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HITPAC-An Informational Webinar #2
Health IT for Post Acute Care
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Presented by Candy Hanson, Program Manager, HITPAC, Stratis Health

PLEASE STAND BY FOR REALTIME RELAY CAPTIONS.

Good afternoon. Thank you for waiting. Welcome to the HITPAC conference call. The floor will be open for your questions. Miss Hanson, the floor is yours.

Thank you very much. I'm Candy Hanson, program manager and project manager of the health information for post acute care providers called HITPAC. Before I get started with the slides, we have Daryl Shre vehicles e and Todd will be here at the end of the presentation if He is able to make it. Daryl, did you want to just do an introduction and some welcome.

Good, thank you, candy. I would like to welcome everybody to the presentation. Aging services of Minnesota and care providers of Minnesota are strong supporters of this project, the special innovations grant that Stratis Health received from CMS around I think you will all agree with me that Stratis Health has been a wonderful partner to work with. We are very hopeful that this presentation will meet your needs, stimulate your thoughts and lead you to good questions about the exciting new project.

Thank you, Daryl.

So, we are now on the slide that is the Stratis Health slide. If you haven't worked with Stratis Health before it's a nonprofit Minnesota based organization founded in 1971. Our mission is to lead collaboration and innovation in health care quality and safety and serve as a trusted expert in facilitating improvement for people and communities. Next slide is the CMS, making care safer. We received this grant through CMS or through the renne tears for Medicaid and Medicare services and wanted to share their goals about making care safer, promoting effective care, ushered care that person and family centers, assure care that promotes the best possible prevention and treatment of the leading causes of mortality starting with cardiovascular disease. We want to help communities support better health and we are all trying to make care more affordable for individuals, families, employers and governments by reducing the costs of
care through continual improvement. This project is a one-year project which started on September 28, 2012 and the project goes through September 27, 2013. What we will cover in this presentation is what is HITPAC, what are the benefits to becoming a part of this project, what is the opportunity for nursing homes and hospitals, and then, what are the next things that we are looking for people to engage in. The next slide starts with HITPAC is. As I mentioned before, this grant is called health information technology for post acute care providers. And we have chosen to name it HITPAC. It's a special innovation project. Its purpose is to further advance electronic health record, youth and adoption in Minnesota with an ultimate goal of working toward a truth health information exchange around tran sessions of care. We are looking for two to three communities and I will go into more detail about that in a minute. And we will be working toward identifying and adopting structured language -- structured common language around standardized patient assessment content and transfer and/or discharge documents. And also be looking at that language in ways that will describe how we can reduce medication errors. There will be a care transition tool kit or a HITPAC tool kit which will help organizations understand what they need to do to continue to work toward that further advancement of electronic health record and work toward that health information exchange, whatever that ends up being for the organizations. In this project, we will be providing extensive technical assistance. Some of the technical assistance we will provide is around work flow redesign. For example, as we look at medication error rates or medication management, we will be looking at current work flow patterns as well as best practices and work flow parents that improve medication management. We will be providing educational webinars and the educational webinars at this point in the education strategy are scheduled to be held once a month on various topics beginning in January and the topics will be determined partially by a readiness assessment that will complete with the recruited provider communities. That readiness assessment will help us understand what the needs of the individual communities are, what the strengths of the communities are and will help us identify other education topics that will be providing. The next slide is environmental scan. One of the big deliverables that we have for this project is to do a statewide environmental scan. And what we will be producing is a report that shows what the state of the state looks like in Minnesota. So, they are looking to find out things like what is the nursing home EHR adoption and youth rate. What kinds of initiatives are there out there to advance health information exchange and interoperable health information exchange standards. What are some of the best practices out there or what are some of the gaps or the things that are needed to improve E-medication management. We will be supplying the state with that environmental scan as of the 8th of January of this year. So, the next slide starting with improved quality and coordinate care, this grant will help us improve quality and coordinate care through the effective use of health information technology during care tran sessions. We will belief raging standardized patient assessment content that, as I mentioned before, we will be identifying with -- in health information exchange with hospitals. Again, we hope to reduce medication errors by improving the medication management process. So, as I alluded to a couple of slides ago, we are looking to recruit two to three communities in the state of Minnesota and the communities consist of one referral hospital and at least five skilled nursing facilities. The skilled nursing facilities and the hospitals will agree to work toward sharing that standardized information around transfers of care and discharges and other documents -- other pieces of documents that we identify to be commonly beneficial to both. We are very fortunate in this project to have very strong commitment from many external stakeholders. We listed them there. They are external steering committee or our external steering task force and our collaborators are working with us at a level at which we are asking them to actually provide input throughout the process and some of the major decision making rules that we need to decide. So, the next two slides outline some of the expectations and commitments of Stratis as well as
the participating organizations. This isn't the specific agreement that we will ask those communities who agree to participate with us will sign. We are actually in the process of finishing that up right now as a draft document. So, as we go along, we are able to refine some of our expectations and articulate them a little more clearly. So, this was a first draft, more general kind of expectations and commitments. So, basically stratus is -- stratus will provide -- Stratis will provide the qualified team of staff to lead and support the project and I will be the primary contact in this project as the program manager and we will have expertise and be ready to access best practices, resources and tools. And then we will meet on site with organizations as it is appropriate and is necessary to make this project a success. The participating organizations will create whatever they designate as a multidisciplinary team committed to the aims of the project and working with Stratis Health. We will ask the participating organizations to designate one person that is the lie as I don't know, if --ly as shown between ourself or other information technology experts here at Stratis Health. Again, we will expect that the recruited communities would participate in the on site visits with us as well as -- visits with us as well as we would anticipate the one person in that leadership capacity would have more frequent contact with Stratis Health just in terms of carrying the project along and having a regularly scheduled way to help the participating organization be successful. We