December 1, 2020
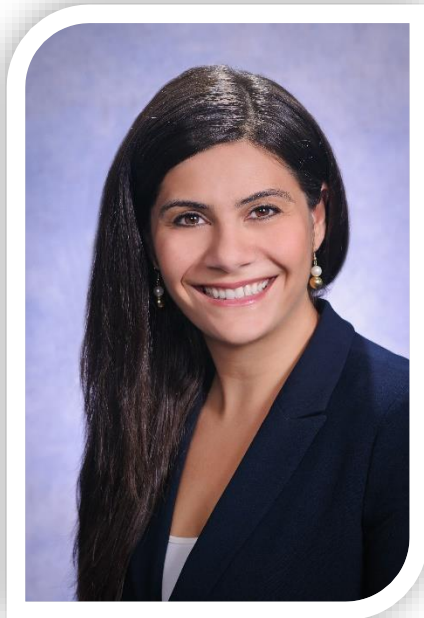*11:00 a.m. – 11:45 a.m.*
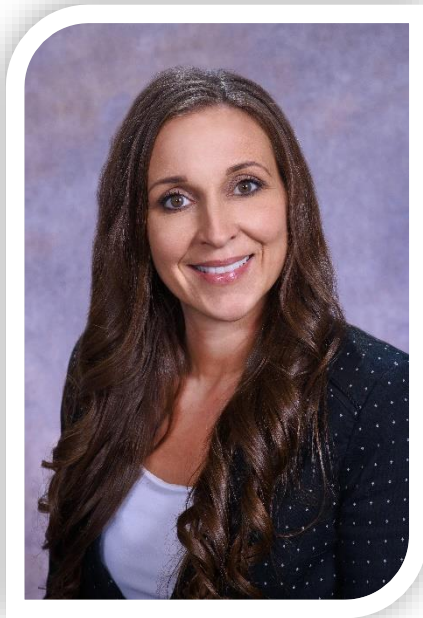
THE DOWNLOAD

