HIEs and Non-Eligible Providers: Leveraging LTPACs and Behavioral Health
February 29, 2016

Keith Kelley, Indiana Health Information Exchange (IHIE)
Laura Young, Behavioral Health Information Network of Arizona (BHINAZ)
Michelle Dougherty, MA, RHIA, RTI International, Center for the Advancement of Health IT

DISCLAIMER: The views and opinions expressed in this presentation are those of the author and do not necessarily represent official policy or position of HIMSS.
Conflict of Interest

Keith Kelley, Laura Young, and Michelle Dougherty
Have no real or apparent conflicts of interest to report.
Learning Objectives

• Explain how the IMPACT Act supports health data exchange and re-use.
• Appraise the barriers to health data exchange in the LTPAC and Behavioral Health market segments.
• Identify success factors that support sustainable exchange between LTPACs and their trading partners.
• Describe how HIEs are resolving the unique problems associated with behavioral health.
• Evaluate dedicated single-use HIE approaches for behavioral health exchange.
Non-Eligible Providers and the IMPACT Act

Michelle Dougherty, RTI International, Center for the Advancement of Health IT
Agenda

• Identify the LTPAC and BH non-eligible providers
• Discuss their use of health IT, opportunities and barriers
• Introduce the IMPACT Act of 2014 and discuss the major provisions for advancing standardization and interoperability in post-acute care
### Non-Eligible Providers: HITECH Required Report to Congress

#### Long-Term & Post-Acute Care (LTPAC)
- Home health agency
- Hospice
- Inpatient rehabilitation facility
- Intermediate care facility for individuals with intellectual disabilities
- Long-term care hospital
- Nursing home

#### Behavioral Health (BH)
- Clinical social worker
- Community mental health center
- Psychiatric hospital/unit (including substance abuse)
- Residential treatment centers (facilities for mental health and/or substance abuse)
- Psychologist

#### Safety Net Providers (FQHC and RHC)
- Federally qualified health center
- Rural health clinic

#### Other
- Ambulance Service
- Ambulatory surgical center
- Blood center
- End stage renal disease dialysis center
- Laboratory
- Dietitian/nutritionist
- Pharmacist
- Pharmacy
- Therapist (physical, occupational, speech)

---

EHR Payment Incentives for Providers Ineligible for Payment Incentives and Other Funding Study, ASPE Dougherty, Williams, Millenson, and Harvell, June 2013
Adoption of EHRs by non-eligible providers

• Adopting technology to meet their clinical and business needs
• Adoption of certified technologies lags behind eligible providers and professionals
• Health information exchange features and functionality just beginning, but there are barriers to overcome
  – Business case is critical to advancing HIE
  – HIE is particularly important due to
    • Frequent communication with other providers
    • Multiple providers often care for the patients served in LTPAC and BH
    • Patients experience numerous transitions

EHR Payment Incentives for Providers Ineligible for Payment Incentives and Other Funding Study (ASPE) Dougherty, Williams, Millenson, and Harvell, June 2013
LTPAC and BH Providers Need & Use Multiple Methods for HIE

In Person Exchange
(F2F interviews, participation in rounding, case management team meetings)

Phone, Fax/eFax, Mail, email

Access to EHR, Interfaces & Portals, Point to Point
(Access to hospital EHR through onsite secure login, VPN, shared network drives; physician portals to LTPAC EHRs. Interfaces for telehealth; Proprietary referral/care management application)

HIE Organizations (HIEOs)
(Access by LTPAC and BH increasing, minimal transmission of data to HIEO)

MULTIPLE METHODS FOR HEALTH INFORMATION EXCHANGE
(Interoperable exchange very limited)
Opportunities and Barriers

**Opportunities**

- Integration of LTPAC and BH patients and their health information in new delivery models
- Improvement in referrals, transitions in care, and hospital re-admissions.
- Ability to use care pathways and evidence-based tools across populations
- Improve interoperability with pharmacy for medication management processes.
- Provide a foundation for development of a patient-centered plan of care
- Enable new patient-centered, longitudinal electronic quality measurement
- Opportunity to improve eligibility determinations for state programs

