

THA ADT Service Webinar

April 6, 2017

Webinar Objectives

- Provide an overview of the THA ADT notification service:
 - TennCare business case
 - Benefits and objectives of the service
 - THA Board's direction and justification of the program
- Discuss the current status of the program and timeline
- Review the implementation process and 2017 deployment strategy across the state
- Introduce the project website and core documents
- Discuss next steps and questions

Meeting Agenda

Topic	Leader / Participants
Introductions (5 min)	Mary Layne Van Cleave
THA ADT Service Overview (20 min) <ul style="list-style-type: none"> • Business Case and Background • THA Solution and Board Approval • ADT Program Governance 	Mary Layne Van Cleave
Current Status & Implementation Strategy (15 min) <ul style="list-style-type: none"> • Program Status • Timeline and Deployment Strategy 	Bryan Metzger
Audacious Inquiry (Ai) Overview (20 min) <ul style="list-style-type: none"> • Company Background • Overview of Encounter Notification Service ® (ENS) • Case Studies and ENS® Use Cases • ENS® Implementation Process 	Bill Howard, David Rodriguez
ADT Service Website & Document Overview (15 min) <ul style="list-style-type: none"> • Website Introduction • Core Project Documents 	Bryan Metzger
Wrap Up & Next Steps (15 min) <ul style="list-style-type: none"> • Questions 	Bryan Metzger

THA ADT Service Overview

Mary Layne Van Cleave

Background – TennCare Initiative

- TennCare initiative to support Primary Care Transformation
 - Acute care and psychiatric hospitals asked to submit inpatient and ED ADT feeds to support state's primary care transformation initiative
 - Hospitals expected to format feeds to meet TennCare specifications with no reimbursement
 - Participation options:
 - Option 1: Send ADT messages for all patients and trust TennCare to delete/ignore any non-TennCare messages
 - Option 2: Filter outgoing ADT feed so that it only includes TennCare patients
 - Participation is currently voluntary, but the state has several avenues to require participation
 - No immediate plan to allow hospitals access to the data
 - Long-term plan would include “selling” data back to hospitals
 - ADT will be basis for statewide HIE (Tennessee Office of eHealth Initiatives)
 - TennCare “owns” the ADT data and could make other uses at their discretion

Why THA ADT

- Members request THA to “sit in the middle” (like UB claims data)
 - THA collects all inpatient and outpatient claims quarterly and reports data to the State on behalf of member hospitals as required by T.C.A. 68-1-108
- TennCare Health Innovation Initiative staff and TennCare leadership support THA providing feeds for hospitals
- Submission of ADT data will be a requirement for new Directed Payments that replace the UHC pool
 - Directed payments will replace the Unreimbursed Hospital Cost Pool that supports the hospital assessment
 - THA plays a key role currently in management of UHC pool
- Health Department introduced bill to require ADT feeds for Opioid reporting
 - THA could potentially support this type of activity in the future

THA ADT Data Collection Member Benefits

- THA will minimize the effort for hospital participation
 - Ai will take hospitals' existing ADT feeds and recode data into TennCare format
 - Board approved THA paying cost of Ai services (no added costs to member hospitals)
- THA and its members continue to control use of and access to ADT data
 - Language in the contract with TennCare limits uses to those required to share appropriate data with enrollees' PCPs
- Assurance that only TennCare messages are provided to TennCare (filtering)
- Data available to hospitals
 - Return originally submitted all-payer data back to participating hospitals
 - Provide data to participating hospitals for their patients from any participating hospital that would support hospital operations including readmissions reductions

Potential Future Member Benefits

- Any additional uses must be approved by THA Board
- Positioned for future ADT use cases with minimal work by member facilities
 - With all-payer data, THA could fill other requests for ADT data from hospitals from a single, centralized location with hospital approval without each hospital having to fulfill multiple requests
- THA can monitor eligibility and performance for new TennCare directed payments

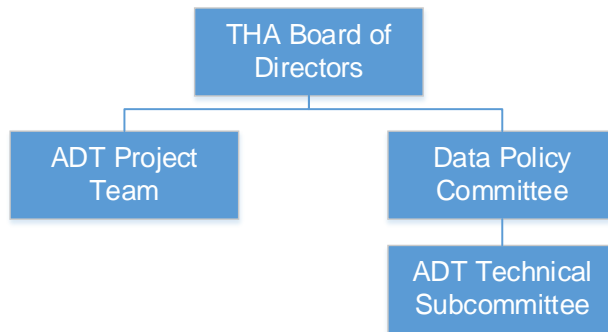
THA Board Approval

- Assemble group of Board member CIOs, Privacy & Security Officers, Information Governance staff to review proposal and conduct vendor evaluation
- THA will cover the initial system setup costs
- Increase the THA HIN dues by 10 percent starting in 2017 to cover a portion of the yearly maintenance costs
- Require THA member hospitals to participate with THA similar to THA's hospital discharge data program
 - Allow Board-approved exceptions to participation requirement
 - Accept data for a group of members from an existing entity (system, RHIO, etc.)
- Allow hospitals that are not THA members to participate for a fee