A monthly webinar diving into the intersection of healthcare and technology

MiHIN

MICHIGAN HEALTH INFORMATION NETWORK
SHARED SERVICES

Downloading

Katrina Gagne
Outreach Specialist
MiHIN

Tracy Webb
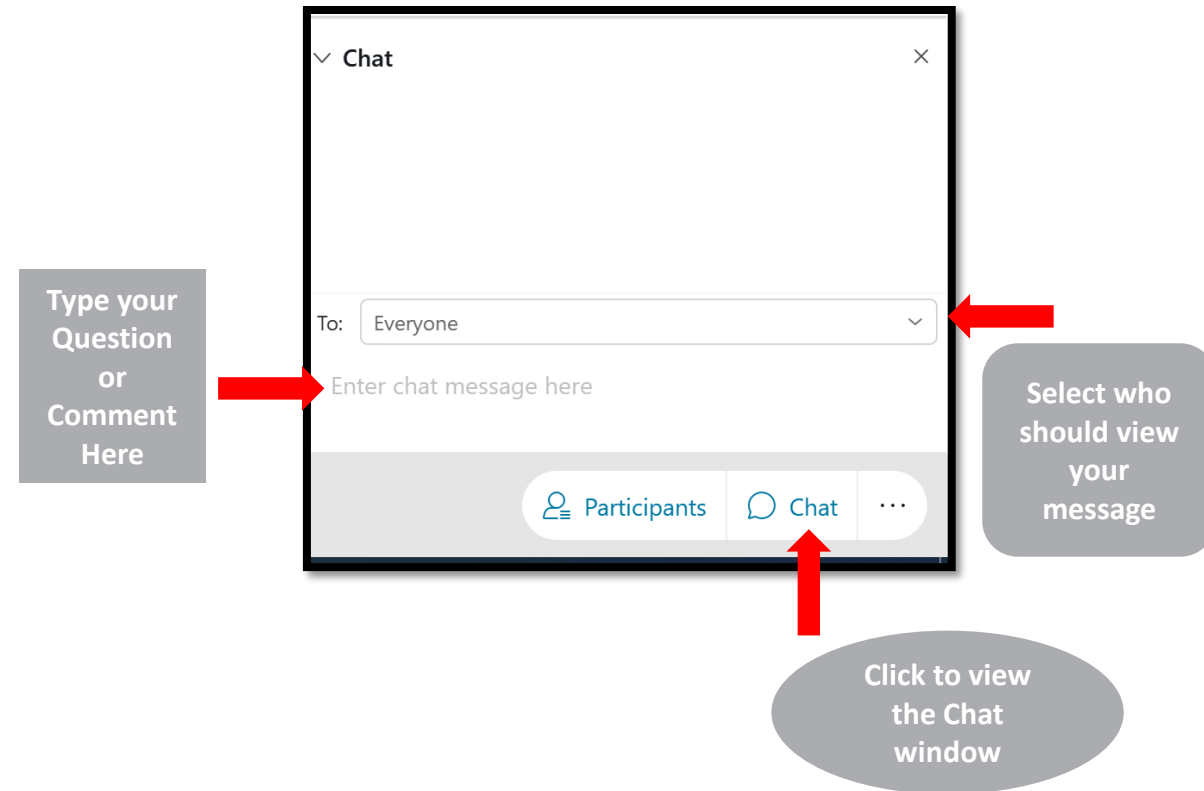*Outreach Manager*
MiHIN

- **Katrina (Facilitator)**

- **Tracy (WebEx Chat Moderator)**

Welcome to THE **DOWNLOAD**

Let's Get Started…

- This session is being recorded and will be available after the meeting on the MiHIN website.

- All attendees are muted

- Participating in the forum
  - Ask questions and make comments using the WebEx Chat
  - Presenters will answer your question via chat after each segment, or the moderator will read your question aloud towards the end of the webinar.
  - All unanswered questions today will be answered via email to all attendees.

- Chat Controls
 - On the right-side of your screen

Chat ✕

Type your Question or Comment Here →

To: Everyone

Enter chat message here

Participants   Chat   …

Select who should view your message

Click to view the Chat window

Michigan Health Information Network Shared Services (MiHIN)

MiHIN is Michigan's initiative to continuously improve healthcare quality, efficiency, and patient safety by promoting secure, electronic exchange of health information. MiHIN represents a growing network of public and private organizations working to overcome data sharing barriers, reduce costs, and ultimately advance the health of Michigan's population.

MiHIN is a

network for sharing health information statewide for Michigan

MiHIN's Five Focus Areas

1. **Convening** people to figure out functional solutions

2. Champion Statewide **Use Cases** to fairly get data flowing and keep it moving securely among all legitimate parties

3. Operate as a **Shared Services** (Health Directory, Active Care Relationships, Security, Legal, Client Matching, etc.) as behind the scenes infrastructure

