



NEW TOOLS FOR COORDINATING HEALTH CARE AND LONG-TERM SERVICES AND SUPPORTS

**National HCBS Conference
September 1, 2016**

SESSION OBJECTIVES

- What makes the TEFT Demonstration an innovative approach to HCBS delivery?
- How can your state, agency, or organization adopt health IT initiatives related to information exchange or engagement to improve HCBS delivery?



PARTICIPATING TODAY

- Barbara Holt
- Cindy Gruman
- Cara Campbell
- Kathleen Tucker

- Greg Linden
- Tom Gossett

- Linda Aldoory



AGENDA

- CMS Testing Experience and Functional Tools (TEFT) program background
- TEFT eLTSS Plan experience
- Health literacy and PHRs
- TEFT PHR experience



CMS' OVERVIEW OF TEFT

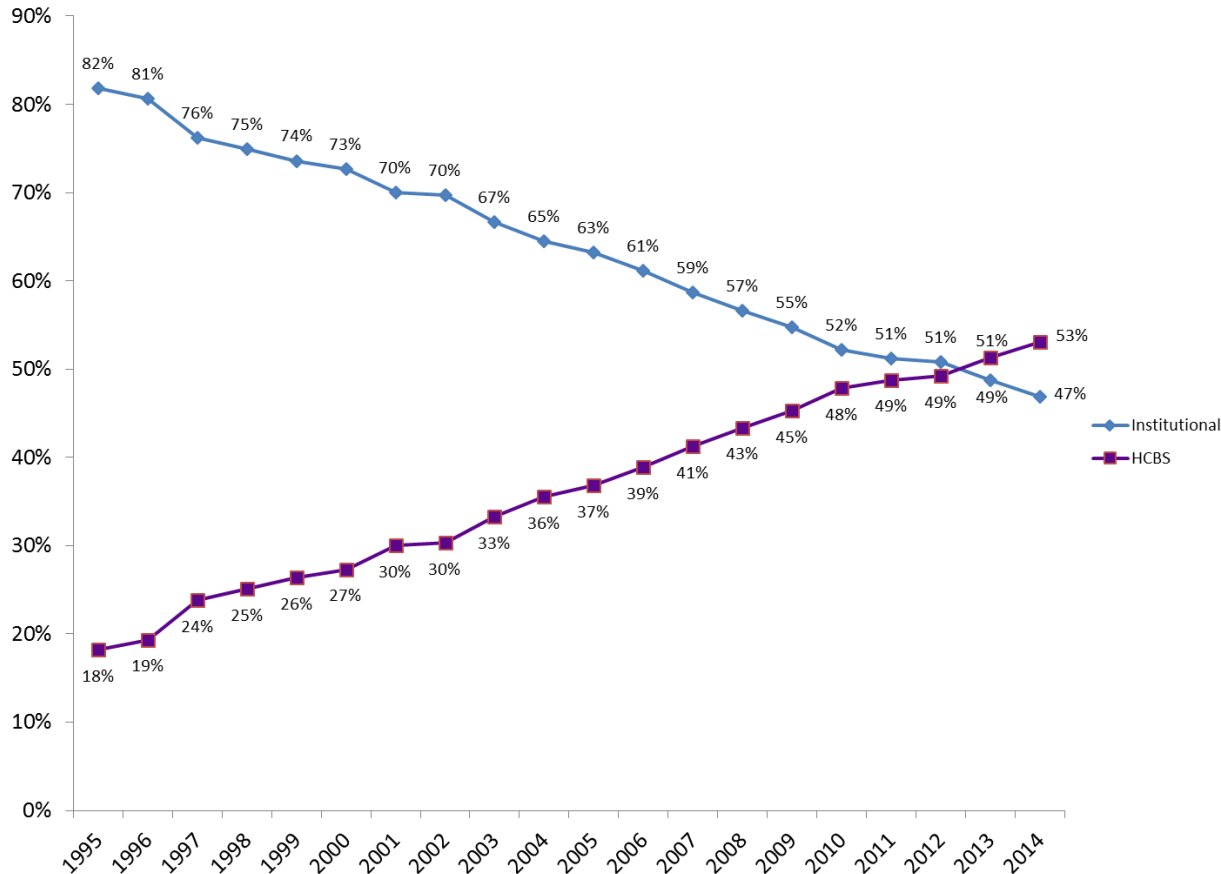
Barbara Holt, Ph.D.

*Division of Community Systems Transformation,
Disabled & Elderly Health Programs Group,
Centers for Medicare & Medicaid Services*



LTSS Spending for HCBS Increases, Prompting New Quality and Health IT Tools through TEFT

LTSS - Institutional & Home and Community Based Services (Total Medicaid \$471 B)



Source: Medicaid Expenditures for Long-Term Services and Supports in FFY 2014 (Available at Medicaid.gov)



TEFT Program Background

- Introduced in Affordable Care Act Section 2701
- Requirement for HHS to identify and publish initial core set of adult quality measures for adults eligible for Medicaid
- In response, CMS established TEFT as a Medicaid community-based long-term services and supports (CB-LTSS) Planning and Demonstration Grant Program
- CMS is working with six states to review and pilot systems that give beneficiaries access to personal health and LTSS information, and that support service delivery decision-making

TEFT Components

1. Experience of Care Survey
 - Field test a beneficiary experience survey within multiple CB-LTSS programs for validity and reliability
2. Functional Assessment and Standardized Items
 - Field test a modified set of functional assessment measures for use with beneficiaries of CB-LTSS programs
3. Personal Health Record
 - Demonstrate use of Personal Health Record (PHR) systems with beneficiaries of CB-LTSS
4. eLTSS Plan
 - Identify, evaluate and harmonize an electronic Long-Term Services and Supports (eLTSS) plan in conjunction with the Office of the National Coordinator's Standards and Interoperability Framework

What Did States Set Out to Accomplish?

- Awarded by CMS in March 2014
- 8 states currently active

Focus today on health IT

State*	Experience of Care Survey	Functional Assessment Standardized Items	Personal Health Record	eLTSS Plan
Arizona	✓	✓		
Colorado	✓	✓	✓	✓
Connecticut	✓	✓	✓	✓
Georgia	✓	✓	✓	✓
Kentucky	✓	✓	✓	✓
Maryland	✓		✓	✓
Minnesota	✓	✓	✓	✓
New Hampshire	✓			

*Louisiana field tested Experience of Care Survey in Round 1

INTRODUCING THE ELTSS PLAN PILOTS

Cara Campbell

The Lewin Group



TEFT Stakeholders

- TEFT state teams work with HCBS waiver populations
 - Older Adults
 - Individuals with Intellectual and Developmental Disabilities
 - Individuals with Traumatic Brain Injuries
 - Individuals with Physical Disabilities
 - Individuals with Serious Mental Illness
- State agencies
- Care/case managers
- HCBS and other community providers
- ADRC/AAAs



TEFT and other state initiatives

- TEFT is part of the state's larger information exchange efforts (e.g., MMIS, HIE, BIP, other LTSS IT systems)
- General HCBS waiver processes are similar in TEFT states
- TEFT will impact information exchange for providers and consumers
- Combined with other initiatives, TEFT will transform the paper-based HCBS system to increase electronic information exchange



Areas of innovation in the eLTSS plan

- The coordination of HCBS information exchange between an individual's providers
 - Transition from largely paper-based to electronic information collection
 - Capture consistent information
 - Interoperability between typically disparate providers
- Two focus areas
 - Create the eLTSS plan
 - Standardize the transmission of the eLTSS plan