**Barriers**

- Lack of awareness (but growing)
- Lack of capital to purchase EHR software, hardware and subscription/transaction fees
- Insufficient incentives and other funding options
- Limited certified vendors for products for resulting in limited alignment with the EHRs used by eligible providers (*changing with new Certification Rule*).
- Significant variability in EHR functionality used by providers and need for low-cost solutions for some.
- Lack of a trained workforce to implement and maintain interoperable EHRs and HIE processes.
- Need for computable privacy/consent management processes in an HIE environment and compliant with 42 CFR Part 2 including policies and health IT standards
- Perception by BH providers that participating in HIE was not an acceptable practice and/or would violate privacy laws.
Direct and Indirect Support Opportunities for LTPAC and BH

Direct
- Extend Incentives
- Grants to support acquisition
- Loan Programs
- Technical Assistance & Consulting
- Other subsidies

Indirect
- Grants to States
- Grants to community groups/demo programs
- Resources and Toolkits
- Policy & HIT Standards
- Anti-Kickback Statute (AKS) EHR Safe Harbor

EHR Payment Incentives for Providers Ineligible for Payment Incentives and Other Funding Study (ASPE) Dougherty, Williams, Millenson, and Harvell, June 2013
• Bi-partisan bill introduced in March, U.S. House & Senate, passed on September 18, 2014, and signed into law by President Obama October 6, 2014

• The Act requires the submission of **standardized** assessment data by:
  – Long-Term Care Hospitals (LTCHs): LCDS
  – Skilled Nursing Facilities (SNFs): MDS
  – Home Health Agencies (HHAs): OASIS
  – Inpatient Rehabilitation Facilities (IRFs): IRF-PAI

• The Act requires that CMS make **interoperable** standardized patient assessment and quality measures data, and data on resource use and **other measures** to allow for the exchange of data among PAC and other providers to facilitate coordinated care and improved outcomes
Why IMPACT? Why Now?

• The lack of comparable information across PAC settings undermines the ability to evaluate and differentiate between appropriate care settings for and by individuals and their caregivers.

• Standardized PAC assessment data will allow for continued beneficiary access to the most appropriate setting of care.

• Standardized PAC assessment data allows CMS to compare quality across PAC settings (longitudinal data).

• Standardized and interoperable PAC assessment data allows improvements in hospital and PAC discharge planning and the transfer of health information across the care continuum.

• Standardized PAC assessment data will allow for PAC payment reform (site neutral or bundled payments).

• Standardized and interoperable PAC assessment data supports service delivery reform.
Standardized PAC Patient Assessment Data for Quality Measures

- IMPACT Act requires PAC providers to report standardized assessment data for the following Quality Measure Domains by the following dates:

<table>
<thead>
<tr>
<th>Quality Measure Domains</th>
<th>LTCH</th>
<th>IRF</th>
<th>SNF</th>
<th>HH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional status/ cognitive function</td>
<td>10/1/18</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>1/1/19</td>
</tr>
<tr>
<td>Skin integrity</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>1/1/17</td>
</tr>
<tr>
<td>Medication reconciliation</td>
<td>10/1/18</td>
<td>10/1/18</td>
<td>10/1/18</td>
<td>1/1/17</td>
</tr>
<tr>
<td>Incidence of major falls</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>1/1/19</td>
</tr>
<tr>
<td>Communicating the existence of and providing for the transfer of health information and care preferences</td>
<td>10/1/18</td>
<td>10/1/18</td>
<td>10/1/18</td>
<td>1/1/19</td>
</tr>
</tbody>
</table>

The measure domains provided in the Act are not exhaustive.
Standardized Patient Assessment Data

- IMPACT Act requires PAC providers to report standardized assessment data in the following Assessment Data Categories:
  - Functional status
  - Cognitive function and mental status
  - Special services, treatments, and interventions
  - Medical conditions and co-morbidities
  - Impairments
  - Other categories

<table>
<thead>
<tr>
<th>Standardized Assessment Data Reporting Dates</th>
<th>LTCHs, IRFs, SNFs</th>
<th>HHAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/1/18</td>
<td>1/1/19</td>
<td></td>
</tr>
</tbody>
</table>