4. **Providing tools** to support daily workflows and coordination

5. **Reporting, Conformance,** and **Analytics** from data lakes and the longitudinal health record
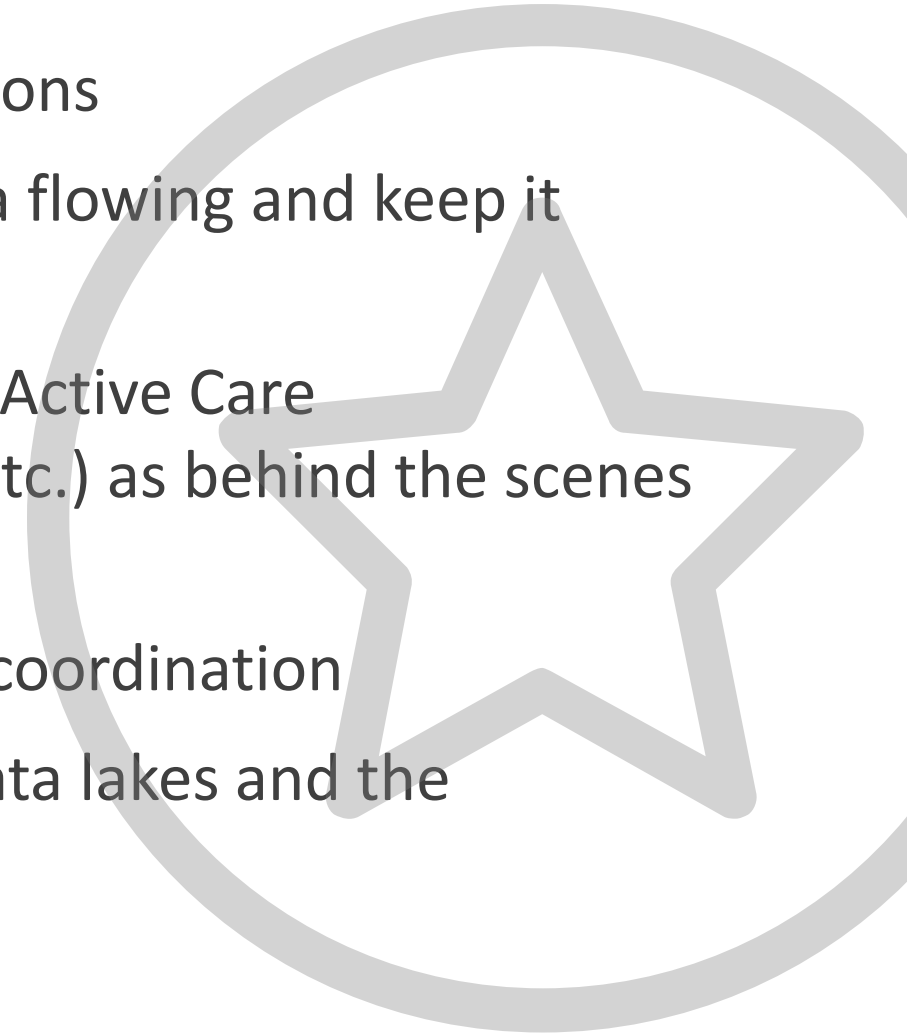
Today's Agenda

01 — **Welcome**
Katrina Gagne

02 — **Conditions of Participation for ADT Messages**
Shreya Patel

03 — **Behavioral Health ADT's and eConsent Product Updates**
Kimberly Bachelder and Krystal Schramm

04 — **Announcements + Closing**
Katrina Gagne

Center for Medicare & Medicaid Services (CMS) Conditions of Participation (CoP) for Admissions, Discharge, and Transfer (ADT) Messages

Shreya Patel
Chief Policy & Privacy Officer

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SHARED SERVICES

What are the Conditions of Participation (CoP)?

- **Derived from Center for Medicare & Medicaid Services (CMS) "Patient Access" Rule**

- **Addresses ADT Requirement on hospitals, psychiatric hospitals, and critical access hospitals**

- **Lays out minimum requirements for content and manner**

MiHIN Involvement

What is our understanding of the CoPs?

Comprehensive Analysis

- ✓ Reviewed the CoPs in detail earlier this year

- ✓ Compared the requirements to our ADT Use Case

- ✓ Reviewed guidance on ambiguity in language from CMS itself

- ✓ Determined how we could best support our stakeholders in State of Michigan

- ✓ Determined how to meet, facilitate interstate sharing

- ✓ Participated in national dialogue to determine how others are addressing

CoP Requirements

ADTs

Who does it apply to?

Hospitals
Psychiatric Hospitals
Critical Access Hospitals

Only hospitals that possess EHR system with capacity to generate the basic patient personal or demographic information for information for electronic patient event notifications

CoP Requirements
ADTs

Basic Hospital Requirements

1. Fully operational + compliant with federal statutes for health information
2. Utilizes content exchange standard
3. Sends notifications that would have to include minimum patient information (next slide)
4. Sends notifications directly to through an intermediary that facilitates exchange of health information at the time of admission or immediately prior to or at time of discharge

CoP Requirements

ADTs

What Information Must Be Sent in ADT?