THA ADT Program Model

- Hospitals submit IP and ED ADT messages for all patients to THA
 - THA already has Business Associate Agreements (BAAs) and Data Use Agreements (DUAs) in place with all member hospitals
 - THA has database for member use with all payers included
- THA assigns an Enterprise Master Patient Index (EMPI) to messages
- TennCare provides eligibility files to THA (updated weekly)
- THA contracts with TennCare to only route messages for TennCare enrollees to TennCare
- THA creates data access options for members with Board approval
- THA monitors reporting for TennCare directed payments

ADT Data Program Governance



Name	Purpose
THA Board of Directors	<ul style="list-style-type: none"> Executive oversight of the project (third and final level of approval for program design and changes)
Data Policy Committee (DPC)	<ul style="list-style-type: none"> Initially established to oversee THA HIN (collection and reporting of claims data) Second level of review/approval for changes to the program
ADT Technical Subcommittee	<ul style="list-style-type: none"> First level of review for issues with data submission and any proposed changes to the program or new data uses Provides direction to the DPC on agreements, privacy, security, and HIPAA compliance
ADT Project Team	<ul style="list-style-type: none"> Implements ADT Service across THA member hospitals, monitors issues and performance

Current Status & Implementation Strategy

Bryan Metzger

Project Status (Our Work To Date)

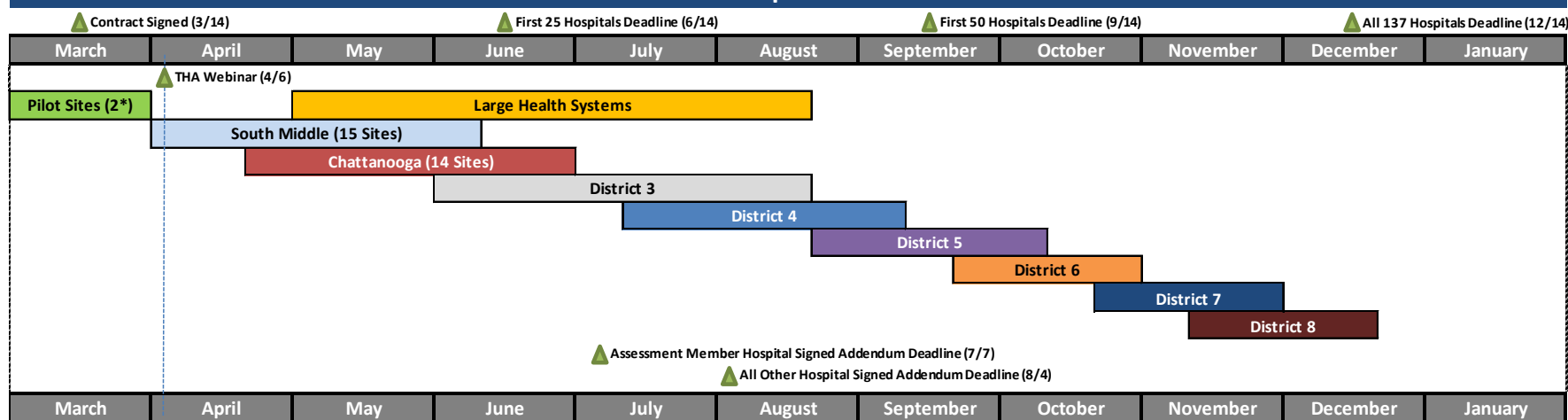


- **Q4 2016:** THA Agreements signed with Audacious Inquiry (Ai)
- **February 2017:** First two pilot hospitals live (NorthCrest and Cookeville)
- **March 2017:** ADT governing document approvals with project governance committees:
 - ADT Technical Subcommittee
 - Data Policy Committee
 - THA Board of Directors
- **March-April 2017:** Grant contract, BAA, and technical agreements executed between THA and TennCare; ADT Service website goes live
- **Current Status:**
 - 2 hospitals live
 - 4 hospitals in process (interface configuration)
 - 22 hospitals in legal and/or security review

Project Timeline & Implementation Strategy

- Grant contract deadlines vs. THA implementation goal
- District-based implementation strategy maximizes service benefits (readmission alerts)
- Priority sites have been identified by the state (assessment hospitals, PCMH, etc.)

