve. See: <https://www.healthit.gov/FACAS/health-it-policy-committee/health-it-policy-committee-recommendations-national-coordinator-health-it> for August 11, 2015 Transmittal Letter
- Advance Health Models Hearing: <https://www.healthit.gov/facas/calendar/2015/06/02/policy-advanced-health-models-and-meaningful-use-workgroup-public-hearing>

How does current eLTSS dataset support SDOH?

Element	Definition	Relevant SDOH
Service Name	<p>Identifies the paid and/or non-paid service provided to a person.</p> <p>Include the code and display name plus any modifiers when a coding system (e.g., Healthcare Common Procedure Coding System (HCPCS), Home Health Revenue Codes) is used.</p>	<p>Services can be identified to address SDOH related needs such as education, behavioral health, physical activity, housing, social connections.</p>
Identified Risk	<p>An aspect of a person's life, behavior, environmental exposure, personal characteristic, or barrier that increases the likelihood of disease, condition, injury to self or others, or interaction with the criminal justice system.</p>	<p>ALL 8 ONC recognized social, psychological, and behavioral data</p>
Non-paid service provider relationship type	<p>The relationship (e.g., spouse, neighbor, guardian, daughter) of the individual providing a non-paid service or support to the person.</p>	<ul style="list-style-type: none"> • Social connection and isolation

How does current eLTSS dataset support SDOH?

Element	Definition	Relevant SDOH
Strengths	A favorable attribute of oneself, his/her support network, environment and/or elements of his/her life as depicted by the person	<ul style="list-style-type: none"> • Education • Physical Activity • Social connection and isolation
Assessed Needs	The clinical and/or community-based necessity or desire as identified through an assessment that should be addressed by a service.	<ul style="list-style-type: none"> • Education • Physical activity • Social connection and isolation
Goal	A statement of a desired result that the person wants to achieve.	<ul style="list-style-type: none"> • Education • Physical activity • Social connection and isolation
Step or Action	A planned measurable step or action that needs to be taken to accomplish a goal identified by the person.	<ul style="list-style-type: none"> • Education • Physical activity • Social connection and isolation

How can eLTSS dataset evolve to further support SDOH?

- Incorporate additional elements into existing eLTSS groupings:
 - » **Beneficiary Demographics:** e.g. education level, language and literacy, enrollment in higher education
 - » **Financial Information:** e.g. financial resource strain, employment, food insecurity, housing instability
 - » **Service Information:** e.g. civic participation, access to services that support independent living, quality of housing,
- Create new grouping to capture:
 - » **Issues and barriers:** Poverty, social cohesion, stress, depression, alcohol use, discrimination, incarceration, crime and violence
 - » **Neighborhood and built environment:** e.g. access to services to support independent living, quality of housing

Federal Partner Discussion

Key Asks:

Opportunities for Broader Federal Partner Engagement

- Are there other Federal Partner Projects focused on use of IT to capture SDOH?
- Which Federal Partners are currently working with SDOs to include HL7, Integrating the Health Enterprise (IHE) International, International Health Terminology Standards Development Organization (IHTSDO) and Regenstrief Institute?
 - » Is there opportunity to collaborate amongst the Federal Partner Projects?

Next Steps for Federal Partner Engagement

- Participate in eLTSS Quarterly Meetings:
 - » Seeking other Federal Partner Project presentations
 - » Next one to be scheduled for **January 2018**
 - » Upcoming Meetings:
 - April 2018
- Identify additional organizations that can contribute to testing and validating of eLTSS dataset

eLTSS Initiative Contacts

- **ONC Leadership**
 - » Ali Massihi (ali.massihi@hhs.gov)
 - » Caroline Coy (caroline.coy@hhs.gov)
 - » Elizabeth Palena-Hall (elizabeth.palenahall@hhs.gov)
- **CMS Leadership**
 - » Kerry Lida (Kerry.Lida@cms.hhs.gov)
- **Federal Partner Leadership**
 - » Shawn Terrell (shawnterrell@acl.hhs.gov)
 - » Caroline Ryan (caroline.ryan@acl.hhs.gov)
 - » Marisa Scala-Foley (marisa.scala-foley@acl.hhs.gov)
- **Initiative Coordinator**
 - » Evelyn Gallego (evelyn.gallego@emiadvisors.net)

Back-Up

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:

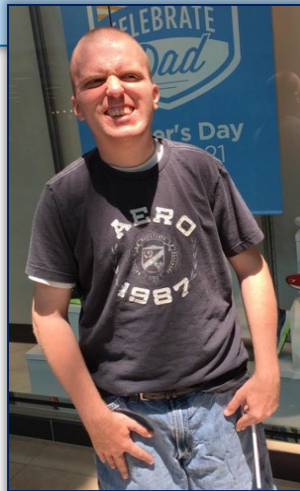
- The setting in which the individual resides is chosen by the individual
- Individual's strengths and preferences
- Clinical and support needs as identified through an assessment of functional need
- Individual's identified goals and designed outcomes
- Services and supports that will assist individual 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

Key Inputs to Person-Centered Plan: Person-Centered Profile

WHAT IS IMPORTANT TO ROBERT

Having a straw to hold
Using my iPad apps
Out and about
Swimming
Music
Healthy food

Looking sharp
Drinking water
Eating out
Church
Family
Recreation, sports
Volunteer, Job



PEOPLE WHO HELP ROBERT BEST

Tell me when I do well
Cheerful and outgoing
Assist me to do things for myself
Help me do what I like to do
Use positive language (not "don't...")
Tell me the plan
Keep my house clean and neat
Communicate and keep my mom in the loop
Minimize waiting for things to happen
Know I may have a seizure
Identify fun activities
Professional
Stay with me
Think ahead
Safe driver
Engage me
Are on time

WHAT PEOPLE LIKE AND ADMIRE ABOUT ROBERT

Say what I want, decisive
Good memory
Like everyone
Handsome and polite
High energy, adventurous
Love my family
Deep thinker
Nice dresser
Mellow
Funny
Like to "chill"

SUPPORTS ROBERT NEEDS TO BE HAPPY, HEALTHY, AND SAFE

Medication on time
Careful in parking lots
Help in bathroom
Seat belt on
Wear ID bracelet
Use bathroom a lot
Call Mom if problem or question(s)
410.733.9539
Deep breaths if agitated
Safe seizures
Suntan lotion
Food cut up
Teeth clean
No balcony use
Nurse Lara: 443.677.7130