TEFT ELTSS PLAN: MINNESOTA

Greg Linden, Stratis Health



THE ELTSS PROJECT

- Identify, evaluate and test an electronic Long Term Services and Supports (e-LTSS) standard with the Office of National Coordinator (ONC)

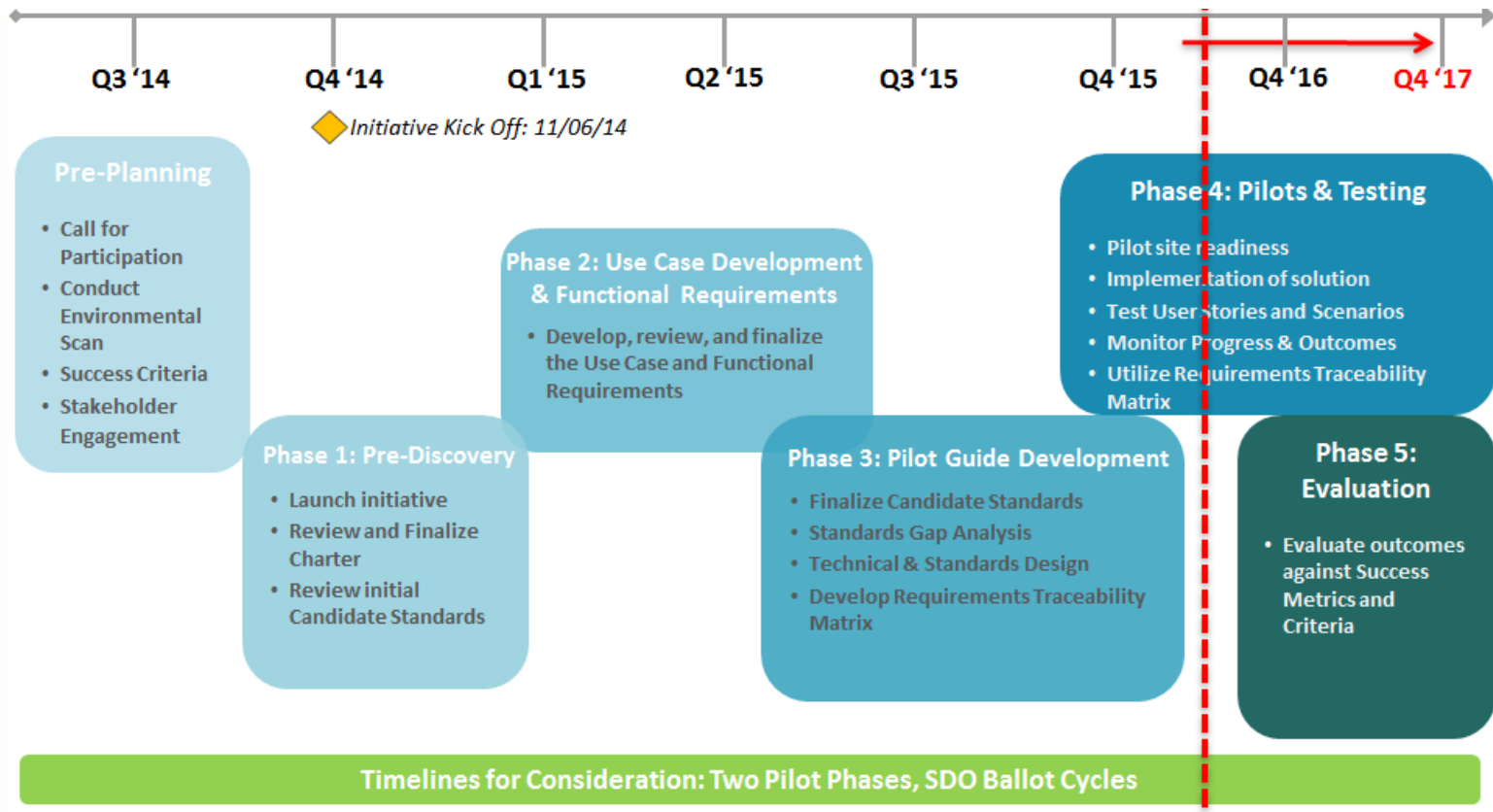


ONC ELTSS PROJECT CHARTER

- With its origins in the 2010 ACA, DHHS directed CMS to issue TEFT grants to, among other things, “Identify and harmonize electronic LTSS (e-LTSS) standards.”
- **Scope statement:**
 - To identify, evaluate and harmonize standards needed for the creation, exchange and re-use of:
 - (i) key domains and associated data elements of CB-LTSS person-centered planning, assessment and services; and
 - (ii) interoperable, accessible person-centered service plans for use by providers and beneficiaries, accountable entities and payers.



