Keeping Interoperability Moving While Navigating the Policy Undercurrents

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Optimist or Pessimist?

Which one are you?

1/2 FULL? 1/2 EMPTY?

Advancing Health IT and Interoperability

NASL 26th Annual Meeting
Summary:
LTPAC HIT Road Map Priorities over past 10 Years

<table>
<thead>
<tr>
<th>Priority</th>
<th>Description</th>
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<tbody>
<tr>
<td>Business Imperative and Emerging Care Delivery &amp; Payment Models</td>
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<tr>
<td>Increase Adoption and Use of EHRs/HIT in LTPAC</td>
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<tr>
<td>Advance HIT Standards &amp; Certification</td>
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<tr>
<td>Health Information Exchange and Interoperability</td>
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<tr>
<td>Transition of Care and Care Coordination</td>
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<tr>
<td>E-Prescribing &amp; Medication Management</td>
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<tr>
<td>Quality Measurement &amp; Improvement</td>
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<tr>
<td>Consumer/Caregiver Engagement &amp; Access to Health Information</td>
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LTPAC Health IT Roadmaps available at www.ltpachealthit.org

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Propulsive Themes

• “Making interoperability work ...”
  ▫ Foundations established
  ▫ Momentum building – accelerating leverage

• “Enabling individual and population wellness and well-aging”
  ▫ Expected and unexpected transformations underway

Source: LTPAC Health IT Roadmap Webinar
Enablers

• Standards framework in place ... gaps being filled
• Accelerating quality driven payment reforms
• Affordable technology enabling smarter ecosystem
• Aggressive entrepreneurialism
• “Big data” driven wellness

Source: LTPAC Health IT Roadmap Webinar
Value Differentiator: what LTPAC has to offer

- A unique relationship with the care consumer
  - Extended durations of care/engagement
  - Experience with e-assessments
  - Holistic approaches to goals, quality of life and functional outcomes
  - In community medication management
  - Emerging technologies supporting aging, care and service in-place

ONC Brief: Health Information Technology Use and Value Delivered by the LTPAC Sector, May 1, 2015; Derr, J & LTPAC HIT Collaborative
http://www.ltpachealthit.org/sites/default/files/ONC%20Brief%20LTPAC%20HIT%20Value%20and%20Use_May%201%202015.pdf
Roadmap for Health IT in LTPAC
5th Edition

A Roadmap for Health IT in
Long-Term and
Post-Acute Care (LTPAC)
Fifth Edition, Spring 2015 Release

The Connected Consumer
The Connected Worker
Evolving Business Imperative
Connected Partners
Health and Business Intelligence

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Policy Undercurrents

Reform & Emerging Models

A Post-HITECH World

Regulatory Pressures

Data, Intelligence, & Research

HIT-Competent Workforce
Healthcare Reform and Analysis in HITECH Report to Congress on Ineligible Providers

- Many provisions in the Affordable Care Act
  - Many emerging models dependent on health IT/EHR infrastructure
  - See Report to Congress Appendix I

- Policy-makers have indicated reliance on Healthcare Reform to support health IT needs

Report Available on HHS ASPE Website:
Health Care Reform Initiatives:
Care Coordination, Transition and New Opportunities Emerging

- Accountable Care Models
  - Medicare Shared Savings Program
  - Pioneer ACO Model
- Bundled Payment for Care Improvement
- Independence at Home Demonstration
- Partnership for Patients
- Community-Based Care Transitions
- Initiative to Reduce Avoidable Hospitalizations of Nursing Facility Residents
- State Innovation Models Initiative

- Health Care Innovation Awards
- Medicaid Health Home State Plan Option
- Balancing Incentive Program
- Aging and Disability Resource Center/No Wrong Door System Initiative
- Demonstration Grant for Testing Experience and Functional Tools in C
- Money Follows the Person Rebalancing Demonstration Grants
- Community-Based Long Term Services and Supports

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“No matter who pays for it, we better start doing care in a fundamentally different way and treating the home and the patient and the family member and the caregivers as part of these coordinated care teams and using disruptive technologies that are already here to do care in some pretty fundamental different ways.”

