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 Gosseett
• 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

<table>
<thead>
<tr>
<th>State*</th>
<th>Experience of Care Survey</th>
<th>Functional Assessment Standardized Items</th>
<th>Personal Health Record</th>
<th>eLTSS Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Colorado</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Connecticut</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Georgia</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>Kentucky</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Maryland</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Minnesota</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

*Louisiana field tested Experience of Care Survey in Round 1

Focus today on health IT
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)
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

Pre-Planning
- Call for Participation
- Conduct Environmental Scan
- Success Criteria
- Stakeholder Engagement

Phase 1: Pre-Discovery
- Launch initiative
- Review and Finalize Charter
- Review initial Candidate Standards

Phase 2: Use Case Development & Functional Requirements
- Develop, review, and finalize the Use Case and Functional Requirements

Phase 3: Pilot Guide Development
- Finalize Candidate Standards
- Standards Gap Analysis
- Technical & Standards Design
- Develop Requirements Traceability Matrix

Phase 4: Pilots & Testing
- Pilotsite Readiness
- Implementation of solution
- Test UserStories and Scenarios
- Monitor Progress & Outcomes
- Utilize Requirements Traceability Matrix

Phase 5: Evaluation
- Evaluate outcomes against Success Metrics and Criteria

Timelines for Consideration: Two Pilot Phases, SDO Ballot Cycles

Initiative Kick Off: 11/06/14

Minnesota Department of Human Services

PHR for LTSS Demo
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

Diagram showing a network of components and interactions:
- **eLTSS Pilot**
- **Services Provider**
- **Untethered PHR**
- **Beneficiary Designee(s)**
- **Case Manager**
- **Other Providers** (if any)
- **Beneficiary**
- **LTSS Data**

Components and Data Flow:
- **DHS**
- **MAXIS**
- **Avatar**
- **SSIS**
- **Local Pub Health?**
- **MnCHOICES Assessment**
- **MMIS**