ELTSS INITIATIVE ROADMAP

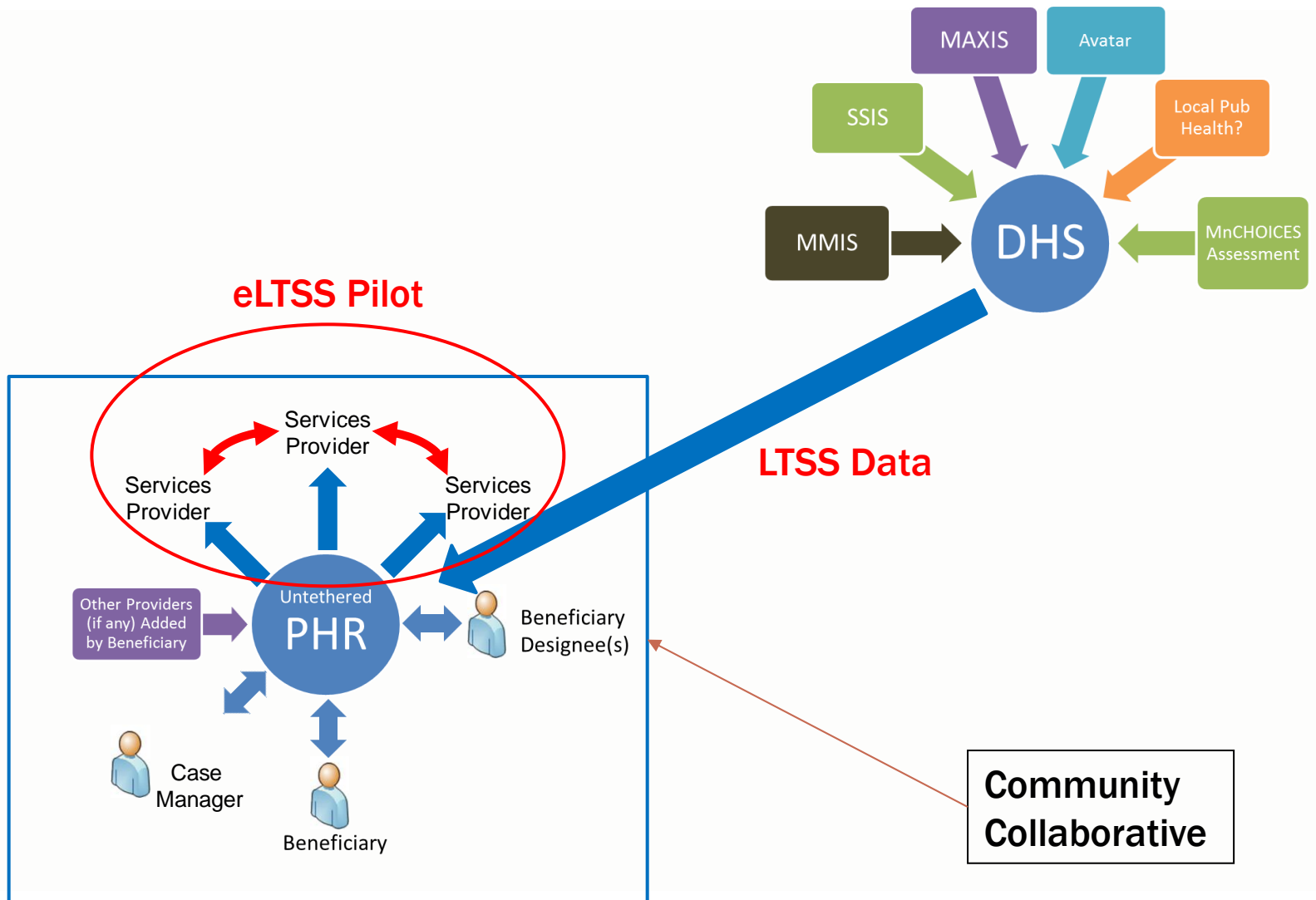


INTERSECTION OF PHR AND ELTSS

- **The PHR Pilot and the eLTSS Pilot are related... to what degree remains to be discovered through our work together!**
 - **LTSS data will be shared from DHS to Beneficiaries/caregivers, Case Managers and possibly other Providers through the PHR selected**
 - **Providers in the selected Community Collaborative will explore sharing LTSS data among each other through the eLTSS Pilot**



TEFT COMPONENT INTERSECTION



ELTSS PILOT ELEMENTS

EXAMPLE ELTSS DOMAINS

- **Person Information**
 - e.g. Work (Income), Residence (Assistive Equipment), etc.
- **Health, Wellness and Rights**
 - e.g. Health (Primary Care Provider), Safety (Feeling Safe), etc.
- **Service Planning and Coordination**
 - e.g. Service Information (Current Residence), etc.
- **Family and Caregiver Information**
 - e.g. Family Information (Lives with Family), etc.
- **Cross-Cutting Sub-Domains**
 - e.g. Goals (Goals Narrative), Priorities (Preferences)



ELTSS DATASET SUGGESTION EXAMPLE

eLTSS Dataset Suggestions						
Domain	Subdomain	Coded Element	Answer Type	Vocabulary	Additional Notes	Exemplar Question
Person Information	Work	Employment status	Select from List	LOINC		Employment Status
Person Information	Work		Y/N			If Not Employed, Would you like to be employed? (ISSUE/GOAL)
Person Information	Work	Employment Benefits Indicator	Y/N	NCI caDSR		Do you receive sick leave?
Person Information	Work	Length of time in job	Free Text	SNOMED CT		Number of Months Employed
Person Information	Work	Income paid weekly Income paid monthly	Free Text	SNOMED CT		Wages (Weekly/Biweekly/Monthly)
Person Information	Work	Work hours per week	Free Text	LOINC		Number of Hours Worked (Weekly)
Person Information	Work		Free Text			Number of Hours Worked (Biweekly)
Person Information	Work		Free Text			Number of Hours Worked (Monthly)
Person Information	Work		Y/N			Do you earn at or above state minimum wage?
Person Information	Work	Voluntary worker	Y/N	SNOMED CT		Do you participate in volunteer work?
Person Information	Work		Y/N			Do you attend day program?
Person Information	Residence	Person Residence Ownership Demographics Status Housing ownership and tenure - finding	Select from List	NCI caDSR SNOMED CT		Living Situation (Own/Rent/Stay with Family)
Person Information	Residence	Person Shared Residence Type Household composition - finding	Select from List	NCI caDSR SNOMED CT		Who do you live with?
Person Information	Residence		Y/N			Do you have home or environmental modifications?
Person Information	Residence	Access modification	Select from List	SNOMED CT		What are your home modifications?
Person Information	Residence	Access modification	Select from List	SNOMED CT		What home modifications are required?
Person Information	Residence		Y/N			Do you have home equipment and supplies?
Person Information	Residence	Aids or devices usually used for dressing and grooming, arising, eating, AndOr walking	Select from List	LOINC LOINC		What are your home equipment and supplies?
Person Information	Residence	Mobility Devices and Aids Needed Device	Select from List	LOINC SNOMED CT		What home equipment and supplies are required?
Person Information	Residence	Assistive equipment	Select from List	SNOMED CT		Assistive Technology

ELTSS PILOT PROJECT

WE HAVE GREAT PARTICIPANTS!



Minnesota Department of **Human Services**

INTERESTED AND ENTHUSIASTIC

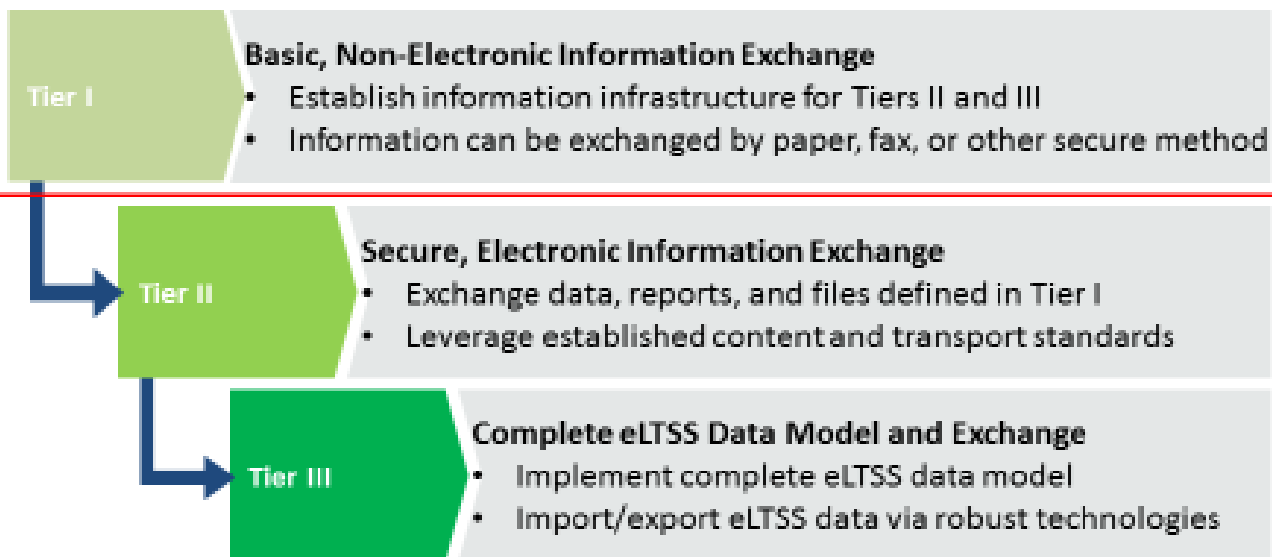
- They are very interested and enthusiastic
 - Most of that is due to who they are as a community
 - We selected their community because they were “all in” for eHealth
- We went through all the participating organizations and settings last week
 - Bottom line: we’re collecting data from 10 organizations and 18 settings!
- They have “day jobs”
- They are busy providing services to people/beneficiaries
- Objective has been to provide concrete, tangible and well-defined data collection requests and tools



THREE-TIER PILOT APPROACH

- Purpose: Define incremental tiers for eLTSS pilot implementation
 - Will allow states to reach attainable milestones during Piloting Phases
 - Keep states on track in meeting TEFT Grant requirements

* Minimum requirements for TEFT round 1 Pilots



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PILOT PROJECT PLAN ELEMENTS

Tier I/Level I

1. Work plan development
2. Develop eLTSS training – what is this initiative all about
3. Work with the selected Community Collaborative leadership to present Pilot goals and structure; solicit interested parties
4. Develop engagement model and data collection tools (paper, spreadsheet... nothing fancy)
5. Deliver eLTSS training Pilot program plan to participating Providers; share eLTSS data model; assign homework
6. Schedule “Provider Check-In Calls” to review completed homework that identifies useful eLTSS data element (desired state)
7. During calls, complete use case/data sharing matrix (partner-based send/receive matrix)
8. During calls, work with staff to assess eLTSS data readiness of their HIT systems (current state)
9. After all planning is complete, convene the participating providers; share use cases; plan exchange strategy
10. Develop an plan that might be paper, fax or secure PDF exchange between providers
11. Develop proposed success metrics and attributes; how will we measure the value?
12. Level I Closeout Review



PILOT PROJECT PLAN ELEMENTS (CONT.)

