TEFT Grantee Meeting

National HCBS Conference
August 31, 2015

Agenda for the Morning

9:30 – 10:00	**Welcome & Introductions** *Teja Stokes, Truven Health Analytics, Facilitator* **CMS Update** *Kerry Lida, CMS*
10:00 – 10:20	**Findings from the Experience of Care Survey Field Test** *Susan Raetzman, Truven Health Analytics* *Elizabeth Frentzel & Coretta Mallery,* *American Institutes for Research*
10:20 – 10:30	**Break**
10:30 – 11:00	**Break Out Session: Grantees' EoC Round 2 Plans** *All Participants*
11:00 – 11:45	**TEFT Evaluation Update & Discussion** *Cindy Gruman, Ashley Tomisek & Kathleen Tucker,* *The Lewin Group*
12:00 – 1:00	**Lunch & Plenary**

Welcome, Introductions & CMS Updates

Kerry Lida, TEFT Project Lead, CMS

Teja Stokes, TEFT TA Coordinator, Truven Health Analytics

TRUVEN HEALTH ANALYTICS

AIR® AMERICAN INSTITUTES FOR RESEARCH®

CMS Introductions

- Kerry Lida, TEFT Project Lead, CMS
- Mike Smith, Director, Director Division of Community Systems Transformation (DCST), CMS
- Allison Weaver, TEFT Project Officer & Technical Assistance COR, CMS
- Barbara Holt, TEFT Project Officer & Evaluation COR, CMS
- Martha Egan, DCST Technical Director, CMS

Findings from the HCBS Experience of Care Survey Field Test

Susan Raetzman, EoC TA Lead, Truven Health Analytics

Elizabeth Frentzel, EoC Project Director, American Institutes for Research

Coretta Mallery, EoC Analysis Lead, American Institutes for Research

TEFT Grantee Meeting - 2015 HCBS Conference

August 31, 2015

TRUVEN HEALTH ANALYTICS

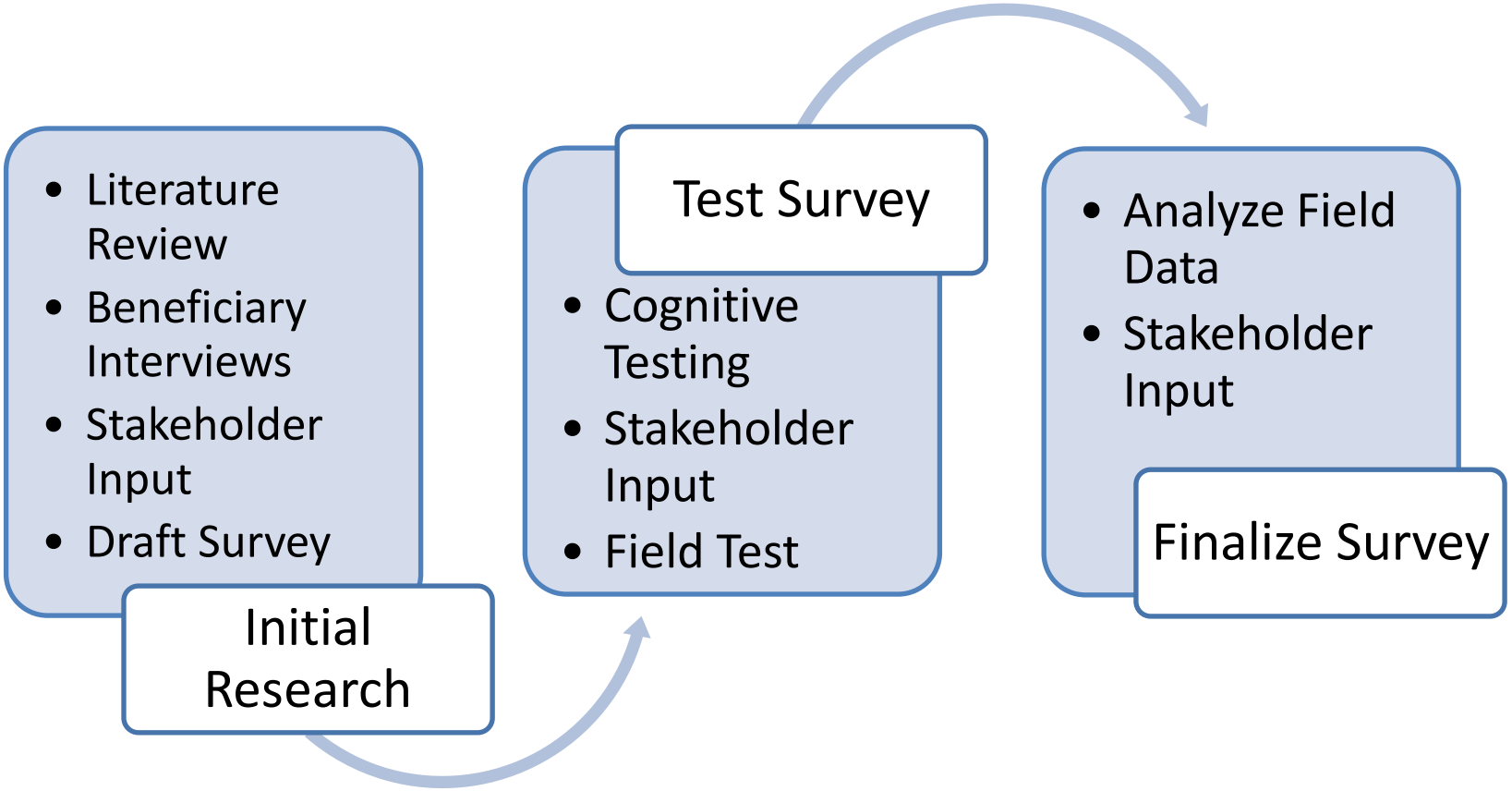
AIR® AMERICAN INSTITUTES FOR RESEARCH®

EoC Project Background

Goal: Develop and test a valid and reliable survey to gather participant feedback on experience with Medicaid home and community-based long-term services and supports (CB-LTSS) and obtain Consumer Assessment of Healthcare Providers and Systems (CAHPS®) trademark and National Quality Forum endorsement.

- Cross-disability tool
- Focus on participant experience, not satisfaction
- Address dimensions of quality valued by participants
- Align with existing CAHPS tools
- Current support through TEFT Demonstration

EoC Survey Development Process



Field Test (2014-2015)

- Covered 26 programs in 9 states
- Results will guide final changes to the survey
- Aspects that were tested
  - Groupings of assessment items into different domains (composites)
  - Two modes of administration
    - In-person: Computer-assisted personal interview (CAPI)
    - Phone: Computer-assisted telephone interview (CATI)
  - Standard and alternate responses
  - Spanish translation

Sample and Response Rates

Field Test Sampling Structure

- Sampling frame
  - Programs within states
- Two-stage sample
  - States
    - Pilot: LA, TN
    - Field test: AZ, CO, CT, GA, KY, LA, MD, MN, NH
  - Programs serving various populations: Aged, Physically Disabled, Aged/Disabled, Intellectual or Developmental Disability (ID/DD), Traumatic Brain Injury (TBI), Serious Mental Illness (SMI)

Completed Surveys by Program Type

Program	Overall	In-person	Phone
Overall	3226	2552	671
Aged Only	197	159	38
Physically Disabled Only	111	89	22
Aged/Disabled Combined	1787	1423	364
Intellectual or Developmental Disability	387	301	86
Traumatic Brain Injury	331	247	84
Serious Mental Illness	410	333	77

Source: AIR analysis of HCBS Experience of Care Survey Field Test, TEFT Demonstration, May 2015.

Survey Response Rates by Program Type

Program	Overall%	In-person%	Phone%
Overall	22.0	22.3	20.9
Aged Only	22.7	24.3	18.0
Physically Disabled Only	16.0	16.6	14.0
Aged/Disabled Combined	31.1	33.3	24.8
Intellectual or Developmental Disability	9.8	9.3	11.4
Traumatic Brain Injury	19.5	17.9	26.4
Serious Mental Illness	24.7	24.7	25.0

Source: AIR analysis of HCBS Experience of Care Survey Field Test, TEFT Demonstration, May 2015.

