DEPARTMENT OF HUMAN SERVICES

Session 095
Encounter Alerts - Heads Up for Supporting Older Adults

12/09/21

Overview

Why EAS? – Rolf Hage
What is EAS? – Greg Linden
How can HCBS use EAS? – Tom Gossett

Long ago and far away.... The TEFT Prequel

The Mn Board on Aging and the Aging and Adult Service Division of Mn Dept. of Human Services developed a system, the Senior LinkAge® Line, to permit a "warm hand-off" on the phone the between the caller and County staff doing Medicaid eligibility determinations.

This work led us to develop some organizing principals:

1. **People should be asked to provide their information once, if possible**
2. **Comply with all required data privacy standards (both federal and Minnesota specific)**
3. **Existing data standards must be used where possible**
4. **People need to be able to selectively share their information at their option with family, caregivers, and service providers.**

If at First you don't succeed Try, Try, and Try again

A State grant program (Live Well At Home) funded several attempts to leverage Electronic Health information functionality to improve Care Transitions/Coordination between Health Care Providers and HCBS. Several well-intentioned but unsuccessful projects led to some discoveries:

- Electronic Medical Records (EMR) focused on acute care/medical information only
- Interoperability between EMRs (including Nursing Facility/Assisted Living and Case Management products) was largely nonexistent
- Improving care transitions out of the acute care system was not a concern of Health Care systems except for capitated products such as Medicare Advantage, MN Senior Health Options or Mn Senior Care Plus)
- The opportunity cost of EHRs prohibits small providers from acquiring and maintaining them
- Minnesota did not have functioning Health Information Exchange system.

Some Other Painful discoveries

- Minnesota did not have a functioning Health Information Exchange system.
- Software providers believe their products can solve any problem
- Before you can do what you want, you need to do something else first (or a lot of things first
- Understanding consent is crucial (and generally treated as a reason not to exchange)

Mn EAS Origin Story

- Federal and State Policy:
  - Consumer access to information about the full range of services is a long-term, stated goal
  - Sharing data between and among **all** service providers is, too.

- TEFT work:
  - Actually working with an Electronic Medical Record
  - Development of the electronic, Long-Term Services & Supports (eLTSS) data standard

- Joint work with the State Medicaid Innovation grant to implement Accountable Care Organizations

Project Deliverables

1. Demonstrate use of an **untethered Personal Health Record (PHR)** system with beneficiaries of CB-LTSS
2. Identify, evaluate and test **an electronic Long Term Services and Supports (e-LTSS) standard** with the Office of National Coordinator's (ONC) Standards and Interoperability (S&I) Framework Process
3. Field test a **beneficiary experience survey** within multiple Community-Based Long-Term Services & Supports (CB-LTSS) programs for validity and reliability
4. Field test a modified set of Functional Assessment Standardized Items (previously "CARE") measures for use with beneficiaries of CB-LTSS

Ramifications of TEFT
CMS HIE activities to DHS elements

- State Medicaid Director Letter (SMD 16-003)

CMS Activity	Direct Provider Directory	Secure Messaging	ADTs via Direct	HISP Svcs	MA Care Plan	Bene Data Access	Provider Data Access	Integrated Query Lookup	Auto Exch	Tech Assist Onboard.
Provider Directories	MA Providers									
Secure Messaging		Good Match								
Encounter Alerting			Between MA Providers							
HISP Services				Good Match						
Care Plan Exchange					MA Care Plan					
Query Exchange						Bene Service History	Bene Service History	Lookup Bene info from EHRs (TBD)	EHR-EHR exchange/ query (TBD)	
Public Health Systems	Not in plan									
HIE On-Boarding	Good Match	Good Match	Good Match	Good Match	Good Match	Good Match	Good Match	Good Match	Good Match	Good Match

SMD 16-003
HIE Architecture activities

- Provider Directories
  - With an emphasis on dynamic provider directories that allow for bidirectional connections to public health and that might be web-based, allowing for easy use by other Medicaid providers with low EHR adoption rates
- Secure Messaging: with an emphasis on partnering with DirectTrust
- Encounter Alerting (ADTs)
- Care Plan Exchange
- Health Information Services Providers (HISP) Services
- Query Exchange
- Public Health Systems

Minnesota's Encounter Alert Service

- MN DHS Encounter Alert Service (EAS)
  - Funded by CMS through an Advanced Planning Document (APD) with 90% federal dollars.
  - HIT team worked with Health Care Administration to publish an RFP in May of 2017, contracted with vendor Audacious Inquiry in September of 2017.
  - EAS delivers HL7 standard "Admit, Discharge, Transfer" messages between registered Minnesota Medical Assistance (MA) providers to quickly and securely notify appropriate providers when a person moves through the system.
  - Providers can subscribe even if they don't have an Electronic Health Record system.

Possible HCBS Futures

- Quotation from CMS/ONC Interoperability and Patient Access Final Rule
  - "Finally, we use the terms 'provider' and 'supplier' too, as inclusive terms comprising individuals, organizations, and institutions that provide health services, such as clinicians, hospitals, skilled nursing facilities, home health agencies, hospice settings, laboratories, suppliers of durable medical equipment (such as portable X-ray services), community-based organizations, etc., as appropriate in the context used."

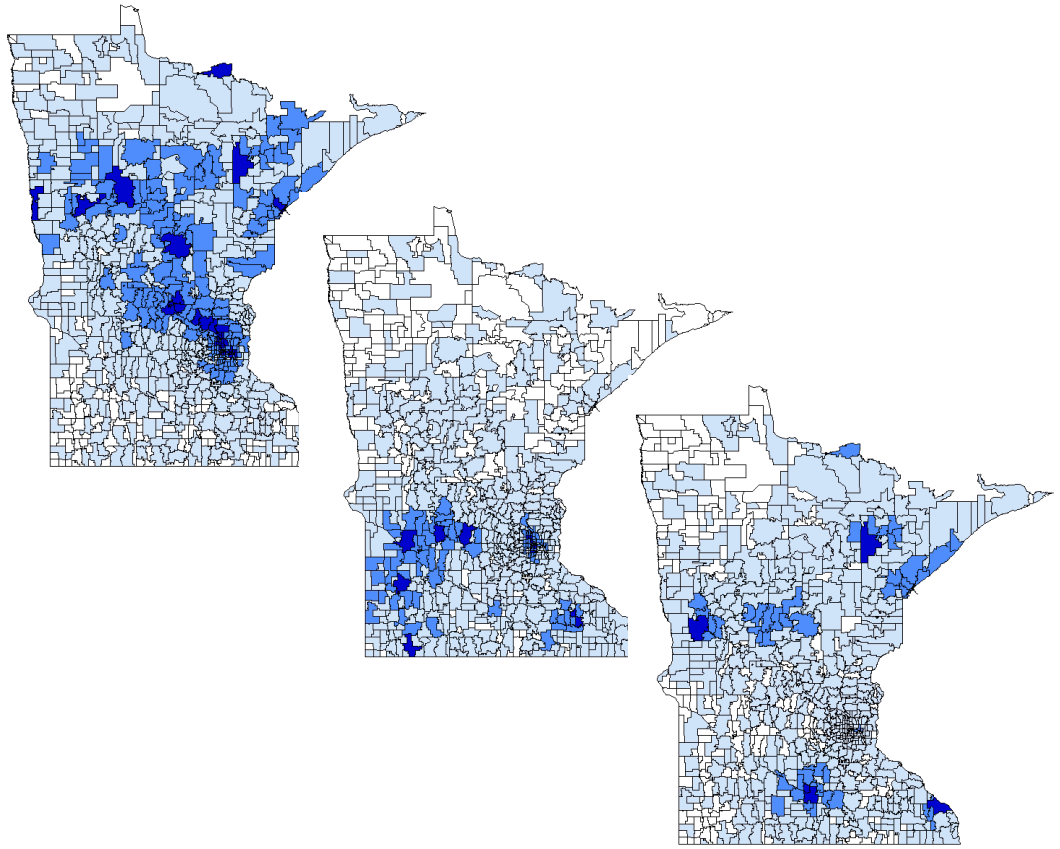
- PACIO Project
  - The PACIO Project is a collaborative effort to advance interoperable health data exchange between post-acute care (PAC) and other providers, patients, and key stakeholders across health care and to promote health data exchange in collaboration with policy makers, standards organizations, and industry through a consensus-based, case-driven approach.

MN Encounter Alert Service (EAS)

Where are my Patients?

MN Integrated Health Partnerships (IHPs)

- *MN Medicaid's "Integrated Health Partnership" (IHP) model creates ~26 regional ACOs*



Delivery systems participating in IHP 2.0 contracts

1. Altair
2. Allina Health
3. Avera Health
4. Bluestone Physician Services
5. CentraCare Health System
6. Children's Health Care
7. Essentia Health
8. Face to Face Health and Counseling
9. Fairview Health Services
10. Federally Qualified Health Center Urban Health Network (FUHN)
11. Gillette Children's Specialty Healthcare
12. Hennepin Healthcare System (Hennepin County Medical Center Hospital and Clinics)
13. Integrity Health Network
14. Lake Region Health Care
15. Lakewood Health System
16. Mankato Clinic
17. Mayo Clinic
18. MN Association of Community Mental Health Programs (MACMHP)
19. North Memorial Health Care
20. Northern Minnesota Network
21. Northwest Metro Alliance (a partnership between Allina Health and HealthPartners)
22. Perham Health
23. Riverwood Healthcare Center
24. Tri-County Health Care
25. Wilderness Health
26. Winona Health Services

