



HCBS Personal Health Record: If you build it, will they come?

HCBS Conference
August 29, 2017

SESSION OBJECTIVES

- Share the experience of three states that have worked on implementing HCBS-oriented Personal Health Record (PHR) tools
- Report lessons learned and effective strategies from these states' demonstrations
 - Focus areas include vendor selection, user interface design, data sources to populate the PHR, and HCBS user adoption and training

TODAY'S PANELISTS

- Kathleen Tucker



- Tom Gossett



- Bonnie Young



- Shane Owens

- Eric Roley



- Matt Vedal



AGENDA

- Background of the Centers for Medicare & Medicaid Services (CMS) Testing Experience and Functional Tools (TEFT) Program
- Overview of HCBS PHR Demonstrations
- State Experiences
 - Minnesota
 - Georgia
 - Colorado
- Questions and Discussion



TEFT BACKGROUND AND HCBS PHR ACTIVITIES

Kathleen Tucker

The Lewin Group, TEFT Evaluation



TEFT BACKGROUND

- CMS established TEFT in 2014 in response to the Affordable Care Act. TEFT is unique because of:
 - The focus on experience
 - The development of a standardized assessment across Medicaid HCBS programs
 - The integration of health and social service information delivered to the individual via technology using a PHR
 - The coordination of health and HCBS information exchange between an individual’s providers

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

*Louisiana and Minnesota field tested Experience of Care Survey in Round 1

For more information please visit <https://www.medicaid.gov/medicaid/ltss/teft-program/index.html>



TEFT PHR ACTIVITIES

- Do you personally have an electronic tool you use to:
 - Schedule doctor’s appointments
 - Refill prescriptions
 - Pay medical bills
 - Enter medical or non-medical information
 - Manage health information
- If yes, you may be using a patient portal or a PHR.
- A patient portal differs from a PHR in that a patient portal is often “tethered” (linked) to one provider’s Electronic Health Record system.
 - With a patient portal, the individual often does not have the same level of control over the data as with a PHR.

TEFT PHR ACTIVITIES

- A PHR is a tool used by individuals to maintain and manage their health information in a private, secure, and confidential environment. A PHR gives an individual control over sharing their health information with their care team.
- TEFT combines social service information with medical and health information into a single electronic system controlled by the individual
 - However, many HCBS systems still rely on paper-based communication between a provider and beneficiary
 - TEFT offers an opportunity for states to examine their HCBS systems and begin to use electronic means (i.e., PHR) for communication and information sharing

PHR CONSIDERATIONS FOR HCBS GROUPS

- TEFT states have used focus groups and user testing, among other methods, to determine specific considerations for HCBS users

Features

- Medical and social service information is presented without technical jargon
- PHR access via web page on computer and mobile phone
- Training videos/help screens
- Allows beneficiaries to update/store electronic documents to the PHR (e.g., advanced directives)

Accessibility

- Supports integration 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”)

TYPES OF PHR SOLUTIONS FOR HCBS GROUPS

- TEFT states decided between purchasing an off-the-shelf PHR model or creating a custom-built system

Off-the-shelf PHR Model

- Often requires the release of a Request for Proposals (RFP)
- A more static software package with little room for customization
- Ability to quickly implement within a system and population
- TEFT States: CT, MN

Custom-built System

- Requires more time spent in the planning and design phases
- Allows more room for customization and integration with different IT systems
- TEFT States: CO, GA, KY, MD

WHERE ARE WE NOW?



Component	Y1: April '14 to March '15	Y2: April '15 to March '16	Y3: April '16 to March '17	Y4: April '17 to March '18	
PHR CO, CT, GA, KY, MD, MN	PHR Planning (States)				
		PHR Design (States)			
			PHR Implementation (States)		
					PHR Evaluation (Lewin)

KEY ACTIVITIES SUPPORTING TEFT'S PHR DEMONSTRATIONS

- 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 Design
 - Working with vendor on usability and accessibility
 - Understanding specifically how the PHR system will securely integrate with other IT systems
- PHR Implementation
 - User acceptance testing and user and stakeholder training
 - Phased releases and refinements for the PHR
 - Monitoring PHR adoption and usage (e.g., state led focus groups, Lewin PHR User Survey)

TEFT PHR ACTIVITIES

- TEFT states are implementing the PHR at different stages throughout the TEFT Demonstration
 - Next, we will hear from three TEFT states about their experiences completing the PHR component: Minnesota, Georgia, and Colorado.