Proxy Responses

- The goal was to create a survey that as many people as possible could answer
- We received proxy responses for a subset of the field test
  - Not allowed consistently throughout data collection
  - Started due to data collection issues in many groups
- Proxy refers to any help the respondent received in completing the survey
  - Includes restating a question, prompts, translating a question, helping with the use of assistive technology)
- TEP agreed that proxies should be allowed in the future

Study Population

Program	Total	Surveys with Enough Items Complete	Surveys with Proxies
Overall	3,226	3,003	691
Aged Only	1,233	1,178	275
Physically Disabled Only	1,193	1,063	215
Intellectual or Developmental Disability	330	301	146
Traumatic Brain injury	233	228	47
Serious Mental Illness	237	233	8

Field Test Results

Survey Mode

- Two survey modes: In-person and phone
  - 80% randomized to in-person and 20% randomized to phone
  - Respondents could switch
- In-person vs. phone as actual response mode:
  - Higher response rate for in-person overall (22.3% vs. 20.9%)
  - Higher response rate for ID/DD and TBI by phone
  - Phone respondents more likely to report “Excellent” or “Very Good” physical health
  - In-person respondents more likely to report “Good” or “Fair” health
  - No mode differences in how respondents rate care
- The TEP agreed that both modes should be available for future administrations

Survey Response Options

- Two survey response options
  - 50% randomized to Never, Sometimes, Usually, Always (standard CAHPS) and 50% to simplified response (mostly yes/ mostly no)
  - Respondents could switch during survey
- Standard vs. simplified as actual response option
  - Higher percentage of Hispanic respondents used simplified response option
  - No differences in respondents for race, whether they live alone, gender, or mental/emotional health
  - No differences in how respondents rate care

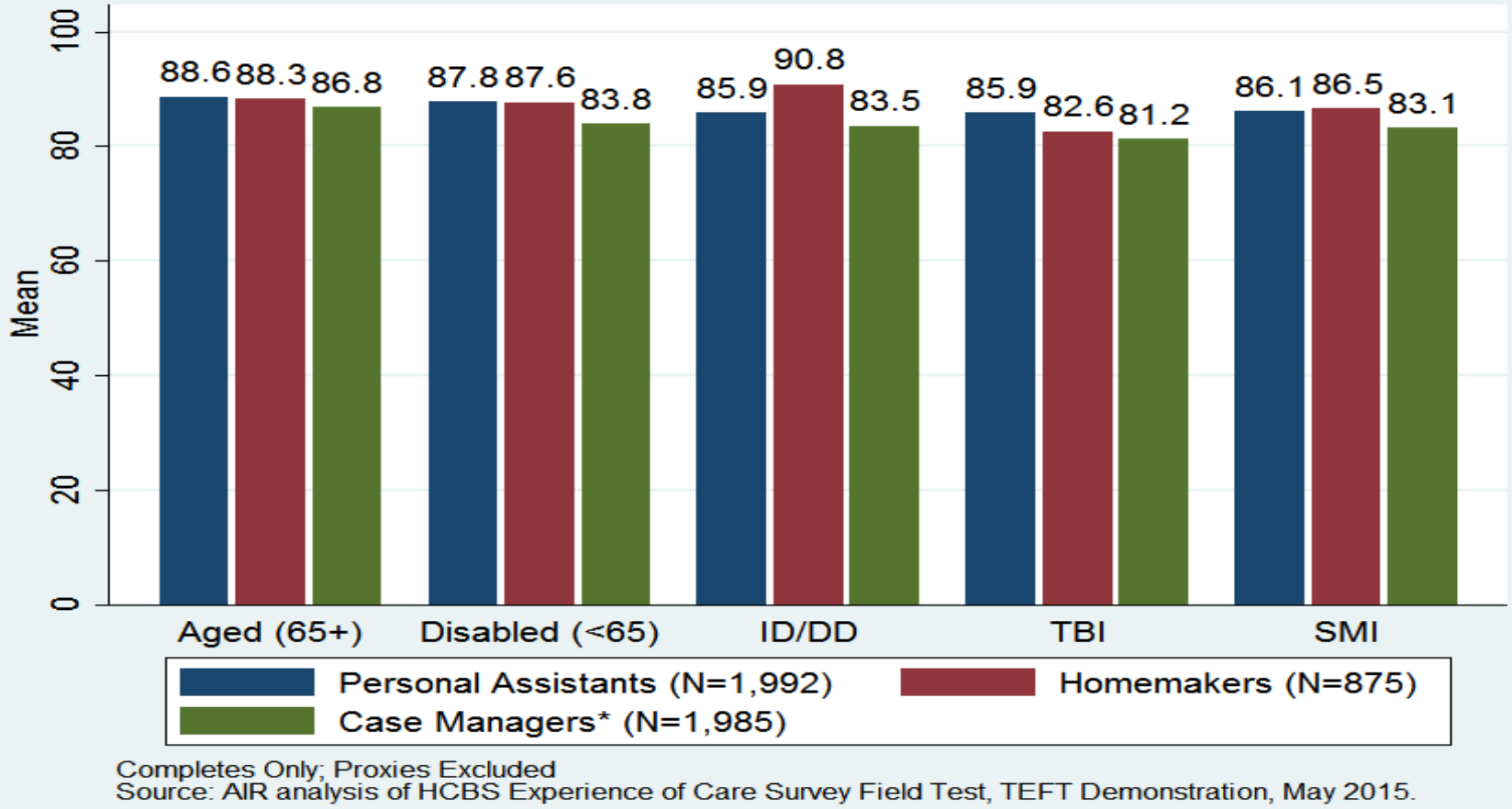
Survey Elements

- Survey contains 47 questions (“items”) about experiences with HCBS
- Potential ways to use questions
  - Individual items
  - Grouped together in meaningful ways (“composites”)

Summary of Results from Psychometric Analyses

- Individual items
  - 10 items were unable to be evaluated because they applied to few respondents or there was low variance among respondents
  - The TEP advised that some of these were important as supplemental questions (outside of composites)
- Fit of data to hypothesized groups of questions
  - Fit was good
- Program-level reliability
  - Examines ability to discriminate variation across HCBS programs, which is important for benchmarking

Rating the Help You Get, by HCBS Population

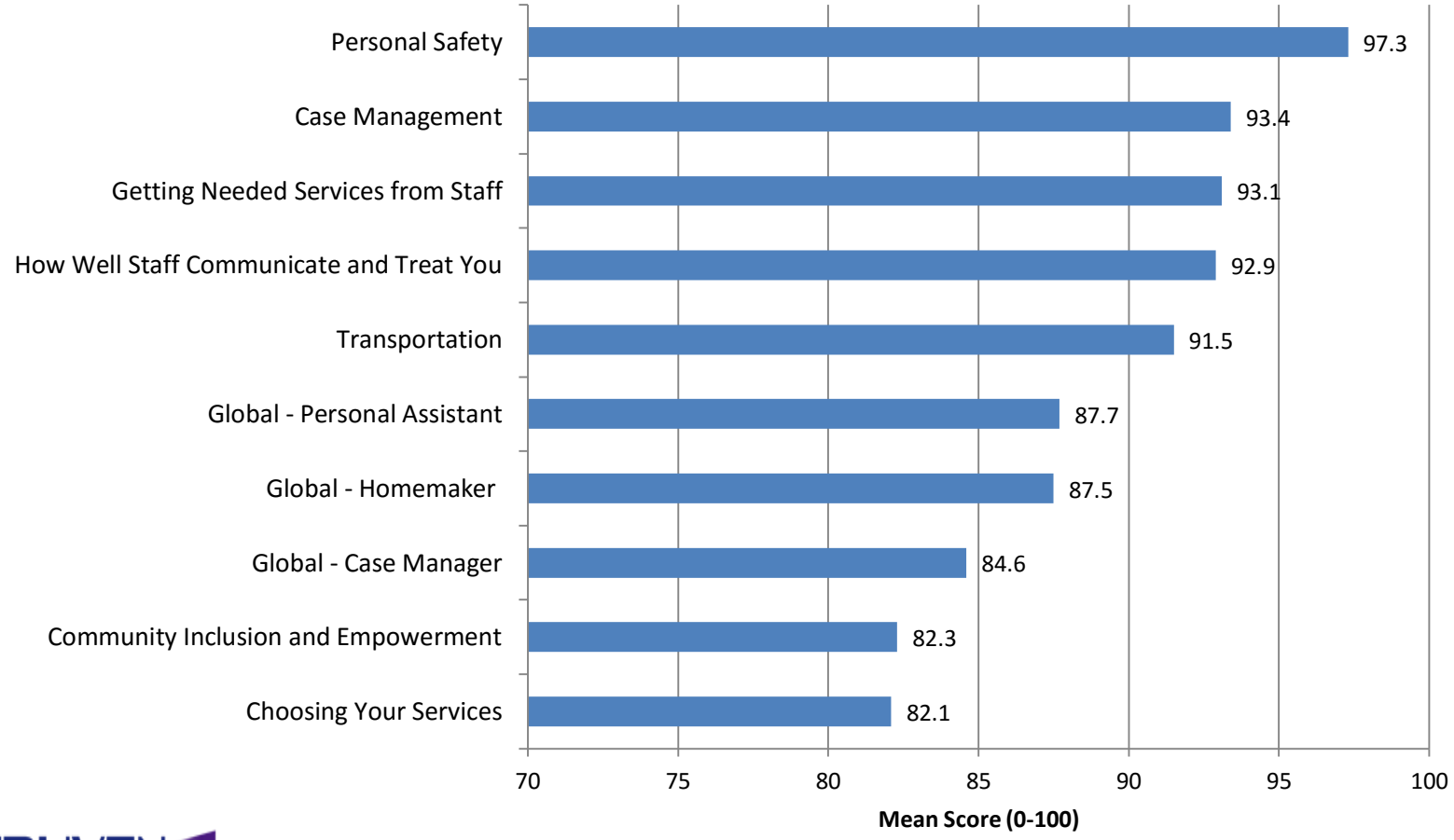


Completes Only; Proxies Excluded
Source: AIR analysis of HCBS Experience of Care Survey Field Test, TEFT Demonstration, May 2015.

*Indicates differences by population group are statistically significant at p<=.05.

Groups of Questions as Originally Envisioned

Overall Mean Scores for Groups of Questions and Global Ratings



Employment Module

- 21 questions
- Low response rates because do not apply to all participants
  - Do you work for pay at a job?
  - Do you want to work for pay at a job?
- The TEP advised that employment module was important option for states to be able to use

Questions/Contact Information

Questions and additional feedback?