Community Collaborative
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)
<table>
<thead>
<tr>
<th>Domain</th>
<th>Subdomain</th>
<th>Coded Element</th>
<th>Answer Type</th>
<th>Vocabulary</th>
<th>Additional Notes</th>
<th>Exemplar Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person Information</td>
<td>Work</td>
<td>Employment status</td>
<td>Select from List</td>
<td>LOINC</td>
<td></td>
<td>Employment Status</td>
</tr>
<tr>
<td>Person Information</td>
<td>Work</td>
<td>Employment Benefits Indicator</td>
<td>Y/N</td>
<td>NCI caDSR</td>
<td></td>
<td>Do you receive sick leave?</td>
</tr>
<tr>
<td>Person Information</td>
<td>Work</td>
<td>Length of time in job</td>
<td>Free Text</td>
<td>SNOMED CT</td>
<td></td>
<td>Number of Months Employed</td>
</tr>
<tr>
<td>Person Information</td>
<td>Work</td>
<td>Income paid weekly</td>
<td>Free Text</td>
<td>SNOMED CT</td>
<td>Wages (Weekly/Biweekly/Monthly)</td>
<td></td>
</tr>
<tr>
<td>Person Information</td>
<td>Work</td>
<td>Income paid monthly</td>
<td>Free Text</td>
<td>SNOMED CT</td>
<td>Number of Hours Worked (Monthly)</td>
<td></td>
</tr>
<tr>
<td>Person Information</td>
<td>Work</td>
<td>Work hours per week</td>
<td>Free Text</td>
<td>LOINC</td>
<td>Do you earn at or above state minimum wage?</td>
<td></td>
</tr>
<tr>
<td>Person Information</td>
<td>Work</td>
<td>Voluntary worker</td>
<td>Y/N</td>
<td>SNOMED CT</td>
<td>Do you participate in volunteer work?</td>
<td></td>
</tr>
<tr>
<td>Person Information</td>
<td>Work</td>
<td>Y/N</td>
<td></td>
<td></td>
<td>Do you attend day program?</td>
<td></td>
</tr>
<tr>
<td>Person Information</td>
<td>Residence</td>
<td>Person Residence Ownership Demographics Status</td>
<td>Select from List</td>
<td>NCI caDSR</td>
<td></td>
<td>Living Situation (Own/Rent/Stay with Family)</td>
</tr>
<tr>
<td>Person Information</td>
<td>Residence</td>
<td>Housing ownership and tenure - finding</td>
<td></td>
<td>SNOMED CT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person Information</td>
<td>Residence</td>
<td>Person Shared Residence Type</td>
<td>Select from List</td>
<td>NCI caDSR</td>
<td></td>
<td>Who do you live with?</td>
</tr>
<tr>
<td>Person Information</td>
<td>Residence</td>
<td>Household composition - finding</td>
<td></td>
<td>SNOMED CT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person Information</td>
<td>Residence</td>
<td>Y/N</td>
<td></td>
<td></td>
<td>Do you have home or environmental modifications?</td>
<td></td>
</tr>
<tr>
<td>Person Information</td>
<td>Residence</td>
<td>Access modification</td>
<td>Select from List</td>
<td>SNOMED CT</td>
<td></td>
<td>What are your home modifications?</td>
</tr>
<tr>
<td>Person Information</td>
<td>Residence</td>
<td>Access modification</td>
<td>Select from List</td>
<td>SNOMED CT</td>
<td></td>
<td>What home modifications are required?</td>
</tr>
<tr>
<td>Person Information</td>
<td>Residence</td>
<td>Y/N</td>
<td></td>
<td></td>
<td>Do you have home equipment and supplies?</td>
<td></td>
</tr>
<tr>
<td>Person Information</td>
<td>Residence</td>
<td>Aids or devices usually used for dressing and grooming, arising, eating, and/or walking</td>
<td>Select from List</td>
<td>LOINC</td>
<td></td>
<td>What are your home equipment and supplies?</td>
</tr>
<tr>
<td>Person Information</td>
<td>Residence</td>
<td>Mobility Devices and Aids Needed</td>
<td>Select from List</td>
<td>LOINC</td>
<td></td>
<td>What home equipment and supplies are required?</td>
</tr>
<tr>
<td>Person Information</td>
<td>Residence</td>
<td>Device</td>
<td></td>
<td>SNOMED CT</td>
<td>Assistive Technology</td>
<td></td>
</tr>
<tr>
<td>Person Information</td>
<td>Residence</td>
<td>Assistive equipment</td>
<td>Select from List</td>
<td>SNOMED CT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ELTSS PILOT PROJECT
WE HAVE GREAT PARTICIPANTS!
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

**Tier I**
Basic, Non-Electronic Information Exchange
- Establish information infrastructure for Tiers II and III
- Information can be exchanged by paper, fax, or other secure method

**Tier II**
Secure, Electronic Information Exchange
- Exchange data, reports, and files defined in Tier I
- Leverage established content and transport standards

**Tier III**
Complete eLTSS Data Model and Exchange
- Implement complete eLTSS data model
- Import/export eLTSS data via robust technologies
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
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
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.
## eLTSS Pilot Dataset Suggestions