Component	Y1: April '14 to March '15	Y2: April '15 to March '16	Y3: April '16 to March '17	Y4: April '17 to March '18
PHR CO, CT, GA, KY, MD, MN	PHR Planning (States)			
		PHR Design (States)		
			PHR Implementation (States) <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; text-align: center;">MN</div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; text-align: center;"> CO, CT, GA, KY, MD, MN </div> </div>	

STATE TEFT PHR EXPERIENCE: MINNESOTA

Tom Gossett

Minnesota Department of Human Services



MINNESOTA'S GOALS

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

Accessible

- For seniors
- For people with disabilities

Useful

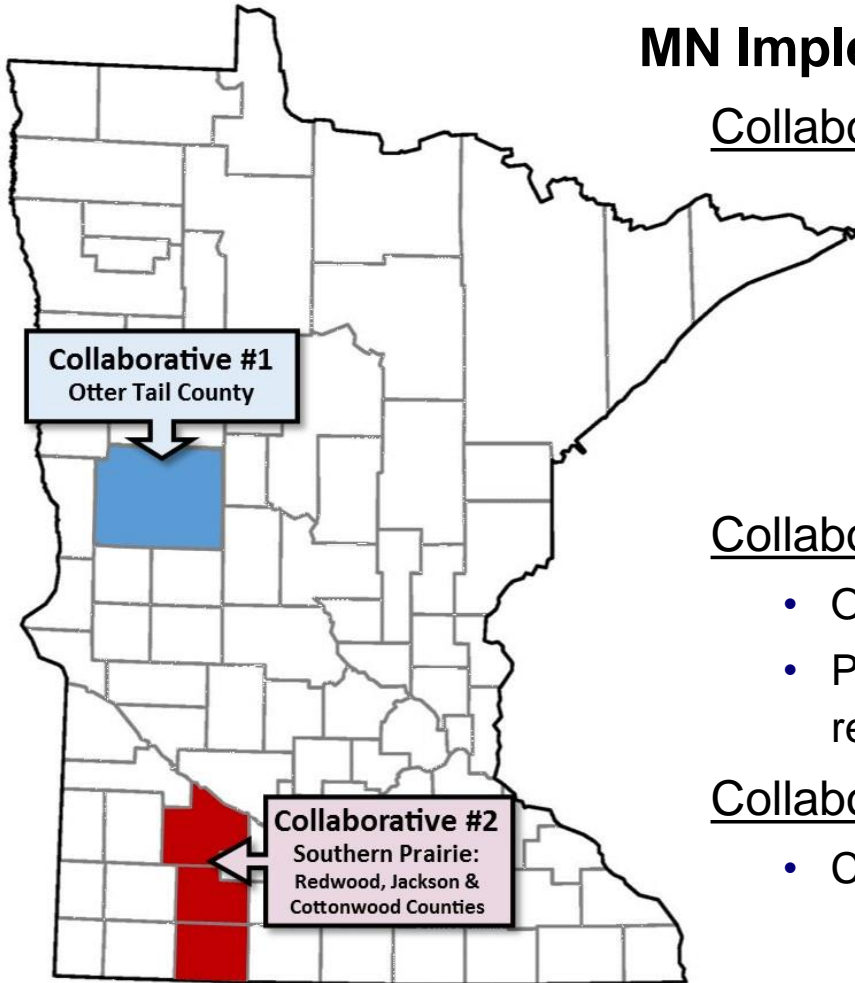
- For beneficiaries/legal representatives
- For case managers

Securely Available

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

MINNESOTA'S CURRENT STATUS

MN Implementations:



Collaborative #1
Otter Tail County

Collaborative #1 - Otter Tail County

- Online since October, 2016
- 19 Beneficiaries/Legal Reps
- 12 Case Managers
- 27 Provider Staff
- 3 State Staff

Collaborative #2 - Southern Prairie

- Online by January, 2018
- Projected users – 40 Beneficiaries/legal representatives

Collaborative #3 - TBD

- Contracting in process

HOW DID MINNESOTA PLAN TO ATTRACT PHR USERS?

- State planning
 - Request for Proposals for PHR Community Collaboratives (2 rounds)
 - Collaboratives made up of multiple organizations serving people on Medical Assistance (Medicaid)
 - Collaboratives would contract with a vendor of an existing PHR
 - Collaboratives would engage and support beneficiaries who would use the PHR
- Stakeholder engagement
 - Beneficiaries/Legal Representatives:
 - Collaboratives included the County Human Services agency which provides case management for MA beneficiaries
 - Case Managers recommended likely PHR users to the Collaborative
 - Collaborative staff reached out to beneficiaries/legal representatives asking them to participate, and providing training and support throughout



WHAT WAS IMPORTANT IN THE HCBS PHR DESIGN?