“Take healthcare off the mainframe”

November 2009
New opportunities are emerging in the aging communities if not LTPAC then others will ...
Fast Forward... 2015

“A Senior Living Organization Empowered by Community, Enabled by Innovative Technologies”

Source: 2015 LTPAC Health IT Summit, June 22, 2015. Evangelical Homes of Michigan, CAST Case Study, Denise B. Rabidoux, President/CEO
Expanding the LTPAC Perspective
LTSS and HCBS

- LTSS = Long Term Services & Supports
- HCBS = Home and Community-based Services

Source: ONC Annual Meeting, National Quality Strategy/Long Term Post Acute Care Collaborative, November 18, 2011
TEFT, eLTSS and Plan of Care

- **ONC-CMS partnership**
  - ONC = S&I Framework
  - CMS = TEFT

- **Focused on identifying and harmonizing electronic standards that enable** -
  - The creation, exchange and re-use of interoperable service plans
  - Used by health care and community-based long-term services and supports providers, payers and the individuals they serve
  - To improve the coordination of health and social services that support an individual’s mental and physical health.

http://wiki.siframework.org/electronic+Long-Term+Services+and+Supports+(eLTSS)
eLTSS Plan
Future Sharing Options

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

Source: LTPAC HIT Summit, E-Health in Community-Based Long Term Services and Supports, June 22, 2015

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Post-HITECH World

No

(or Post-HITECH World for LTPAC)
RWJF Report: Health Information Technology in the United States, 2015: Transition to a Post-HITECH World

• Research Policy and Progress
• Community HIE Efforts
• Evaluating HITECH
• Big Data: A Realistic Assessment of its Application to Health Care
• Why Payment Reform & HIT Interoperability Must Follow the Same Innovation Route
• Roadmap for the Future of Health Information Technology Infrastructure
• Coordinator’s Corner

Available at: http://www.rwjf.org/content/dam/farm/reports/reports/2015/rwjf423440
Roadmap for the Future of Health Information Technology Infrastructure

PCAST 2010

JASON Report 2013

ONC JTF 2014
Mostashari: “Oh, the marvels of technology that would have emerged had the government not stepped in. Oh, you should have just waited.’ So, first of all, waited until when? We waited 20 years, right? Waited for what? Second of all, where’s the counterfactual? You know what the counterfactual is? Behavioral health. You know what the counterfactual is? Long-term care. Show me the beautifully innovative technology that’s now easily adopted by long-term care health professionals. It doesn’t exist.”
“...the use of health IT is not in itself an end goal. The work described in this Plan aims to modernize the U.S. health IT infrastructure so that individuals, their providers, and communities can use it to help achieve health and wellness goals.”

Released:
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FEDERAL HEALTH IT PRINCIPLES

- Focus on value
- Be person-centered
- Respect individual preferences
- Build a culture of electronic health information access and use
- Create an environment of continuous learning and improvement
- Encourage innovation and competition
- Be a responsible steward of the country’s money and trust
Aligning Goals

**ONC Health IT Strategic Goals**

- Goal 1: Advance Person-Centered & Self-Managed Health
- Goal 2: Transform Health Care Delivery and Community Health
- Goal 3: Foster Research, Scientific Knowledge, & Innovation
- Goal 4: Enhance Nation’s Health IT Infrastructure

**Roadmap for Health IT in LTPAC**

- The Connected Consumer (and Care Giver)
- The Evolving Business Imperative
- The Connected Worker
- Health and Business Intelligence
- Connected Partners
Significance of Select ONC Certification Rule Proposed Changes

- Modifications to ONC Health IT Certification Program
  - Increase program accessibility and not directly tie to the EHR Incentive program
  - Certification Program more agnostic to care and practice settings
  - Replaced prior rulemaking use of “EHR” and “EHR technology” with “health IT”
Regulatory Pressures
2013 - A Glimpse of What Was Coming...

- HHS will seek to ensure that all new regulations and guidance on existing programs enable a patient’s health information to follow them wherever they access care to support patient-centered care delivery.

- HHS will implement policies that encourage HIE incrementally and could evolve from incentive and reward structures to ultimately considering HIE a standard business practice for providers.