Minimum patient information
1. Patient's basic personal or demographic information
2. Name of the sending institution
3. the patient's diagnosis (if not prohibited by law)

CoP Requirements

ADTs

How must information be sent?

Hospital must demonstrate that the system sends notifications directly, or through an intermediary that facilitates exchange of health information, at the time of the patient's hospital ADT to licensed and qualified practitioners, other patient care team members, and PAC services providers and suppliers that:

1. Receive the notification for treatment, care coordination, or quality improvement purposes;
2. Have an established care relationship with the patient relevant to his or her care
3. The hospital has reasonable certainty that such notifications are received.

CoP Requirements
ADTs

Who must you send to?

Only send if reasonable certainty of receipt. Reasonable certainty means hospital made a reasonable effort to ensure that" the system sends the notifications to any of the following that need to receive notification of the patient's status for treatment, care coordination, or quality improvement purposes to all applicable post-acute care services providers and suppliers and:

(1) The patient's established primary care practitioner;

(2) the patient's established primary care practice group or entity; or

(3) or other practice group or entity, identified by the patient as the practitioner, or practice group or entity, primarily responsible for his or her care.

MiHIN Involvement and Support

Hospital Support

Participation in ADT Use Case

Connection to "intermediary" like HIN

Better understanding of requirements

THANK YOU

Shreya Patel
Chief Policy & Privacy Officer
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AGENDA

01 Policy Requirement

02 Specially Protected Behavioral Health ADT

03 eConsent

04 Q & A

Behavioral Health ADTs and eConsent Product Updates

Krystal Schramm
Assistant Product Manager

Kim Bachelder
Senior Product Marketing Manager

Terminology Distinctions

Refresher

01

Behavioral Health

02

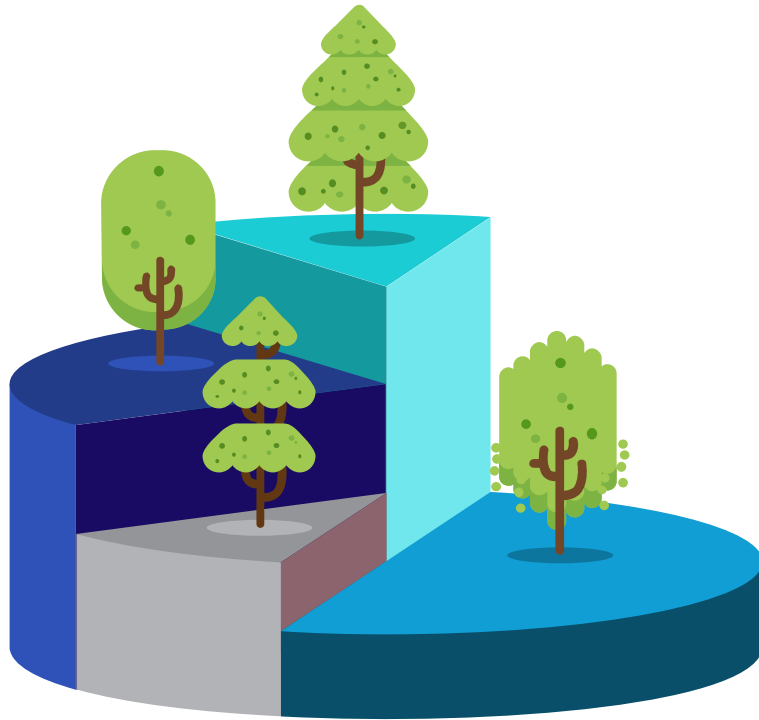Mental Health

03

SUD

04

SPI

Michigan Standards for Behavioral Health ADTs

Policy Requirement

CIO Forum

Guidelines developed to facilitate BH ADT record submission to MiHIN.