Susan Raetzman, EoC Lead
301-547-4392
susan.raetzman@truvenhealth.com


T E F T
DEMONSTRATION GRANT FOR TESTING EXPERIENCE AND FUNCTIONAL TOOLS

BREAK

BREAK OUT SESSION

Grantees' Plans for Round 2 Experience of Care Survey

LEWIN GROUP®

August 31, 2015

TEFT Evaluation Update

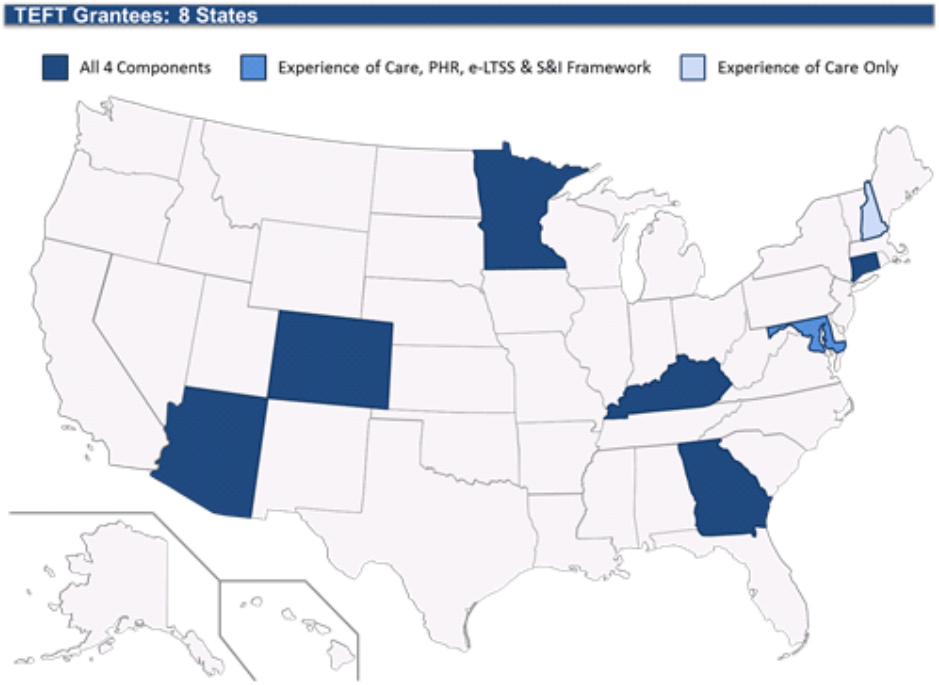
2015 HCBS Conference
TEFT Intensive

Cindy Gruman, Vice President
Ashley Tomisek, Consultant
Kathleen Tucker, Research Consultant

What Did States Set Out to Accomplish?

Centers for Medicare & Medicaid Services (CMS)
Testing Experience and Functional Tools (TEFT) Demonstration

- Awarded in March 2014, eight states are currently active and participate in at least one of the four TEFT Components
  - Experience of Care Survey
  - Functional Assessment Standardized Items
  - Personal Health Record
  - eLTSS Plan



TEFT Evaluation—Where Are We Now?

- Provide an overview of the TEFT evaluation
- Connect Lewin's activities to grantee-reported data
- Present TEFT evaluation findings to date

TEFT Evaluation Framework

Formative Evaluation	• Ongoing program monitoring and provision of feedback to grantees
Systems Outcomes Evaluation	• Map states' CB-LTSS systems • Develop quantifiable measure of data integration
Beneficiaries Outcomes Evaluation	• Review grantees' PHR system • Field original surveys

TEFT Sample Evaluation Research Questions

Formative Evaluation

- How are states able to test and implement the TEFT tools?
- How are partners, stakeholders, and beneficiaries involved in the planning, design, development, and implementation of the TEFT tools?
- What challenges are involved in testing and implementing the TEFT tools?

Systems Outcomes Evaluation

- How do the policies, organization, structures, and operations of the CB-LTSS system influence the implementation process for the TEFT tools?
- How do the policies, organization, structures, and operations of the CB-LTSS system change as a result of the TEFT tools?

Beneficiaries Outcomes Evaluation

- How and to what extent will people with different kinds of disabilities who are receiving HCBS services, their families, and their health care providers use a PHR?
- What features of the PHR do people receiving CB-LTSS find most useful?

Challenges from Evaluation Perspective

Differences Across 8 States

- Focus on different TEFT Components
- Different target populations for each TEFT Component
- Existing grants or initiatives
- Delays in funding
- Timeline variations

Project Evaluation

- Common goals across TEFT Components but variations in project approach
- Attempt to identify common barriers, strategies, and outcomes

Overview of Testing Experience and Functional Tools Evaluation

FORMATIVE EVALUATION

Data Collection Methods To Date

- Program Monitoring and Ongoing Feedback
  - Early outputs and outcomes

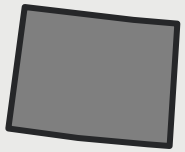
Beginning to Document the TEFT Experience

- Management and Governance
  - Project management
  - Alignment with other initiatives
- TEFT Planning
  - Information systems
  - Provider readiness
- Continuous Improvement
  - Stakeholder engagement
  - Ongoing review

TEFT Management and Governance Strategies

- Committed executive support
  - State Governor's Office
  - Medicaid leadership
- Strong project leadership
  - Grant management
  - Staff expertise
- Internal collaboration among state agencies
- Federal and state initiative alignment

State Examples:



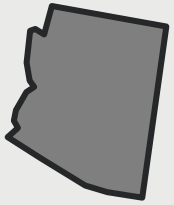
Colorado: Partnership between state and HIE representatives

Connecticut: Federal and state initiative alignment

TEFT Planning Strategies

- Preliminary research and assessment
  - PHR Environmental Scan
  - Review of State Information Systems
  - Meeting with PHR vendors/demonstrations
- Identifying the most appropriate PHR for unique populations
- Early consumer engagement and assessment of PHR needs

State Examples:



Arizona: PHR Needs Analysis and PHR Comparison

Connecticut: Town hall meetings with consumers

Maryland: Existing LTSS System

Minnesota: Released PHR Community Collaborative RFP

TEFT Planning Strategies

- Examining state data systems' ability to transfer data in a meaningful way
- Beginning to assess stakeholder readiness for eLTSS participation
  - Provider readiness to pilot the eLTSS plan

State Examples:

Georgia: Examining potential for coordination with emerging state systems and HIE

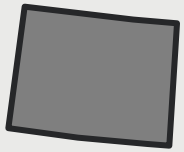
Minnesota: Created "Maturity Model" for testing the eLTSS plan

TEFT Continuous Improvement Strategies

- Early internal and external stakeholder engagement
  - State leadership (e.g., HIT, Waiver management)
  - Waiver case managers
  - Providers
  - Consumers

- Systematic approach to TEFT implementation

State Examples:



Colorado: Ongoing focus groups

Kentucky: Building Medicaid Waiver Management Application

New Hampshire: Round 1 EoC Survey “lessons learned”

Overview of Testing Experience and Functional Tools Evaluation

SYSTEMS OUTCOMES EVALUATION

Understanding TEFT within each State's CB-LTSS System

- Where did each state start in Year 1 in terms of CB-LTSS system, structure, process, and policy?
  - Identify key HCBS Waiver System Functions
  - Conduct key informant interviews and document review
  - Develop CB-LTSS Systems Maps
  - Develop Data Integration Scores