**Your organization name:**

<table>
<thead>
<tr>
<th>Provider Data Legend</th>
<th>Code</th>
<th>Code Description</th>
<th>Setting Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In EHR/HIT/Data System</td>
<td>(Setting 1, e.g. SNF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. On paper, NOT in Data System</td>
<td>(Setting 1, e.g. SNF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. In EHR/HIT/Data System</td>
<td>(Setting 2, e.g. Hospice)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. On paper, NOT Data System</td>
<td>(Setting 2, e.g. Hospice)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>etc. [add more codes for additional settings]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Domain | Subdomain | Coded Element | Provider Data | Answer Type | Vocabulary | Additional Notes | Exemplar Question |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Person Information</td>
<td>Work</td>
<td>Employment status</td>
<td>1 (example)</td>
<td>Select from List</td>
<td>LOINC</td>
<td></td>
<td>Employment Status</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y/N</td>
<td></td>
<td></td>
<td>If Not Employed, Would you like to be employed? (ISSUE/GOAL)</td>
</tr>
<tr>
<td>Person Information</td>
<td>Work</td>
<td>Employment Benefits Indicator</td>
<td></td>
<td>Y/N</td>
<td>NCI caDSR</td>
<td></td>
<td>Do you receive sick leave?</td>
</tr>
<tr>
<td>Person Information</td>
<td>Work</td>
<td>Length of time in job</td>
<td>2 (example)</td>
<td>Free Text</td>
<td>SNOMED CT</td>
<td></td>
<td>Number of Months Employed</td>
</tr>
<tr>
<td>Person Information</td>
<td>Work</td>
<td>Income paid weekly</td>
<td>Free Text</td>
<td>SNOMED CT</td>
<td></td>
<td>Wages (Weekly/Biweekly/Monthly)</td>
<td></td>
</tr>
<tr>
<td>Person Information</td>
<td>Work</td>
<td>Income paid monthly</td>
<td>Free Text</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person Information</td>
<td>Work</td>
<td>Work hours per week</td>
<td>Free Text</td>
<td>LOINC</td>
<td></td>
<td>Number of Hours Worked (Weekly)</td>
<td></td>
</tr>
<tr>
<td>Person Information</td>
<td>Work</td>
<td></td>
<td>Free Text</td>
<td></td>
<td></td>
<td>Number of Hours Worked (Biweekly)</td>
<td></td>
</tr>
</tbody>
</table>
### Dataset Coding 2 - Missing Data Elements

**Enter data elements that you work with but are not in the table above.**

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).

<table>
<thead>
<tr>
<th>Provider Data Legend</th>
<th>Data Code</th>
<th>Code Description</th>
<th>Setting Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>In PCC</td>
<td>Skilled Nursing Facility</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>On paper, NOT in PCC</td>
<td>Skilled Nursing Facility</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>In PCC</td>
<td>Assisted Living</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>On paper, NOT in PCC</td>
<td>Assisted Living</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ID</th>
<th>Domain</th>
<th>Subdomain</th>
<th>Data Element Description</th>
<th>Data Code</th>
<th>Additional Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note minimum-required fields**
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.

<table>
<thead>
<tr>
<th>Provider Data Legend</th>
<th>Data Code</th>
<th>Code Description</th>
<th>Setting Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 In EHR_HIT/Data System</td>
<td>011</td>
<td>Text</td>
<td>Skilled Nursing Facility - PCC</td>
</tr>
<tr>
<td>2 On paper, NOT Data System</td>
<td>012</td>
<td>Date</td>
<td>Skilled Nursing Facility</td>
</tr>
<tr>
<td>3 In EHR_HIT/Data System</td>
<td>013</td>
<td>Text</td>
<td>Assisted Living Facility - PCC</td>
</tr>
<tr>
<td>4 On paper, NOT Data System</td>
<td>014</td>
<td>Text</td>
<td>Assisted Living Facility</td>
</tr>
<tr>
<td>5 In EHR_HIT/Data System</td>
<td>015</td>
<td>Text</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ID</th>
<th>MN LTSS Source</th>
<th>Subdomain</th>
<th>Data Element Description</th>
<th>Data Code</th>
<th>Item #</th>
<th>Field Type</th>
<th>Repeated Field?</th>
<th>Additional Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CSP</td>
<td>Assessment Info</td>
<td>Assessment ID</td>
<td>011</td>
<td>Text</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>CSP</td>
<td>Assessment Info</td>
<td>Assessment Date</td>
<td>012</td>
<td>Date</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>CSP</td>
<td>Assessment Info</td>
<td>New/Reassessment</td>
<td>013</td>
<td>Text</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>CSP</td>
<td>Assessment Info</td>
<td>Level of Care</td>
<td>014</td>
<td>Text</td>
<td></td>
<td>N</td>
<td>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.</td>
</tr>
<tr>
<td>5</td>
<td>CSP</td>
<td>Assessment Info</td>
<td>Case Mix</td>
<td>015</td>
<td>Text</td>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>CSP</td>
<td>Assessment Info</td>
<td>Home Care Rating</td>
<td>016</td>
<td>Text</td>
<td></td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>
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!
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.
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 recognize 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.
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.
### Beneficiary Information