PA 107 of 2013 Sec. 105d (18)

Increased data sharing with other providers

BH Standards Committee

Principles applied to over-arching framework.

942 CFR Part 2

Outlines stricter requirements

Phased Approach

Behavioral Health ADTs

01 Sharing Behavioral Health ADTs
- Non-Part 2 facilities

02 Behavioral Health SPI ADT
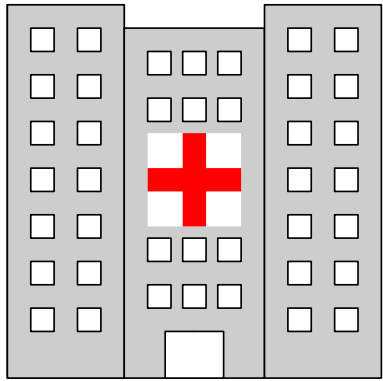Use Case
- Part 2 facilities

03 eConsent
- Use case supports BH SPI ADT Use case

Sharing Behavioral Health ADTs

Non-Part 2 Facilities

Sending ADTs

Non-Part 2 facilities can begin sending ADTs now (if not already doing so)!

Transport Mechanism

For Non-Part 2 facilities, if you are already receiving ADTs, you will already have a transport mechanism established. (i.e. VPN or DSM).
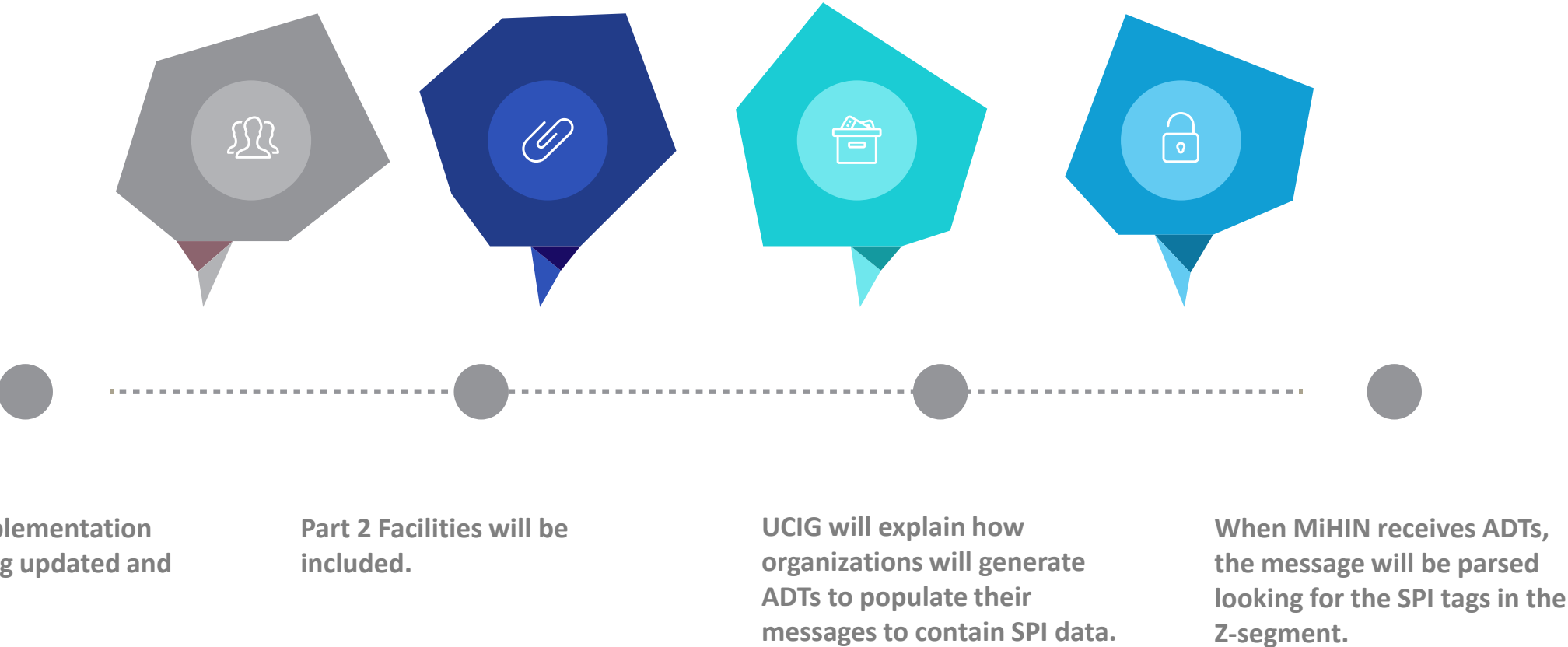
ADT Use Case Exhibit