CMS National Provider Call: IMPACT Act: Connecting Post-Acute Care Across the Care Continuum
Harvell, O’Malley, Palena-Hall, February 4, 2016
Standardization: ‘As Is’ Transitions ‘To Be’

**As Is:** Multiple Incompatible Data Sources

- Nursing Homes (MDS)
- LTCH (LCDS)
- Inpatient Rehab Facilities (IRF-PAI)
- Home Health Agencies (OASIS)
- Hospitals No Standard Data Set
- Physicians No Standard Data Set
- Outpatient Settings No Standard Data Set
- LTSS No Standard Data Set
- Other TBD No Standard Data Set

**GOAL**

**Aligned Data Elements Across Providers**
- Standardized
- Nationally Vetted

**To Be:** Aligned Assessment Data Elements

- Enable Use/re-use of Data
  - Exchange Patient-Centered Health Info
  - Promote High Quality Care
  - Support Care Transitions
  - Reduce Burden
  - Expand QM Automation
  - Support Survey & Certification Process
  - Generate CMS Payment
Opportunities to Re-Use Standardized & Interoperable Assessment Data Elements

• Leveraging and mapping PAC assessment data elements to nationally accepted Health IT standards supports:
  – Information exchange and re-use with and by:
    o Acute care hospitals and primary care providers
    o Long-term and post-acute care providers
    o Home and community based providers (HCBS)
    o Other providers
    o Health Information Exchange Organizations
  – Use and re-use of assessment data in a variety of document types including:
    o Transfer documents
    o Referral documents
    o Care plans
    o LTPAC Assessment Summary Documents

• CMS will make available public reports of PAC Assessment Data Elements mapped to health IT standards
CMS HITWG Activity to Support Standardization and Interoperability

Prioritizing DEs in need of standards:
- DEs in QM Domains
- DEs needed for health information exchange

Evaluating Data Element (Questions and Answers) Standardization across PAC Assessment Instruments

Data Elements Mapped to HIT Vocabulary Standards (include)
- LOINC
- SNOMED
- ICD

Selected Data Elements Mapped to Standards for Continuity of Care
- C-CDA Templates

CMS National Provider Call: IMPACT Act: Connecting Post-Acute Care Across the Care Continuum
Harvell, O’Malley, Palena-Hall, February 4, 2016
CMS Data Element Library (DEL) #HIMSS16

Standardization and Interoperability

Standardized, Interoperable, Reusable EHR Data: Supports CMS and Multiple Other Users’ Needs

DATA Library

- Data Library includes:
  - Assessment Instruments, content includes:
    - Metadata
    - Data Elements (questions and answers)
  - Mapping of Data Elements (between instruments and to HIT stands, Domains, uses, etc.)

CMS Data Element Library: Standardizing Data Content, Data Collection Vehicle, Data System Infrastructure, Deployment Strategy.

NH: MDS
LTCH Care Data Set
Hospice
HHA: OASIS
Hospital
IRF: IRF-PAI
Other

Provider’s HIT/EHR

HIEs
HIOs
Registries
Other Data Intermediaries

CMS

Business Needs:
- Quality Reporting
- Payment
- Program Integrity
- Regulatory Compliance

Other Data Uses
- Federal Agencies
- States
- Providers
- Researchers/Clinicians
- Patients/Beneficiaries

CMS National Provider Call: IMPACT Act: Connecting Post-Acute Care Across the Care Continuum
Harvell, O’Malley, Palena-Hall, February 4, 2016
Library: Content and Implementation

• Content in the Data Element Library will include:
  – Repository of Questions and Responses in Assessment Instruments
  – Assessment Instruments and versions
  – Relationships mapped to and between data elements including:
    ✓ Question to Question, HIT standards, Domains, Other Mappings

• Implementation of the Data Element Library:
  – Phased implementation
  – Regular updates to include new and modified data elements, new assessment instrument versions, and new and updated HIT mappings

• Pre-defined public reports will include:
  – Inventory of questions and responses in an assessment instrument
  – Standardized data elements in more than one assessment instrument
  – Assessment data elements and linked HIT standards report
HIE and LTPAC