HHS Principles and Strategies for Accelerating Health Information Exchange. (August 2013)

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Health IT Priority Areas in the LTC Regulatory Reform

- Transitions of care (§ 483.15) – proposing a requirement for practitioner assessment prior to transfer
- Quality Assurance and Performance Improvement (QAPI) (§ 483.75)
- Comprehensive Person-Centered Care Planning (§ 483.21)
- Discharge Planning

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities
IMPACT ACT of 2014

IMPACT Act added new section 1899(B) to Title XVIII of the Social Security Act (SSA)

• Post-Acute Care (PAC) providers must report:
  ▫ Standardized assessment data
  ▫ Data on quality measures
  ▫ Data on resource use and other measures
• The data must be standardized and interoperable to allow for the:
  ▫ Exchange of data using common standards and definitions
  ▫ Facilitation of care coordination
  ▫ Improvement of Medicare beneficiary outcomes
• PAC assessment instruments must be modified to:
  ▫ Enable the submission of standardized data
  ▫ Compare data across all applicable providers

Keeping in Mind, the Ideal State

- Providers transmit electronic and interoperable Documents and Data Elements
- Provides convergence in language/terminology
- Data Elements used are clinically relevant
- Care is coordinated using meaningful information that is spoken and understood by all
- Measures can evaluate quality across settings and evaluate intermittent and long term outcomes
- Measures and data can follow the person
- Incorporates needs beyond the “traditional” healthcare system


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CMS Data Element Library

Data Element Standardization Vision

Standardized, interoperable, reusable EHR data: supports CMS & multiple other users' needs

Sources: LTPAC HIT Summit: IMPACT Act: A Strategic Approach for Enabling LTPAC HIT and Interoperability, CMS Panel, June 22, 2015

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• MU currently uses the HL7 Consolidated Clinical Document Architecture standard to exchange documents.
• CCDA Documents include: Care Plan, Transfer Summary, Consultation Note, Referral

Assessment Data Element Re-Use

MDS3.0 Human-readable form

Section B
Hearing, Speech, and Vision

B0100. Comatose
0. Persistent vegetative state/no discernible consciousness
1. Yes → Continue to G020, Hearing
2. No → Continue to G020, Hearing
3. Skip to G010, Activities of Daily Living (ADL) Assistance

B0200. Hearing
0. Adequate - difficulty in normal conversation, social interaction, listening to TV
1. Minimal difficulty - difficulty in some environments (e.g., when person speaks softly or settles
2. Moderate difficulty - speaker has to increase volume and speak distinctly
3. High impairments - absence of useful hearing

B0300. Hearing Aid
0. No
1. Yes

B0600. Speech Clarity
0. Select best description of speech pattern
1. Clear speech - distinct intelligible words
2. Unclear speech - slurred or mumbled words
3. No speech - absence of spoken words

MDS3.0 CMS file (XML)

Translated to CCD (XML)

Human-Readable (HIE Viewer)

Functional Status Assessment

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech clarity</td>
<td>Clear speech - distinct intelligible words</td>
</tr>
<tr>
<td>Makes self understood</td>
<td>does make self understood (finding)</td>
</tr>
</tbody>
</table>

### Long-Term Care Clinical Summary (MDS ex)

#### History of encounters

<table>
<thead>
<tr>
<th>Type of provider:</th>
<th>Nursing home (SNF/NF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry/discharge reporting:</td>
<td>Discharge assessment - return not anticipated</td>
</tr>
<tr>
<td>Type of entry:</td>
<td>Admission</td>
</tr>
</tbody>
</table>

#### Functional Status Section

| Bed mobility: self-performance: | Extensive assistance - resident involved in activity, staff provide weight-bearing support |
| Transfer: self-performance: | Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance |
| Locomotion on unit: self-performance: | Extensive assistance - resident involved in activity, staff provide weight-bearing support |
| Eating: self-performance: | Supervision - oversight, encouragement or cueing |
| Toilet use: self-performance: | Extensive assistance - resident involved in activity, staff provide weight-bearing support |
| Urinary continence: | Always continent |
| Bowel continence: | Always continent |
| BIMS res interview: summary score: | 15 |
| PHQ res: total mood severity score: | 02 |
| Psychosis: hallucinations: | no. |
| Psychosis: delusions: | no. |
| Appliances: indwelling catheter: | no. |
| Appliances: external catheter: | no. |
| Appliances: ostomy: | no. |
| Appliances: intermittent catheterization: | no. |
| Height (in inches): | 62 |

Data, Intelligence & Research
“And so, now is a time for us to figure out how we have a sustainable model that treats data more like a utility... a public good so that it’s available and we can take it for granted, meaning the movement of data and the other policy framework, like our roads and our power grid.”