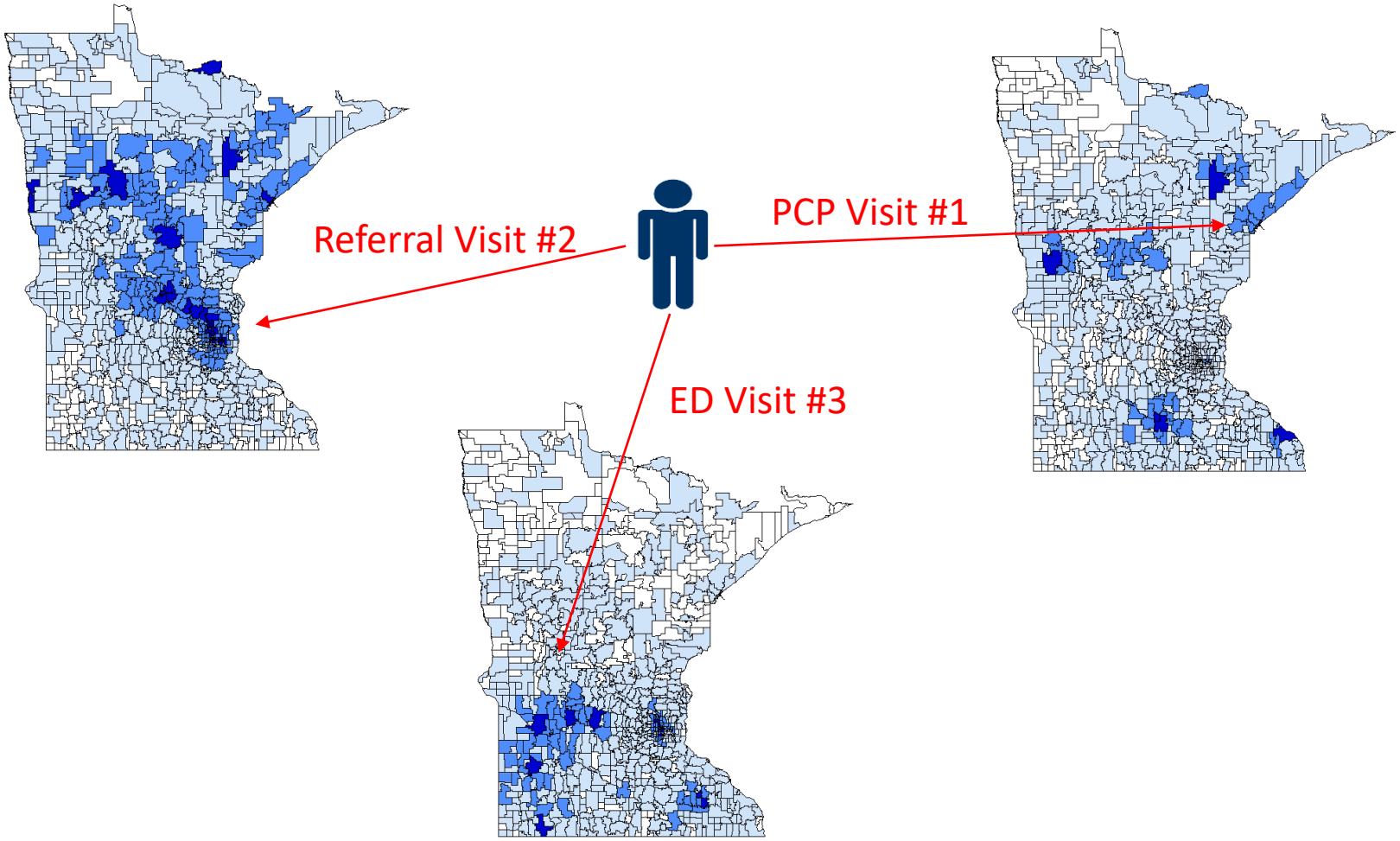
Combined, these 26 providers deliver better health care at a lower cost to more than 428,000 Minnesotans enrolled in Minnesota Health Care Programs.

Data Source: 3M; MN DHS Medicaid Data 1/2014-12/2014, claims paid through 7/2015.

https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/integrated-health-partnerships/

Care Coordination Need

For effective value-based care programs, how do ACO's know where their attributed members are receiving care?

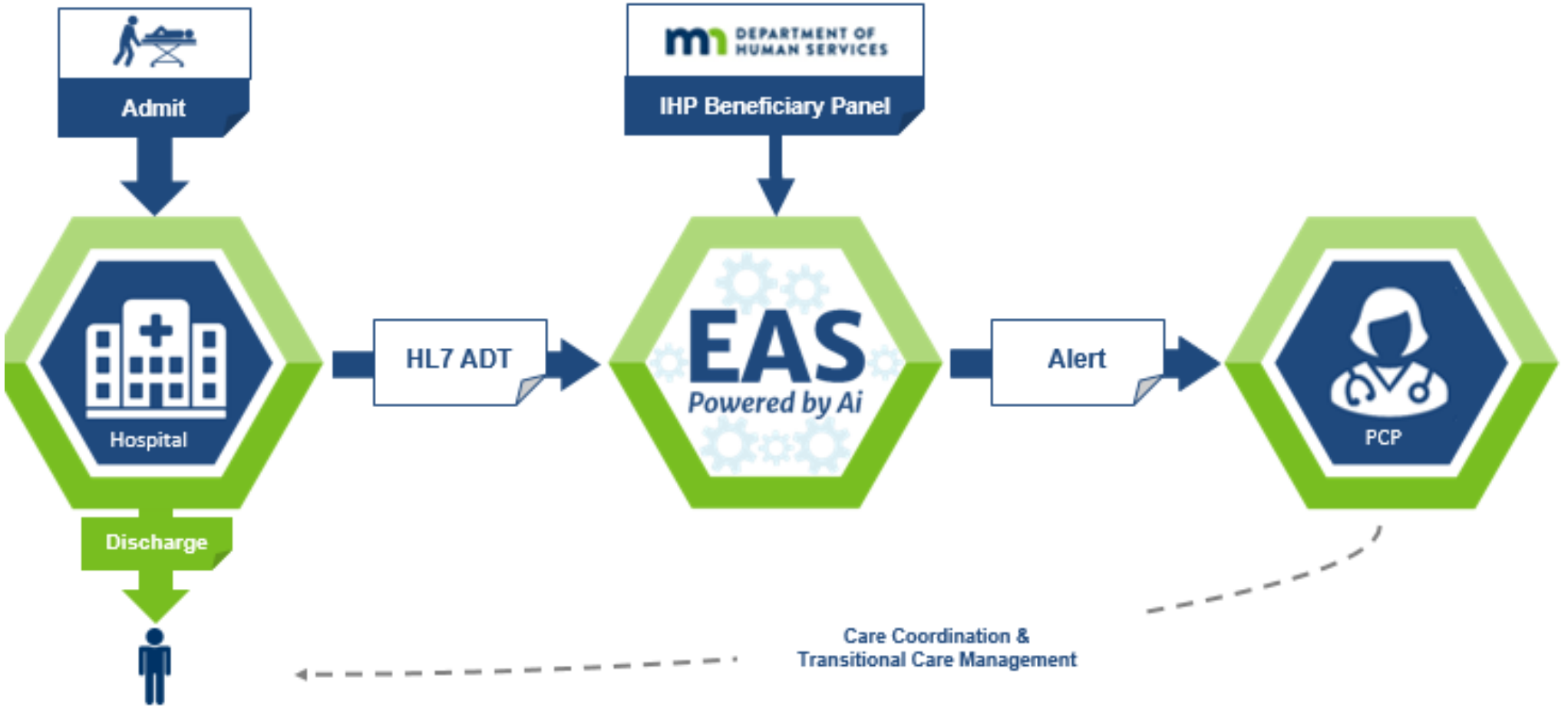


MN EAS: Care Coordination

10/29/2020 03:32 am		Regions Hospital	ER	Registration
10/26/2020 02:59 am	M79.671Pain in right foot	FAIRVIEW	ER	Discharge
10/26/2020 01:26 am	GOUTGoutGout	FAIRVIEW	ER	Registration
10/26/2020 12:13 am	M79.671Pain in right foot	Regions Hospital	ER	Discharge
10/25/2020 11:12 pm		Regions Hospital	ER	Registration
10/19/2020 08:12 pm	M79.673Pain in unspecified foot	FAIRVIEW	ER	Discharge
10/19/2020 07:00 pm	FOOT LACfoot pain, wants albuterol inhaler, wants foodfoot pain, wants albuterol inhaler, wants food	FAIRVIEW	ER	Registration
10/18/2020 01:18 pm	M79.671Pain in right foot	Allina Health	ER	Discharge
10/17/2020 01:38 am	M79.671Pain in right foot	FAIRVIEW	ER	Discharge
10/17/2020 12:08 am	etohetohetoh	FAIRVIEW	ER	Registration
10/15/2020 02:04 am	S29.9XXAUnspecified injury of thorax, initial encounter	Regions Hospital	ER	Discharge
10/15/2020 01:12 am		Regions Hospital	ER	Registration
10/13/2020 06:12 pm	M79.672Pain in left foot	FAIRVIEW	ER	Discharge
10/06/2020 03:05 am	2453Foot Pain	Regions Hospital	ER	Discharge
10/06/2020 02:20 am		Regions Hospital	ER	Registration
08/30/2020 06:08 am	J45.901Unspecified asthma with (acute) exacerbation (HRC)	Regions Hospital	ER	Discharge
08/30/2020 03:10 am		Regions Hospital	ER	Registration
08/23/2020 12:24 am	F19.10Other psychoactive substance abuse, uncomplicated	Regions Hospital	ER	Discharge
08/19/2020 06:27 am	F19.10Other psychoactive substance abuse, uncomplicated	Regions Hospital	ER	Discharge
08/19/2020 02:39 am		Regions Hospital	ER	Registration
08/16/2020 02:08 pm	M79.672Pain in left foot	Allina Health	ER	Discharge
08/02/2020 12:39 pm	Z76.0Encounter for issue of repeat prescription	Regions Hospital	ER	Discharge

- 13 Visits in 3 Months
- 3 Hospital Systems
- Multiple Conditions

MN EAS: Care Coordination



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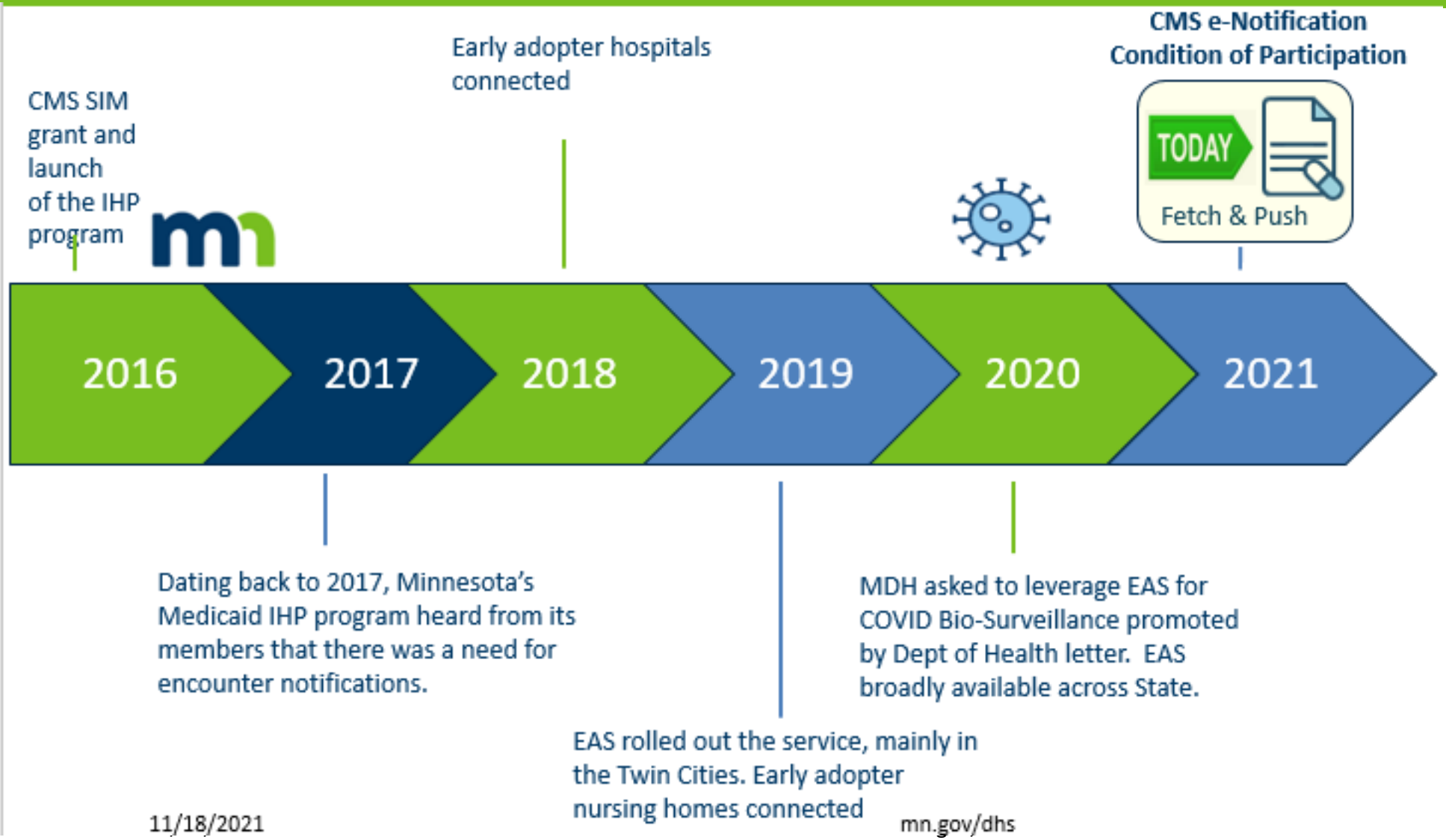
MN EAS Background