Keith Kelley, Indiana Health Information Exchange (IHIE)
IHIE Background

IHIE Fact Sheet

- Regenstrief established exchange in mid 90’s
- IHIE founded in 2004 as 501c3 not-for-profit organization
- 240+ contributing facilities
- 40,000+ clinicians
- Inter-HIE with Healthbridge since 2009
- CCD Exchange with 1,100 VA facilities
- 17M clinical results delivered monthly
- 2M care summaries monthly
Agenda:
Long Term Post Acute Care (LTPAC)

Current State

Challenges

Opportunities
LTPAC Current State

Three organizations (33 facilities) part of the Indiana Network for Patient Care

Contributing different information based on vendor capability

One organization monitors patients while at ED/ICU to prepare for their return

Active dialog with three national organizations representing 150+ facilities.

Many throughout Indiana receive clinical results and ToC through the HIE.

Interest is growing rapidly, but challenges remain.
LTPAC information is part of integrated view
LTPAC Challenges

EHR vendor interoperability capabilities

Lack of standard clinical summary in standard format

HIE certification fee?

Lack of financial incentives (eg, MU) and financial resources

Lack of interest in local facilities

Lack of consistent HIE models
LTPAC Opportunities

Alternate Delivery Models (ACOs, CINs, etc)

Alternate Payment Models (eg, Bundled Payments)

Potential Financial Incentives

Rising Interest from LTPAC organizations

Improving EHR vendor interoperability capabilities and standard outputs

More consistent HIE models
LTPAC Opportunities – Specific Services

Virtual Patient Record
- View HIE Virtual Record when patient is registered
- Monitor resident while at short term acute care hospital
- Share LTPAC data to coordinate care with other care givers

Electronic Results Delivery
- Receive clinical results and reports via preferred method (portal or EMR)
- Receive Transitions of Care summaries from short term acute care hospitals

ADT Notifications for Hospital Admits or ED Visits
- ACO and CIN patients
- 30 day readmissions
- Comprehensive Joint Replacement
HIE and Behavioral Health

Laura Young, Behavioral Health Information Network of Arizona (BHINAZ)
Behavioral Health HIE

- BHINAZ is a provider-owned HIE in Arizona that specializes in behavioral health and integrated health exchange
- Behavioral Health Information Partners (BHiP) is our consulting arm offering expertise to other HIEs around the exchange of behavioral health data.
Agenda

- Barriers
- Approaches to HIE and exchange of Behavioral Health Data
- 42 CFR Part 2 and Consent
- Specialty Projects
Behavioral Health HIE Barriers

• Lack of incentives for Behavioral Health Providers
• Challenges with collection and sharing of protected data
• Buy-in from providers and patients
Differences between Physical and Behavioral Health HIEs

- Privacy Rules: HIPAA vs. 42 CFR Part 2
- Consent models: Granularity
- Data Sets: Different provider needs
- Workflows: Use of HIE
System Workflow Drivers

- Complicated Federal Laws around Privacy - 42 CFR Part 2
- Maintains Integrity of Behavioral Health System - Needs
  - Interagency Collaboration
  - Consumer/Family Input
  - Additional Legal Considerations in Data Sharing (Court-Ordered)

HHS Proposed Rule
February 9, 2016:

Updating the Substance Abuse Confidentiality Regulations for 42 CFR Part 2

Intent is to modernize the regulation to facilitate electronic exchange while ensuring confidentiality protections
System Workflow Drivers

• Triple Aim – Behavioral Health System Complexities
  • Improved Consumer Care
  • Improve Health of Population: Adult & Child
  • Costly experiences
    • Adults with Serious Mental Illness
    • Address and Prevent Health Care Illness in Children
Key HIE Design Considerations

Provider and Community Driven

• Identification of Community/Consumer Needs
• Data Remains at Community Level: Care Continuity for Consumers
• Preventative Care, Early Intervention: Reduction of Costly Services
• Proactive Care Coordination
Data Set

