MINNESOTA'S FOUNDATION FOR EXCHANGE OF ELTSS PLANS

Background

Minnesota is a leader in using electronic systems to integrate health care services. In part, the motivation stems from the state's legislative mandate that all hospitals and health care providers use interoperable electronic health records (EHRs) by January of 2015. In addition to promoting the use of EHRs, the state is also evaluating the entire continuum of care and aims to tackle areas where there are still gaps in information exchange. Minnesota has developed a roadmap that focuses on the adoption of e-Health for collecting, sharing, and using data with a person-centered approach in four priority settings: behavioral health, local public health, long term and post-acute care, and social services.

Implementation

Consistent with this mission, Minnesota became one of nine Testing Experience and Functional Tools (TEFT) grantees selected by the Centers for Medicare & Medicaid Services (CMS) in March of 2014. The purpose of the grant program is to test quality measurement tools and demonstrate e-Health in Medicaid community-based long term services and supports (LTSS). The program contains four components in which grantees can participate, including creating an electronic long term services and supports standard (eLTSS). The purpose of the eLTSS pilot is to establish and test a standard that can enable the exchange of interoperable service plans by LTSS providers and beneficiaries in both health care and community-based settings. The goal is that the standardized plan will improve

the coordination of health and social services that support the LTSS beneficiary's mental and physical health.

Minnesota's Department of Human Services (DHS) contracted with a county public health collaborative group that includes acute, post-acute, skilled nursing facilities, mental health providers, home health agencies, county case managers, and supported employment programs, among others. The collaborative group allows the state to assess the current state of data exchange as well as to partner with the providers to test a new standard dataset when exchanging information about Medicaid beneficiaries who are receiving LTSS.

Minnesota's first step in the pilot was to review the data elements that the Office of the National Coordinator for Health Information Technology (ONC) recommended for collection in the LTSS person-centered plan and to crosswalk those recommendations with the required documentation in Minnesota—the Community Support Plan with the Coordinated Services and Supports Plan (CSP/CSSP). The CSP portion of their plan documents the patient's personal information; person-centered support plan goals; assessed needs, support options, and strengths; identified health and safety issues; risk mitigation plan; and plan funding. This information sets the foundation for which services and supports may be needed, while the CSSP section captures all services that will be utilized to address the individual's assessed LTSS needs, including both formal and informal supports.

DHS shared the 460 fields from the ONC recommendations and the Minnesota CSP/CSSP with their collaborating providers. The providers noted whether they were currently recording each data element and if it was entered into an electronic system or not. In addition, they indicated which data elements they would be willing to share with other providers, which data elements they would like to receive, and from whom they would need to receive that information. DHS reconciled all responses and produced a Minnesota standard for testing that included 122 data elements. Collaborating service providers are now in the process of building out reports that will include this standard data for their Medicaid beneficiaries. DHS anticipates that they will begin testing the exchange of reports among providers on their online portal in the fall of 2016.

In addition to the standardization taking place at the state-level, Minnesota contributes to the development of a national standard. ONC convenes weekly meetings with the six grantees in the eLTSS initiative, and the attendees work to harmonize the data being collected in their state plans. Once a harmonized plan is established, all grantees will begin testing and providing feedback to ONC about whether further changes are necessary before publishing the standard for possible adoption by a Standards Development Organization.[1] DHS will work with their collaborating providers to update or rename fields that are being exchanged in the reports to meet the newly harmonized ONC standard, and they will continue testing and providing feedback to ONC and other grantees participating in the eLTSS pilot.

Results

Once testing begins in Minnesota, DHS will solicit feedback and create a mechanism for measuring the usefulness of the reports that are being exchanged. Since the pilot is still being implemented, initial results have not yet emerged; however, DHS is encouraged by the enthusiastic participation they have seen among their collaborating service providers thus far. The staff has been committed to providing extensive feedback on the data elements that are

being incorporated into the standard plan. Their willingness to participate may be motivated by the pilot's objective and a desire to contribute to coordinating LTSS care. DHS hopes to expand upon this success by bringing on additional contracted organizations in order to gain input from more providers during testing.

ONC, along with Minnesota and other grantees, realized during the initial project phase that state plans must be harmonized at the field-level instead of domain-level, as originally planned. Domain-level harmonization would have evaluated the broad classifications used for individual data elements and subgroupings of data, whereas field-level harmonization gathers grantee consensus on the individual units of data. This realization also encompasses a broader recognition that eLTSS data is different than traditional clinical data that is collected and shared in EHRs.

Ultimately, ONC will recommend adoption of the eLTSS standard by one or more Standards Development Organizations. While it is not within this project's scope to develop fully interoperable electronic systems, creating a standard plan is the first step towards that objective. It will be a significant accomplishment to simply bring the providers together, educate them on what the agency is working towards, assess what is possible, and try out the eLTSS data model being proposed—even if it is not being shared system-to-system, yet.

Additional Information

Minnesota Department of Health:
http://mn.gov/dhs/

TEFT Grant Overview:
https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/grant-programs/teft-program.html

Minnesota e-Health Initiative:
http://www.health.state.mn.us/e-health/abouthome.html

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[1] *Standards Development Organizations (SDOs) are independent organizations that work with technical experts (often from government organizations, private companies, and other stakeholders) to develop industry standards. Health Level Seven (HL7) and Clinical Data Interchange Standards Consortium (CDISC) are examples of SDOs that develop health care IT standards. For more information, please visit* https://www.standardsportal.org/usa_en/resources/sdo.aspx *and* http://library.ahima.org/doc?oid=92186#.V7W0evkrK70.