The ADT Use Case Exhibit covers both senders and receivers.

Behavioral Health SPI ADT Use Case

Part 2 Facilities

Use Case Implementation Guide is being updated and developed.

Part 2 Facilities will be included.

UCIG will explain how organizations will generate ADTs to populate their messages to contain SPI data.

When MiHIN receives ADTs, the message will be parsed looking for the SPI tags in the Z-segment.

Dataflow for ADT Notifications
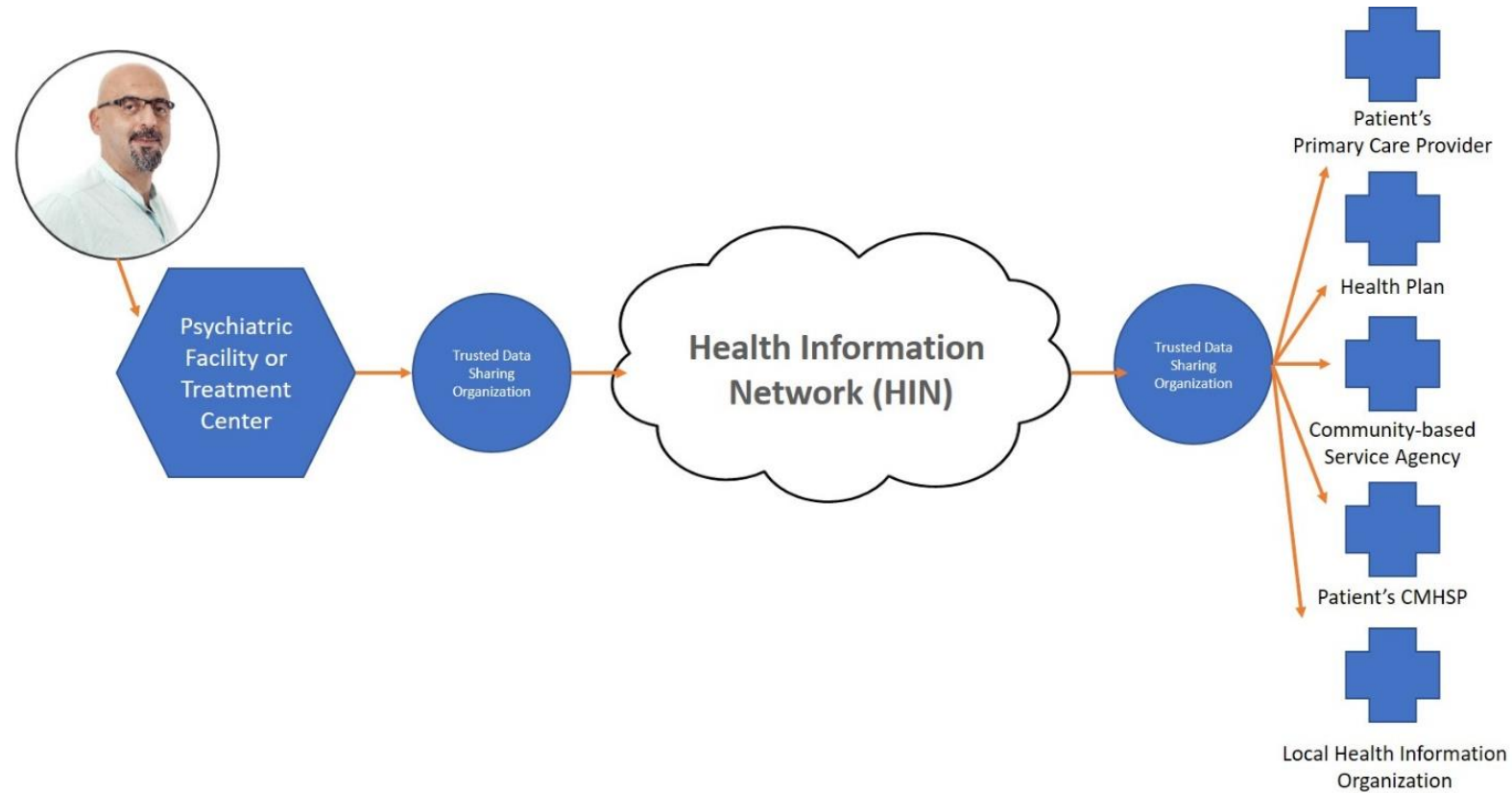
Behavioral Health SPI ADT Use Case Future Phases