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

### Contact Information

- **Family Member Name:**
- **Relationship to Family Member:**
- **Parent/Guardian Phone Number:**
- **Emergency Contact Relationship:**
- **Emergency Contact Phone Number:**
- **Key contact name (for unforeseen events):**
- **Key contact name (emergency health events):**
- **Relationship:**
- **Phone Number:**
- **Physician/Health Care Provider Phone #:**
- **Hospital Name:**
- **Hospital Phone Number:**
- **Other Contact information:**

### Race/Ethnicity/Languages/Education

- **Race:**
- **Ethnicity:**
- **Preferred Language:**
- **Language(s) spoken:**
- **Do you have a language(s) barrier?:**
- **Highest education level attained:**

### Information and Planning

- **Advance directives panel:**

### Residence

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

### Community Inclusion

- **Community involvement (org memberships?):**
- **Social connection and isolation panel:**

### Self-Directed

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

### Health

- **Active disease diagnosis:**
- **Active immunization:**
- **Plan of treatment (narrative):**
- **Primary Care Provider:**
- **Dental exam in last year?:**
- **Auditory exam in last year?:**
- **Vision exam in last year?:**
- **If female, mammogram in past two years?:**
- **Physical exam in past year?:**
- **Flu vaccine in past year?:**
- **Fall history on admission:**
- **Are you currently pregnant?:**
- **Feeding problems?:**
- **Allergies:**
- **Laboratory Test results:**
- **Radiology Test results:**
- **Procedure Name:**
- **Procedure Date:**
- **Functional Limitations:**
- **Cognitive function / status:**
<table>
<thead>
<tr>
<th>Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Indication:</td>
</tr>
<tr>
<td>Medication Types:</td>
</tr>
<tr>
<td>Medication Generic Name and Code:</td>
</tr>
<tr>
<td>Medication Brand Name:</td>
</tr>
<tr>
<td>Medication Dosages:</td>
</tr>
<tr>
<td>Medication Dose Units:</td>
</tr>
<tr>
<td>Medication Frequencies:</td>
</tr>
<tr>
<td>Medication for mood?:</td>
</tr>
<tr>
<td>Medication for anxiety?:</td>
</tr>
<tr>
<td>Medication for behavior problems?:</td>
</tr>
<tr>
<td>Medication for psychotic disorders?:</td>
</tr>
<tr>
<td>Medication Allergies:</td>
</tr>
<tr>
<td>Medication administered by?:</td>
</tr>
<tr>
<td>Medication management support needed?:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADLs/IADLs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toilet Use:</td>
</tr>
<tr>
<td>Mobility in the Home:</td>
</tr>
<tr>
<td>Mobility in the Community:</td>
</tr>
<tr>
<td>Telephone Use (current ability):</td>
</tr>
<tr>
<td>Bathing:</td>
</tr>
<tr>
<td>Grooming (current ability):</td>
</tr>
<tr>
<td>Bowel Continence:</td>
</tr>
<tr>
<td>Bladder Continence:</td>
</tr>
<tr>
<td>Dressing:</td>
</tr>
<tr>
<td>Transferring:</td>
</tr>
<tr>
<td>Eating (feeding or eating):</td>
</tr>
<tr>
<td>Meal Preparation (current ability):</td>
</tr>
<tr>
<td>Positioning:</td>
</tr>
<tr>
<td>Laundry:</td>
</tr>
<tr>
<td>Using Transportation (current ability):</td>
</tr>
<tr>
<td>Housework and Basic Home Maintenance:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel safe?:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wellness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco smoking status:</td>
</tr>
<tr>
<td>Unprescribed or illegal drug use status:</td>
</tr>
<tr>
<td>Alcohol use status:</td>
</tr>
<tr>
<td>Dietary finding (special diet?):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychological Well-Being</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend counseling to improve mental health?:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current residence (do you live in a facility?):</td>
</tr>
<tr>
<td>Care setting Facility [NHCS] (if “Y” above):</td>
</tr>
<tr>
<td>Plan start date:</td>
</tr>
<tr>
<td>Plan end date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Related/Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical monitoring:</td>
</tr>
<tr>
<td>ER visits:</td>
</tr>
<tr>
<td>Hearing:</td>
</tr>
<tr>
<td>Vision:</td>
</tr>
<tr>
<td>Communication:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cognitive and Behavior Supports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Multiple Funding Sources Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private insurance/health plan:</td>
</tr>
<tr>
<td>Long-term care insurance:</td>
</tr>
<tr>
<td>Medicare:</td>
</tr>
<tr>
<td>Private pay/out of pocket:</td>
</tr>
<tr>
<td>Veterans Affairs (VA):</td>
</tr>
<tr>
<td>Medical Assistance (MA) Managed Care:</td>
</tr>
<tr>
<td>Medical Assistance (MA) Fee for Service:</td>
</tr>
<tr>
<td>Minnesota Care (MnCare):</td>
</tr>
<tr>
<td>Medicaid State Plan:</td>
</tr>
<tr>
<td>Payer:</td>
</tr>
</tbody>
</table>
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
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
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 messages and medical information.
Health Literacy Skills