MN Encounter Alert Service (EAS) History



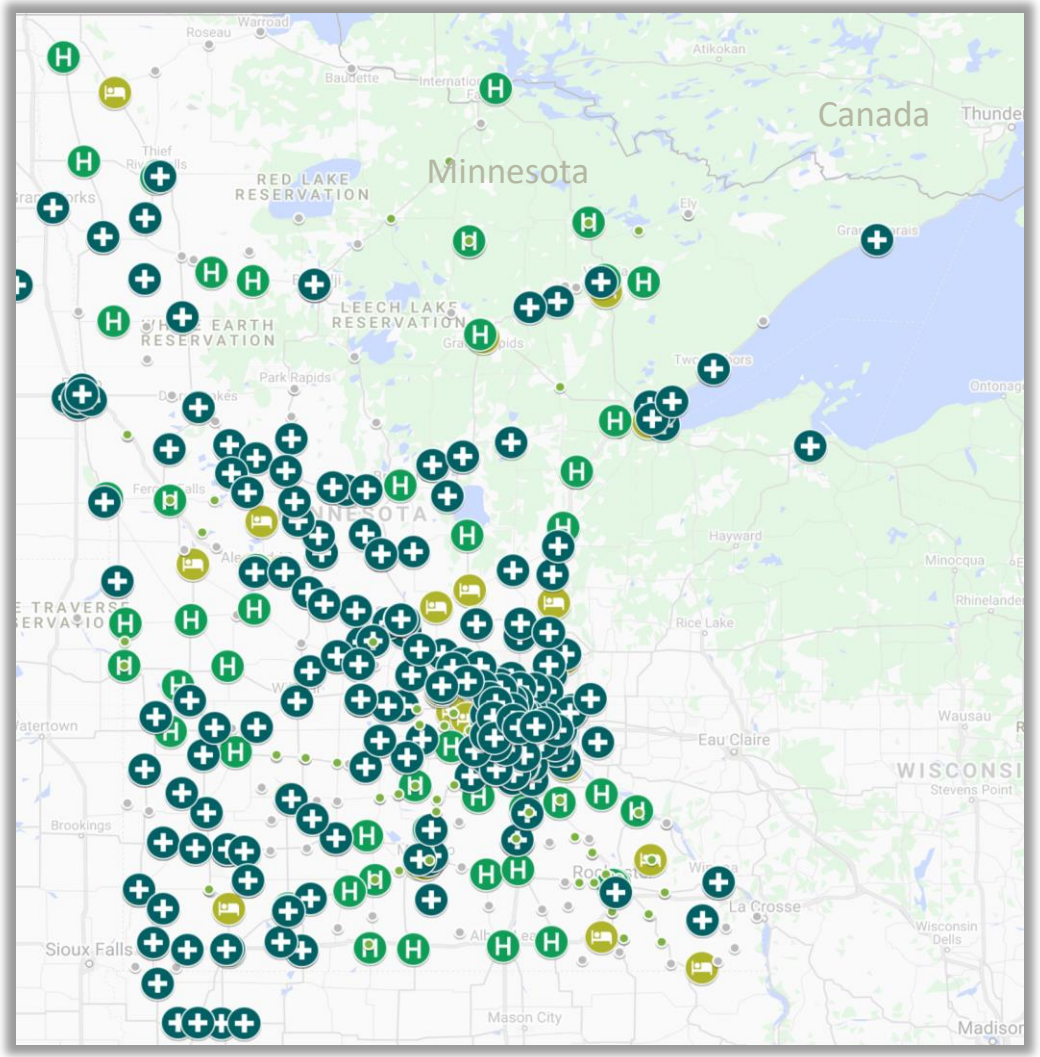
MN EAS: Hospital & LTPAC Coverage

EAS by the Numbers

211,338
MONTHLY ALERTS SENT

221
DATA SOURCES

40
EAS SUBSCRIBERS



LEGEND:
Green Dot = Hospitals Connected
Tan Dot = LTPAC/SNF Connected
Blue Dot = Primary Care Clinics

https://mneas.org/participants/

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How MN EAS works

Interoperability: HL7 Admit Discharge Transfer (ADT)