- Stakeholder engagement to gather feedback
 - DHS project sponsors (senior managers) and staff
 - MN.IT @ DHS Staff
 - DHS aging & disability program administrators
 - MDH Office of Health Information Technology staff
 - County and MCO (Lead Agency) Case Managers
 - ADRC director & staff
 - Acute and Post-Acute Care providers
 - HCBS associations and providers

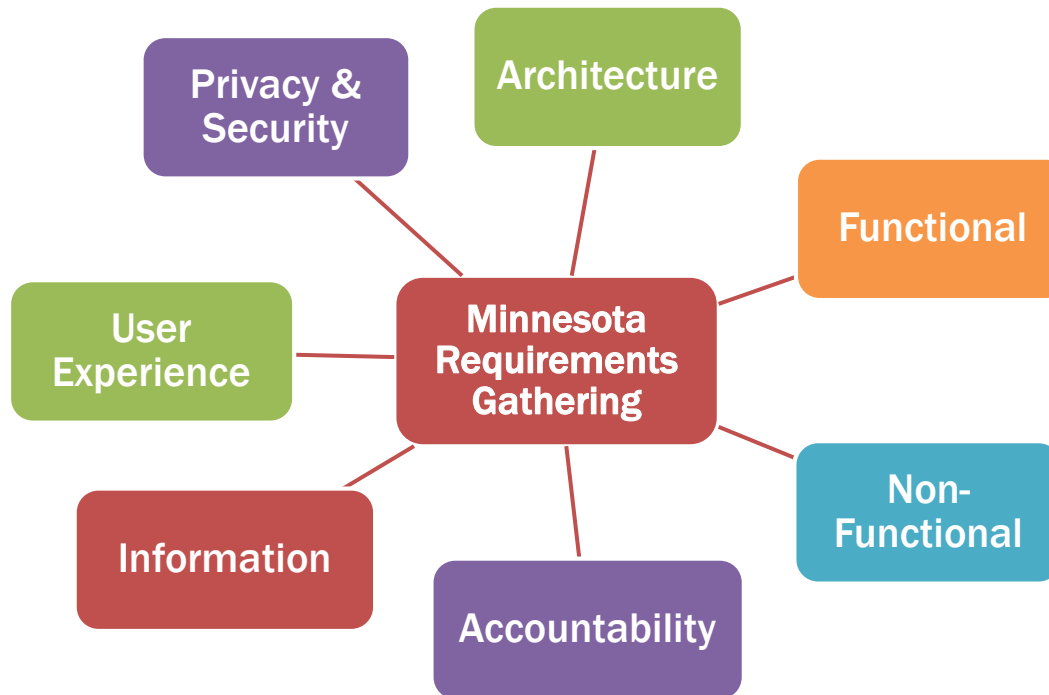


What We Learned:

- Confirmation of the value of PHR
- Case Manager info is key

WHAT WAS IMPORTANT IN THE HCBS PHR DESIGN?