- Numeracy
- Reading
- Speaking
- Technology
- Critical reasoning
- Listening
- Self-efficacy
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 a key factor in patient willingness to adopt a PHR.
- Low self-efficacy in using PHRs is connected to low health literacy.
- Comfort level with technology affects use and ability to process information.
- Low HL acts 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.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Score (Check one per question)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Main Message and Call to Action</strong></td>
<td></td>
</tr>
<tr>
<td>1. <strong>Does the material contain one main message statement?</strong>&lt;br&gt;&lt;br&gt;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)&lt;br&gt;&lt;br&gt;NOTE: If you answered No to Question 1, score 0 for Questions 2-4 and continue to Question 5.</td>
<td>□ Yes = 1  □ No = 0</td>
</tr>
<tr>
<td>2. <strong>Is the main message at the top, beginning, or front of the material?</strong>&lt;br&gt;&lt;br&gt;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)</td>
<td>□ Yes = 1  □ No = 0</td>
</tr>
<tr>
<td>3. <strong>Is the main message emphasized with visual cues?</strong>&lt;br&gt;&lt;br&gt;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)</td>
<td>□ Yes = 1  □ No = 0</td>
</tr>
<tr>
<td>4. <strong>Does the material contain at least one visual that conveys or supports the main message?</strong>&lt;br&gt;&lt;br&gt;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)</td>
<td>□ Yes = 1  □ No = 0</td>
</tr>
<tr>
<td>Language</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>6. Do both the main message and the call to action use the active voice?</td>
<td></td>
</tr>
<tr>
<td><em>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.</em> (User Guide page 11)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Yes = 1</td>
</tr>
<tr>
<td>7. Does the material always use words the primary audience uses?</td>
<td></td>
</tr>
<tr>
<td><em>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.</em> (User Guide page 12)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Yes = 1</td>
</tr>
<tr>
<td>Information Design</td>
<td></td>
</tr>
<tr>
<td>8. Does the material use bulleted or numbered lists?</td>
<td></td>
</tr>
<tr>
<td><em>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.</em> (User Guide page 14)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Yes = 1</td>
</tr>
<tr>
<td>9. Is the material organized in chunks with headings?</td>
<td></td>
</tr>
<tr>
<td><em>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.</em> (User Guide page 15)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Yes = 1</td>
</tr>
<tr>
<td>10. Is the most important information the primary audience needs</td>
<td></td>
</tr>
<tr>
<td>summarized in the first paragraph or section?</td>
<td></td>
</tr>
<tr>
<td><em>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.</em> (User Guide page 17)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Yes = 1</td>
</tr>
<tr>
<td>State of the Science</td>
<td></td>
</tr>
<tr>
<td>11. Does the material explain what authoritative sources, such as subject</td>
<td></td>
</tr>
<tr>
<td>matter experts and agency spokespersons, know and don't know about</td>
<td></td>
</tr>
<tr>
<td>the topic?</td>
<td></td>
</tr>
<tr>
<td><em>If the material addresses both, answer yes. If the material addresses only one (what is known or not known), answer no.</em> (User Guide page 18)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Yes = 1</td>
</tr>
</tbody>
</table>

