The Office of the National Coordinator for Health Information Technology

electronic Long-Term Services & Supports (eLTSS) Initiative

Progress Update for HITSC

March 18, 2015

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Agenda

- Background & Scope Recap
- eLTSS Initiative Roadmap
- Stakeholder Engagement
- Use Case Development Approach & Progress
- Next Steps
- Questions for HITSC

eLTSS Background: RECAP

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- Launched as an S&I Initiative in November 2014 in partnership with Centers for Medicare & Medicaid Services (CMS)
- Driven by the requirements of the CMS *Testing Experience and Functional Tools (TEFT) in Medicaid community-based long term services & supports (LTSS) Planning and Demonstration Grant Program*
  - Introduced in Affordable Care Act (ACA) Section 2701
  - March 2014: CMS awarded Demonstration Grants to 9 states: AZ, CO, CT, GA, KY, LA, MD, MN, NH

Visit Testing Experience and Functional Tools (TEFT) webpage at Medicaid.gov

eLTSS Initiative: Purpose & Scope

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Identify, evaluate and harmonize standards needed for the creation, exchange and re-use of:

- Key domains and associated data elements of Community Based-Long Term Services and Support (CB-LTSS) person-centered planning, assessment and services; and
- Accessible person-centered service plans that are interoperable and used by providers, beneficiaries, accountable entities and payers.

The standard(s) identified will support the creation of a person-centered electronic LTSS plan, one that supports the person, makes him or her central to the process, and recognizes the person as the expert on goals and needs.*

* Source: Guidance to HHS Agencies for Implementing Principles of Section 2402(a) of the Affordable Care Act: Standards for Person-Centered Planning and Self-Direction in Home and Community-Based Services Programs

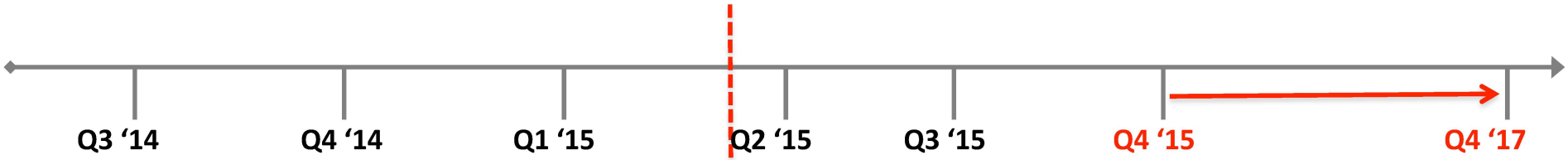
eLTSS Data Exchange Framework

Standards identified for the eLTSS plan will support interoperable exchange with various information systems to include:

1. Community-based Information Systems
2. Clinical Information Systems (e.g. EHRs)
3. State Medicaid Systems and/or other Payer Systems
4. Health Information Exchange Systems
5. Personal Health Record Systems (PHRs)/ Digital Health Devices
6. Other Information Systems (e.g. legal, justice, education, etc.)

Content or data elements of the eLTSS plan will be specific to the types of services rendered and information collected for CB-LTSS. Information collected may contain relevant clinical data needed to support the continuum of beneficiary care, support and services.

eLTSS
S&I Phases Roadmap



Initiative Kick Off: 11/06/14

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: Standards & Harmonization

- Finalize Candidate Standards
- Standards Gap Analysis
- Technical & Standards Design
- Develop Requirements Traceability Matrix
- Develop Implementation Guide

Phase 4: Pilots & Testing

- Pilot site readiness
- Implementation of solution
- Test User Stories and Scenarios
- Monitor Progress & Outcomes
- Utilize Requirements Traceability Matrix

Phase 4: Evaluation

- Evaluate outcomes against Success Metrics and Criteria
- Update Implementation Guidance

Timelines for Consideration: Two Pilot Phases, SDO Ballot Cycles

On-Track ✔

Participant Organizations To-Date

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Organization Type	Organization Names
Federal Agency	FHA, CMS, ONC, HRSA, SAMSHA, ACL, CDC, NIH, DoD, VHA, SSA
State Agency	GA, KY, MN, TX, NY, MI, WA, UT, AZ, MA, MD, IND, VA, CO, VT, OR, DC, CT, IN, NH, TN
Regional/Local Agency	Area of Aging, Agency for Persons with Disabilities, Land of Sky Regional Council, Crow Wing County Community Services, Larimer County Human Services
Consumer Advocacy	AARP, iCarenetwork, Access Living
HIE/HIO	Rallie Inc., CORHIO, NeHII, Hawaii HIE, Rochester RHIO
Health IT Vendor	American Healthtech, Surescripts, Chen Tech, FEI Systems, Meditech, Inofile, NextGen, Zynx, DxWeb, Harmony Information Systems, COMS Interactive, Relayhealth, AdVault Inc., IBM, NHDS Inc., CareDirector, NHDS Inc., Therap Services
Health Providers/ Professionals	Academy of Nutrition and Dietetics, Care Management Professionals, Kaiser Permanente, Kennedy Krieger Institute, Brookdale, Intermountain Healthcare, American College of Physicians, NASMHPD, Partners Healthcare, ICSA Labs,
Healthcare Payer/ Purchaser	OCI, Blue Cross and Blue Shield Association, Care1st Health Plan, Medica Health Plan
Service Providers/ Professionals	Inter-County Nursing Service, Independent Nursing Services, The Independence Center, COF Training Services, Easter Seals, SeniorLink, CaregiverHQ, Benjamin Rose Institute on Aging, Altair ACO, ComForcare Home Care for Seniors, Partners in Care Foundation
Other System IT Vendor	Care at Hand, C Wasel Associates, PeerPlace Networks, Ibeza, CloudPWR, Harmony, Business Trategix Inc., IBM