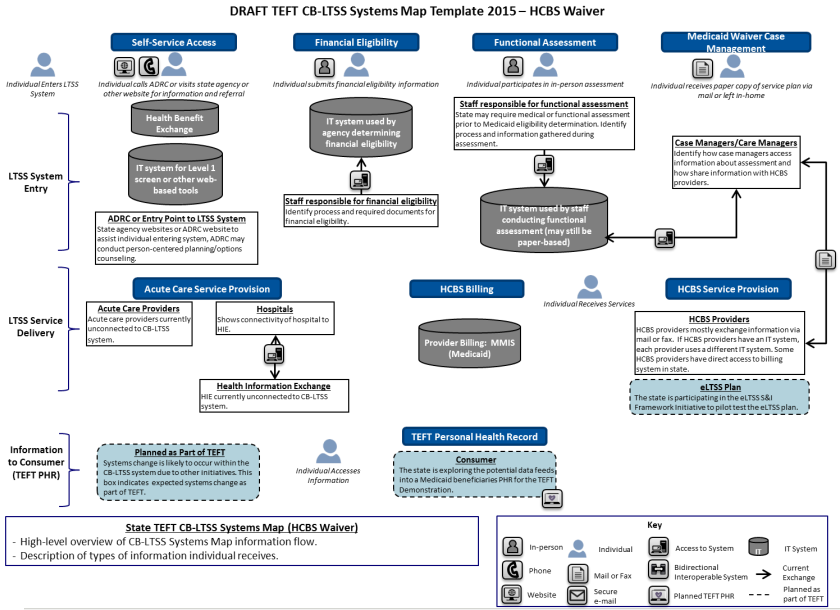


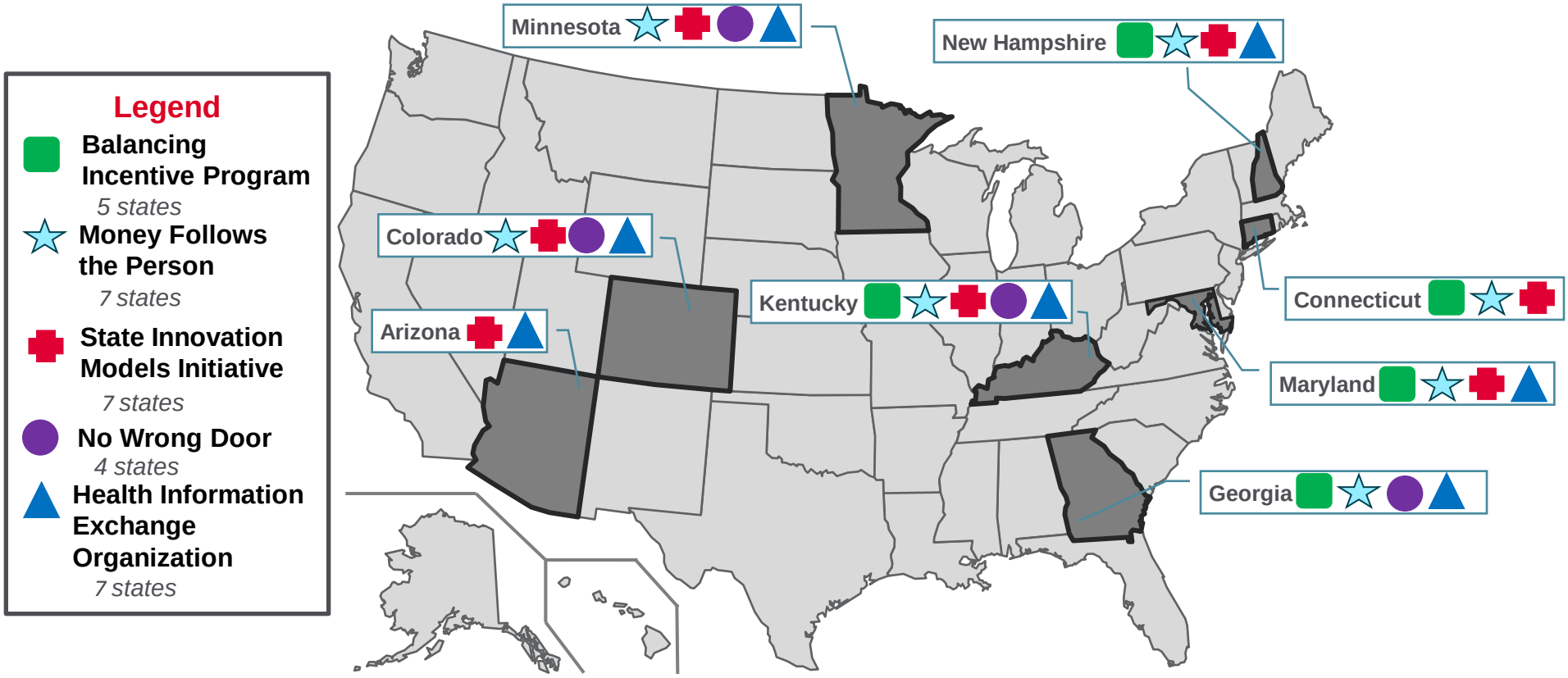
Table 1. Data Integration Area 1: Points Assigned to Different Types of Information Exchange Across Home and Community Based Services (HCBS) Waiver System Functions

HCBS Waiver System	Data Sharing	HCBS Waiver Population	Type of Information Exchange • No Exchange (0 pts) • Mail, Phone, Fax, or Unsecure e-mail (1 pt) • Secure e-mail or Direct Secure Messaging (2 pts) • Access to the system (3 pts) • System to system (unidirectional interoperable content) (4 pts) • System to system (bidirectional interoperable content) (5 pts)	Systems Change: TEFT or Other Initiative	Score	Max Score
Information Collected Upon Intake[2]	Shared with multiple staff involved in providing services					15
	Shared with staff performing Level 1 Screen					15
	Shared with staff conducting Medicaid eligibility determination					15
	Shared with Individuals and/or Guardians/Family Members					15
Medicaid Financial Eligibility	Shared with staff conducting Level 1 Screen and Level 2 Assessment/ Universal Assessment Tool (UAT)[2]					15
	Shared with Individuals and/or Guardians/Family Members					15
Screening/ Assessment/ Reassessment	Shared between staff conducting Level 1 Screen and Level 2 Assessment/UAT					15
	Shared between staff conducting Level 2 Assessment/UAT and staff determining Medicaid eligibility					15
	Shared with Service Planners/Care Managers					15
	Shared with Individuals and/or Guardians/Family Members					15

Key Assumptions for CB-LTSS System

- Assumptions
  - TEFT is part of the state's larger information exchange efforts (e.g., MMIS, HIE, BIP, other LTSS IT systems)
  - TEFT target HCBS Waiver programs and policies vary by state but general processes are similar across states
  - TEFT will impact the way providers exchange information and the way a consumer receives and manages their information
  - TEFT combined with other initiatives will transform the paper-based CB-LTSS system to increase electronic information exchange across HCBS Waiver functions and between providers

States Participating in Other Initiatives



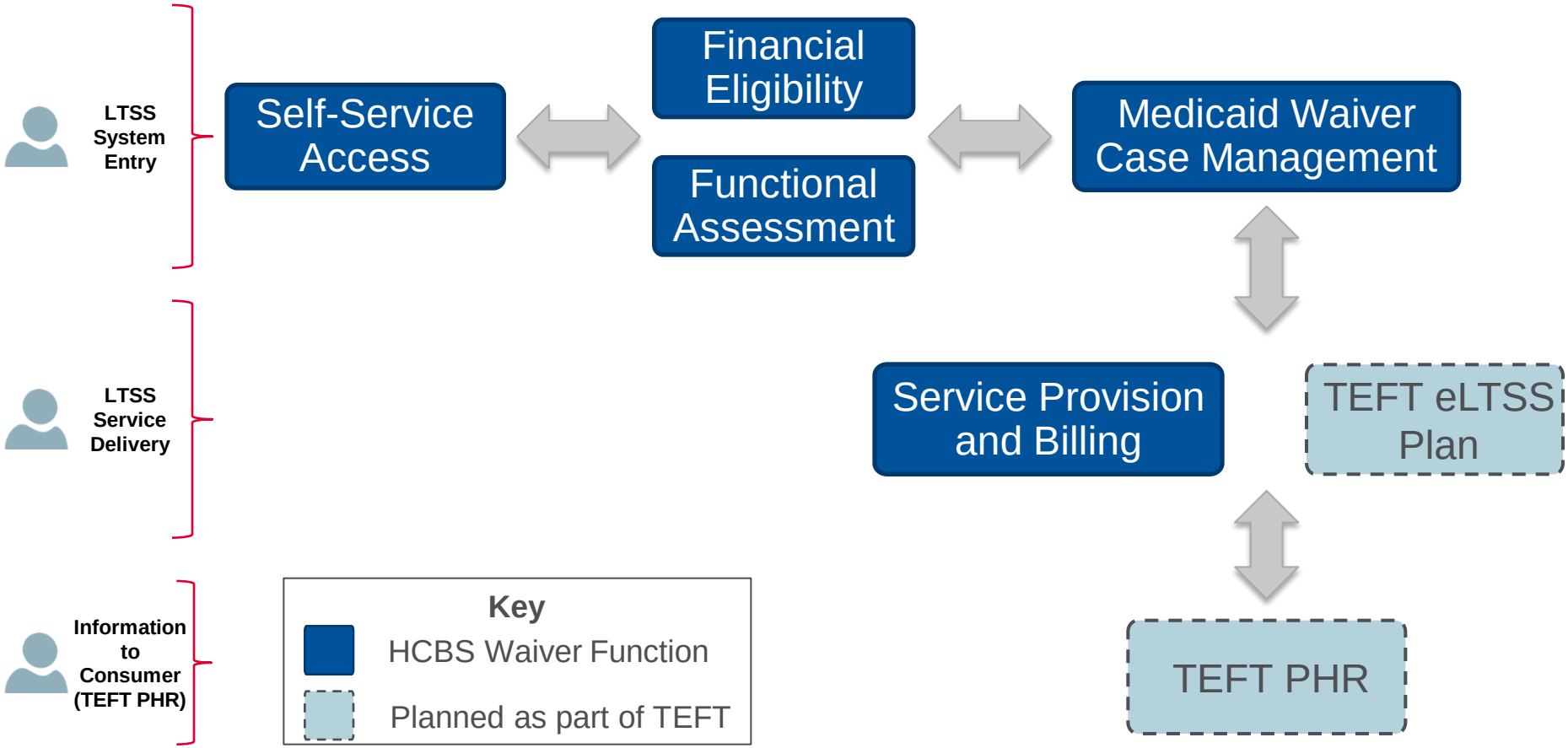
Identifying TEFT Related CB-LTSS Processes

- Identifying TEFT related processes for an individual who is not already eligible for Medicaid and who does not have assets that exceed the Medicaid limit
- Person-centered focus on information sharing

Self-Service Access	Financial Eligibility	Functional Assessment	Medicaid Waiver Case Management	Service Provision and Billing
Input from Individual or Family Member seeking services				
Access information and resources. Apply for Medicaid (e.g., Agency website, ADRC, 1-800 number, 2-1-1)	Gather documents and meet in-person with State designated agency responsible for Medicaid financial eligibility determination	Referred to State designated agency responsible for conducting in-person functional or medical assessment for Medicaid Waiver program	Determined financially and functionally eligible, selects case management agency (depends on Waiver) and meets in-person with case manager to develop plan of care	Receives services as documented in plan of service that was developed with HCBS provider
Information shared with Individual or Family Member receiving services				
Agency referral, receives copies of materials or person-centered plan via mail	Receives Medicaid financial determination in the mail	Receives a copy of functional assessment or level of care determination in-person or in the mail	Signs plan of care and receives a copy in-person or in the mail	Receives copy of services delivered as documented in plan of service via mail or in-person

Mapping the State CB-LTSS System

- Identifying possible data feeds to TEFT PHR and eLTSS Plan in Year 1 for each HCBS Waiver program



CB-LTSS Systems Map Example

- Identifying types of information exchange in Year 1 for each HCBS Waiver program function