Tier I/Level II

13. Providers develop required report objects; review with Pilot Team
14. Establish provider-specific exchange plans and milestones; communicate w/providers; staff education and workflow
15. Initiate Exchange Plan monitoring and mentoring (weekly by phone at first; bi-weekly later)
16. Capture feedback on benefits, value (both realized and missing), barriers, key learnings as the pilot rolls
17. Convene Pilot Team mid-point reviews; adjust pilot as necessary
18. Level II Closeout Review

Tier II/Level III

19. Opportunistically use Direct as a transport mechanism; capture workflow impact and learnings
20. Level III Closeout Review



DATA-DRIVEN DISCOVERY

- Our participants are **EXPERTS** at defining and delivering CB-LTSS services
- They **LIVE** with their data – they know it and depend upon it
- Best way to get in the game was to dive into the data **FIRST...**
 - They're on solid ground regarding their data
 - This will help build awareness of our larger objectives as they sift through the data
- Going right for the data elements **FIRST** allows us to see what sub-domains (and Domains) were important to them by what was selected



ONC SUGGESTED DATA ELEMENTS

D8 : ✕ ✓ fx {Setting 1, e.g. SNF}

1	eLTSS Pilot Dataset Suggestions																															
2	Rev: 12/20/15 12:50																															
4	Your organization name: <input type="text"/>																															
7	<table border="1"> <thead> <tr> <th>Provider Data Legend:</th> <th>Code</th> <th>Code Description</th> <th>Setting Description</th> </tr> </thead> <tbody> <tr> <td></td> <td>1</td> <td>In EHR/HIT/Data System</td> <td>{Setting 1, e.g. SNF}</td> </tr> <tr> <td></td> <td>2</td> <td>On paper, NOT in Data System</td> <td>{Setting 1, e.g. SNF}</td> </tr> <tr> <td></td> <td>3</td> <td>In EHR/HIT/Data System</td> <td>{Setting 2, e.g. Hospice}</td> </tr> <tr> <td></td> <td>4</td> <td>On paper, NOT Data System</td> <td>{Setting 2, e.g. Hospice}</td> </tr> <tr> <td></td> <td colspan="3">etc. {add more codes for additional settings}</td> </tr> </tbody> </table>								Provider Data Legend:	Code	Code Description	Setting Description		1	In EHR/HIT/Data System	{Setting 1, e.g. SNF}		2	On paper, NOT in Data System	{Setting 1, e.g. SNF}		3	In EHR/HIT/Data System	{Setting 2, e.g. Hospice}		4	On paper, NOT Data System	{Setting 2, e.g. Hospice}		etc. {add more codes for additional settings}		
Provider Data Legend:	Code	Code Description	Setting Description																													
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17	Domain	Subdomain	Coded Element	Provider Data	Answer Type	Vocabulary	Additional Not	Exemplar Question																								
18	Person Information	Work	Employment status	1 (example)	Select from List	LOINC		Employment Status																								
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23	Person Information	Work	Work hours per week		Free Text	LOINC		Number of Hours Worked (Weekly)																								
24	Person Information	Work			Free Text			Number of Hours Worked (Biweekly)																								

Dataset Suggestions

READY 100%

MISSING DATA ELEMENTS

272	258	Cross-Cutting Sub-domains	Issues							N/A	
	259	Cross-Cutting Sub-domains	Interventions (Technology)	Procedure / Intervention					SNOMED CT 362956003	2015 NPRM	N/A
273											
274											
275	Dataset Coding 2 - Missing Data Elements										
276											
277	Enter data elements that you work with but are not in the table above.										
278											
279	Do your best to fill in Domain and Subdomain from the choices above. Describe the Data Element succinctly; Use Additional Notes to further describe it. Enter Data Code(s).										
280											
281		Provider Data Legend:	Data Code	Code Description	Setting Description						
282			1	In PCC	Skilled Nursing Facility						
283			2	On paper, NOT in PCC	Skilled Nursing Facility						
284			3	In PCC	Assisted Living						
285			4	On paper, NOT in PCC	Assisted Living						
286											
287											
288	ID	Domain	Subdomain	Data Element Description	Data Code					Additional Notes	
289	1										
290	2										
291	3										
292	4										
293	5										

Note minimum-required fields



MINNESOTA PLAN ELEMENTS

Dataset Coding 3 - Minnesota LTSS Data Elements not found in the ONC Dataset Suggestions

The table below represents an analysis of the fields contained in the Minnesota Community Support Plan (CSP), the Minnesota Coordinated Services and Support Plan (CSSP), and the Minnesota MnCHOICES Assessment.

As you did with the first Dataset Coding exercise, identify all the data elements you need/work with for each setting in your organization by using one or more codes below in the Data Code column.

Provider Data Legend:	Data Code	Code Description	Setting Description
	1	In EHR/HIT/Data System	Skilled Nursing Facility - PCC
	2	On paper, NOT Data System	Skilled Nursing Facility
	3	In EHR/HIT/Data System	Assisted Living Facility - PCC
	4	On paper, NOT Data System	Assisted Living Facility
	5	In EHR/HIT/Data System	

NOTE: In the MN CSP/CSSP, 152 fields have a corresponding field in the current eLTSS Standard Exemplar dataset. A large number of fields are duplicated multiple times in the CSP/CSSP (see "Repeated Field?" value). 145 fields in the CSP/CSSP do not appear to have

ID	MN LTSS Source	Subdomain	Data Element Description	Data Code	Item #	Field Type	Repeated Field?	Additional Notes
1	CSP	Assessment Info	Assessment ID		011	Text	N	
2	CSP		Assessment Date		012	Date	N	
3	CSP		New/Reassessment		013	Text	N	
4	CSP		Level of Care		014	Text	N	List the Level of Care the person meets in order to qualify for a program or service included in this plan. If no level of care, list NONE.
5	CSP		Case Mix		015	Text	N	
6	CSP		Home Care Rating		016	Text	N	



DATA INVENTORY COMPLETE

- Everyone had evaluated data elements in three categories:
 - The ONC Dataset Suggestions
 - Minnesota LTSS Data Elements
 - Missing Data Elements
- Data elements that are used were coded as:
 - Electronic – currently being used and available in an electronic system
 - Paper – the data element is currently being used on paper
 - Future – while not used today, the Provider can see a need for this data element in the future
- 27 columns by 457 rows (12,339 cells) of data and information!



DATA EXCHANGE MAP EXERCISE

- Each member of the collaborative looked at all the other member's data that was available electronically and indicated what elements they would like to receive



OUR ELTSS PILOT STANDARD!