Use Case Development Approach: Value Framing Questions

Why is an eLTSS plan valuable to you?

- For a **beneficiary** (or individual receiving services)…
  - Access to Information as they want to see it, when they want to see it
  - Ability to control, authorize and monitory services received
  - Promotes unnecessary institutional care (e.g. ED visit, Nursing Home stay)
  - Enables real-time decision making
  - Enables and fosters Independent Living: ***My life, My way***
  - Enhances socialization and social skills development
- For a **caregiver** (or family member not directly providing paid services)…
  - Convenience
  - Service gap mitigation (ability to identify and act upon gaps in service and care)

Use Case Development Approach: Value Framing Questions

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Why is an eLTSS plan valuable to you?

- For a **Provider** (community-based and institutional)…
  - Increases coordination of services/ reduces duplication
  - Promotes accuracy of plan information and ease of sharing
  - Better control of information shared
  - Reduces information capture burden (one plan to review and manage with beneficiary and payer)
- For a **Payer and Accountable Entity**
  - Better coordination of services delivered
  - Improves efficiencies in service operations
  - Improves accuracy of information collected
  - Reduces risk to beneficiary
  - Allows oversight and promotes quality of services
  - Avoids caregivers and case manager duplicating services provided to beneficiary

Value Framing Questions: What services do you utilize most?

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- Change of Status Alerts (to include ADT alerts)
- Transportation
- Educational/ Technical Support
- Social Support/ Companionship (for beneficiary)
- Informal Support for Caregiver/Family Members
- Medication Management
- Nutrition Consultation
- Adult Day Services
- Case Management
- Meal/Food Delivery and Preparation
- Personal Care

Next Steps

- Gather Functional and Technical Specifications for eLTSS Use Case
  - Identify and finalize valuable and applicable *user scenarios*
  - Identify *key domains and associated data elements*; inputs include:
    - CMS CARE Data Elements
      1. 2014 IMPACT Act Implementation
      2. TEFT Care Functional Assessment
    - CMS Balancing Incentive Program: No Wrong Door System Requirements
    - IOM Recommendations for Social & Behavioral Domains and Measures for EHRs
    - NQF HCBS Quality Measures
    - ACL Aging and Disability Resource Center Program: No Wrong Door System Requirements
- Target May 2015 for Consensus Voting on eLTSS Use Case