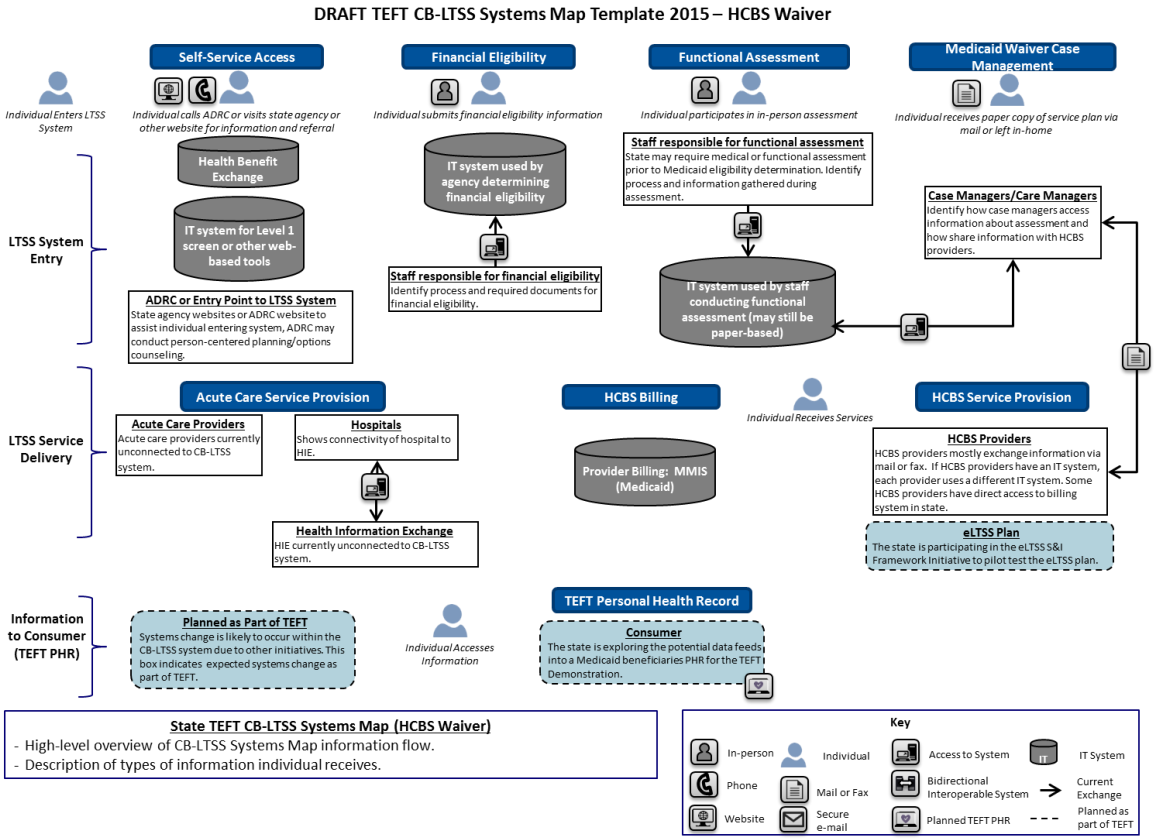
Phone, Mail or Fax

Secure e-mail

Access to System

Unidirectional Interoperable System

Bidirectional Interoperable System



Scoring Data Integration Across HCBS Waiver System Functions

HCBS Waiver System Function	Entities Involved in Data Sharing	Type of Information Exchange
Information Collected Upon Intake Medicaid Financial Eligibility Screening/Assessment/ Reassessment Waiver Eligibility Determination Care Plan/Budget Approval Service Coordination/ Case Management Acute and LTSS Service Delivery Quality Measurement and Improvement	• Staff performing Level 1 Screen or Level 2 Assessment • Staff determining Medicaid eligibility • Service planners/care managers • HCBS service providers • Acute care service providers • Individuals and/or guardians/family members	**0 pts:** No Exchange **1 pt:** Mail, Phone, Fax, or Unsecure e-mail **2 pts:** Secure e-mail or Direct Secure Messaging **3 pts:** Access to the system **4 pts:** Unidirectional interoperable system **5 pts:** Bidirectional interoperable system

Scoring Data Integration: Service Coordination/Case Management

HCBS Waiver System Function	Entities Involved in Data Sharing	Type of Information Exchange	# of States
Service Coordination/ Case Management	Shared by Service Planners/Care Managers with Acute Care Service Providers	 ✓✓✓✓	4
		 ✓✓✓✓	4
		 ✓	1
	Shared by Service Planners/Care Managers with HCBS Service Providers	 ✓✓✓✓✓✓✓✓	8
		 ✓✓✓✓	4
		 ✓	1
	Shared by Service Planners/Care Managers with Individuals and/or Guardians/Family Members	 ✓	1
		 ✓✓✓✓✓✓✓	7
		 ✓	1

Scoring Data Integration: Acute and LTSS Service Delivery

HCBS Waiver System Function	Entities Involved in Data Sharing	Type of Information Exchange	# of States
Acute and LTSS Service Delivery	Shared by Acute and Primary Care Service Providers with Service Planners/Care Managers	✓✓✓✓	4
		✓✓✓✓	4
		✓	1
		✓✓	2
	Shared by HCBS Service Providers with Service Planners/Care Managers	✓✓✓✓✓✓✓✓	8
		✓✓✓✓	4
		✓✓✓	3
		✓	1
		✓	1
	Shared with Individuals and/or Guardians/Family Members	✓	1
		✓✓✓✓✓✓✓	7
		✓	1

Summary of CB-LTSS Systems Maps and Data Integration Scores

- Understand each state's existing linkages between CB-LTSS and acute care providers
- Establish each state's current use of advanced technology for electronic communication (e.g., secure e-mail, IT systems)
- Assess each state's plans and capacity to improve data sharing systems (as part of TEFT or through other state initiatives that may impact TEFT)
- Assess each state's plans and capacity to develop a PHR for HCBS Waiver populations (e.g., how the data will move from existing systems into a PHR)

Overview of Testing Experience and Functional Tools Evaluation

BENEFICIARIES OUTCOMES EVALUATION

Beneficiary Survey Planning

- Beneficiary Survey Preparation
  - State feedback to date
  - Next steps

UPCOMING EVALUATION ACTIVITIES

TEFT Evaluation—Where Are We Going?

- Updates to the Quarterly Monitoring Report
  - Identify challenges or risks as certain milestones are reached
  - Incorporate PHR utilization measures
- PHR Planning and Implementation Tool data collection
- Year 2 Site Visits

Questions and Contact Information

- Cindy Gruman
  - cindy.gruman@lewin.com
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- Ashley Tomisek
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- Kathleen Tucker
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  - 703-269-5752
- Cara Campbell
  - cara.campbell@lewin.com
  - 703-269-5753

LUNCH & PLENARY

(TEFT Grantee Meeting Resumes at 1:15 pm)

Agenda for the Afternoon

1:15 – 2:00	**Grantee Presentations on PHR & eLTSS** *Steve Lutzky, HCBS Strategies (CO)* *Minakshi Tikoo, Giuseppe Macri, & Rachel Rusnak, University of Connecticut (CT)* *Tom Gossett, Department of Human Services (MN)*
2:00 – 3:15	**Break Out Session: PHR & eLTSS** *All Participants*
3:15 – 3:30	**Break**
3:30 – 4:00	**Functional Assessment Standardized Items (FASI)** *Barbara Gage, Post-Acute Care Center for Research (PACCR)* *Pat Rivard, Truven Health Analytics*
4:00 – 4:30	**Break Out Session: Integrating Functional Assessment Standardized Items (FASI) within eLTSS & PHR** *All Participants*
4:30 – 5:00	**TEFT Grantee Meeting Wrap-Up: Where Do We Go From Here?** *Mike Smith, CMS & Patricia Greim, ONC*

Using Personal Health Records and Assessment Tools to Support Person-Centered Planning