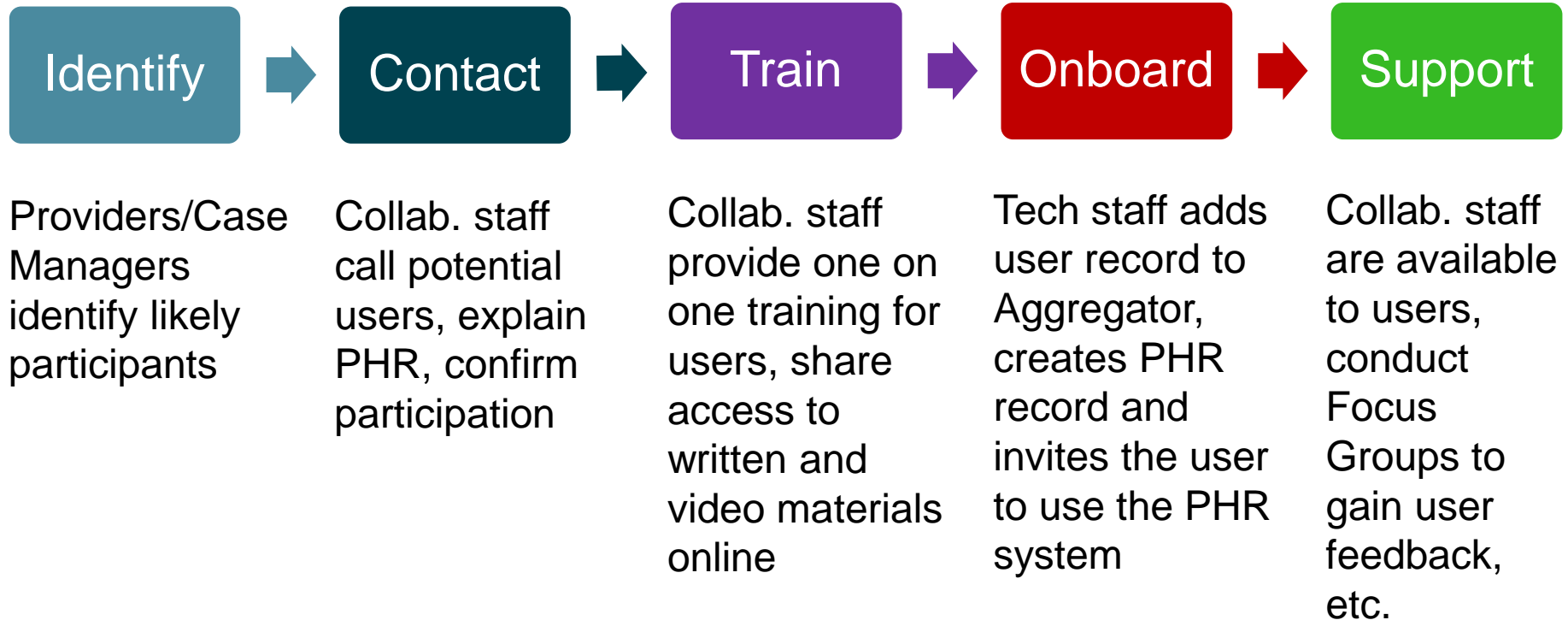
- Requirements gathering & vendor selection



MN created a detailed business requirements workbook (composed of 266 specific requirements) that was included in the RFP and used for scoring proposals

HOW DID THE MINNESOTA PHR IMPLEMENTATION GO?

- Stakeholder engagement & rollout



USER FEEDBACK



WHAT IS MINNESOTA'S PERSPECTIVE ON “IF YOU BUILD IT, WILL THEY COME?”

- Sustainability
 - MN's focus has been to use this demonstration as a way to learn lessons about how to electronically engage beneficiaries
 - We do not intend that the PHR will live in its current form beyond the end of the TEFT grant
 - Mechanisms for aggregating DHS data will live on for other uses
- Recommendations for others interested in adopting
 - Don't underestimate the work that it will take to aggregate data from source systems
 - Talk to lawyers early and often
 - Start simple and build from there



STATE TEFT PHR EXPERIENCE: GEORGIA

Bonnie Young

Georgia Department of Community Health, Division of Health Information Technology

Shane Owens

Georgia Tech Research Institute



GEORGIA'S GOALS AND CURRENT STATUS

GOALS FOR PHR DEMONSTRATION

1. Support clients with care-related decisions
2. Support care team effectiveness and communication

CURRENT STATUS

- PHR Demonstration and Tool has been approved by:
 - Georgia Tech's Institutional Review Board (IRB)
 - State of Georgia - Georgia Technical Authority
 - Department of Community Health Business Associate Agreement (BAA) with GTRI
- First phase of pilot in progress
- Full deployment will occur by November 1, 2017