eLTSS Plan
Future Sharing Options

Payer & Other Accountable Systems

Extract, Transform, & Load eLTSS Plan Data

Generates, updates and displays eLTSS Plan; stores/transmits data

Other IT System

Service Team

COMMUNITY-BASED SETTING

Updates and displays eLTSS Plan; stores/transmits data

Beneficiary & Caregiver

Clinical IT System

Updates and displays eLTSS Plan; stores/submits data

Care Team

INSTITUTIONAL SETTING

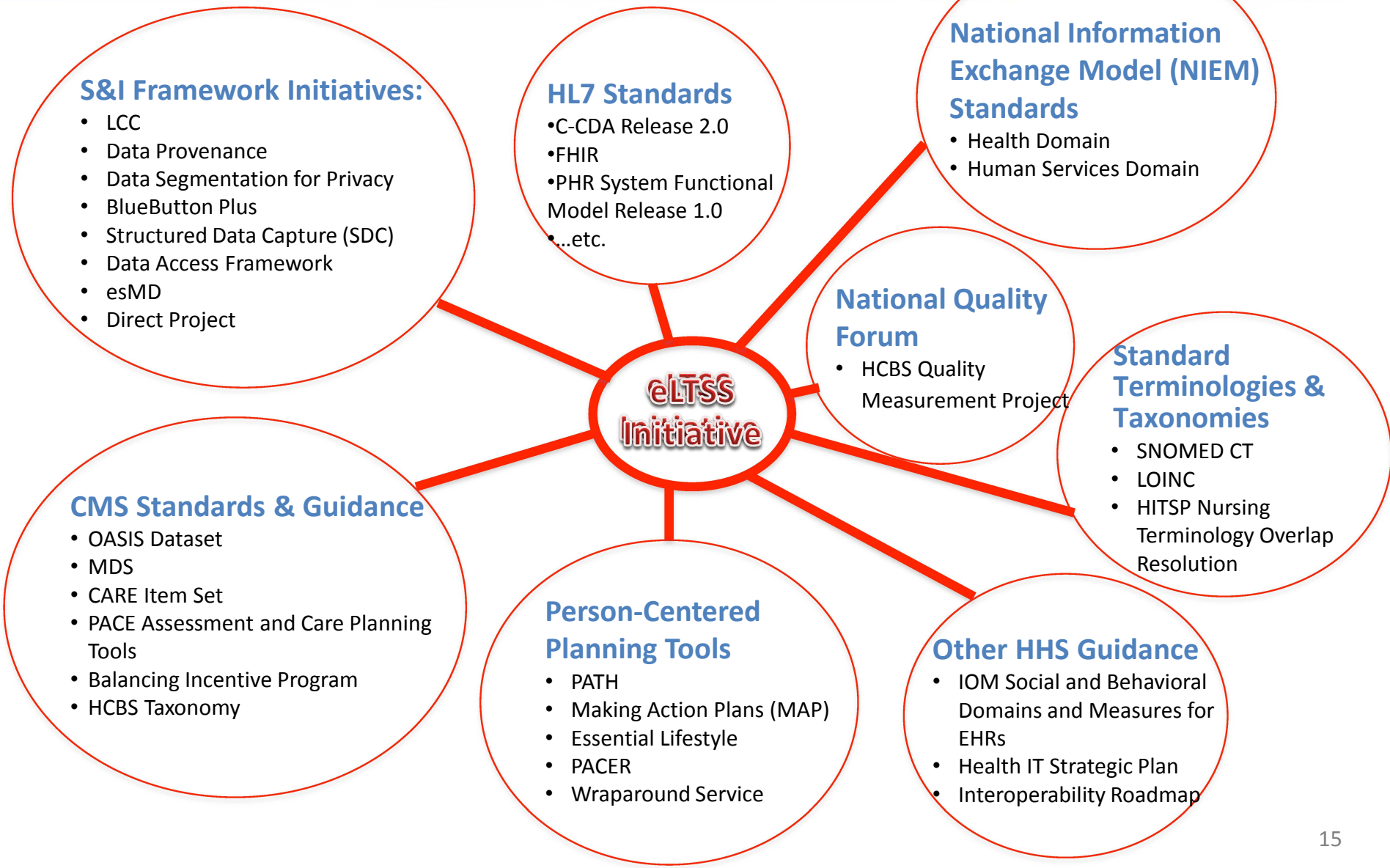
Move from Patient-Centered to Person-Centered Planning and Information Exchange

eLTSS Plan: Questions for HITSC

- What candidate standards exist that lend to this type of work?
- What SDOs should we consider engaging with?
- Do you have guidance for engaging with digital and mobile health innovators?
- What are we missing?

Back-Up

Standardization Efforts to Consider



eLTSS Initiative: Project Team Leads

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- ONC Leads
  - Elizabeth Palena-Hall (elizabeth.palenahall@hhs.gov)
  - Tricia Greim (patricia.greim@hhs.gov)
- CMS Lead
  - Kerry Lida (Kerry.Lida@cms.hhs.gov)
- Federal Liaison Lead
  - Jennie Harvell (jennie.harvell@hhs.gov)
- Initiative Coordinator
  - Evelyn Gallego-Haag (evelyn.gallego@siframework.org)
- Project Management & Pilots Lead
  - Lynette Elliott (lynette.elliott@esacinc.com)
- Use Case & Functional Requirements Development
  - Becky Angeles (becky.angeles@esacinc.com)
- Standards Development Support
  - Angelique Cortez (angelique.j.cortez@accenture.com)
- Harmonization
  - Atanu Sen (atanu.sen@accenture.com)

eLTSS All Hands Meeting

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- All Hands Meetings held Thursdays from **12:30 to 1:30pm Eastern**
- Meeting information can be found on the wiki: http://wiki.siframework.org/electronic+Long-Term+Services+and+Supports+%28eLTSS%29

REMINDER
Please check the wiki for the latest meeting schedule.

Meeting URL	https://siframework1.webex.com/siframework1/onstage/g.php?MTID=edef16d2a091e1c0563ef1ac8ff0bc8e5
Dial In	1-650-479-3208
Passcode	669 251 560
Attendee ID	Provided by Webex upon login

What is LTSS & Person-Centered Planning?

Long-Term Services & Supports (LTSS)

- Broad array of assistance needed by, and provided to, individuals with physical, cognitive, and/or mental impairments who never acquired, or have lost, the ability to function independently. Services include:
  - ADLs and Instrumental ADLs; Adult Day Care; Care Management; Social Services; Education & Training; Transportation;

Person-Centered Planning (PCP)

- Process directed by the person with LTSS needs. The PCP approach identifies the person's strengths, goals, preferences, needs (medical and LTSS), and desired outcomes
- Person's goals and preferences in areas such as recreation, transportation, friendships, therapies, home, employment, family relationships, and treatments are part of a written plan that is consistent with the person's needs and desires.