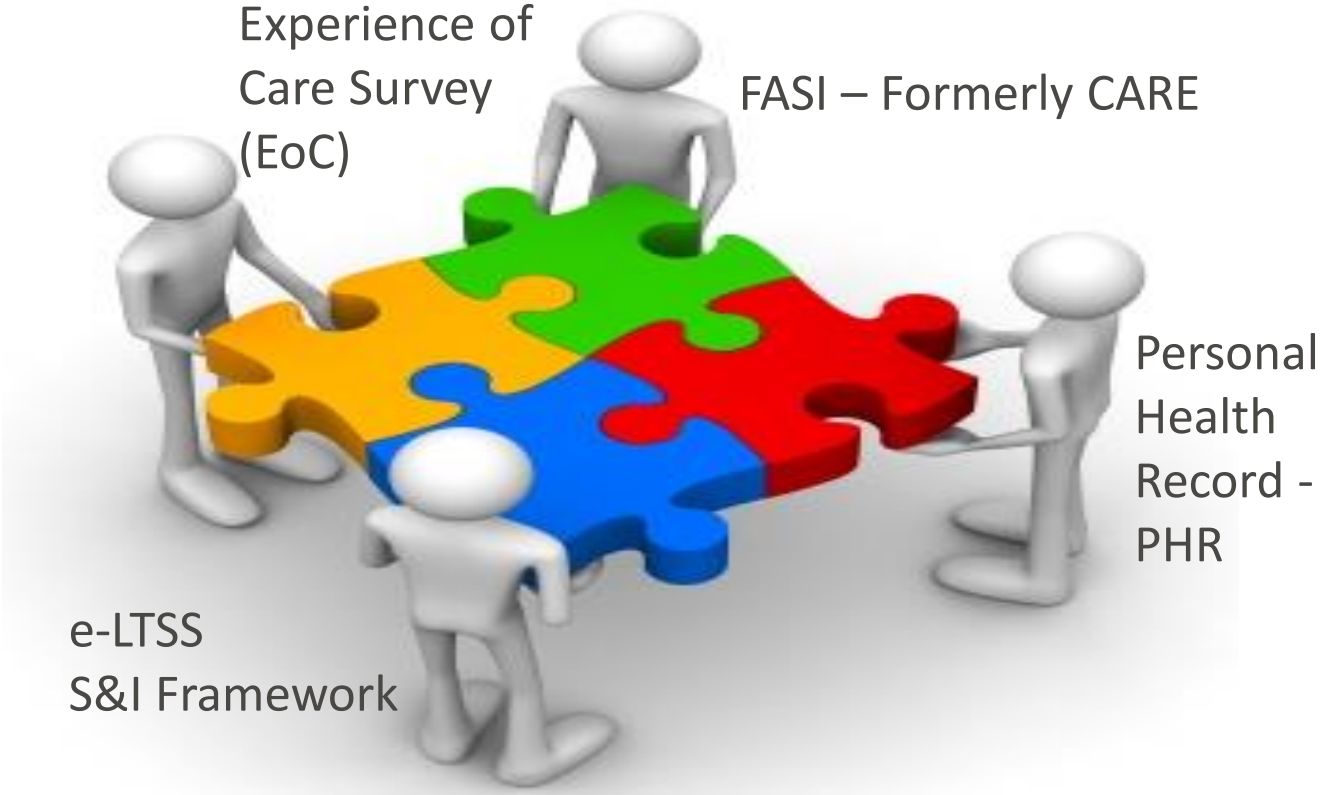
Complying with the CMS HCBS Rules in Colorado

Steve Lutzky, President, HCBS Strategies

Our Mission:

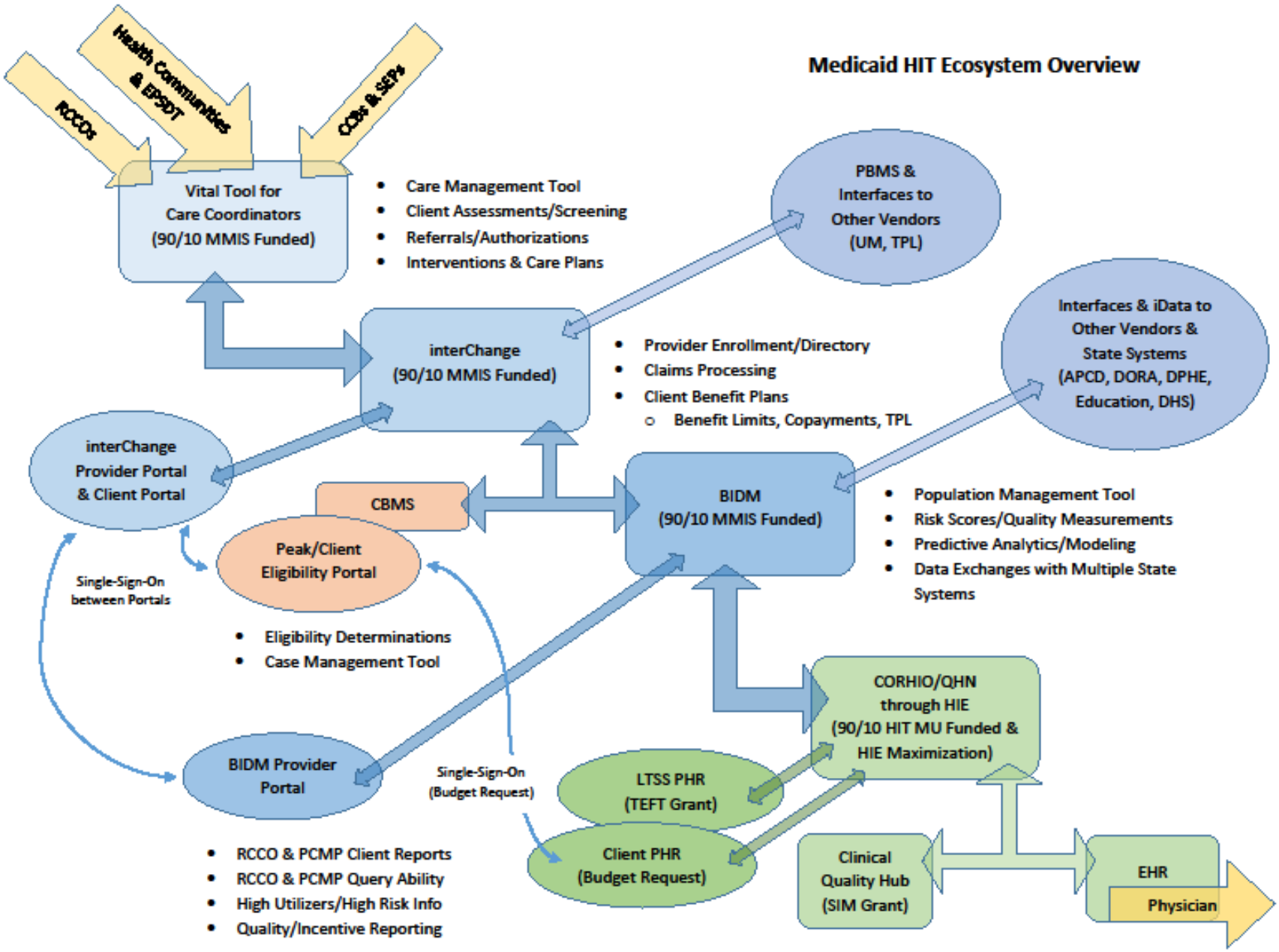
Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources

Colorado TEFT



CO TEFT Goals

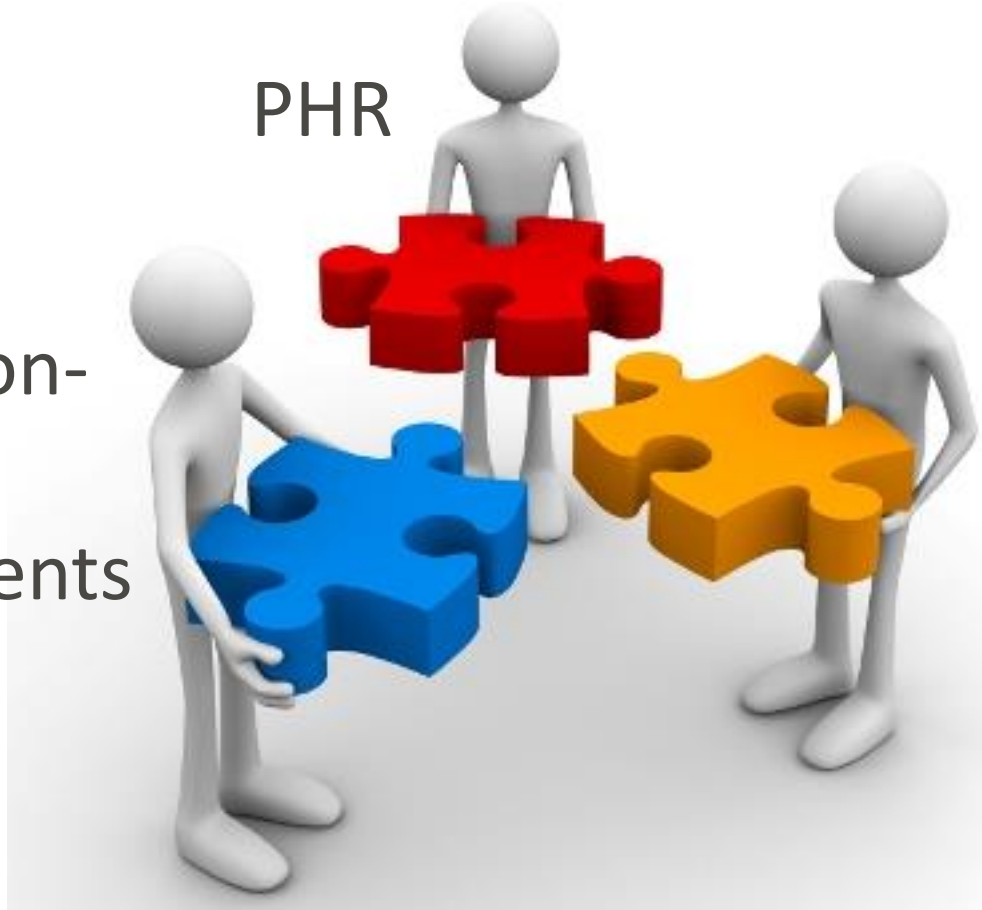
- Utilize client survey to inform services in LTSS
- Embed new FASI items into current assessment tool redesign efforts
- Align assessment tool re-design efforts and TEFT PHR
- To demonstrate and adopt PHR Systems with LTSS clients to include clinical and non-clinical data
- Focus on Person-Centered Approach
- Align e-LTSS standard development with PHR development
- Create a PHR that is scalable for all Medicaid clients