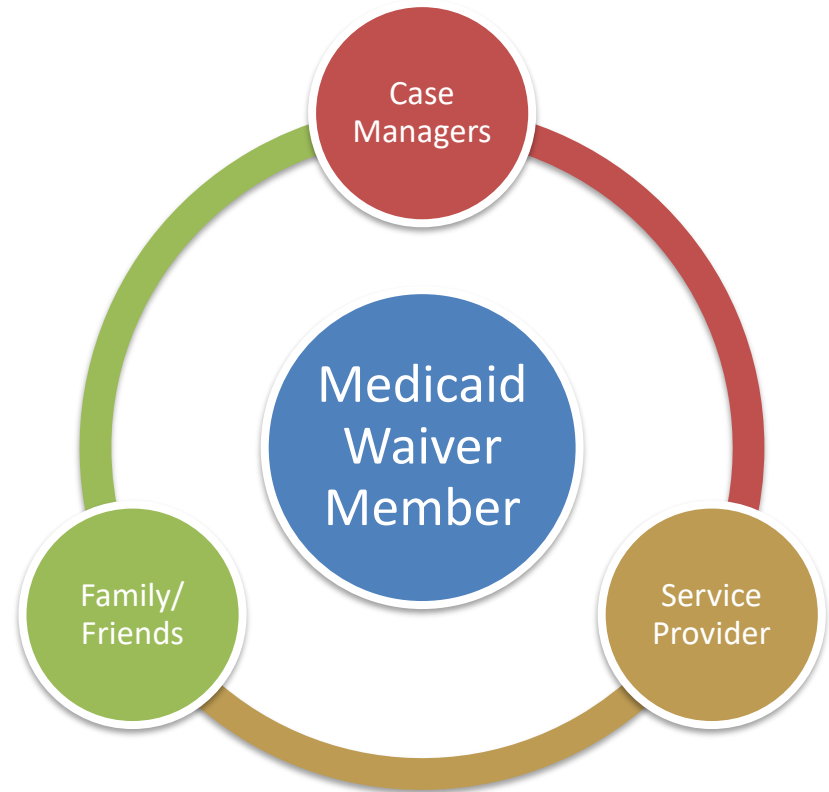


STAKEHOLDER ENGAGEMENT

Medicaid Waiver Members (Clients)

Care Team Members

- Case Managers/
Care Coordinators
- Service Providers/
Formal Caregivers
- Family Members/
Informal Caregivers



HOW DID GEORGIA PLAN TO ATTRACT PHR USERS?



WHAT WAS IMPORTANT IN THE HCBS PHR DESIGN?

Stakeholder
Engagement

- Understand what data matters
- Understand what functionality matters

Paper
Prototype

- Understand how to organize the data

User Testing

- Understand interaction design

WHAT WAS IMPORTANT IN THE HCBS PHR DESIGN?

Stakeholder Engagement

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Paper Prototype

- Understand how to organize the data

User Testing

- Understand interaction design

POTENTIAL FEATURES FOR CONSIDERATION

	Notifications of Changes	Mobile	Printable	High Impact
Eligibility/Proof of Coverage Access	✓	✓	✓	✓
Member Profile/Notes (Goals, Restrictions, Quirks)	✓	✓	✓	✓
Care Team Information (who, role, contact info)	✓	✓	✓	✓
Other important Health Information (meds/allergy list)	✓	✓	✓	✓
Member Health/Service Needs	✓	✓		✓
ADT to caregivers, other care team	✓	✓		✓
Member Health Timeline	✓			✓
Service Provider Ratings				✓
Service Provider Schedule	✓	✓	✓	
Schedule/Rescheduling Services		✓		
Services Provided			✓	
Services Not Provided				
Supporting Resources (FAQs/Member Forum)				

ANALYSIS

	In/Out of Health System Notifications	Waiver Waiting List Status & Time Estimate	Caregiver Onboarding Notes	Condition Management Modules	Appointment Status Notifications	Service Provider Scheduling Management	Static Supporting Information Resources	Eligibility Status Change Notifications (include Anticipated)	Service Provider Finder & Ratings	Waiver Program Updates & FAQs	Service Record Info / Transition Info
Leverage GHIN	Green	Red	Green	Green	Red	Red	Red	Red	Green	Red	Green
Scalable	Green	Green	Red	Green	Red	Green	Green	Red	Green	Red	Green
Frequency of Use	Yellow	Red	Yellow	Green	Green	Green	Yellow	Yellow	Red	Red	Red
Overall Impact	Green	Green	Green	Yellow	Red	Green	Red	Yellow	Green	Orange	Red
Technical Difficulty	Red	Green	Green	Red	Green	Red	Green	Orange	Red	Green	Green
Policy Change Impact	Yellow	Red	Green	Yellow	Red	Red	Yellow	Green	Red	Green	Yellow
Cultural Disruption	Orange	Green	Green	Yellow	Red	Red	Green	Green	Red	Green	Orange
Innovation Level	Green	Yellow	Red	Yellow	Green	Green	Red	Orange	Green	Red	Red



ANALYSIS

Feature	Score
In/Out of Health System Notifications	3.4
Waiver Waiting List Status & Time Estimate	3.2
Caregiver Onboarding Notes	3.1
Eligibility Status Change Notifications	2.4
Condition Management Modules	2.0
Service Provider Scheduling Management	1.7
Service Provider Finder & Ratings	1.1
Static Supporting Information Resources	1.0
Service Record Info / Transition Info	0.9
Waiver Program Updates & FAQs	0.6
Appointment Status Notifications	0.2

WORKING GROUP DECISION

Feature	Score
In/Out of Health System Notifications	3.4
Waiver Waiting List Status & Time Estimate	3.2
Caregiver Onboarding Notes	3.1
Eligibility Status Change Notifications	2.4
Condition Management Modules	2.0
Service Provider Scheduling Management	1.7
Service Provider Finder & Ratings	1.1
Static Supporting Information Resources	1.0
Service Record Info / Transition Info	0.9
Waiver Program Updates & FAQs	0.6
Appointment Status Notifications	0.2