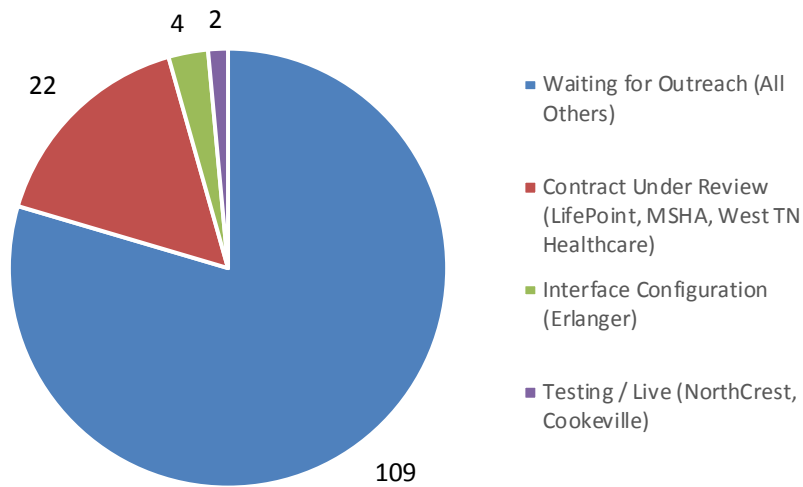
THA ADT Service Implementation Timeline



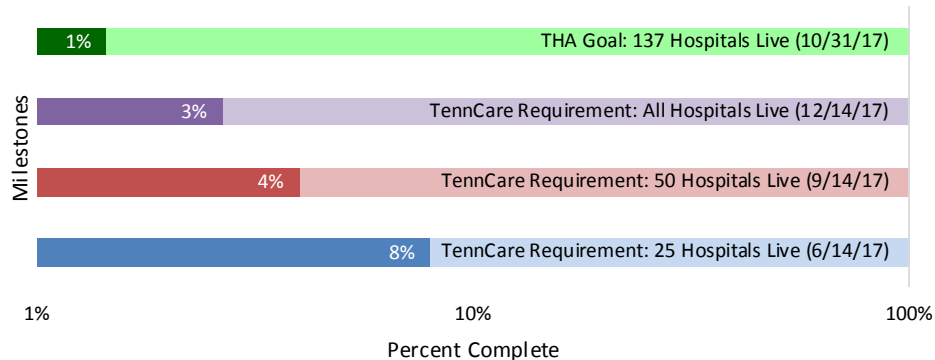
*Note: Additional prioritized sites (independent of District) may be identified throughout the year for an earlier implementation.

Project Snapshot & Milestone Tracker

Active Hospital Status



THA ADT Service Milestone Progress



Audacious Inquiry (Ai) Overview

Bill Howard

About Ai



Audacious Inquiry is a health information policy and technology company that's leading the charge to make healthcare smarter.

- Stable, agile and responsive management and technology consulting firm based in Baltimore, Maryland
- Health IT subject matter experts
- Experienced implementers of HIE infrastructure and services
- IBM MDM Standard software subject matter experts and certified implementers
- CMMI Level 3 Appraised Software Development Process
- Serving the healthcare community since 2004
- Track record of delivering results on-budget and with aggressive timelines
- Maryland MBE and Community benefit "B" corporation