Medicaid HIT Ecosystem Overview
RCCOs
Health Communities & EPSDT
CCOs & SEPs
Vital Tool for Care Coordinators (90/10 MMIS Funded)
Care Management Tool
Client Assessments/Screening
Referrals/Authorizations
Interventions & Care Plans
PBMS & Interfaces to Other Vendors (UM, TPL)
interChange (90/10 MMIS Funded)
Provider Enrollment/Directory
Claims Processing
Client Benefit Plans
Benefit Limits, Copayments, TPL
Interfaces & iData to Other Vendors & State Systems (APCD, DORA, DPHE, Education, DHS)
interChange Provider Portal & Client Portal
CBMS
Peak/Client Eligibility Portal
BIDM (90/10 MMIS Funded)
Population Management Tool
Risk Scores/Quality Measurements
Predictive Analytics/Modeling
Data Exchanges with Multiple State Systems
Single-Sign-On between Portals
Eligibility Determinations
Case Management Tool
CORHIO/QHN through HIE (90/10 HIT MU Funded & HIE Maximization)
BIDM Provider Portal
Single-Sign-On (Budget Request)
LTSS PHR (TEFT Grant)
Client PHR (Budget Request)
Clinical Quality Hub (SIM Grant)
EHR
Physician
RCCO & PCMP Client Reports
RCCO & PCMP Query Ability
High Utilizers/High Risk Info
Quality/Incentive Reporting

Alignment

PHR

CMS Person-Centered Requirements



Assessment Tool Redesign

Assessment Tool Re-Design

- Extensive stakeholder input
- Started with scan of different assessment tools
- Core tool based on MnCHOICES with FASI incorporated
- Incorporate workflows to meet goals including fulfilling CMS HCBS requirements
- Person-centered

Personal Story Module

- Purpose is to provide a framework for the participant to share information about his/her personal history and to track changes that occur over time.
- Could be done at the convenience of the participant through the PHR in advance of or during the assessment process with help from the assessor.
- Could be updated and used as desired by the participant at times other than the assessment.

CMS Requirements addressed by Personal Profile

- The process must be conducted to reflect what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare.
- The process identifies the strengths, preferences, needs (clinical and support), and desired outcomes of the individual.

CMS Requirements Addressed by People Important to Me Section

The person-centered planning process must:

- Reflect what is important to the person to ensure delivery of services in a manner reflecting personal preferences
- Identify the strengths, preferences, needs and desired outcomes of the participant.
- The plan must contain individually identified goals and preferences related to **relationships,** community participation, employment, income and savings, healthcare and wellness, education and others.

CMS Requirements Addressed by My Support Planning Meeting Section

The person-centered planning process must:

- Be driven by the individual
- Include people chosen by the individual
- Provide necessary information and support to the individual to ensure that the individual directs the process to the maximum extent possible
- Be timely and occur at times/locations of convenience to the individual
- Reflect cultural considerations/use plain language

CMS Requirements Addressed by My Future Section

- The plan must include individually identified goals & preferences related to:
  - Relationships
  - Community participation
  - Employment, income and savings
  - Healthcare and wellness
  - Education and others.
- The plan must include goals and desired outcomes.

CMS Requirements Addressed by Service Preferences Section

- Removed from the Personal Story Module, but is being considered for Support Plan.
- The plan must reflect individual strengths and preferences.
- The process must reflect cultural considerations.

Thank You!

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Identifying PHR Requirements Using Town Hall Meetings

Minakshi Tikoo

Giuseppe Macri

Rachel Rusnak

Agenda

- Overview of Connecticut's Process
- Initial Outreach
- Town Hall meetings
- Data Analysis
- RFP Requirements derived from Town Hall meetings
- Lessons learned and Q&A

Personal Health Records

Connecticut's Plan:

- Seek consumer, caregiver, and provider input
- Compile, analyze, and utilize input to inform project decisions
- Select one or more PHR's that address consumer needs
- Offer a free PHR account to Medicaid CB-LTSS recipients
- Evaluate utility of the PHR, and gather feedback from participants
- Adhere to state and federal privacy, security and consent laws, mandates, standards and best practices.

Connecticut's Goal:

Demonstrate the use of a Personal Health Record (PHR) system with beneficiaries of CB-LTSS.

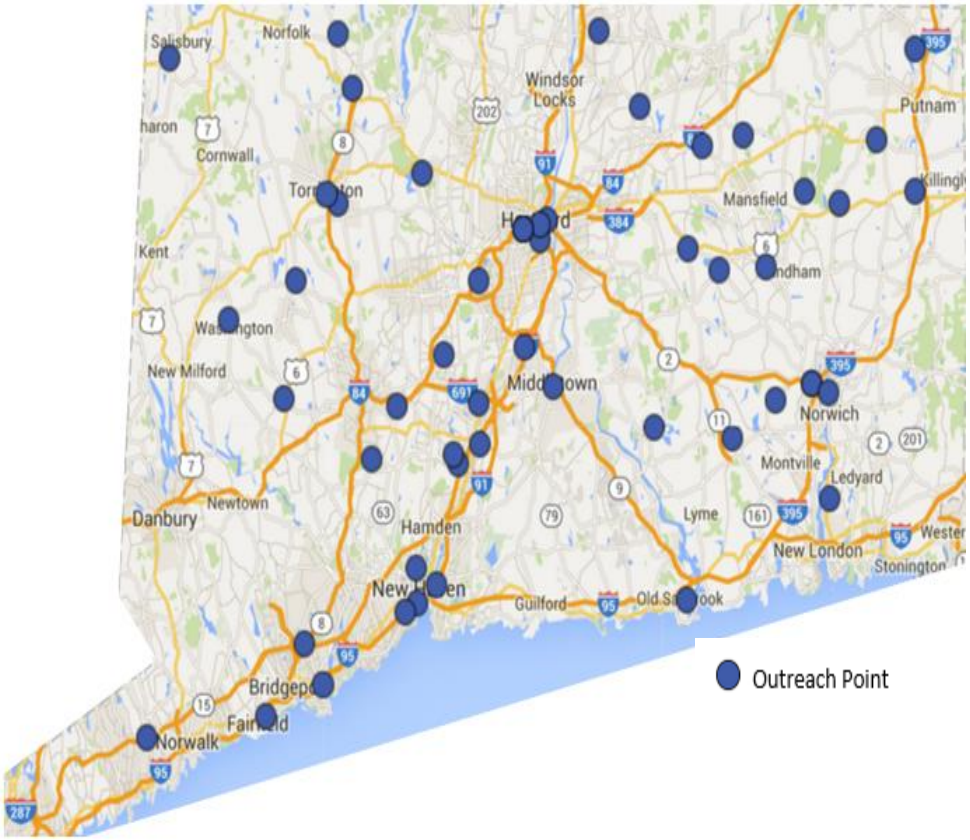
Initial Outreach Strategy

Outreach Activities:

1. Development of a TEFT Webpage
   http://www.ct.gov/cthealthit
2. Creation of Educational Materials
3. Identification of Stakeholders
4. Outreach to Stakeholders
5. Hosting Town Hall Meetings

Outreach Metrics

Organization Type	Outreach
Providers	11
State Affiliates	9
Senior Centers	28
Advocacy Groups	8
Area Agencies on Aging (AAA)	5
AAA Advisory Committees	2
TOTAL	**63**



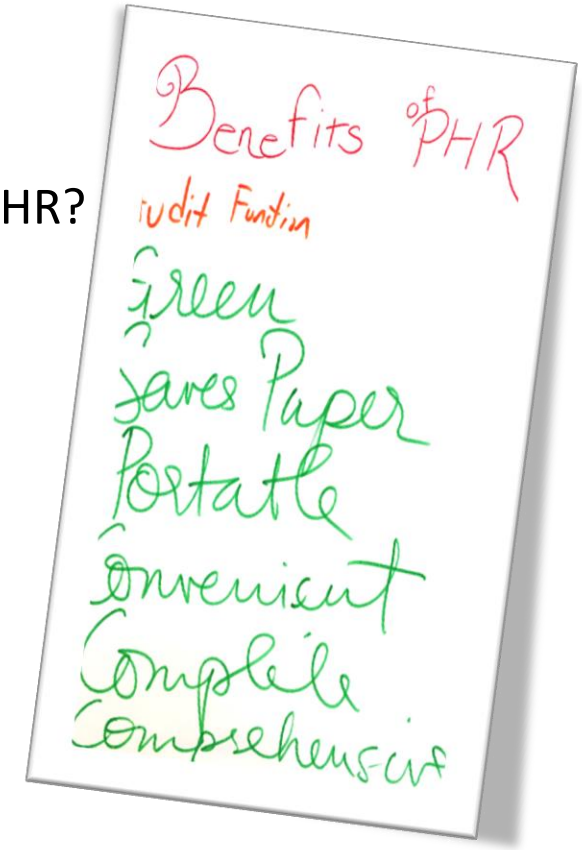
Participant Type	Attendees	Percent
Providers	158	72%
Advocate/Consumers	61	28%
Total	**219**	**100%**

Town Hall Meetings

- Educational Component
  - Personal Health Record Overview
  - Blue Button Standard
  - Direct Secure Messaging
  - PHR Use and Health Outcome Examples
- Question & Answer
- Open Discussion
- Wrap up

Town Hall Discussion Questions

1. What comes to mind when you think about Health IT.
2. What are the benefits of a PHR?
3. What are the challenges of using a PHR?
4. What information would you like to see in a PHR?
5. Who should have access to a PHR?
6. Should we have choices for PHRs?