DESIRED OUTCOME: EMPOWERMENT

Medicaid Members:

- Empowering members to take control of their health by facilitating communication of care needs with the care team

Care Team:

- Empowering care team members by providing useful and timely information to facilitate better care decisions



VENDOR SELECTION FACTORS

1. Pilot Demonstration = Test Innovation
2. Flexibility of Design/Development
3. Contracted Project Timeline

DECISION:

Build pilot product “in-house” using sister agency, Georgia Tech



WHAT WAS IMPORTANT IN THE HCBS PHR DESIGN?

Stakeholder Engagement

- Understand what data matters
- Understand what functionality matters


Paper Prototype

- Understand how to organize the data

User Testing


- Understand interaction design

PAPER PROTOTYPE



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**


Jakes's Homescreen
Keys To Caring
About His Home
Service Overview


Susan ▾

[← Back to Member List](#)


CARE TEAM

Member




Jake Smith
CCSP Client

Care Coordinator




Joy Harris
Legacy Link
CCSP Care Coordinator

Service Provider




Susan Johnson
Right at Home
Caregiver




Frank Miller
Visiting Nurse
Home Health Provider

Family/Friends



Jane Smith
Daughter
Lives with Member



Arnold Henry

Things to Look Out For

Health

COUGH

If he has a cough, contact him physician immediately.

Appearance

MESSY HAIR


If his hair is particularly messy, he could be having an episode of depression. Call Jane for ideas.

Personality


IRRITABLE

If he becomes very irritable, he may not have taken his meds.

Today, Jake feels...



“Horrible!”
“I woke up 3 times last night.”



“He’s doing OK.”
“He may be cranky today so please be patient with him.”

Jake Needs

- Ibuprofen

[View Past Days](#)

97
Days Remaining

Medicaid Eligibility

12
Days Remaining

Waiver Eligibility

2
Days Since

Last Visit To Doctor

Support Recommendations

Overall	Bathing	Toileting
Appreciates Arriving on-time	Appreciates Being quick	Appreciates Giving me privacy
Frustrated By Being talked to like a child	Frustrated By Having to be helped	Frustrated By Having to be helped

UPDATED DESIGN

Hannah's Profile

Tips and Tools

Medicaid Overview



Care Team

Case Manager



John Smith
CCSP Case Manager
Home Help Agency

Care Givers



Susan Johnson
Care Giver
Helping Hands



SM
Sal Montague
Care Giver
Helping Hands

EDIT

People who know you best



Laura Brown
Daughter
Lives with member

EDIT



Hannah McCord
CCSP Participant



(555) 555-5555



hannahmccord@gmail.com

Keys for Caring

Support recommendations

EDIT

How I enjoy my life

- I like to sleep in until 11
- I like books, but can't read anymore
- I like visiting with my family
- I knit often

What I'd like to be able to do

- Walk further
- Fix myself easy meals or snacks

Service recommendations

EDIT

Personal Support Services

Bathing Tips

- I appreciate privacy
- I don't like when people are too rough

Light housekeeping Tips

- I like to have my dusting done weekly
- I don't want you to clean my jewelry

Adult Day Health

No Recommendations

Emergency Response Services

No Recommendations

Background

Background

Medical Info

Keys for Caring

Prep for 1st Visit

WHAT WAS IMPORTANT IN THE HCBS PHR DESIGN?

Stakeholder Engagement

- Understand what data matters
- Understand what functionality matters

Paper Prototype

- Understand how to organize the data

User Testing

- Understand interaction design

PHASE I PILOT – MVP TESTING

SCOPE:

– **Member Login:**

- Allows the member to have secure access to their information via the computer or mobile device.

– **Member Profile:**

- Allows member to record information that would be important to share with their service providers, family, etc.

– **Printing of Member Profile:**

- Ability to print member profile information in order to share with their service providers, family, etc.

(MVP – Minimum Viable Product)



FULL VERSION KEY FEATURES

Feature

Provide access to any care team member

Provide daily updates to care team members

Caregiver onboarding notes

Eligibility status change notifications

Access to care team contact information

Updates to care team members about changes to care

Ability to update their own information

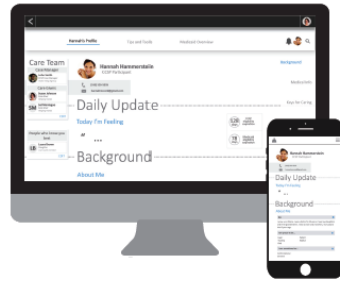
Educational resources to beneficiaries

Service overview and preferences

Validation of medical information

Audit logging of all information updates

MPOWER



THE POWER OF TEAMWORK

MPOWER is a mobile and desktop app built to connect Medicaid clients and care teams in powerful new ways. With the ability to personalize care, provide timely service information, and maintain a network of trusted supporters, MPOWER is working to redefine team-based care and collaboration.