already developed project teams for all of our work teams for the work that needs to be done in the project. We will be reporting -- we will provide you with reporting assistance in synthesizing some of the data results. The participating organizations are going to be expected to participate in the educational sessions. There will be some collaborative sessions as we go through the project at the end of the project, we will be holding what is called -- what we call an out comes congress. That is the collaborative that will pull everyone together and share the project results and next steps as well as we will share our successes and challenges of the project. We also will -- because of the measures that we will be looking at improving, we will be looking to get baseline and remeasurement data around rehospitalizations and med errors. But we are very keen -- acutely aware that, you know, that congress some sticky data that we have to carefully collect and identify and aggregate when we ask you for that information. We will provide support to project teams, to use the results to make the organizational changes and we will continue to make that strong commitment to advance and align this project with other projects, partners and stakeholders and we want to provide a template from our organization for news releases that you might participate in. And, again, we will promote the accomplishments and lessons learned from the project and will want to you share your experiences and out comes with others. We believe this is an important step in the advancement of the electronic health records, exchange between nursing homes and hospitals, especially around tran sessions of care and medication management. For the slide that begins with a unique opportunity, it should say a unique opportunity. Stratis Health will be providing HIT consulting services and we will continue to work with you to advance the electronic health record that you have already chosen and work with you toward achieving or working toward getting toward achieving a health information exchange around tran sessions of care. So, the benefits, we wanted to talk for a minute, talk about what the benefits of shared and standardized health information are. I think we can all agree that it's the right thing to be doing and the time is right to be doing it. It certainly shares an standardized health information assures the right care to the right person in the right time at the right place and ultimately saves lives across the health care spectrum. It will reduce medication errors and provides a more efficient and effective health care service. It reduces duplication of efforts and saves time ultimately and will save effort and health care dollars. And it can help assure that an individual's health care wishes are carried out. And for those of you who are looking to invest in health information technology, this project offers a chance to work on understanding your work flow processes and how they impact the electronic health
record and the exchange of health information exchange and gives you an opportunity to understand and identify how that work flow can and should be changed to be more efficient and work better for your staff. Nursing facility staff will learn new processes and develop new skills in this process. We are sure of that. We believe this is a great opportunity to build on the relationship between your facility and a hospital. From a nursing facility perspective, there are quality initiatives such as QAPI which will continue to come and be with us in the nursing home environment and we believe this project will position you to be in a better place and letting the way for that quality work in an electronic environment which we believe will be more efficient. So, if you are a long-term care -- post acute care facility or nursing home, you can expect to receive technical assistance. We will help you to identify your barriers and challenges and also provide you with information about best practices. If you are the user of the best practice, we will ask to share that information with other nursing homes so that we can expand those best practices as far as we can. We will use the patient assessment content that we identify from the work that is already done. For example, some of the work will come from the MDS 3.0 and we will be using that to support the tran sessions of care and shared care. We are -- you will receive help with health information technology standards that support interoperable exchange and education and technical assistance with medication management using health information technology and health information exchange activities. We will help you -- assist you with work flow and organizational culture, HIT adoption and will provide you with education on the use of the data elements as far as what they are, how we arrived at them and how we believe they will be the starting point for transitions of care, data elements that are standardized and used across the system. Hospitals will receive assistance with health information technology standards that support that interoperable exchange of patient assessment content as well. We will provide assistance for hospitals on the topic of stage 2 meaningful use core measure 12, which is around the electronic exchange of health information as it relates to care transitions. And we will assist with incorporating health information exchange in daily operational work flow as well as technical assistance and facilitation with those data elements and training on work flow redesign. So, I talked about participation agreements. We just, as I said, we are just finishing the participation agreements in draft form this week. We have a deadline to have our recruited facilities have signed participation agreements by December 21, 2012. So, as you can see, this project having started as of September 28th has been moving very, very quickly and will continue to move quickly. I am anticipating that we would have the recruited communities in place and ready to start some of the educational and technical assistance activities as of January -- after January 1st of next year. Association what happens next? What do you do if you have an interest in this. Not everyone who -- let me say that a different way. We are asking people who are interested in participating in this project to let us know by filling out an expression of interest form. That expression of interest form is a very brief survey located at the URL link below. Basically it is giving us an understanding at a high level view of where you are in your EHR adoption rate. That being said, if you are not at a very high place, that certainly will not exclude you from this project. We want to get an idea of where people are. We had a tremendous amount of interest in this project. We believe that people are very interested in wanting to make this change in our health care industry. So, because of our deadlines, we are asking that no later than December 12th if you have interest, that you would complete an expression of interest -- complete the expression of interest assessment. Then what will happen is that our -- we will evaluate the expressions of interest. We will be getting back to everyone who responds to us in an expression of interest. We have talked about if providers are not chosen to be part of a recruited community for one reason or another that we would like to offer interested parties access to our on going education opportunities that will be held throughout the year and certainly participation in our out come congress as
we move through the year. Here is my contact information. If you have any other questions, if you are interested in obtaining a copy of the draft participation agreement I would be happy to send that out to you. Please keep in mind it is a draft at this point. It has not gone through our communication’s department at this point, so, it will be finalized in the next week or so. If you have questions or comments about the items that are listed in there, I would be happy to hear those. And then -- so, if you E-mail me at this address, I would be happy to send you a copy of that draft participation agreement. And with that, we can open up the floor for questions or comments. Todd did not make it back. He must have gotten hung up somewhere so we will just go ahead with questions and/or comments.

