Session 095
Encounter Alerts - Heads Up for Supporting Older Adults

12/09/21

11/19/2021

mn.gov/dhs
Why EAS? – Rolf Hage
What is EAS? – Greg Linden
How can HCBS use EAS? – Tom Gossett
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.
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)
• 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
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)**

<table>
<thead>
<tr>
<th>CMS Activity</th>
<th>Direct Provider Directory</th>
<th>Secure Messaging</th>
<th>ADTs via Direct</th>
<th>HISP SRS</th>
<th>MA Care Plan</th>
<th>Bene Data Access</th>
<th>Provider Data Access</th>
<th>Integrated Query Lookup</th>
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<td>MA Providers</td>
<td>Good Match</td>
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<td>Care Plan Exchange</td>
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<td>Bene Service History</td>
<td>Bene Service History</td>
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<td>Lookup Bene Info from EHRs (TBD)</td>
<td>CHR-EHR exchange/query (TBD)</td>
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</table>
• 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**

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

  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.
For effective value-based care programs, how do ACO’s know where their attributed members are receiving care?
### MN EAS: Care Coordination

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

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<th>Time</th>
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MN EAS: Care Coordination

1. Admit
   - Hospital
   - Discharge

2. IHP Beneficiary Panel
   - HL7 ADT
   - EAS
     - Powered by Ai
     - Alert

3. FCN
   - Care Coordination & Transitional Care Management
MN EAS Background
MN Encounter Alert Service (EAS) History

- **2016**: CMS SIM grant and launch of the IHP program.
- **2017**: Early adopter hospitals connected.
- **2018**: CMS SIM grant and launch of the IHP program.
- **2019**: Early adopter hospitals connected.
- **2020**: MDH asked to leverage EAS for COVID Bio-Surveillance promoted by Dept of Health letter. EAS broadly available across State.
- **2021**: EAS rolled out the service, mainly in the Twin Cities. Early adopter nursing homes connected.

Dating back to 2017, Minnesota’s Medicaid IHP program heard from its members that there was a need for encounter notifications.

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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/

11/19/2021 mn.gov/dhs
How MN EAS works
Interoperability: HL7 Admit Discharge Transfer (ADT)

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^5555-1111||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|9999999999^BCBS MN^PLANID||5^PRIVATE HEALTH INSURANCE^PHDSC

Use Case #1: Care Coordination

**Challenge:** Coordinating care across multiple care settings

### Process Steps

<table>
<thead>
<tr>
<th>#</th>
<th>Process Steps</th>
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<tbody>
<tr>
<td>1</td>
<td>A patient is discharged from the hospital</td>
</tr>
<tr>
<td>2</td>
<td>An ADT from Hospital triggers an alert to the attributed provider (PCP, Care Coordinator, etc.) to enable transitional care management</td>
</tr>
<tr>
<td>3</td>
<td>An ADT from the nursing facility allows for similar alerts to be generated by EAS</td>
</tr>
<tr>
<td>4</td>
<td>Transitional Care Management is provided by the PCP or Care Coordinator</td>
</tr>
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</table>
MN EAS: Care Coordination (Sample)

**Challenge:** Coordinating care across multiple care settings

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

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

11/19/2021

mn.gov/dhs
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

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

- 11 Month time span
- 39 ER Discharges
- Multiple conditions
EAS Use Case #3: Fetch & Push Discharge Summaries
MNEAS: Fetch & Push Discharge Summaries

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<tr>
<td>1</td>
<td>A patient is discharged from the hospital</td>
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<tr>
<td>2</td>
<td>The patient is admitted to a nursing facility</td>
</tr>
<tr>
<td>3</td>
<td>The EAS looks back 30 days for the most recent discharge event for the patient</td>
</tr>
<tr>
<td>4</td>
<td>A discharge summary is fetched from the hospital EMR</td>
</tr>
<tr>
<td>5</td>
<td>A discharge summary is pushed into the nursing facility workflow</td>
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Advance Directive Fetch & Push

1. Attribution Panel
2. Discharge
3. Admit
4. Fetch
5. Push

Query and Fetch: Advance Directive
Push: Advance Directive
### MN CDA Examples: Advance Directives

#### Health System 1; Patient 1

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#### Health System 2; Patient 2

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<td><strong>Type</strong></td>
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<tr>
<td>Power of Attorney for Health Care</td>
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<tr>
<td>Advanced Directives</td>
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</table>

| Latest Code Status on File |
| **Code Status** | **Date Activated** | **Date Inactivated** | **Comments** |
| Full Code | 9/22/2021 7:41 PM | 9/27/2021 6:12 PM | |
| Full Code | 2/18/2017 12:45 AM | 2/23/2017 6:33 PM | |
State-Level Solution Benefits
Interoperability: “All-in-One” HL7 ADT Feed
CMS INTEROPERABILITY & PATIENT ACCESS FINAL RULE

2019
- Draft 2 TEFCA released
- CMS publishes Interoperability and Patient Access Proposed Rule
- ONC publishes 21st Century Cures Act Proposed Rule

2018
- Draft TEFCA released
- White House Executive Forum on Interoperability
- CMS made data available to researchers through the Virtual Research Data Center

For Discussion Today

Providers are required to use 2015 Edition Certified EHR Technology
Promoting Interoperability program requirements take effect for all providers

Public reporting of clinician or hospital data blocking and providers without digital contact info in NPPES

Patient Access API
- Patient health care claims and clinical info made available through standards-based APIs
- Medicare and CHIP FFIS, Medicaid and CHIP managed care, and QHPs on the FFIEs

Provider Directory API
- Payer Provider Directories made available through standards-based APIs
- Both requirements will not be enforced until July 2021

Hospitals send event notifications regarding admission, discharge, and transfer to other providers

Payer-to-Payer data exchange
- Payors required to exchange patient USCDI data upon request

Improved benefits coordination for dually eligible individuals

March 2018
- MyHealthEData and Blue Button 2.0 launched


11/19/2021 mn.gov/dhs
Interoperability: “All-in-One” HL7 ADT Feed
CMS Promoting Interoperability: Syndromic Surveillance

Counties with facilities reporting ED visits to NSSP in 2020

-73% of all ED visits in the United States are reported to NSSP
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 eQI 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).

CMS Promoting Interoperability for 2022: Syndromic Surveillance

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

0. “All-In-One” HL7 ADT Feed (ID’ed, all conditions, IP and ED only)

1. Alerts for Care Coordination And to fulfill CMS e-Notification CoP (ID’ed, any Dx)

2. MDH COVID Reporting (De-ID’ed, COVID & COVID-like Dx’s only)

3. Syndromic Surveillance to CDC NSSP (De-ID’ed, all visits)

4. MDH TBI/SCI Reporting (ID’ed, TBI/SCI Dx’s only)
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
• 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
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@ainq.com.

- 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
PROMPT User Interface

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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Greg Linden - President, Linden Tech Advisors (MN DHS HIT Consultant)
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Tom Gossett – Director, Business Integration & Alignment, MN DHS
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