HL7 International

```
MSH|^~\&|SendingApplication|SendingFacility|ReceivingApp|ReceivingFacility||ADT^A03^ADT_A03|60456525||2.5.1|

EVN|A03|20211020025902-0500|||||ROSMC^ROSMC^MPI

PID|1||999^^^MC^MR||LastName^FirstName^MI||19990101|F||2054-5^Black or African American^CDCREC|999 9th St NW
Apt 999^^AnyCity^MN^55555-1111|||||||9999999999^^^^AN||||2186-5^Not Hispanic or Latino^CDCRECPV1|1|E|1108-0

PV2|||Chest Pain^Chest Pain^I10C

DG1|1||R07.89^Other chest pain^I10C|||F

IN1|1|99999999^BCBS MN^PLANID|||||||||||||5^PRIVATE HEALTH INSURANCE^PHDSC|||||||||||||||||||||||||||||
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https://www.hl7.org/implement/standards/product_section.cfm?section=13

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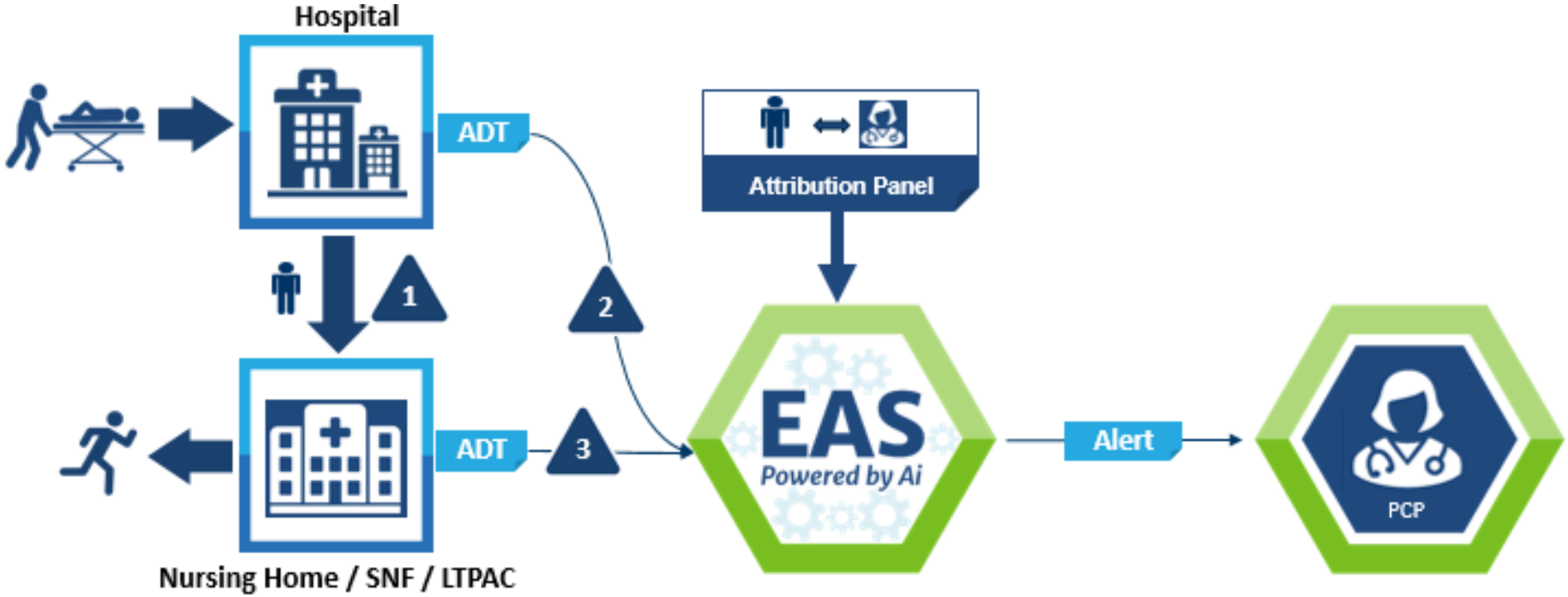
EAS Use Case #1: Care Coordination

Use Case #1: Care Coordination

Challenge: Coordinating care across multiple care settings



#	Process Steps
1	A patient is discharged from the hospital
2	An ADT from Hospital triggers an alert to the attributed provider (PCP, Care Coordinator, etc.) to enable transitional care mgmt
3	An ADT from the nursing facility allows for similar alerts to be generated by EAS
4	Transitional Care Management is provided by the PCP or Care Coordinator

MN EAS: Care Coordination (Sample)

Challenge: Coordinating care across multiple care settings

05/21/2021 10:39 am	G93.40ENCEPHALOPATHY, UNSPECIFIEDENCEPHALOPATHY, UNSPECIFIEDENCEPHALOPATHY, UNSPECIFIED	Nursing Home X	IP	Discharge
05/04/2021 02:06 pm	K72.90Hepatic failure, unspecified without coma (HCC)K72.90Hepatic failure, unspecified without coma (HCC)	MAYO CLINIC Mankato	IP	Transfer
05/03/2021 08:44 pm	K72.90Hepatic failure, unspecified without coma (HCC)K72.90Hepatic failure, unspecified without coma (HCC)	MAYO CLINIC Mankato	IP	Transfer
04/29/2021 02:31 pm	G93.40ENCEPHALOPATHY, UNSPECIFIEDENCEPHALOPATHY, UNSPECIFIEDENCEPHALOPATHY, UNSPECIFIED	Nursing Home X	IP	Admit
04/29/2021 01:07 pm	K75.9Inflammatory liver disease, unspecifiedK75.9Inflammatory liver disease, unspecified	MAYO CLINIC Saint Marys	IP	Discharge
04/29/2021 01:07 pm	K75.9Inflammatory liver disease, unspecifiedK75.9Inflammatory liver disease, unspecified	MAYO CLINIC Saint Marys	IP	Discharge