Certainly the floor is open for your questions. If you have a question or comment, please press 7 or Q on your keypad. Again for a question or comment please press 7.

First question is from Jane. Jane, the floor is yours.

I'm just wondering if somebody were to put in for interest if it is up to the community to get community involvement or if that is something that Stratis would say okay these five nursing homes will hook up with this hospital?

May I clarify. Are you thinking for example, that you might be a community of nursing homes that you believe would like to work on the exchange but don't have the hospital commitment at this point?

Yeah, right. And how do we know that?

Okay. That's a great question. First of all, you brought up another point I wanted to make sure I made and that is just because you complete an expression of interest form. That does not commit you to anything. We will certainly be in further contact with you, but if you are interested we want to know bit. So, this project cannot involve nursing homes that are in the Beacon grant communities, the southwestern portion of Minnesota because those communities are already in a grant proposal -- or in a grant environment. We also cannot work with Stratis Health current reach clients. That being said, if you are a nursing -- nursing homes are not reach clients at this time, it would be the hospital. So, with every possibility we are measuring it against those things, measuring it against where we have had some strong expressions of interest verbally both from a hospital and nursing home stand point and then we are trying to get people together very quickly here to provide them with any additional information they need. So, the answer is, yes, if you have identified a community that you know there is a hospital, it's worth coming forward with. We can if employer whether or not -- we can explore whether or not they meet the eligible criteria and then we have gone forward and have been meeting with hospital systems. We have in our recruitment process this week been meeting with several of our hospital systems in our recruitment efforts with them. Does that answer your question, Jean.

Yes, thank you very much. Thank you again. For a question or comment please press 7. At this time there are no further questions.
All right. If there are no further questions, I want to thank you for your interest and participation in this webinar. You have my contact information in the last slide of this presentation and I would be happy to hear any other comments or questions that come my way. Thank you for joining us today.

Thank you. This concludes the teleconference. We appreciate your participation. You can disconnect your line at this time. [Event concluded]

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