- The data elements receiving 90% of the “Receive” votes are part of our Pilot’s eLTSS data sharing standard
- This comprises about 122 of the most important data elements
- We need to recognized that:
 - There are many other important data elements that should be part of our eLTSS standard some day
 - There are many data elements we’d want to have in our Standard even right now...
 - But our mission for this Pilot is to try to do data sharing... now. So this is the dataset standard we’ll work with for the Pilot data exchange phase



REPORT WRITING

- In May, providers began report writing activities to pull as many of the 122 data elements out of their information systems as possible
- The goal is to produce a report that can be turned into a PDF, which can then be shared securely between providers
- After the reports are ready, they will serve as our “OTC eLTSS Data Sheets”
- A “Prototype” form was shared with all of the Providers and EHR/HIT system vendors as a model to work towards



OTC eLTSS Pilot Data Sheet



Source Organization: PAI

Report Creation Date/Time: 2016-08-15 9:07:35 AM

Beneficiary Information

Prefix:	Address Line 1:
First Name:	Address Line 2:
Middle Name:	Address City:
Last Name:	Address State:
Suffix:	Address ZIP Code:
Date of Birth:	Home Telephone:
Marital/relationship status:	Mobile Telephone:
Gender:	Individual Identifier/MRN:

Contact Information

Family Member Name:	Physician/Health Care Provider Phone #:
Relationship to Family Member:	Hospital Name:
Parent/Guardian Phone Number:	Hospital Phone Number:
Emergency Contact Relationship:	Other Contact Information:
Emergency Contact Phone Number:	

Race/Ethnicity/Languages/Education

Key contact name (for unforeseen events):	Race:
Relationship:	Ethnicity:
Phone Number:	Preferred Language:
Key contact name (emergency health events):	Language(s) spoken:
Relationship:	Do you have a language(s) barrier?:
Phone number:	Highest education level attained:

Information and Planning

Advance directives panel:

Residence

Members in residence (who do you live with?):	Home equipment/supplies (mobility, devices):
Home or environmental modifications:	Assistive Technology:

Community Inclusion

Community Involvement (org memberships?):	Social connection and isolation panel:
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Self-Direction

Type of primary caregiver assistance:
Fiscal intermediary role and involvement:

Health

Active disease diagnosis:	Fall history on admission:
Active immunization:	Are you currently pregnant?:
Plan of treatment (narrative):	Feeding problems?:
Primary Care Provider:	Allergies:
Dental exam in last year?:	Laboratory Test results:
Auditory exam in last year?:	Radiology Test results:
Vision exam in last year?:	Procedure Name:
If female, mammogram in past two years?:	Procedure Date:
Physical exam in past year?:	Functional Limitations:
Flu vaccine in past year?:	Cognitive function / status:

Medications

Medication Indication:	Medication for mood?:
Medication Types:	Medication for anxiety?:
Medication Generic Name and Code:	Medication for behavior problems?:
Medication Brand Name:	Medication for psychotic disorders?:
Medication Dosages:	Medication Allergies:
Medication Dose Units:	Medication administered by?:
Medication Frequencies:	Medication management support needed?:

ADLs/IADLs

Toilet Use:	Dressing:
Mobility in the Home:	Transferring:
Mobility in the Community:	Eating (feeding or eating):
Telephone Use (current ability):	Meal Preparation (current ability):
Bathing:	Positioning:
Grooming (current ability):	Laundry:
Bowel Continence:	Using Transportation (current ability):
Bladder Continence:	Housework and Basic Home Maintenance:

Safety

Do you feel safe?:

Wellness

Tobacco smoking status:	Alcohol use status:
Unprescribed or illegal drug use status:	Dietary finding (special diet?):

Psychological Well-Being

Attend counseling to improve mental health?:

Service Information

Current residence (do you live in a facility?):	Plan start date:
Care setting Facility [NHCS] (if "Y" above):	Plan end date:

Health Related/Medical

Clinical monitoring:	Vision:
ER visits:	Communication:
Hearing:	

Cognitive and Behavior Supports

Behavior:

Multiple Funding Sources Domains

Private insurance/health plan:	Medical Assistance (MA) Managed Care:
Long-term care insurance:	Medical Assistance (MA) Fee for Service:
Medicare:	Minnesota Care (MnCare):
Private pay/out of pocket:	Medicaid State Plan:
Veterans Affairs (VA):	Payer:

NEXT STEPS

- **After understanding workflow and process implications, providers can begin securely sharing the OTC eLTSS Data Sheets**
 - **The community HIE is the likely secure exchange mechanism**
 - **However, most of the providers in the Collaborative also have subscriptions to a Direct HIESP as well**
- **The ONC has recently released the “harmonized” set of candidate data elements**
 - **Our Collaborative will evaluate these data elements against our existing standard and incorporate them as appropriate**



SUMMARY

- **The Collaborative has been a really engaged and enthusiastic set of organizations**
- **A lot of hard, detailed work has been done through six months of effort**
- **We are moving into our next phase, which is secure exchange of our standard data elements**
 - **We will validate the value of these data being exchanged**
 - **We will learn about the implications and challenges of exchanging these data securely**
- **We will continue to deliver value to the ONC eLTSS effort**



INTRODUCING THE HCBS PHR DEMONSTRATION

Kathleen Tucker

The Lewin Group



Key activities supporting TEFT's PHR demonstration

- The integration of medical and social service information delivery to the individual via a PHR

PHR Planning

- PHR environmental scans and review of state information systems
- Stakeholder engagement and design planning to identify features and functions for the PHR
- Procurement and requirements gathering for PHR configuration

PHR Implementation

- User acceptance testing and user and stakeholder training
- Phased releases and refinements for the PHR
- Monitoring PHR adoption and usage

TEFT PHR considerations for HCBS populations

- Use
 - Medical and social service information is presented without technical jargon
 - PHR access via web page on computer and mobile
 - Training videos/help screens
 - Allows beneficiaries to update/store electronic documents to the PHR (e.g., advanced directives)
- Accessibility
 - Integrates with assistive technology (e.g., screen readers)
 - Strong visual help cues to enter information
 - Error messages appear in plain language with suggested course of action
 - Definitions available by right-clicking or hovering over a word (e.g., “tool tip”)

HEALTH LITERACY

Linda Aldoory, Ph.D.

Associate Professor, Department of Communication

University of Maryland



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Have you ever had problems with...

- Understanding side effects of medications listed?
- Filling out medical forms online?
- Emailing health care providers when confused?
- Sharing personal information through an electronic patient portal?