**Part A score**

Total 0 / 11
**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.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Score (Check one per question)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Does the material <strong>always</strong> present numbers the primary audience uses?</td>
<td>□ Yes = 1</td>
</tr>
<tr>
<td><em>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.</em> (User Guide page 22)</td>
<td>□ No = 0</td>
</tr>
<tr>
<td>16. Does the material <strong>always</strong> explain what the numbers mean?</td>
<td>□ Yes = 1</td>
</tr>
<tr>
<td><em>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.”</em> (User Guide page 23)</td>
<td>□ No = 0</td>
</tr>
<tr>
<td>17. Does the audience have to conduct mathematical calculations?</td>
<td>□ Yes = 0</td>
</tr>
<tr>
<td><em>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.</em> (User Guide page 24)</td>
<td>□ No = 1</td>
</tr>
</tbody>
</table>

**NOTE:** for this item, Yes is scored 0 and No is scored 1.
**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.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Score (Check One per Question)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18. Does the material explain the nature of the risk?</strong></td>
<td></td>
</tr>
</tbody>
</table>
| *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)* | ☐ Yes = 1  
☐ No = 0 |
| **19. Does the material address both the risks and benefits of the recommended behaviors?** | ☐ Yes = 1  
☐ No = 0  
☐ NA |
| *This includes actual risks and benefits and those perceived by your audience. If the material addresses only risks or only benefits, answer no. If no behavioral recommendation is presented, answer not applicable (NA). (User Guide page 27)* |                                |
| **20. If the material uses numeric probability to describe risk, is the probability also explained with words or a visual?** | ☐ Yes = 1  
☐ No = 0  
☐ NA |
| *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)* |                                |

Part D score:  

Total: 0 / 3
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)
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
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
Heads Up! To complete your profile, verify your email address.

You have successfully added DHSProfilePageTomGossett12345_06-24-2016 - Copy.docx.

Health Record Documents

<table>
<thead>
<tr>
<th>Document</th>
<th>Source</th>
<th>Date Processed</th>
<th>Service Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>8:20 AM UTC-6</td>
<td></td>
</tr>
</tbody>
</table>
Long Term Services and Supports
Profile Page

**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

Data matches DHS systems as of June 10, 2016.
### MOBILE INTERFACE

#### Mr. Tom L. Gossett's Providers

<table>
<thead>
<tr>
<th>Provider or Facility</th>
<th>Status</th>
<th>Privacy Preferences</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daniel Myers</td>
<td>Pending</td>
<td>Public - Public</td>
<td>Remove</td>
</tr>
<tr>
<td>Kennedy Eye Associates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Laura Nelson</td>
<td>Pending</td>
<td>Public - Public</td>
<td>Remove</td>
</tr>
<tr>
<td>Woodbury Clinic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jason Pulczinski</td>
<td>Pending</td>
<td>Public - Private</td>
<td>Remove</td>
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</tr>
</tbody>
</table>
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](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](mailto:tom.l.gossett@state.mn.us)
  - Phone: 651-431-2601
QUESTIONS AND DISCUSSION
THANK YOU!

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