- **Segmenting data out of ADT**
  - **Specify which exact fields are to have SPI segment out**

- **Bed registry component**
  - **Further explore utilizing ADT for bed facility count**

The eConsent Use Case

Phase 1

eConsent Use Case

Combined with the Behavioral Health SPI ADT use case, the eConsent use case will open a window into sharing behavioral health information with the consented active care team.

Drives care coordination and consumer engagement by enabling information to be shared based on consumer preferences.

Normalizes and standardizes electronic consent data (minimum set of data)

Creates a tool to capture electronic consent data

Integrate with ACRS™ (ACRS Choices™)

Enables SPI information sharing to care team members through ACRS Choices™
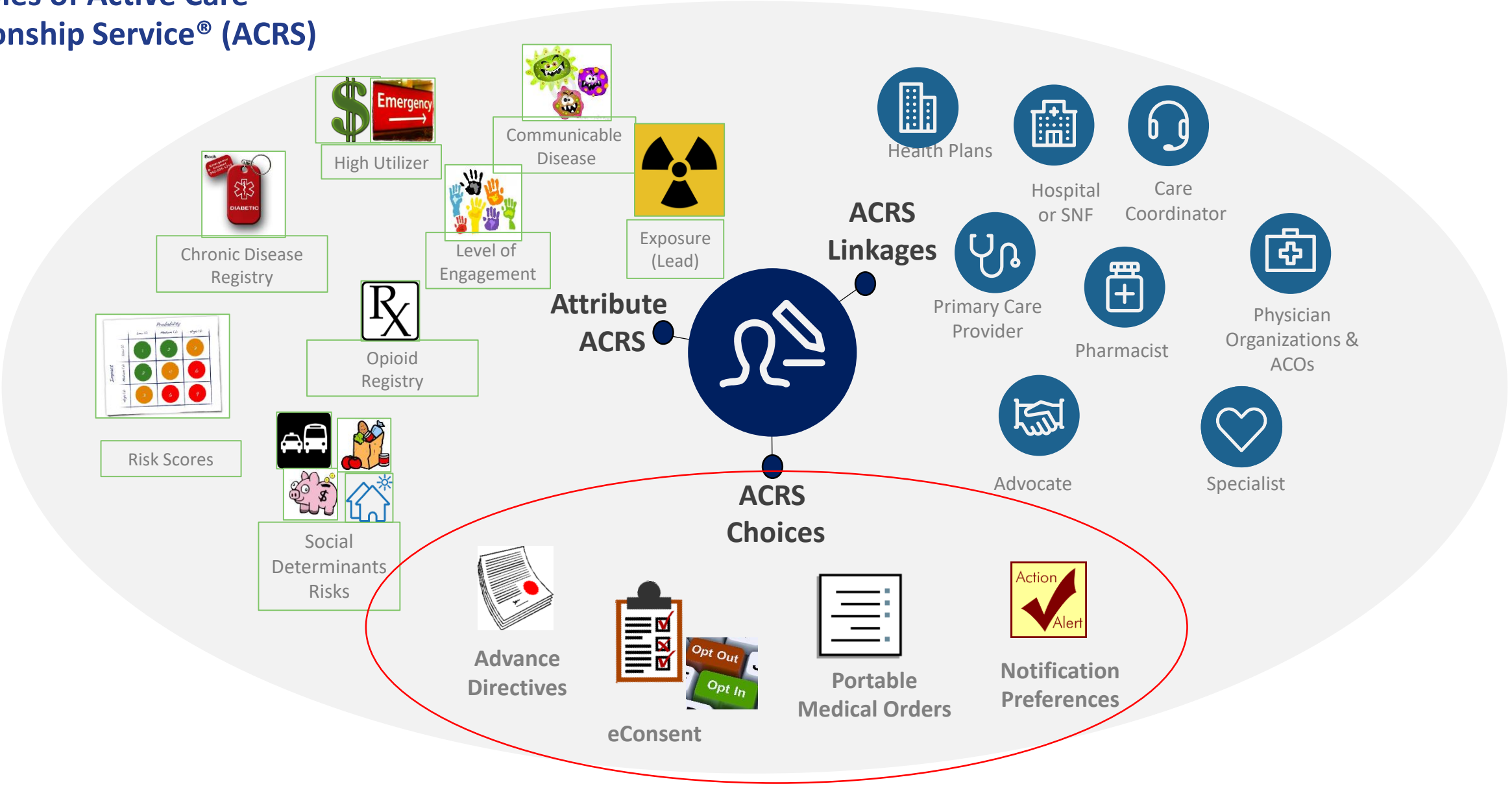
eConsent Minimum Data Requirements

- Who - The patient
- What - The data - specific resources are listed,
- Where - The domain and authority - what is the location boundary and authority boundary of this consent
- When - The issued or captured
- When - The timeframe for which the Consent applies
- How - The actions covered. (such as purposes of use that are covered)
- Whom - The recipient are grantees by the consent.

Source: https://www.hl7.org/fhir/consent.html

Examples of Active Care Relationship Service® (ACRS)

High Utilizer

Communicable Disease

Chronic Disease Registry

Level of Engagement

Exposure (Lead)

Opioid Registry

Risk Scores

Social Determinants Risks

Attribute ACRS

ACRS Linkages

Health Plans

Hospital or SNF

Care Coordinator

Primary Care Provider

Pharmacist

Physician Organizations & ACOs

Advocate

Specialist

ACRS Choices

Advance Directives

eConsent

Portable Medical Orders

Notification Preferences

eConsent Future Phases

- **Privacy Consent Directives**

  - Consumer Facing Application
    - Shift to patient-centric and patient access

  - Integrate consent management in other types of care coordination services

  - Design an electronic process to manage consent preferences and attributes for other types of stigmatized/private information

- **Research Consent Directive**

- **Medical Treatment Consent Directive**

- **Advanced Care Consent Directive**

THANK YOU!

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QUESTIONS?

Announcements

01   **The Interface Newsletter emailed, yesterday, Nov 30**
Check your Inbox or go to https://mihin.org/the-interface/ to sign up

02   **State of Interoperability among U.S. Cities - Interface Article**

03   **Date change for the next Download – January 12, 2021**

Join us for the next **DOWNLOAD** on

January 12, 2021

THANK YOU!

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