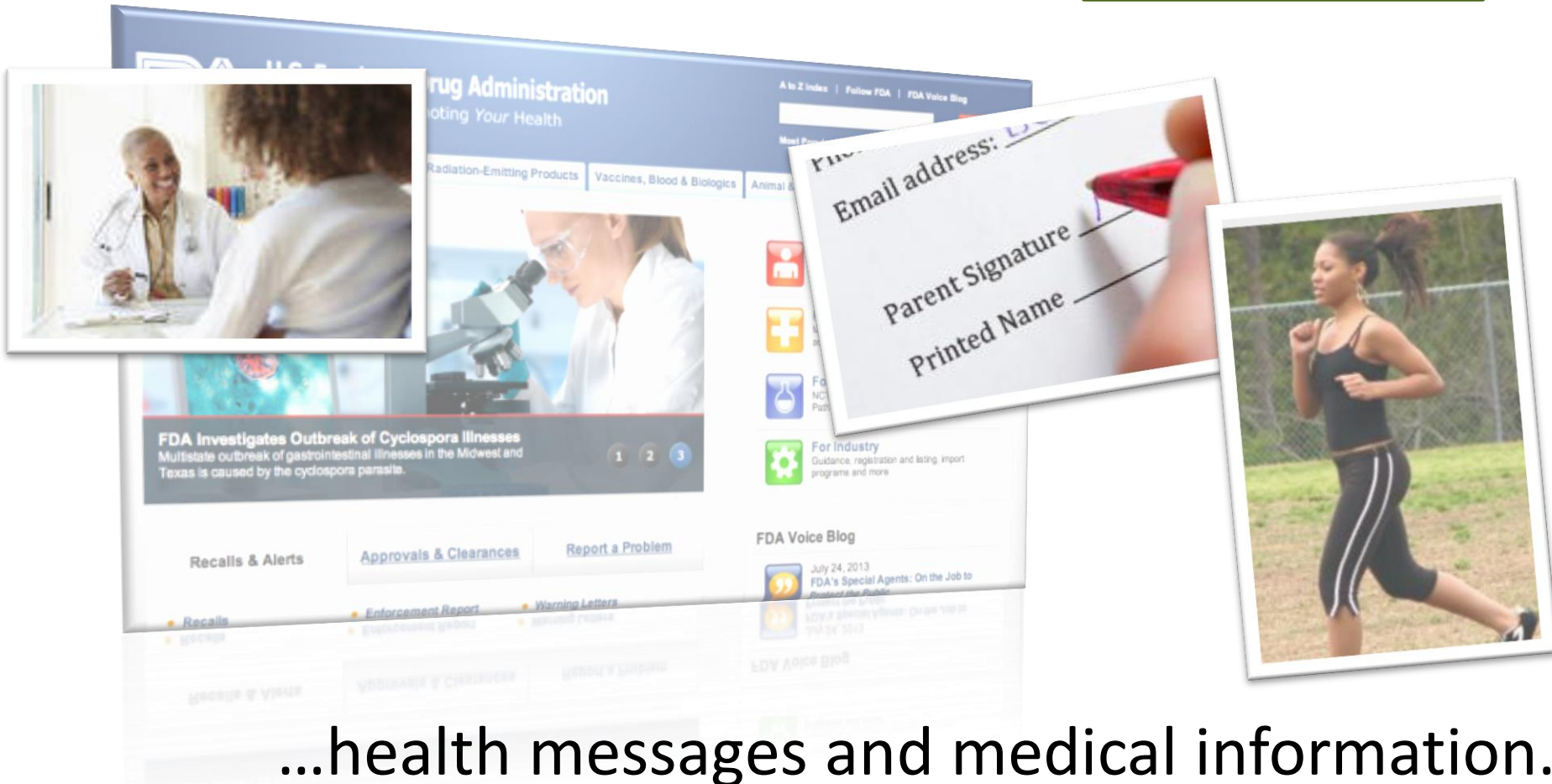


Health Literacy is the ability to...

Access...

Understand...

Use...



+ Health Literacy Skills





+

Low Health Literacy and its Impact

+

In this country...

- **Only 12%** of adults have average health literacy.
- This means that nearly **9 out of 10** lack the skills needed to manage their health.
- **69%** who reported poor health have basic or below basic health literacy.





Impact of Low Health Literacy



Increased hospitalizations and emergency care

Decreased screenings and immunizations

Poorer demonstrations of properly taking medications

Later stage diagnoses with cancer and diabetes

Poorer ability to interpret health labels

Less likely to take preventative actions

Poorer overall health status

\$106 to 238 billion in annual health care costs

Higher mortality rates among older adults



+

Health Literacy in Health Care Settings

+

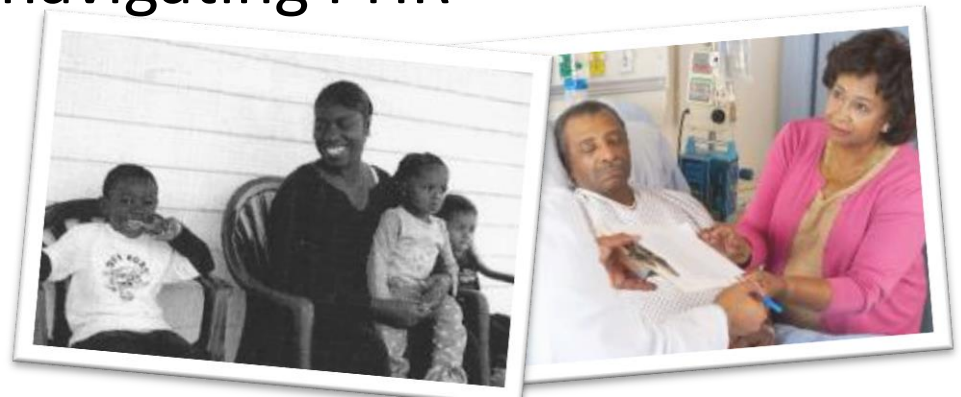
Where to address health literacy?

- Signage
- Forms and pre-op materials
- Discharge instructions
- Medical interpreters
- Provider communication
- Patient education materials
- Electronic patient portals and health records (PHRs)



+ PHRs and Health Literacy

- Health literacy has been shown to be key factor in patient willingness to adopt a PHR
- Low self efficacy in using PHRs connected to low health literacy
- Comfort level with technology affects use and ability to process information
- Low HL as a barrier to navigating PHR





Benefits of PHRs



- PHR allows for self-directed record maintenance.
- PHR allows time to read, process, and understand the information, and to coordinate communication with health team.
- Screen contrast, ability to zoom in, other factors enhance clarity for low health literate patients.

Using the Score Sheet

The Index has a total of 20 items in 4 parts. These 20 items are presented as questions.

- Questions 1-11 in Part A **apply to all materials**.
- Questions 12-20 in Parts B, C, and D may not apply to all materials.
- Choose one answer for each item you score.
- Only score a point when **all** instances of an item in the material meet the criteria.

More detailed descriptions and examples of each item can be found in the User Guide.

Part A: Core The items in this section (1-11) apply to all materials.	
Questions	Score <i>(Check one per question)</i>
Main Message and Call to Action	
1. Does the material contain one main message statement? <i>A main message is the one thing you want to communicate to a person or group that they must remember. A topic, such as heart disease or seasonal flu, isn't a main message statement. If the material contains several messages and no main message, answer no. (User Guide page 5)</i> NOTE: If you answered No to Question 1, score 0 for Questions 2-4 and continue to Question 5.	<input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0
2. Is the main message at the top, beginning, or front of the material? <i>The main message must be in the first paragraph or section. A section is a block of text between headings. For a Web material, the first section must be fully visible without scrolling. (User Guide page 6)</i>	<input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0
3. Is the main message emphasized with visual cues? <i>If the main message is emphasized with font, color, shapes, lines, arrows or headings, such as "What you need to know," answer yes. (User Guide page 7)</i>	<input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0
4. Does the material contain at least one visual that conveys or supports the main message? <i>For example, count photographs, line drawings, graphs and infographics as visuals. If the visual doesn't have a caption or labels, answer no. If the visual has human figures who aren't performing the recommended behaviors, answer no. (User Guide page 8)</i>	<input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0