BE INFORMED

Easily coordinate with care team members, service providers, and loved ones through daily client updates.

Daily updates are communicated whenever and however you want them, whether through email, phone call, or text message.



STAY IN CONTROL

MPOWER works at home or on the go, and it's designed to reduce confusion and offer clear, useful features.

Service preferences, like client priorities and homeplace details, provide smoother experiences for clients and care teams alike.



FEEL PROTECTED

Privacy options give clients control over who can access their information and who should be reached in times of need.



REST ASSURED

Every care team member has access to up-to-date client information, ensuring that checking on clients is always possible and quality of care is always consistent.

WHAT IS GEORGIA'S PERSPECTIVE ON “IF YOU BUILD IT, WILL THEY COME?”

- Sustainability
 - Depending on outcome of the pilot, considering including future funding
 - Will embed lessons learned into other IT projects
- Recommendations for others interested in adopting

Engage Your
IT Department
EARLY

User Input
Is
Critical

STATE TEFT PHR EXPERIENCE: COLORADO

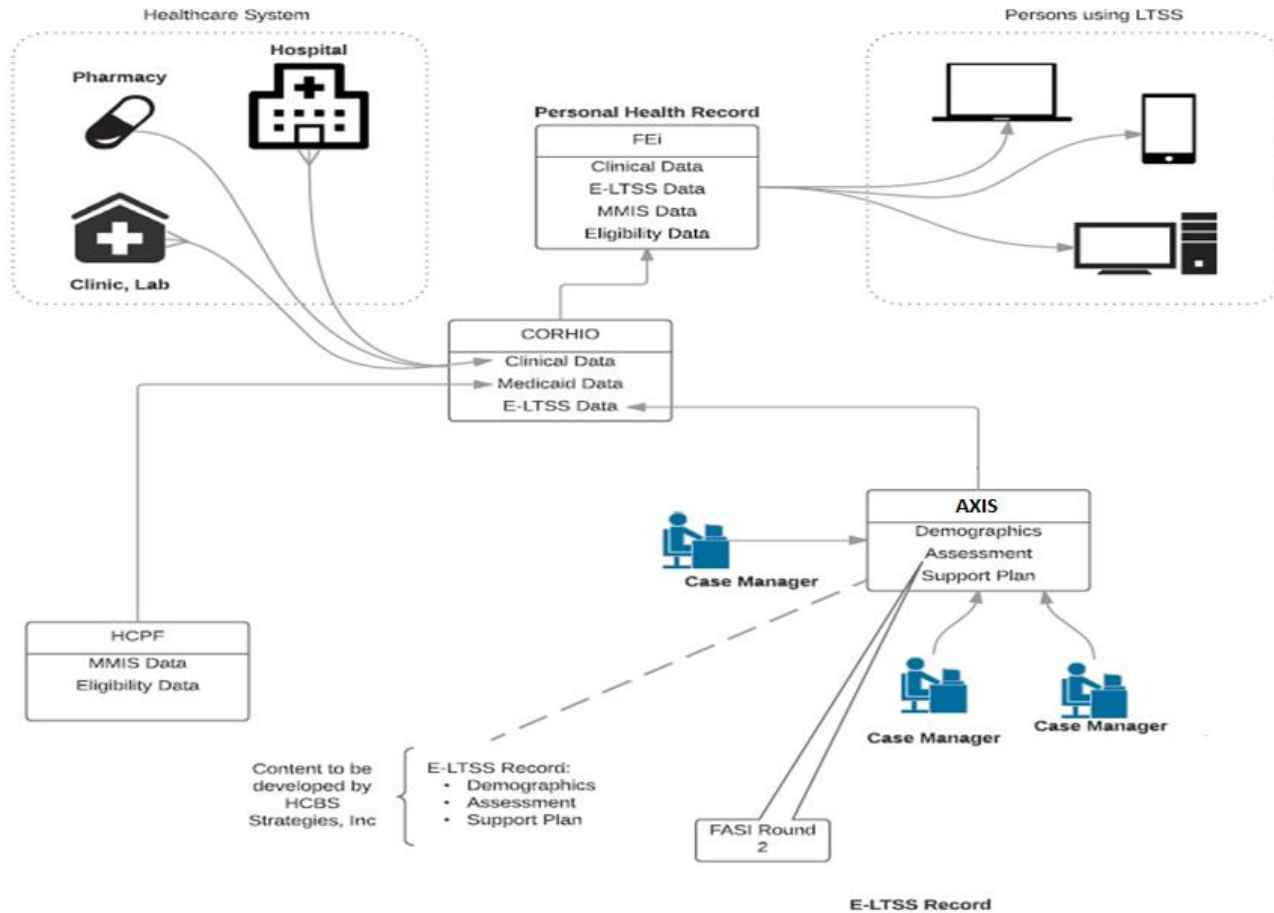
Eric Roley - TEFT Project Coordinator

Matt Vedal - PHR Project Manager

Colorado Department of Health Care Policy and Financing



COLORADO TEFT SYSTEM VISION



COLORADO'S GOALS AND CURRENT STATUS

- Goals for YR 3: Design and field test PHR amongst 50 LTSS clients
- Where are we today? Around 10 clients signed up and ready to participate as of July 2017
- PHR Platform ready for production and testing, in web and mobile applications
- CO hasn't reached initial desired number of participants, but has successfully worked with vendors to design platform and is ready to begin testing



RECRUITING CLIENT PARTICIPANTS

State planning

- Planned Stakeholder focus groups at 5 regions across state
- Engaged Providers and Case Management agencies to develop client recruitment strategy

Stakeholder engagement

- Conducted focus groups to elicit feedback and inform community of progress
 - Groups consist of case managers, clients and other parties interested in PHR development
- Developed and distributed questionnaire for potential clients who are willing and able to participate in the PHR Pilot
- Conducted live demo of PHR

COLORADO PHR DESIGN

Environmental Scan

- Clinical and non-clinical data important in PHR
- PHR training for LTSS clients/providers