- Structured Data Elements
  - Demographics, Labs, Medications, Allergies, & Diagnosis
- Clinical Documents
  - BH/SA Screening Tools, Psychiatric Evaluations, Assessments, Crisis & Safety Plans, Discharge/Transitions Plans, Progress Notes, etc.
42 CFR Part 2 Compliant Consent

• Consent is captured electronically at the point of care
• Opt-in consent is valid for 365 days, then a new consent is collected
• Patients can revoke at any time
• The consent is “all or nothing” per agency/entity. We are not doing data segmentation at this time
• Break-the-Glass is allowed regardless of consent status for valid emergency situations.
Granular Consent Model

- Participant visits Agency A
- They sign a consent to allow their Agency A data to be shared/viewed by ALL BHINAZ organizations
- Agency A Data now flows to all other BHINAZ organizations.

- Participant visits Detox Center
- They choose NOT to share their detox data
- The detox center can see Agency A’s data
- No detox data can be viewed by any other agency on the network EXCEPT the Crisis Center if there is an emergency
Crisis Use Case

- BHINAZ has connected Maricopa County SMI Case-Management organizations for bi-directional exchange
- Data from the SMI Clinics is available via a special portal viewer for Maricopa County crisis providers
- Allows for consolidated look-up
- Specific information needed for crisis treatment
- Real-time Crisis Alerts route to BHINAZ connected providers anytime their client has interacted with a crisis provider
Patient: Carlos M  06/03/1995 PID: 1026
512 S. Mesa Avenue
Phoenix, AZ  85014

Assigned Case Manager:
Kim Jones
Phone: (480) 555-1212

Physician Contact:
Dr. Bob Smith
Phone: (480) 555-1212

Emergency Contact:
Charlene Sanchez
Phone: (480) 555-1212

Guardian Contact:
Lisa Young  Type: State
Phone: (480) 555-1212

DTO:  
DTS:  
SMI:  
Treatment Status: Voluntary

Medications

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/28/2014</td>
<td>Finacea 15% topical gel</td>
<td>JFCS</td>
</tr>
<tr>
<td>4/19/2014</td>
<td>Wellbutrin XL 300mg, 24 hr tablet, extended release</td>
<td>JFCS</td>
</tr>
<tr>
<td>4/3/2014</td>
<td>Zoloft 20 mg/ml oral concentrate</td>
<td>Banner Desert</td>
</tr>
<tr>
<td>3/12/2014</td>
<td>acetaminophen 120 mg-codeine 12 mg/ml oral suspension</td>
<td>JFCS</td>
</tr>
</tbody>
</table>

Documents

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/28/2014</td>
<td>CFT Service Plan</td>
<td>JFCS</td>
</tr>
<tr>
<td>4/19/2014</td>
<td>Adult Suicide Risk Assessment</td>
<td>JFCS</td>
</tr>
<tr>
<td>4/10/2014</td>
<td>Psychiatric Evaluation</td>
<td>JFCS</td>
</tr>
<tr>
<td>4/3/2014</td>
<td>Discharge Summary</td>
<td>Banner Desert</td>
</tr>
<tr>
<td>4/3/2014</td>
<td>Contact Note</td>
<td>CRN</td>
</tr>
</tbody>
</table>
Wrap-up

• Planning for and including behavioral health providers in HIE projects is crucial for care coordination and to reduce cost
• Community involvement is key to adoption
• Key design elements:
  • Consent
  • Data Set
Opportunities and Next Steps
ONC 2015 Edition
Health IT Certification

• Contains new and updated vocabulary, content, and transport standards for the structured recording and exchange of health information

• The ONC Health IT Certification Program is “agnostic” to settings and programs, but can support many different use cases and needs

• This allows the ONC Health IT Certification Program to support multiple program and setting needs, for example:
  – EHR Incentive Programs
  – Long-term and post-acute care
  – Chronic care management
  – Behavioral health
  – Other public and private programs
Discussion and Questions

Contact:

Laura Young
laura.young@bhinaz.com

Keith Kelley
kkelley@ihie.org

Michelle Dougherty
mdougherty@rti.org
@mvldougherty

www.bhinaz.com
www.BHiPConsulting.com
www.ihie.org
www.rti.org