04/21/2021 02:18 am	K75.9Inflammatory liver disease, unspecifiedK75.9Inflammatory liver disease, unspecified	MAYO CLINIC Saint Marys	IP	Transfer
04/20/2021 10:32 pm	R10.9Unspecified abdominal pain	MAYO CLINIC Mankato	ER	Discharge

- 1 Month time span
- 2 Hospitalizations
- 3 Hospitals
- Multiple conditions

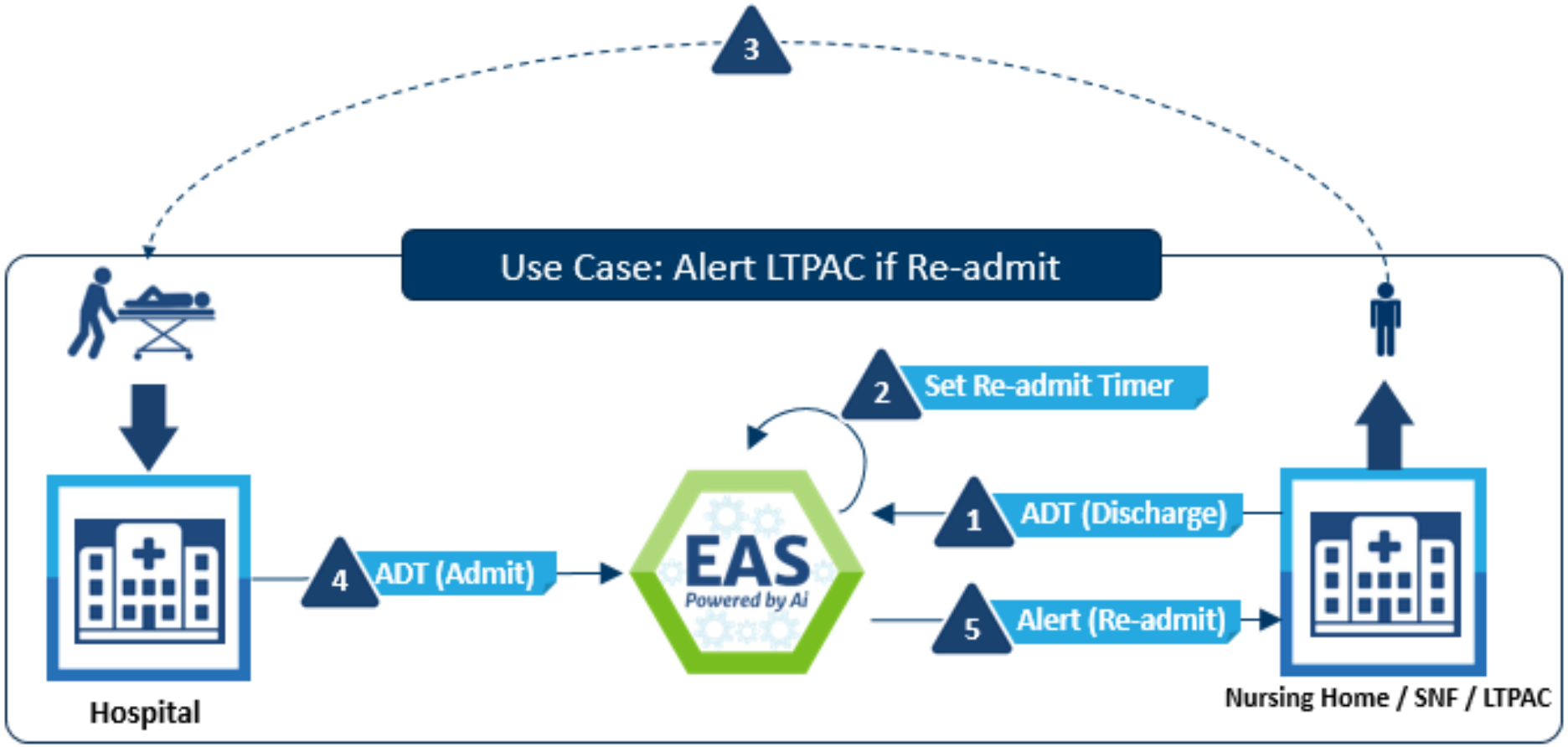
Solution:

EAS enables care coordination with attributed providers in alignment with value-based care initiatives.

EAS Use Case #2: Re-Admission Alerts

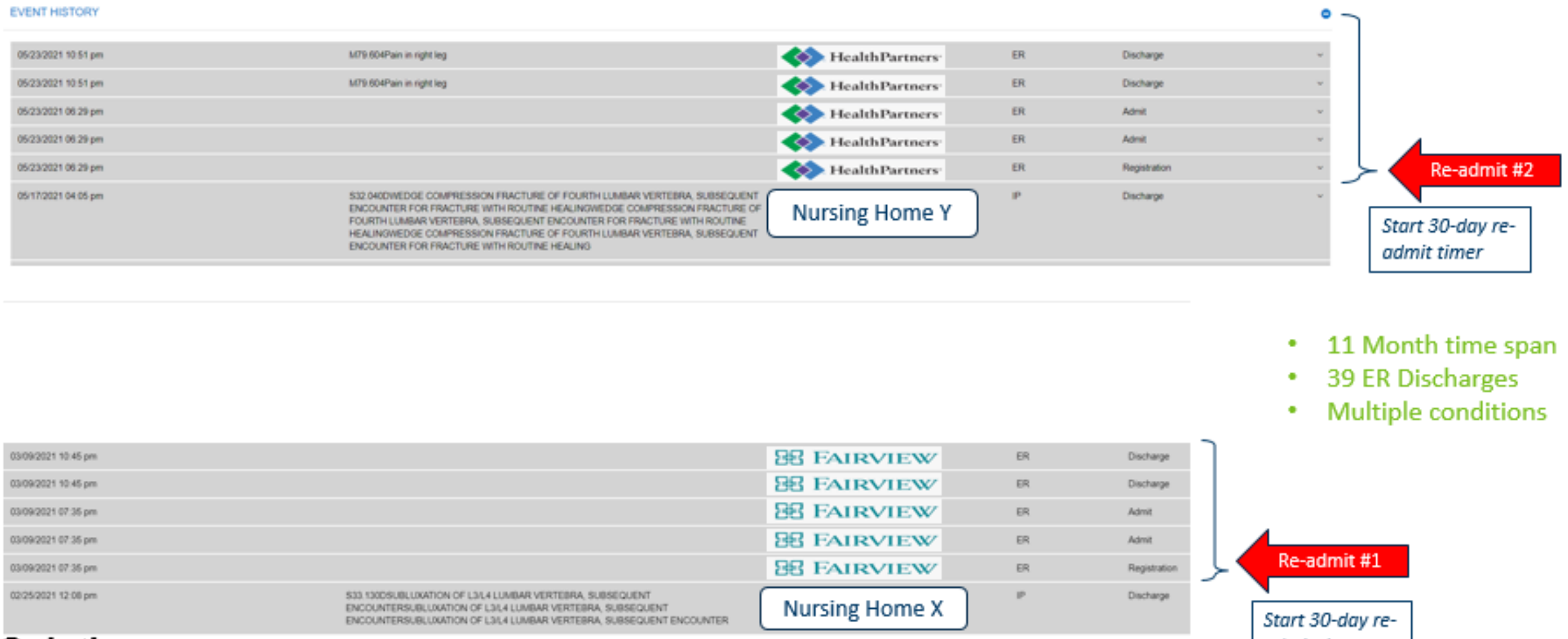
Use Case #2: Re-Admission Alerts

Challenge: Being informed of a re-admission to an external ED



Use Case #2: Re-Admission Alerts

Challenge: Being informed of a re-admission to an external ED



- 11 Month time span
- 39 ER Discharges
- Multiple conditions

Solution:

EAS alerts of readmissions in real time across multiple care organizations.

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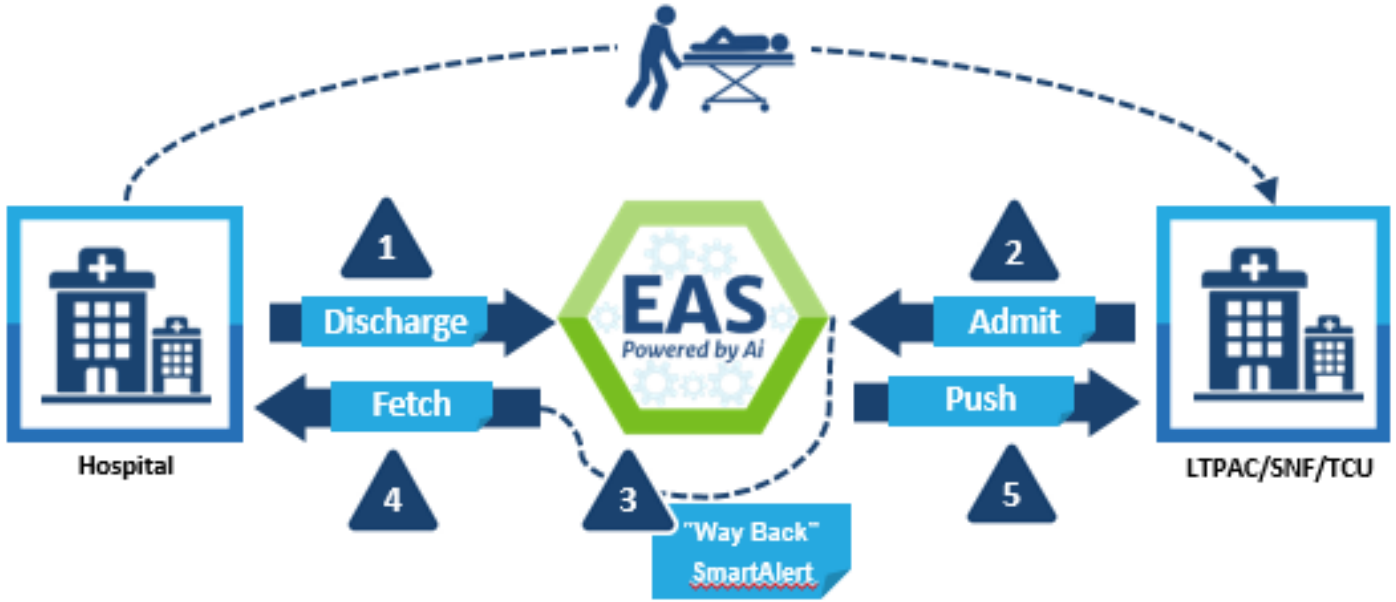
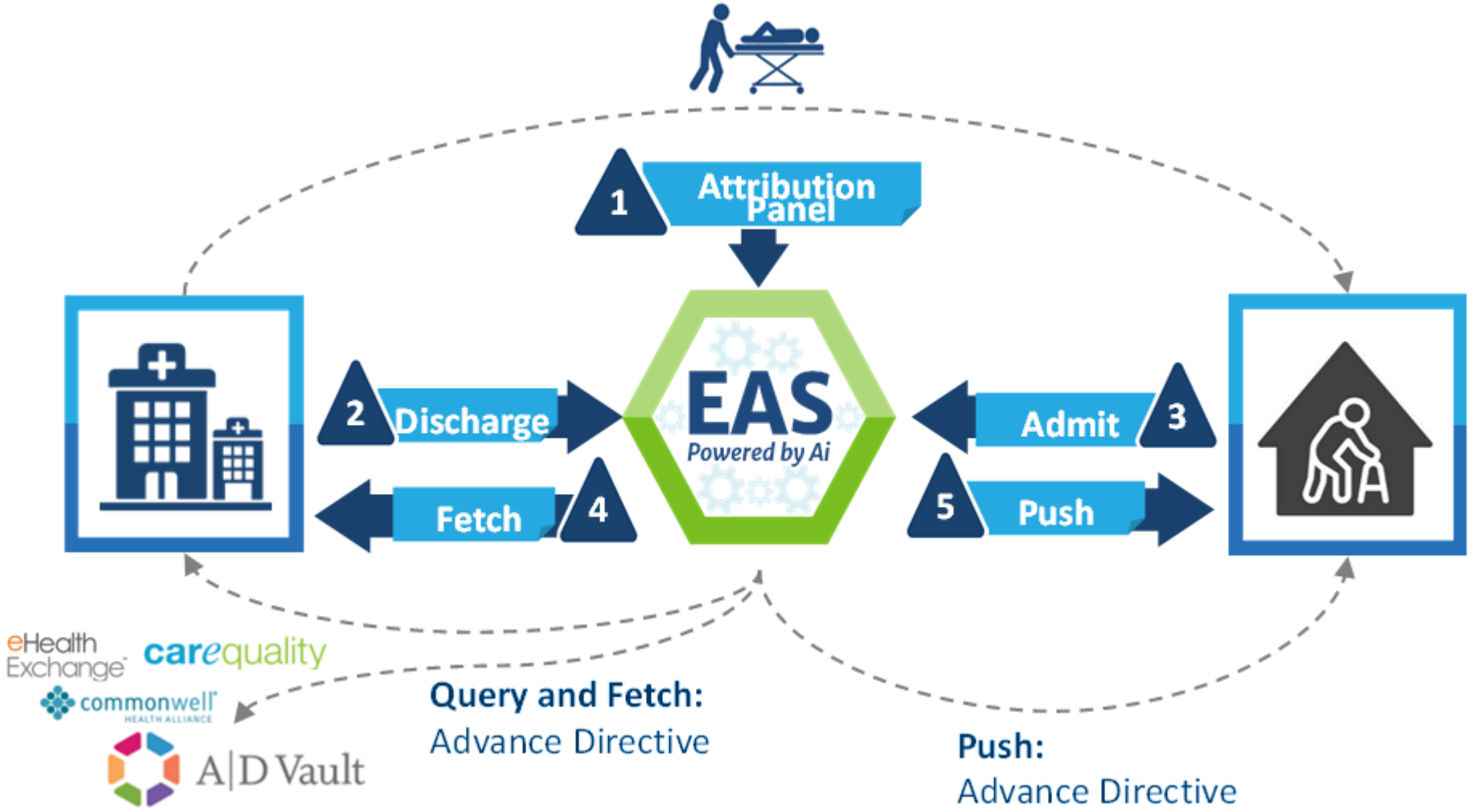
EAS Use Case #3: Fetch & Push Discharge Summaries

MNEAS: Fetch & Push Discharge Summaries



#	Process Steps
1	A patient is discharged from the hospital
2	The patient is admitted to a nursing facility
3	The EAS looks back 30 days for the most recent discharge event for the patient
4	A discharge summary is fetched from the hospital EMR
5	A discharge summary is pushed into the nursing facility workflow

Advance Directive Fetch & Push



MN CDA Examples: Advance Directives

Advance Directives

Latest Code Status on File

Code Status	Date Activated	Date Inactivated	Comments
Full Code	9/19/2021 4:36 PM		
On Admission, Code status was determined by:			Discussed with patient/family
Full Code	7/15/2021 11:30 PM	7/19/2021 6:31 PM	
On Admission, Code status was determined by:			Not discussed with patient/family
Full Code	6/5/2021 8:15 AM	6/22/2021 9:00 PM	
On Admission, Code status was determined by:			Discussed with patient/family
Full Code	10/14/2020 8:16 PM	10/19/2020 6:35 PM	
Full Code	3/19/2020 9:29 PM	3/20/2020 6:49 PM	

Health System 1; Patient 1

Advance Directives

Documents on File

Type	Date Recorded	Patient Representative	Explanation
Power of Attorney for Health Care			
Advanced Directives	10/26/2011 3:26 PM		DCH, SCH

Latest Code Status on File