Response Data Analysis

- Free list domain analysis of participant responses
- Used rank and frequency of a response to a statistical value of salience (Smith's *S score)*
- *S* scores were used to determine which domain held the highest value for stakeholders

Domain Name	Frequency	Average rank	Smith Index
Safety	90.91%	2.500	0.722
Information and Planning	81.82%	3.000	0.685
Satisfaction	81.82%	3.000	0.673
Respect/Rights	45.45%	4.800	0.367
Access	72.73%	9.250	0.297

First Impressions of HIT

Consumer 1st Impressions

Provider 1st Impressions

Benefits of PHR

Combined Responses

Provider Responses

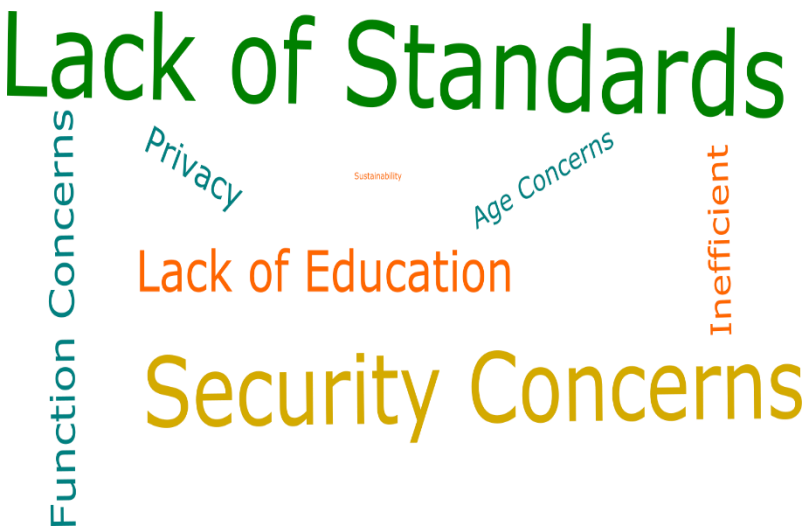
Consumer Responses

Barriers to PHR Use

Combined Responses

Provider Responses

Consumer Responses



Functions Wanted in a PHR

Provider Responses

Consumer Responses

Who should have access to your PHR?

How many PHRs should be procured for the Demonstration?

Participants indicated the best amount would be 3 PHRs

Three PHRs allows potential users to:

- Test several solutions
- Choose PHR solution best suited for their needs
- Learn about all selected solutions without becoming overwhelmed
- More person-centered

National Core Indicator (NCI) Wordles

Benefits

Challenges

Wants

First Impressions

NCI Domains Captured

Domains	Sub-domains
Health, Wellness & Safety	Health
	Respect & Rights
	Medications
	Safety
	Wellness
	Restraints

Domains	Sub-domains
Family Indicators	Choice & Control
	Family Outcomes
	Satisfaction
	Family Involvement
	Community Connections
	Access & Support Delivery
	Information & Planning

Domains	Sub-domains
System Performance	Access
	Service Coordination
	Financial Information
	Service Information
	Staff Competence

Domains	Sub-domains
Individual Outcomes	Work
	Residence
	Community Inclusion
	Relationships
	Choice & Decisionmaking
	Satisfaction
	Self-Determination

Legend

Not Captured

Captured

PHR Requirements

- Direct Secure Messaging Enabled (Security Concerns)
- Patient Consent Registry (Privacy Concerns/Respect & Rights)
- Single Factor Authentication (Security Concerns/Convenience)
- Data Aggregating Toolkit (Access to Health Data/Choices of PHR)
- Proxy Access (data rights set by the consumer) (Security Concerns/Convenience)
- Calendar/Service Appointment Reminders (Notification/Convenience/Planning tools)
- Section 508 compliance (Disability Support/Access to Health Data)
- Multilingual Capability (Convenience/Functional Concerns)

Final Thoughts

- It was initially hypothesized that Providers and Consumers would have significantly different responses
- When compared against other state's RFPs, several of the requirements gathered from Town Hall meetings are validated
- Participants reported 3 PHRs being the ideal number of PHRs to test for the demonstration
- Collecting large amounts of data does not require plex study designs

Lessons Learned

- Reach out to stakeholders early and often
- Multi-lingual staff may be needed
- Utilize Federal Plain Language Initiative guidelines
- Provide subtitles for video clips
- Informational components about emerging technology may improve participant response rates

Questions?

http://www.ct.gov/cthealthit

Contacts

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Minnesota's

Personal Health Record for Long Term Services and Supports

Demonstration

(PHR for LTSS Demo)

Tom Gossett, Business Project Manager, MN DHS

8/31/2015

Overview

- **What** we're doing
- **Who** is doing it
- **Why** we're doing it
- **How** we're doing it
- **When** we're doing it

Demonstration Project:

Trying something out
to see
how it works

What we're doing

Personal Health Record

"An ideal PHR would provide a complete and accurate summary of the health and medical history of an individual by gathering data from many sources and making this information accessible online to anyone who has the necessary electronic credentials to view the information."

-Centers for Medicare & Medicaid Services

What we're doing

Starting with:

- Case manager contact information
- Text notifications to cell phone
- DHS Letters electronically
- Sharing with others

What we're doing

Later adding:

- Notes users can share
- Assessments in addition to paper
- Other information

  Advance Directives, Power of Attorney, Guardianship, etc.

Minnesota Department of Human Services
PHR for LTSS Demo
Minnesota's Personal Health Record for Long Term Services and Supports Demonstration
(funded by a CMS TEFT Grant)

Who is doing it

Users:

- Beneficiary or legal representative
- Others as chosen by beneficiary
- Case Manager

Who is doing it

Builders:

- Community Collaborative
  - Request for Proposals
- Users
  - Focus Groups, Usability Testing, etc.
- MN Department of Human Services (DHS)

Why we're doing it

Health Information Technology improves

- Care Coordination
- Care Transitions
- Data Sharing and Analytics

resulting in more

Person-Centered Care

How we're doing it

Steps

1. Requirements
2. Planning
3. Designing
4. Development
5. Testing
6. Deployment
7. Maintenance

How we're doing it

1. Requirements

- Conduct requirements workshops
- Develop business requirements
- Communicate with stakeholders

How we're doing it

2. Planning

- Create DHS Statement of Work
- Publish Request for Proposals for Community Collaborative

How we're doing it

3. Designing

- DHS systems to send data to PHR
- Collaborative PHR to share data with beneficiaries
- Engage beneficiary focus groups

How we're doing it

4. Development

- DHS systems to send data to Collaborative PHR
- Collaborative PHR to share data with beneficiaries

Minnesota Department of Human Services
PHR for LTSS Demo
Minnesota's Personal Health Record for Long Term Services and Supports Demonstration
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How we're doing it

5. Testing

- DHS systems for secure transport of accurate data
- Collaborative PHR for secure, useable display of DHS data
- Engage beneficiaries as testers

How we're doing it

6. Deployment

- DHS systems to production
- Collaborative PHR to production
- Engage and support beneficiaries as users

How we're doing it

7. Maintenance

- DHS systems internal maintenance and support
- Collaborative PHR system maintenance
- Engage and support beneficiaries as users

When we're doing it

Release #1 – 9/30/2016

Release #2– 9/30/2017

Lessons Learned – 3/31/2018

Our Goal:

A Personal Health Record that is:

- **Accessible** for seniors and people with disabilities
- **Useful** for beneficiaries/legal reps and case managers
- **Available** securely over the mobile internet

More information

- Web Site

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

- Monthly Updates

  Subscribe on Web site

- Contact Tom Gossett project manager

  tom.l.gossett@state.mn.us

  651-431-2601

Minnesota Department of Human Services
PHR for LTSS Demo
Minnesota's Personal Health Record for Long Term Services and Supports Demonstration
(funded by a CMS TEFT Grant)

BREAK OUT SESSION

PHR and eLTSS


T E F T
DEMONSTRATION GRANT FOR TESTING EXPERIENCE AND FUNCTIONAL TOOLS

BREAK

Functional Assessment Standardized Items (FASI): Update and Q & A

Barbara Gage, Sr. VP, Scientific Research & Evaluation, Post Acute Care Center for Research (PACCR)

Patricia Rivard, FASI TA Lead, Truven Health Analytics

TEFT Grantee Meeting - 2015 HCBS Conference
August 31, 2015

FASI – Functional Assessment Standardized Items

- Standardized assessment items enable states to collect data once and use multiple times to:
  - Monitor quality and measure program impact
  - Determine eligibility for different state programs
  - Report across multiple populations within a state and across states
  - Update systems to reflect national measurement standards
  - Create exchangeable data platforms

Background and Development

- Standardized assessment items originally developed for assessing function in the Medicare population including dual-eligibles
- Functional items adapted to assess status and needs of participants in HCBS settings
- Draft items presented to TEP for feedback
- Modify items based on feedback from TEP
- Test items for reliability and validity in HCBS populations
- Work with states to incorporate items for Round 2 data collection
- Grantees will demonstrate use of finalized items in their CB-LTSS programs

Field Test – Round 1

- Goal: Assess reliability & validity
- Data Collection: Mid- 2016
- Six (6) grantee states will provide sample
- Populations:
    - Aged
    - Physically Disabled
    - Intellectual/Developmental Disabilities
    - Brain Injury
    - Severely Mentally Ill
- In-home assessments conducted by qualified assessors
- Data Analysis: Later in 2016

FASI – Demonstration – Round 2

- Six grantees participating - 2017
- Will collect data and demonstrate use in select programs/populations :
  - Assess HCBS program quality
  - Facilitate state/regional/national comparisons of functional status
  - Provide comparative data for legislatures on rebalancing efforts
  - Test state-based data exchangeability
  - Other uses?

Questions?

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- Pat Rivard – patricia.rivard@truvenhealth.com

BREAK OUT SESSION

Integrating Functional Assessment Standardized Items (FASI) within eLTSS & PHR

TEFT Grantee Meeting Wrap-Up: Where Do We Go From Here?

Mike Smith, Director, Division of Community Systems Transformation, CMS

Patricia Greim, Performance & Operations Director, Office of Standards & Technology, ONC

Thank you for attending!