Data Elements

- Client demographic info
- ULTC Assessment
- Service Plan
- Hospital ADT Data
- Next steps...more data?

COLORADO PHR DESIGN



Betty.Boop (On behalf of: BOOP, BETTY)



Home



BETTY Middle BOOP

[View Full Profile](#)

MY ADDRESS

1243 ROAD ST APT 402
DENVER, 80206

MY PHONE

(333) 999-6454

MY EMAIL ADDRESS

(A primary email has not been set)

SERVICE INFORMATION

MY PRIMARY CARE DOCTOR

FRONT RANGE PRIMARY CARE PARTN

UPCOMING EVENTS

[View all Calendar Events](#)

Name	Description	Location	Start Time	End Time	Action
Test Massage Appointment	First appointment, need to arrive 15 min before appointment time to fill out paperwork.	Tech Center	06/01/2017 01:00 PM	06/01/2017 02:00 PM	Details
PHR Demo Test Appt			06/05/2017 02:30 PM	06/05/2017 03:00 PM	Details

I would like to...

[View my Profile](#)

[View my Events](#)

[View my Attachments](#)

[Manage my Preferences](#)

Help & Support

[Submit Feedback](#)

[FAQ](#)

[Training Resources](#)

[LTSS Help Desk](#)



COLORADO PHR DESIGN



Betty.Boop (On behalf of: BOOP, BETTY)



Menu



Home



Calendar



My Health

My Health

Person-Centered Plan >

Assessment >

Hospital Encounters >

Unit Of Services >

Attachments >

I would like to...

View my Profile

View my Calendar

Help & Support

Submit Feedback

Feedback List

Online Help Center



COLORADO PHR IMPLEMENTATION

- Stakeholder engagement
 - Completed 2 rounds of stakeholder meetings
 - 1st round served as reintroduction to TEFT, PHR activities
 - 2nd round included live demo, walkthrough of PHR
 - Focused on engaging TEFT stakeholders, looking for client participants and eliciting feedback

- Rollout
 - Colorado is ready to begin testing the PHR with LTSS clients
 - Small sample size to start with, hopefully lessons learned can guide action for longer term sustainability



COLORADO'S PERSPECTIVE ON "IF YOU BUILD IT, WILL THEY COME?"

Sustainability

- Colorado looking to expand PHR past TEFT grant.
- Hope to take feedback and lessons learned and incorporate into Medicaid PHR.

Recommendations for others interested in adopting

- Lots of community feedback is necessary.
- Must work with LTSS stakeholders to determine most effective ways to implement PHR in LTSS population.
- Work closely with vendors, data teams and other technical experts to manage expectations and create process for exchanging information.



DISCUSSION



CONTACT INFORMATION

Thank you!

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