Code Status	Date Activated	Date Inactivated	Comments
No Code Blue	10/11/2021 2:16 AM		Notify ICU in telemetry patient. Nursing to place DNR bracelet on patient.
No Code Blue	10/11/2021 2:15 AM	10/11/2021 2:16 AM	Notify ICU in telemetry patient. Nursing to place DNR bracelet on patient.
Full Code	9/22/2021 7:41 PM	9/27/2021 6:12 PM	
Full Code	2/18/2017 12:46 PM	2/23/2017 6:33 PM	

Health System 2; Patient 2

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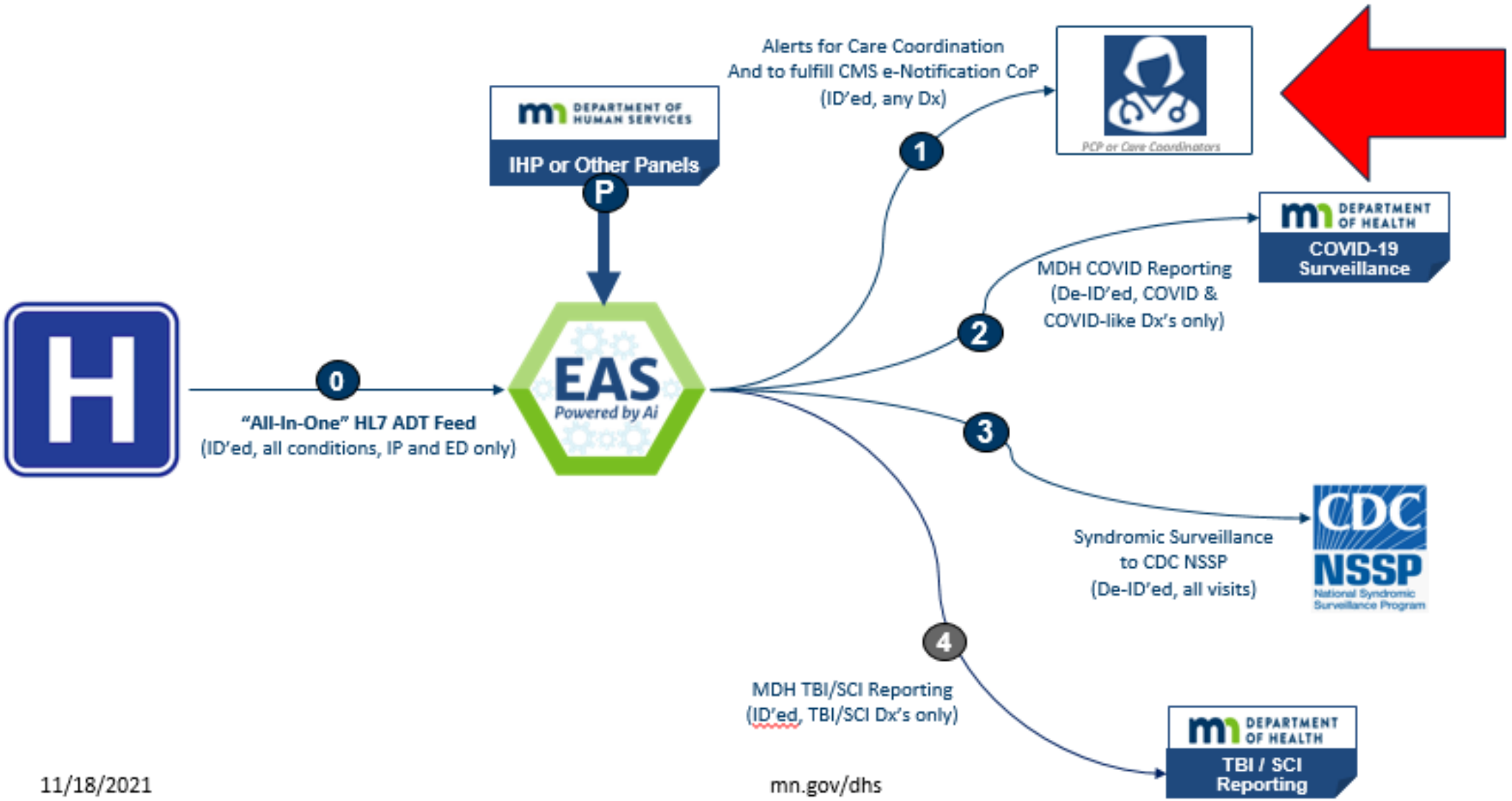
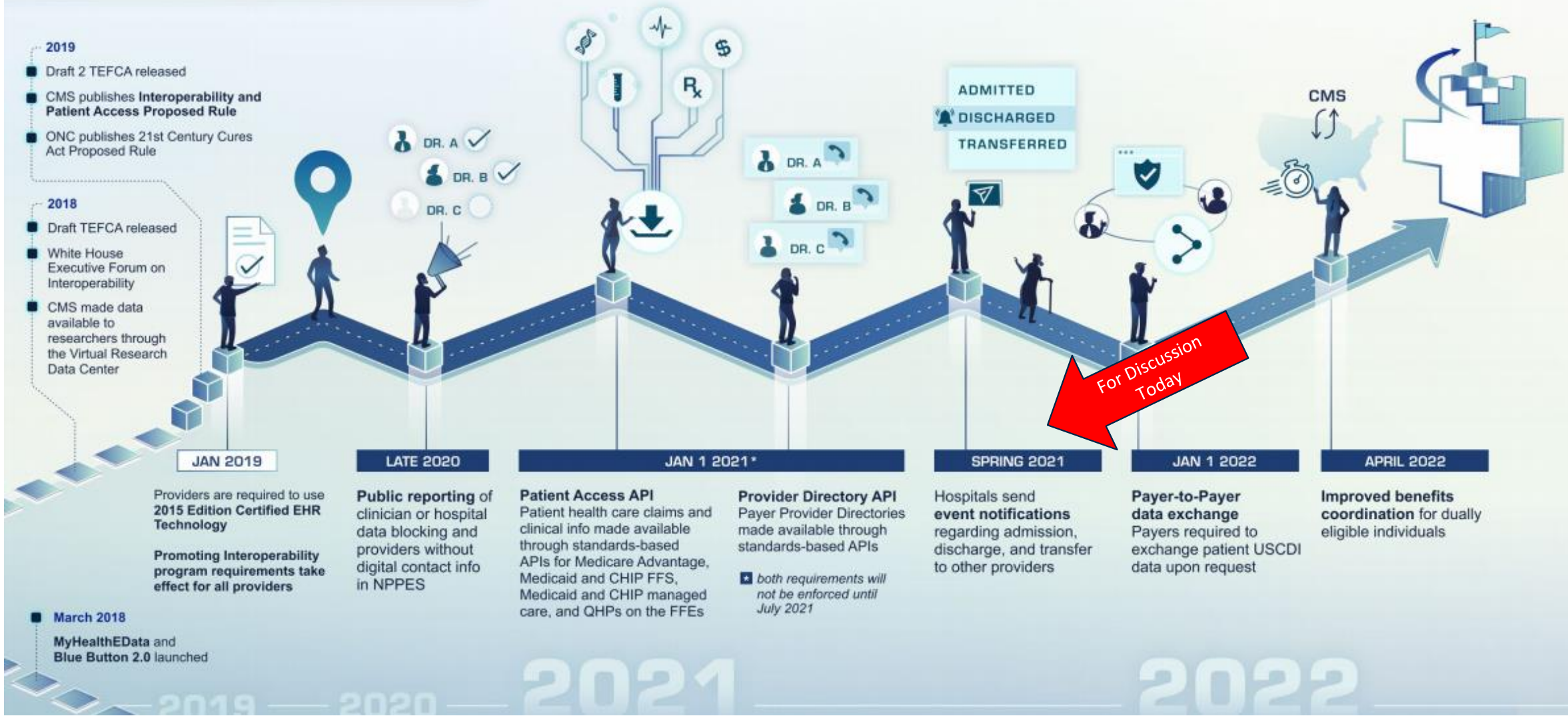
State-Level Solution Benefits

Interoperability: “All-in-One” HL7 ADT Feed

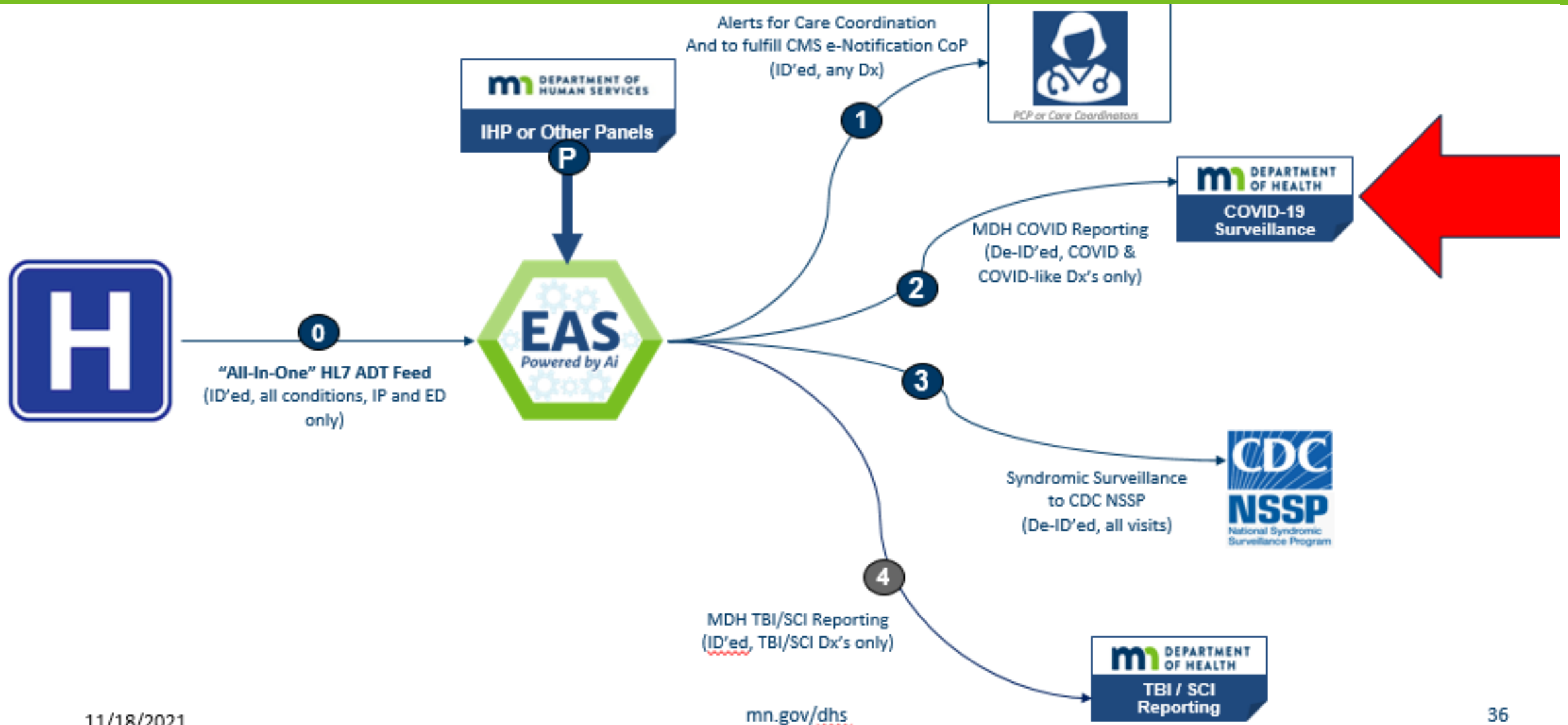


CMS INTEROPERABILITY & PATIENT ACCESS FINAL RULE

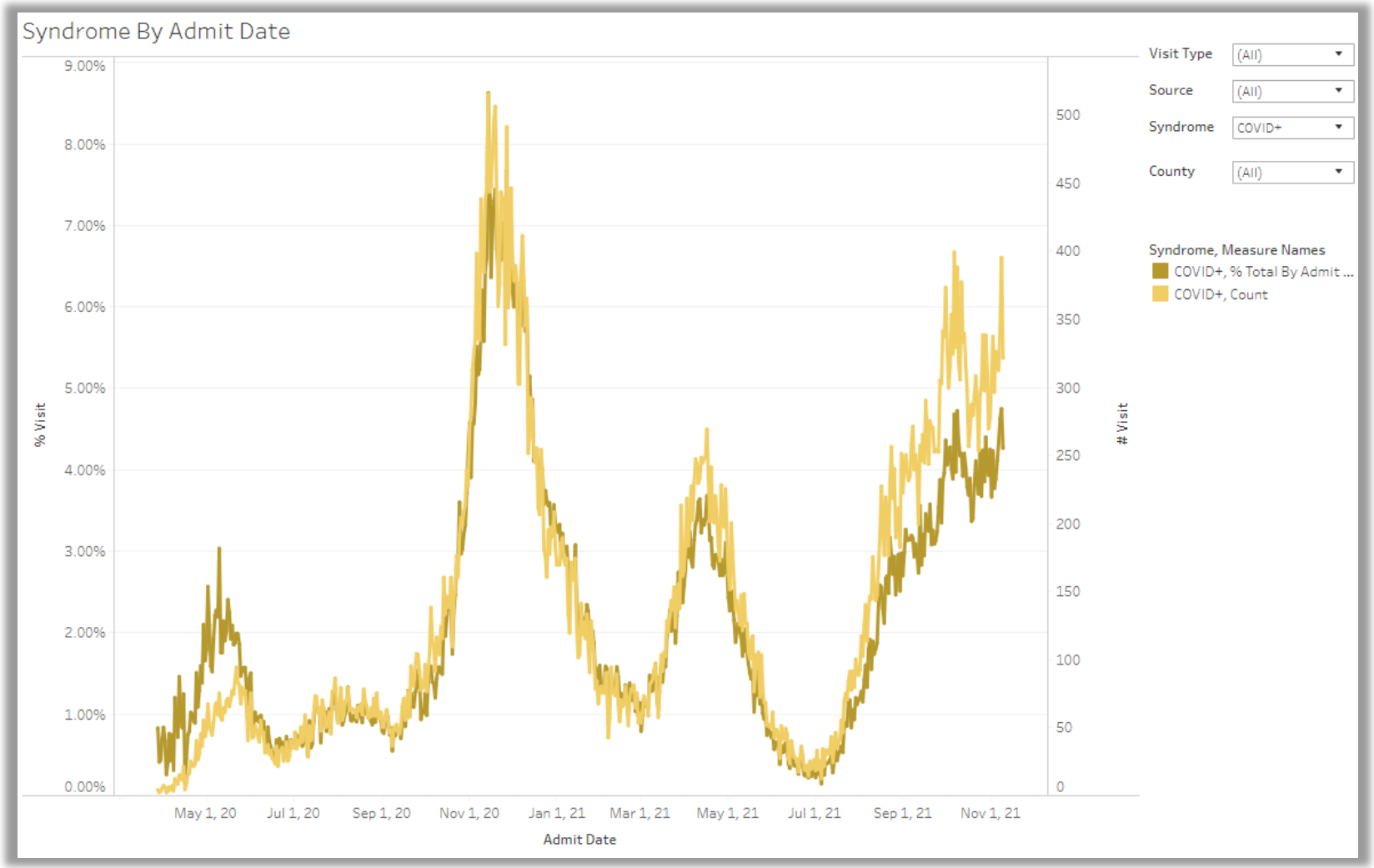


https://www.cms.gov/files/document/interoperability-and-patient-access-final-rule-presentation.pdf

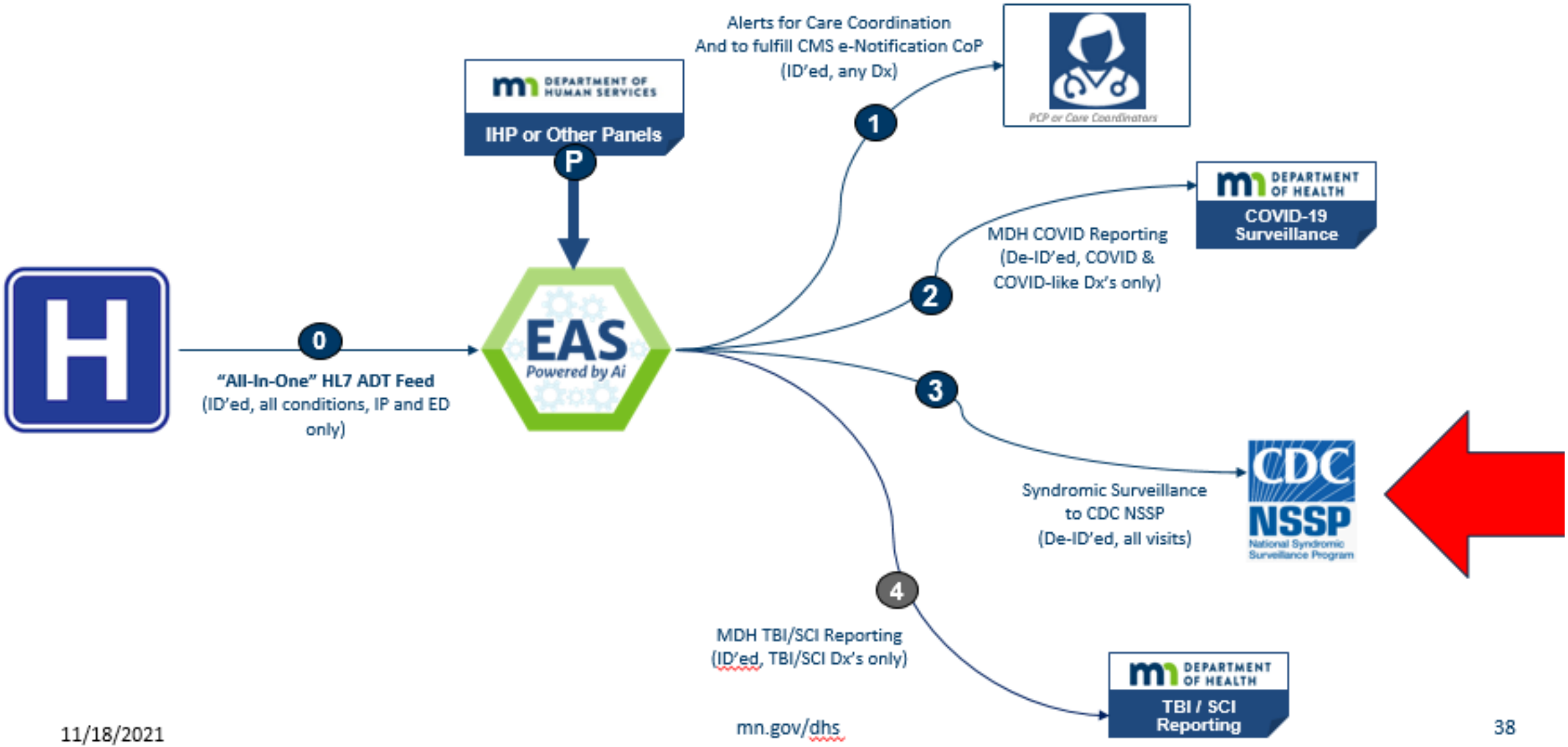
Interoperability: “All-in-One” HL7 ADT Feed



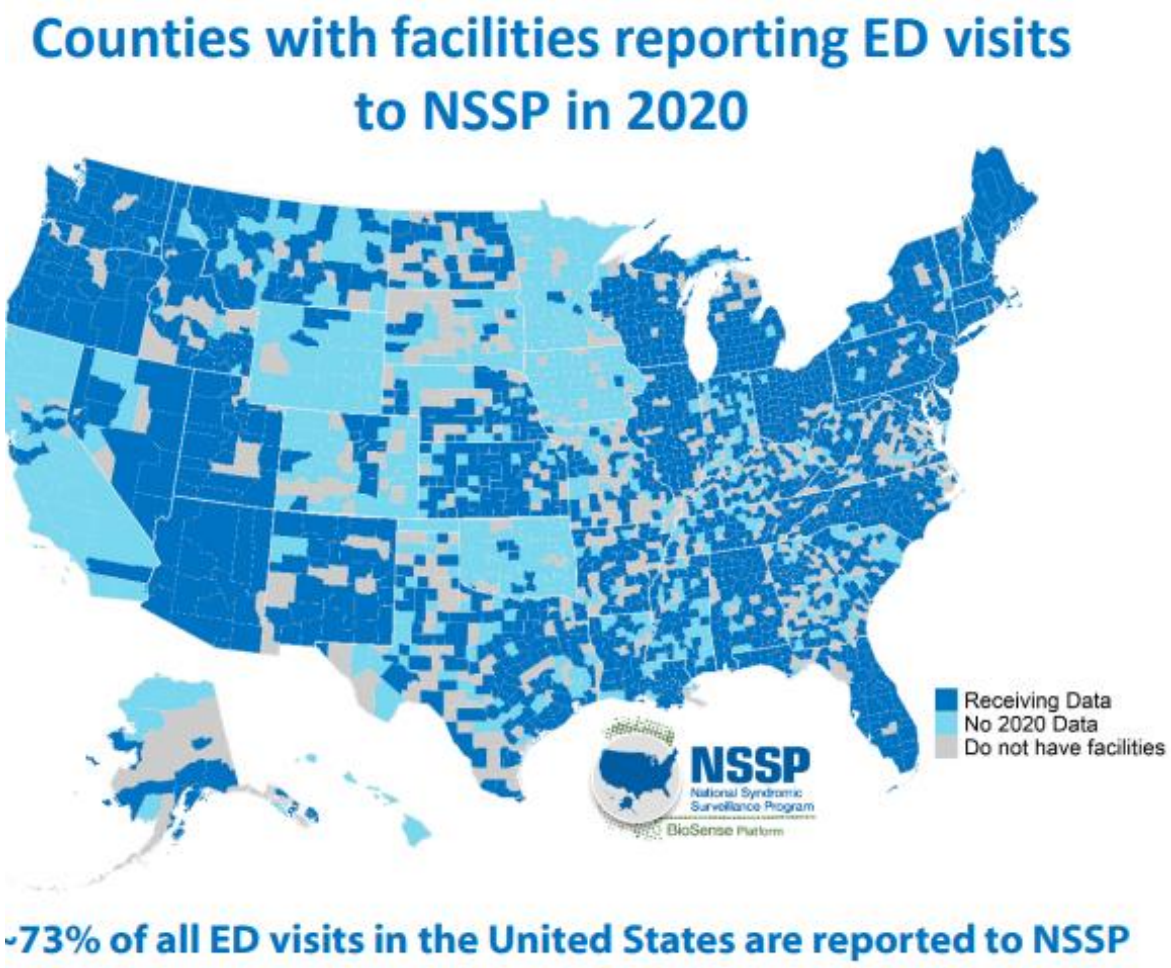
MDH COVID Surveillance



Interoperability: "All-in-One" HL7 ADT Feed



CMS Promoting Interoperability: Syndromic Surveillance



CMS Promoting Interoperability for 2022: Syndromic Surveillance

CMS is finalizing the following changes to the Medicare Promoting Interoperability Program for eligible hospitals and CAHs:

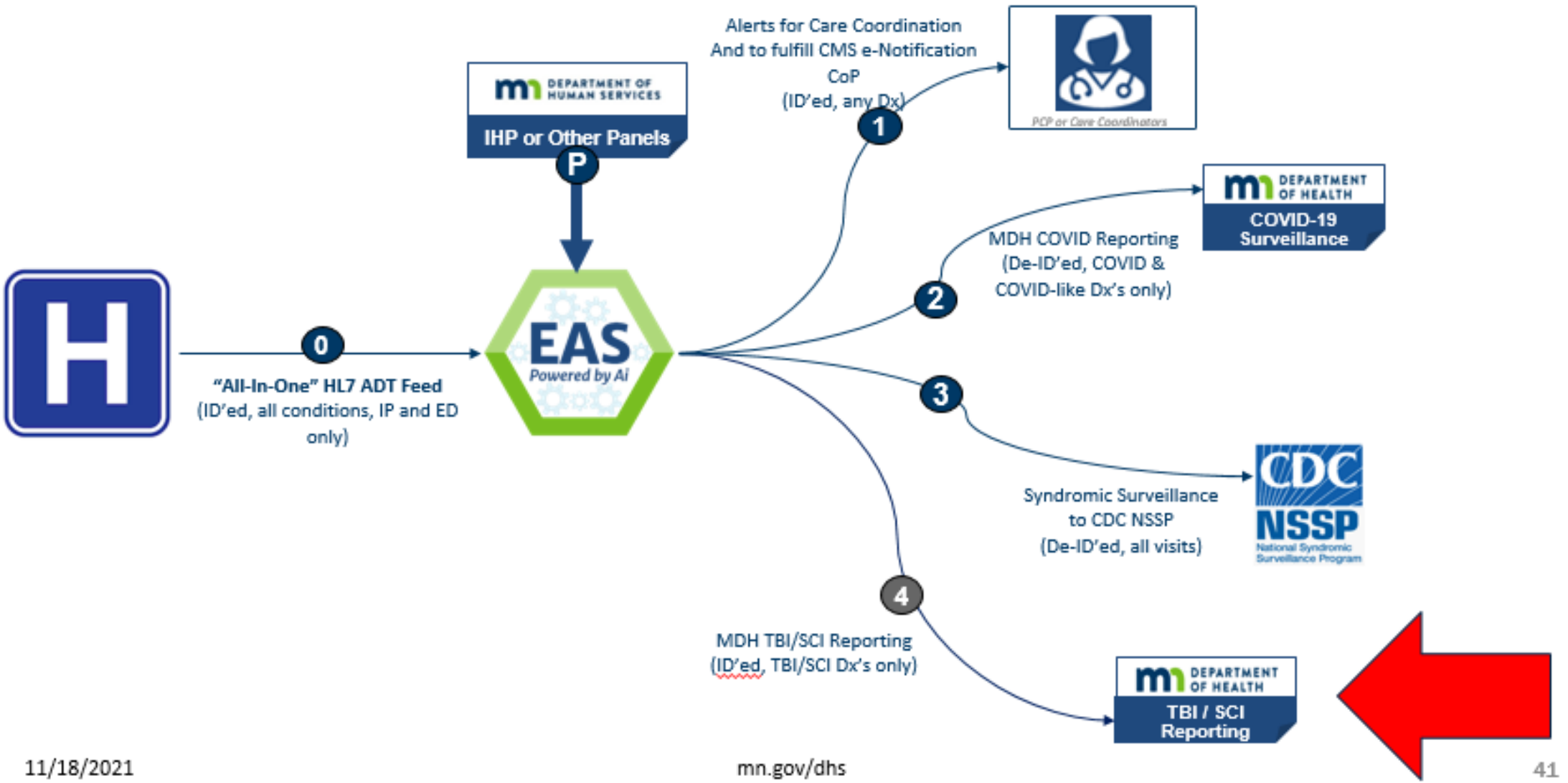
- Continue the EHR reporting period of a minimum of any continuous 90-day period for new and returning eligible hospitals and CAHs for CY 2023 and to increase the EHR reporting period to a minimum of any continuous 180-day period for new and returning eligible hospitals and CAHs for CY 2024;
- Maintain the Electronic Prescribing Objective's Query of Prescription Drug Monitoring Program (PDMP) measure as optional while increasing its available bonus from 5 points to 10 points;
- Add a new Health Information Exchange (HIE) Bi-Directional Exchange measure as a yes/no attestation, beginning in CY 2022 to the HIE objective as an optional alternative to the two existing measures;
- Require reporting "yes" on four of the existing Public Health and Clinical Data Exchange Objective measures (Syndromic Surveillance Reporting, Immunization Registry Reporting, Electronic Case Reporting, and Electronic Reportable Laboratory Result Reporting) or requesting applicable exclusion(s);