Dr. Karen DeSalvo, National Coordinator for Health IT

Where we need to be ...

- Embrace Quantified Health Movement
- Meaningful and harmonized quality measures (with related standards)
- Use health and business intelligence to improve:
  - Care coordination/care pathways,
  - Quality outcomes,
  - Financial management across spectrum
  - Support the emergence of extended care teams, emerging care delivery/payment models
- Transform the worker, their workflow processes, and the organization
- Accept responsibility for information stewardship and governance
- Using health intelligence to transform population health by linking patterns, analytics, disease study, and outcomes for aging patients served by LTPAC.
- Leverage research and innovation
The Changing Landscape: Quality Measures to eQuality Measures

- Assessment-based e-Quality Measures vs. EHR based Quality Measures

Information Governance and Principles for Healthcare

- We live in an information age
- Many industries have recognized the need to control their information
  - Healthcare is dependent on trusted health information
  - Technological advances are enabling creation, capture, and retention of more data and information, from more sources.

- Principles:
  - Accountability
  - Transparency
  - Integrity
  - Protection
  - Compliance
  - Availability
  - Retention
  - Disposition

Sources: [http://www.ahima.org/infogov](http://www.ahima.org/infogov)
Health IT Workforce
What does LTPAC need?
Economic Study on Importance of Workforce Report to Congress Ineligible Providers

Most common positions for which employers are recruiting in the health IT space relate to:

- information management,
- clinical informatics, and
- information technology support (e.g., equipment, development/programming, and software support).

Top 10 Areas with IT Hires in the Past Year by Healthcare Provider Organizations

- Clinical Application Support: 64% (2014), 51% (2013)
- Help Desk: 57% (2014), 51% (2013)
- IT Management: 45% (2014), 29% (2013)
- Project Management: 35% (2014), 21% (2013)
- IT Security: 34% (2014), 22% (2013)
- Clinical Informaticist/Clinical Champion: 29% (2014), 19% (2013)
- Process/Workflow Design: 20% (2014), 8% (2013)

Top 10 Areas for Planned IT Hires in the Next Year by Healthcare Provider Organizations

- Clinical Application Support: 58% (2014), 34% (2013)
- Help Desk: 34% (2014), 23% (2013)
- IT Management: 32% (2014), 10% (2013)
- Project Management: 27% (2014), 13% (2013)
- Clinical Informaticist/Clinical Champion: 21% (2014), 14% (2013)
- Systems Integration: 17% (2014), 8% (2013)
- Database Administration: 17% (2014), 7% (2013)

Source: http://www.himssanalytics.org/research/AssetDetail.aspx?pubid=82173&tid=128
Identifying Competencies & Roles in LTPAC: Migration to Health Information Roles

UK Health Informatics Career Framework

http://hicareers.com/CareerMap/

https://www.hicf.org.uk/
Summary of Resources

- LTPAC Health IT Roadmaps available at [www.ltpachealthit.org](http://www.ltpachealthit.org)
- Source: LTPAC Health IT Roadmap Webinar (June 2015)
Summary of Resources

- RWJF Report: Health Information Technology in the United States, 2015: Transition to a Post-HITECH World [http://www.rwjf.org/content/dam/farm/reports/reports/2015/rwjf423440](http://www.rwjf.org/content/dam/farm/reports/reports/2015/rwjf423440)
- PCAST 2010 [https://www.whitehouse.gov/sites/default/files/microsites/ostp/pcast-health-it-report.pdf](https://www.whitehouse.gov/sites/default/files/microsites/ostp/pcast-health-it-report.pdf)
- A Robust Health Data Infrastructure (JASON) [https://www.healthit.gov/sites/default/files/ptp13-700hhs_white.pdf](https://www.healthit.gov/sites/default/files/ptp13-700hhs_white.pdf)
- AHIMA Information Governance, [http://www.ahima.org/infogov](http://www.ahima.org/infogov)
- AHIMA Health Information Career Map, [http://hicareers.com/CareerMap](http://hicareers.com/CareerMap)
- United Kingdom Health Informatics Career Framework, [https://www.hicf.org.uk/](https://www.hicf.org.uk/)
Discussion Questions

- Are there immediate activities that could/should be undertaken today to advance interoperability (involving LTPAC)?

- Where can LTPAC take the lead?
Thank You

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