Language	
<p>6. Do both the main message and the call to action use the active voice? <i>If only the main message or only the call to action uses the active voice, answer no. If you answered no to #1 or #5, answer no. (User Guide page 11)</i></p>	<p><input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0</p>
<p>7. Does the material always use words the primary audience uses? <i>If all specialized or unfamiliar terms are explained or described (not just defined) the first time they are used, answer yes. Acronyms and abbreviations must be spelled out and explained if unfamiliar to the audience. (User Guide page 12)</i></p>	<p><input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0</p>
Information Design	
<p>8. Does the material use bulleted or numbered lists? <i>If the material contains a list with more than 7 items, and the list is not broken up into sub-lists, answer no. If the list is for additional information or references only or at the end of the material, answer no. (User Guide page 14)</i></p>	<p><input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0</p>
<p>9. Is the material organized in chunks with headings? <i>This item applies to prose text and lists. If the chunks contain more than one idea each, answer no. If the headings don't match the information chunks, answer no. (User Guide page 15)</i></p>	<p><input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0</p>
<p>10. Is the most important information the primary audience needs summarized in the first paragraph or section? <i>The most important information must include the main message. A section is a block of text between headings. For a Web material, the first section must be fully visible without scrolling. (User Guide page 17)</i></p>	<p><input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0</p>
State of the Science	
<p>11. Does the material explain what authoritative sources, such as subject matter experts and agency spokespersons, know and don't know about the topic? <i>If the material addresses both, answer yes. If the material addresses only one (what is known or not known), answer no. (User Guide page 18)</i></p>	<p><input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0</p>

Part A score

Total 0 / 11

CDC Clear Communication Index Score Sheet

Part C: Numbers

Answer this question to determine if items 15-17 apply to the material.

Does the material include one or more numbers related to the topic?

- If **yes** – score items 15-17.
- If **no** – skip to Part D. [Go to Part D](#)

Questions	Score (Check one per question)
<p>15. Does the material <u>always</u> present numbers the primary audience uses?</p> <p><i>Many audiences find numbers distracting or confusing. Make sure the numbers in the material are both familiar and necessary to support or explain the main message statement. If not, delete them. Whole numbers are used by most audiences. The types of numbers used will vary for each audience. (User Guide page 22)</i></p>	<p><input type="checkbox"/> Yes = 1</p> <p><input type="checkbox"/> No = 0</p>
<p>16. Does the material <u>always</u> explain what the numbers mean?</p> <p><i>For example, “The amount of meat recommended as part of a healthy meal is 3 to 4 ounces – it will look about the same size as a deck of cards.” (User Guide page 23)</i></p>	<p><input type="checkbox"/> Yes = 1</p> <p><input type="checkbox"/> No = 0</p>
<p>17. Does the audience have to conduct mathematical calculations?</p> <p><i>Adding, subtracting, multiplying, and dividing involve calculations. Calculating a common denominator for the purposes of comparison is a mathematical calculation. Use the same denominator, even for absolute risk (example: 1 out of 3), throughout the material so that audiences don't have to calculate. (User Guide page 24).</i></p> <p>NOTE: for this item, Yes is scored 0 and No is scored 1.</p>	<p><input type="checkbox"/> Yes = 0</p> <p><input type="checkbox"/> No = 1</p>

Part D: Risk

Answer this question to determine if items 18-20 apply to the material.

Does the material present information, including numbers, about risk?

- If **yes** – score items 18-20.
- Items 19 and 20 have a “not applicable” (NA) option.
- If **no** – skip to Calculate the Score. [Go to Calculate](#)

Questions	Score (Check One per Question)
<p>18. Does the material explain the nature of the risk?</p> <p><i>If the material states the threat or harm and how and why people may be affected, answer yes. If the material has only the threat or harm but no explanation, answer no. For example, if the material states there are 1,000 new cases of a contagious disease in Springfield, does it also state that people in Springfield may be more likely to get the disease, why they may be more likely, and how serious the threat of the disease is? (User Guide page 26)</i></p>	<p><input type="checkbox"/> Yes = 1</p> <p><input type="checkbox"/> No = 0</p>
<p>19. Does the material address both the risks and benefits of the recommended behaviors?</p> <p><i>This includes actual risks and benefits and those perceived by your audience. If the material addresses <u>only</u> risks or <u>only</u> benefits, answer no. If no behavioral recommendation is presented, answer not applicable (NA). (User Guide page 27)</i></p>	<p><input type="checkbox"/> Yes = 1</p> <p><input type="checkbox"/> No = 0</p> <p><input type="checkbox"/> NA</p>
<p>20. If the material uses numeric probability to describe risk, is the probability also explained with words or a visual?</p> <p><i>Examples of probability information in a risk message are numbers (such as 1 in 5 or 20%). If the material presents numeric risk and also uses text to explain the probability, answer yes. If the material presents numeric risk and also uses a visual to explain the probability, answer yes. If the material only presents numeric risk, answer no. If the material does not include this type of probability information, answer not applicable (NA). (User Guide page 28)</i></p>	<p><input type="checkbox"/> Yes = 1</p> <p><input type="checkbox"/> No = 0</p> <p><input type="checkbox"/> NA</p>

TEFT PHR: MINNESOTA

Tom Gossett, Minnesota Department of Human Services



FOCUS ON 2 OF 4 GRANT DELIVERABLES

- 1. Demonstrate use of an untethered Personal Health Record (PHR) system with beneficiaries of CB-LTSS**
- 2. Identify, evaluate and test an electronic Long Term Services and Supports (e-LTSS) standard with the Office of National Coordinator (ONC)**



PHR FOR LTSS GOAL

Demonstrate that we CAN share information from DHS systems in a way that is:

Accessible

- For seniors
- For people with disabilities

Useful

- For beneficiaries/legal representatives
- For case managers

Securely Available

- Where beneficiaries access the Internet
- Through a mobile-first platform



COLLABORATIVE MEMBERS

Otter Tail PHR Community Collaborative:

- Otter Tail County Public Health
- Otter Tail County Human Services
- Lake Region Health Care (Hospital and clinics)
- LB Homes
- Pioneer Care
- Lakeland Mental Health Center
- Productive Alternatives



COLLABORATIVE ACTIVITIES

- **Established contract with PHR vendor – RelayHealth**
- **Established data sharing agreements**
- **Recruited beneficiaries, case managers and providers to participate in demo**
- **Create training materials for users**



DHS AND MN.IT ACTIVITIES

- Created detailed requirements documentation
- Established connection with DHS data source
Coordinating closely with State Innovation Model (SIM) and Integrated Health Partnership (IHP) leadership
- Created profile page to be passed to beneficiaries' PHR
- Established secure mechanism to push data from DHS systems to RelayHealth PHR



RelayHealth - Home


https://app.integration.relayhealth.com/PatientPortal/#!/Home


Apps RelayHealth Bookmar Capture Minnesota Pl Welcome to Flickr - Pl Inbox (3,254) - tom.gc 2 Google Calendar - We PHR for LTSS Demo - MyFitnessPal Eide Bailly


Minnesota Department of Human Services


Home Messages Health Records Providers Account Log out, Tom

Heads Up! To complete your profile, [verify](#) your email address. ×


HEALTH RECORDS
Lab results, medications and more


MESSAGES
Message your Providers or Care Team



DOWNLOAD MY DATA
Export or Download Health Data


ADDITIONAL SERVICES
Pay bills and other services

RelayHealth - Health Reco X

https://app.integration.relayhealth.com/PatientPortal/HealthRecords#!/HealthRecords/View/Documei

Apps RelayHealth Bookmar Capture Minnesota Pl Welcome to Flickr - Pl Inbox (3,254) - tom.gc 2 Google Calendar - We PHR for LTSS Demo - MyFitnessPal Eide Bailly


[Home](#)
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[Log out, Tom](#)


Heads Up! To complete your profile, [verify](#) your email address. ✕

Tom Gossett ▼ Print Health Records

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Health Record Documents ➕ Add

Document ↕	Source ↕	Date Processed ▼	Service Date ↕
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Long Term Services and Supports Profile Page



Minnesota Department of Human Services

NOTE: This summary is provided by the MN Department of Human Services for informational purposes only. Please contact your Case Manager if you have questions about this information.