- Attest to having completed an annual assessment of all nine guides in the SAFER Guides measure, under the Protect Patient Health Information objective;
- Remove attestation statements 2 and 3 from the Promoting Interoperability Program's prevention of information blocking attestation requirement;
- Increase the minimum required scoring threshold for the objectives and measures from 50 points to 60 points (out of 100 points) to be considered a meaningful EHR user; and
- Adopt two new eCQMs to the Medicare Promoting Interoperability Program's eCQM measure set beginning with the reporting period in CY 2023, in addition to removing three eCQMs from the measure set beginning with the reporting period in CY 2024 (in alignment with proposals for the Hospital IQR Program).

Does participation with the CDC National Syndromic Surveillance Program (NSSP), in collaboration with MDH, replace the need for sending ADTs to MDH for COVID-19 surveillance?

Added 7/29/21

Hospitals and health systems can opt-in to participate in the CDC NSSP via one of two vendors – Audacious Inquiry or Koble. These vendors send all ADT visit data to the CDC NSSP following the syndromic surveillance messaging requirements. The NSSP feed may replace the current ADT feed for COVID-19 surveillance, resulting in an enhanced ADT feed to MDH for syndromic surveillance. This would result in one syndromic surveillance feed from a health system going to two locations: CDC NSSP and MDH. This is currently being piloted by health systems in MN. The CDC NSSP feed includes data on all visits (i.e., the COVID and COVID-like diagnosis code filter is removed), and it also continues to use only de-identified data. The CDC NSSP participation is promoted by the CDC for implementation in every state and is one of four public health reporting requirements for hospitals and health systems in the May 10, 2021, Centers for Medicare & Medicaid Services (CMS) proposed rules effective January 1, 2022. Refer to Federal Register: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2022 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Proposed Changes to Medicaid Provider Enrollment; and Proposed Changes to the Medicare Shared Savings Program.

Interoperability: “All-in-One” HL7 ADT Feed



Traumatic Brain Injury & Spinal Cord Injury Reporting

Traumatic Brain Injury & Spinal Cord Injury Registry

MNTrauma is also the data system for the Minnesota traumatic brain injury (TBI) and spinal cord injury (SCI) registries. Minnesota hospitals are required to report certain TBI and SCI cases to MDH (Minn. R. 4643.0030, subp. 1). The TBI and SCI registries are administered by the MDH Injury and Violence Prevention Section and the data is reported through MNTrauma. Since many TBI and SCI cases also meet trauma registry reporting requirements, reporting all three types of cases (TBI, SCI, trauma) through MNTrauma offers the benefit of submitting the case only once using one data system, instead of reporting the same case up to three times through different registry systems.

EAS for HCBS

EAS for HCBS

- MN's Goal is to have all registered providers of MA-funded services in the EAS
- Beneficiaries are served more effectively when HCBS providers participate in the EAS
- Small HCBS providers can access EAS (with proper consents in place) without needing Electronic Medical Record System

eMail “Tickler” example

- Provides email reminders when MNEAS alerts occur (email frequency can be customized)
- Allows users to securely access the ProMPT portal directly from the email
- Notifications can be sent to individual or group email accounts to facilitate care coordination

There is a new Notification available in the MN Encounter Alert Service from one of your patients.

Please login to https://prompt.mneas.org/#/login to view.

PLEASE DO NOT RESPOND to this system-generated eMail.

If you need assistance with the MNEAS PROMPT, please send an email to the MNEAS Support team at MN-EAS-ServiceDesk@aing.com.

PROMPT User Interface

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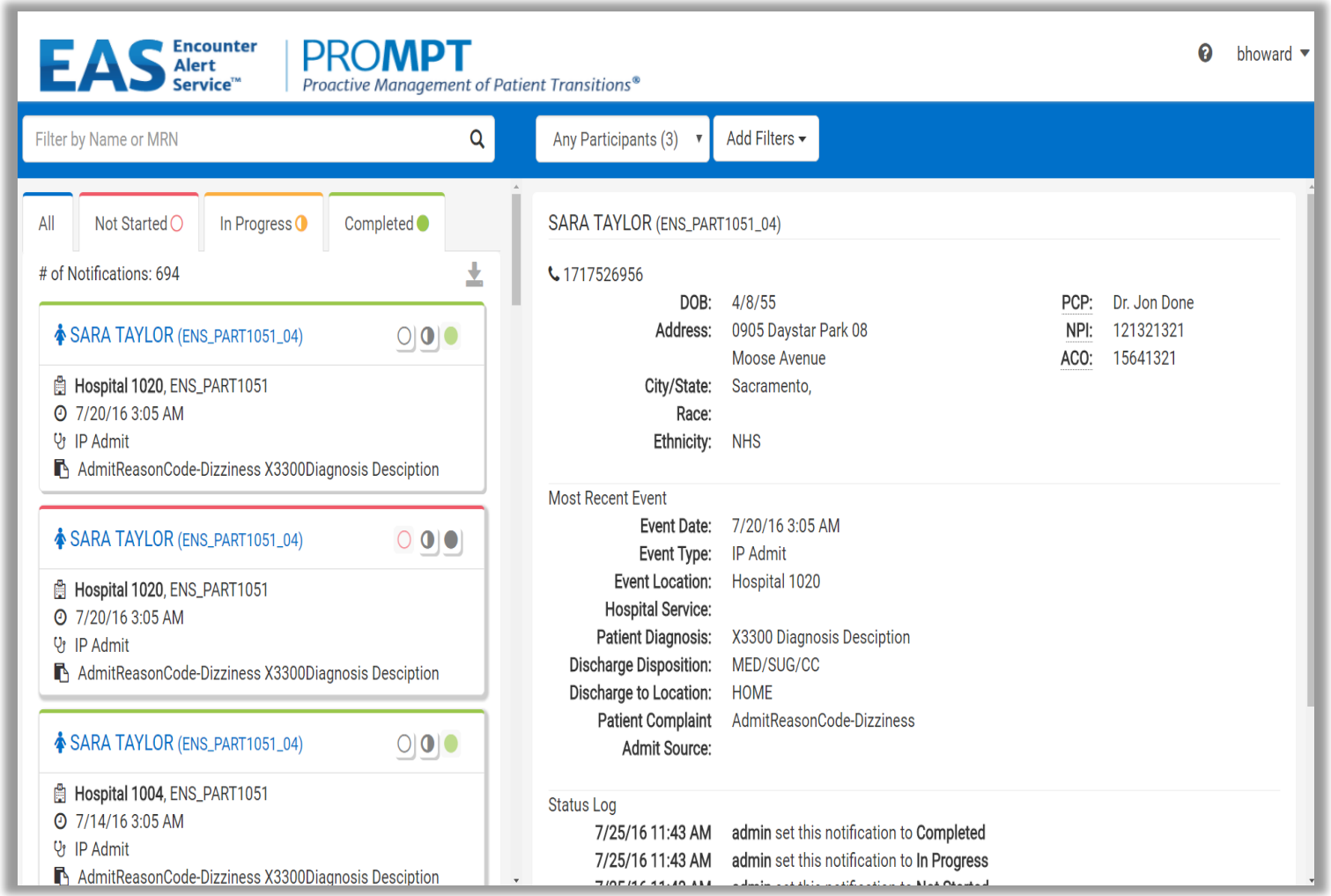
Enables users to:

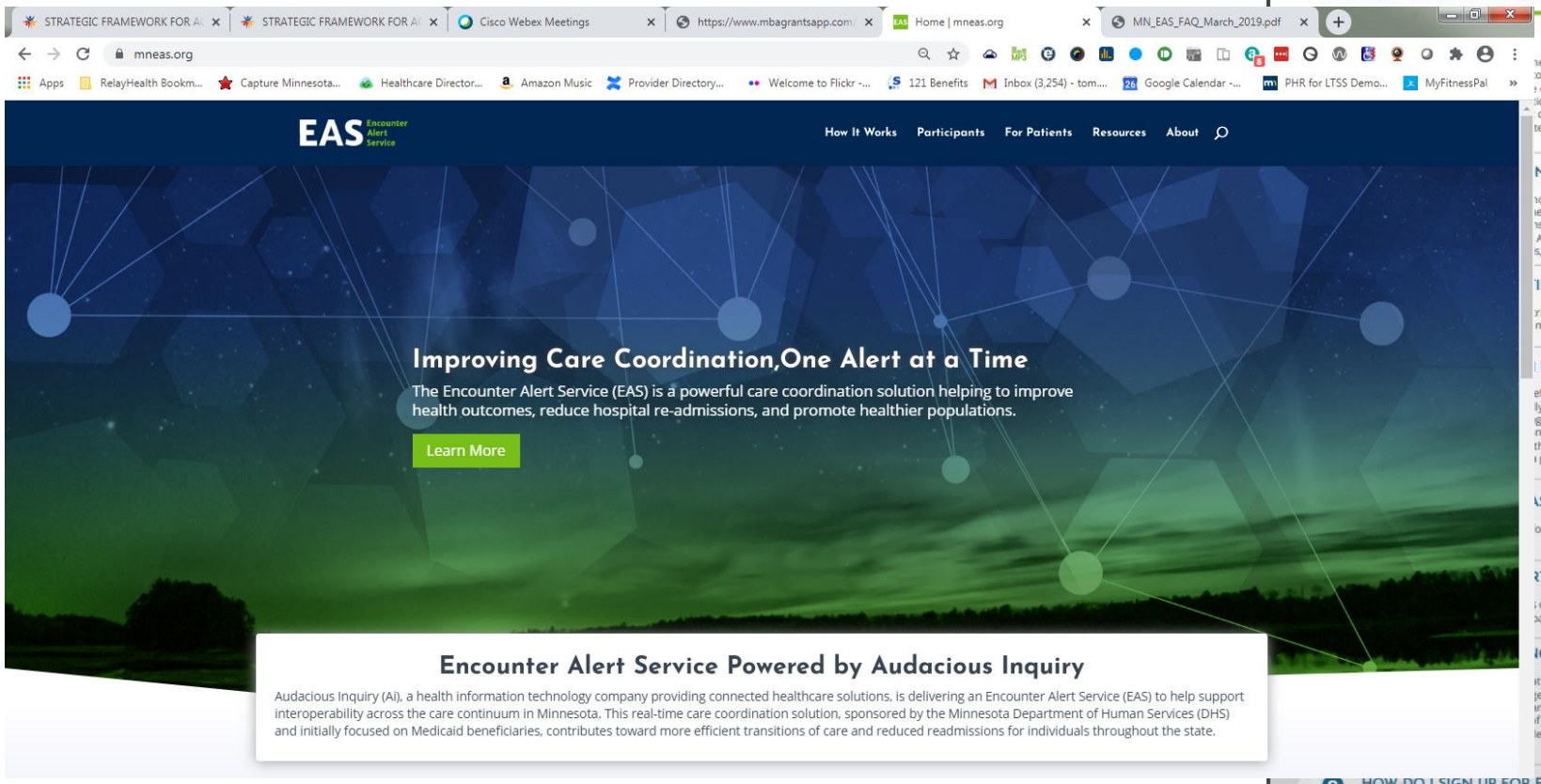
- Easily track work queues
- Mark progress of notifications
- Coordinate patient follow-up activities

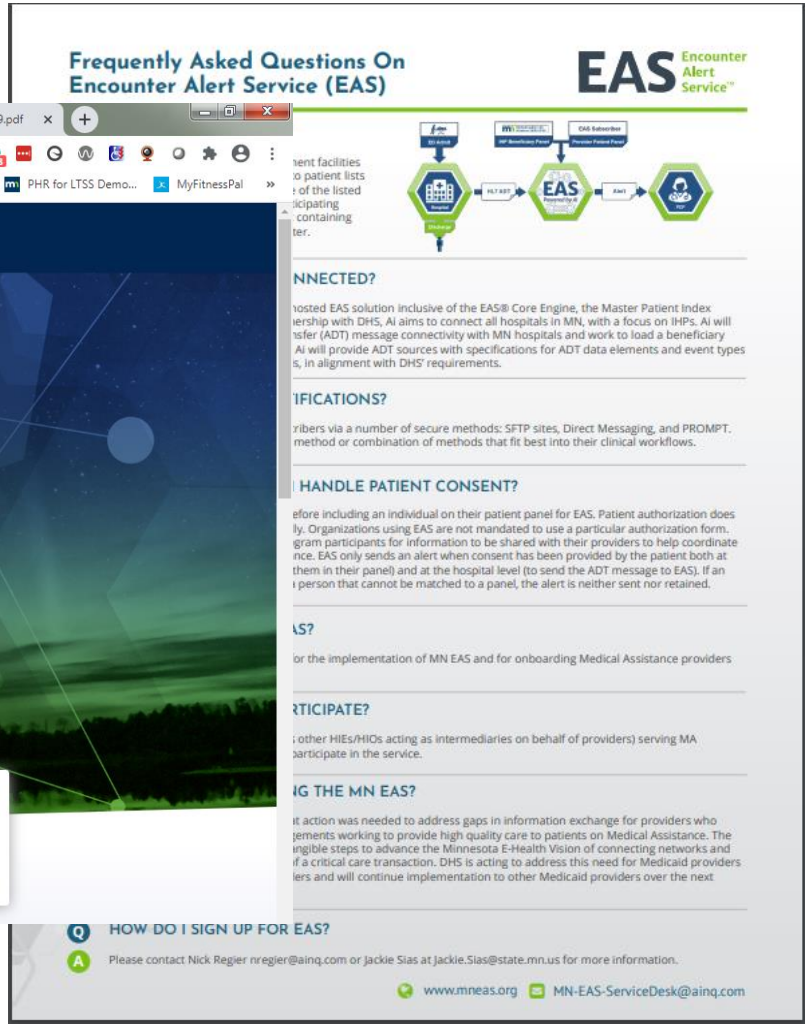


NOTE: this is a fake patient and does not contain PHI

Where Can I Learn More About EAS?

- MN DHS EAS web site: https://mneas.org/





Thank You!

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