Data matches DHS systems as of June 10, 2016.

Beneficiary Information

Name: Demo S Person
Address:
1524 Oak Avenue
Apt #25
St. Paul, MN 55555-5555
Date of Birth: 04/06/1950
Age: 66
Gender: Male
Primary Language: Not Available
Phone Number: 555-555-5555
Legal Representative: Legal R. Epp

Case Manager

Name: Casey Manager
Employer: Otter Tail County Human Services
Phone Number: 555-555-5555

Waiver Program

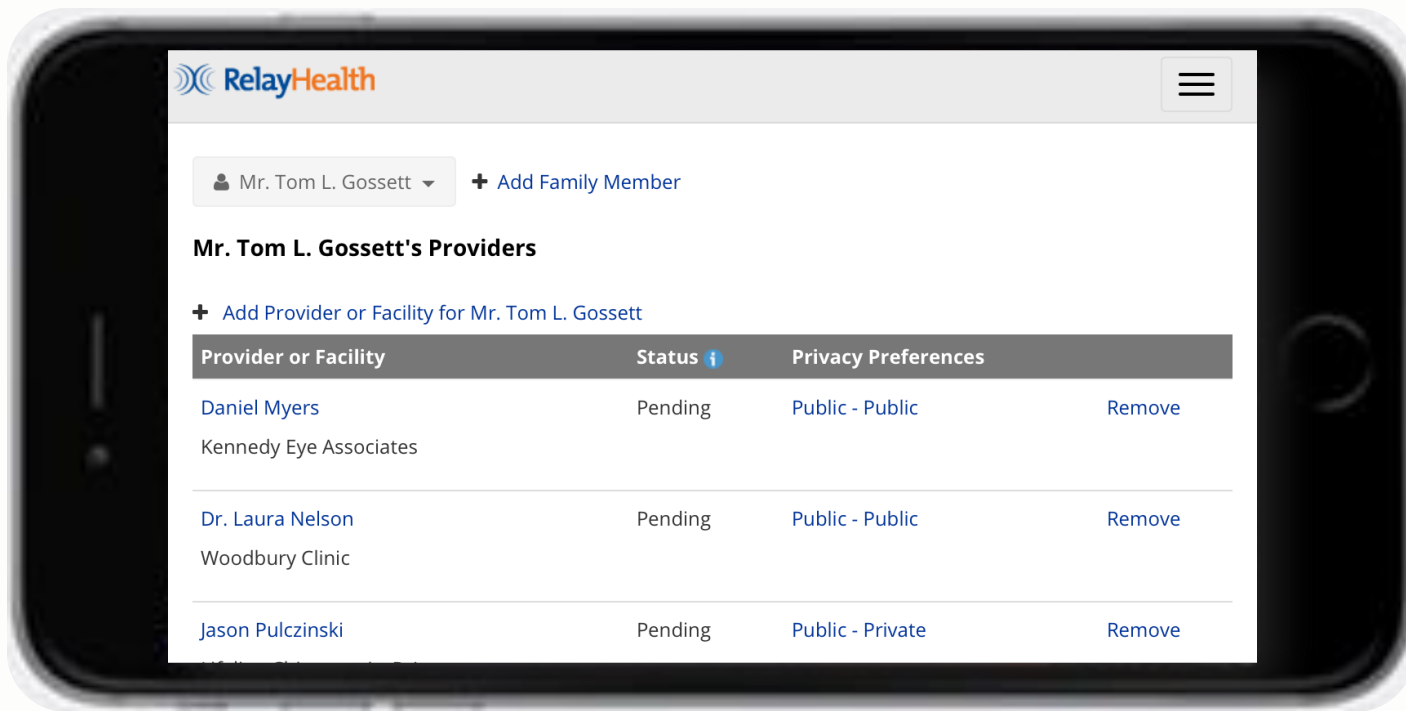
Waiver: Elderly Waiver (EW)
Begin Date: 1/1/2015
End Date: 12/31/2015
Annually Required Eligibility Reassessment Date: 10/31/2015

Financial Worker

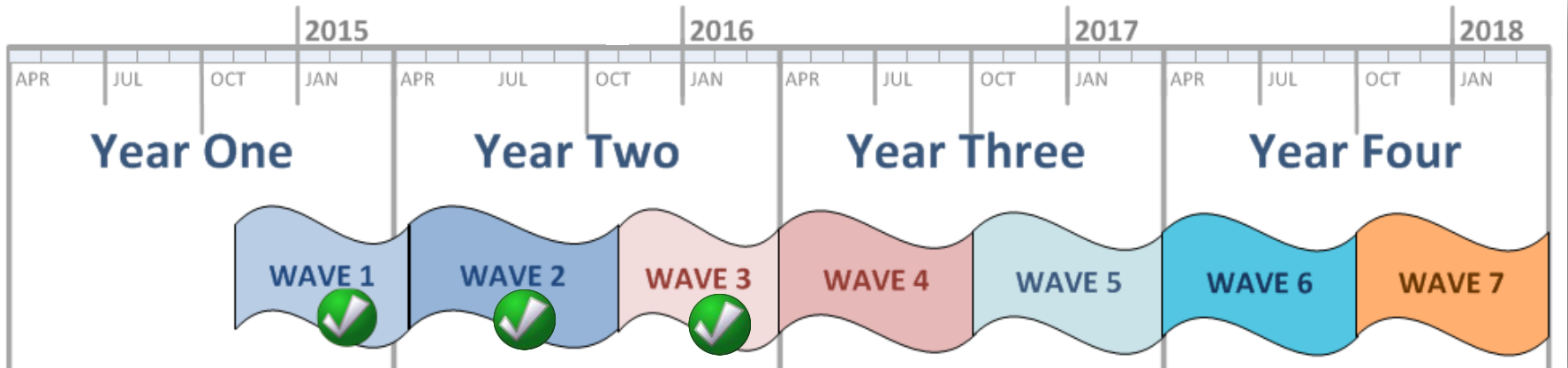
Name: Money Worker
Employer: Otter Tail County Human Services
Phone Number: 555-555-5555

DRAFT

MOBILE INTERFACE



PHR RELEASE #1 LAUNCH DATE



October 3, 2016



RFP FOR ADDITIONAL PHR COMMUNITY COLLABORATIVES

- Total of \$750,000 for up to 3 grantees to:
 - Demonstrate a PHR with beneficiaries of MA LTSS, and
 - Participate in testing an eLTSS standard
- Collaborative must have at least one partner who is part of a MN:
 - Integrated Health Partnership (IHP) or
 - Accountable Care Organization (ACO)



WHERE TO FIND THE RFP

- Available 7/18/2016 on the PHR for LTSS Demo Website:

http://www.dhs.state.mn.us/main/dhs16_184574



TO LEARN MORE

- Go to the PHR for LTSS Demo Website
 - http://www.dhs.state.mn.us/main/dhs16_184574
- Subscribe to the PHR for LTSS Demo email *Update*
 - Click on the “Subscribe” link under “Where Can I Learn More...” on the PHR for LTSS Demo Website
- Contact Business Project Manager Tom Gossett
 - Email: tom.l.gossett@state.mn.us
 - Phone: 651-431-2601



QUESTIONS AND DISCUSSION



THANK YOU!

Contact Information:

Lewin Group TEFT Evaluation

teft@lewin.com