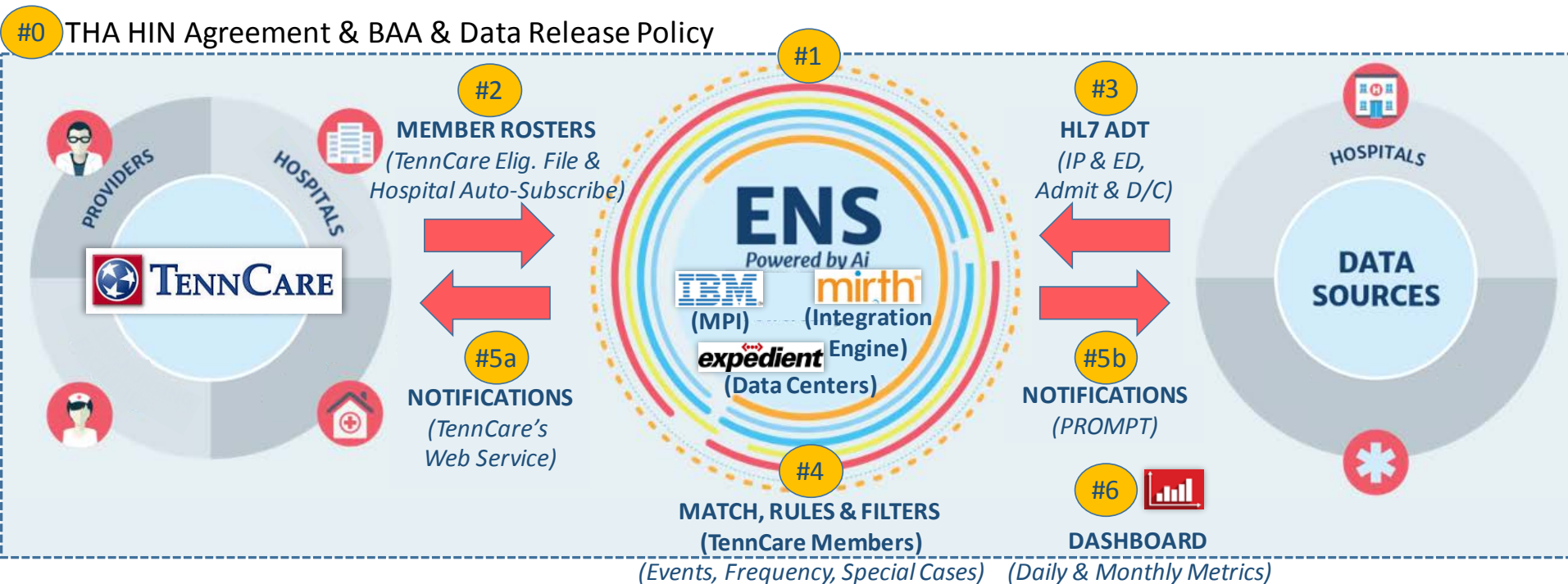
Customers We Serve



**Healthcare Systems;
Health Information
Organizations; Provider
Organizations;
and Government and Private
Payer Organizations**



ADT Service and ENS[®] Overview



Access to Data / Hospital Value Proposition

- Auto-subscribe
 - 12 months
 - 90 day (readmission alert)
- Monthly metrics
 - #IP and #ED admits and discharges

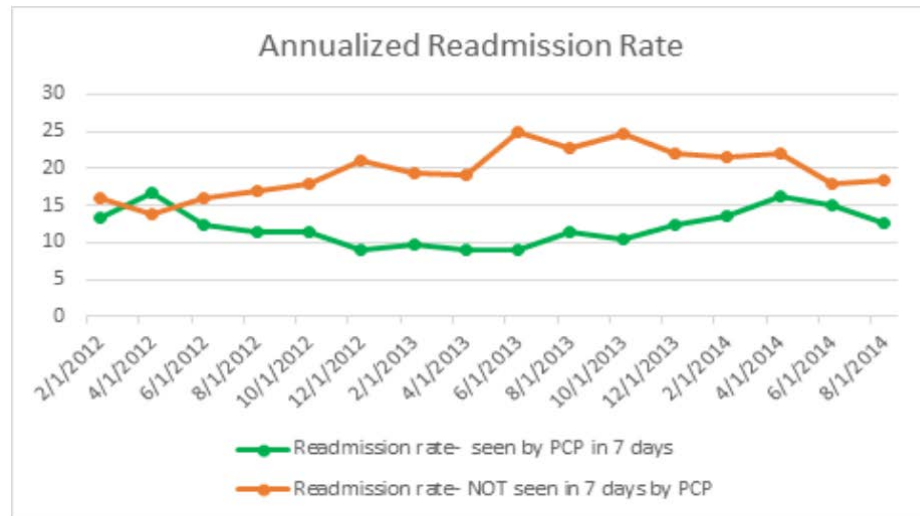


Figure 1: JHCP's lower rate of readmissions for patients seen by their PCP within 7 days of discharge vs. those that were not from 2012 – 2014.

Value Prop: Providers (TCM)



TOC Billing

Over a 12 month period, we have successfully billed over 700 TOC's and received over \$125,000 in reimbursement.

- 434 clients enrolled
- 120 clients connected with health insurance
- 222 clients connected with a PCP
- 73% of scheduled PCP appointments kept
- 78% have 0 visits in the first month post case closed
- 65% have 0-1 visits 4 months post case closed
- 64% reduction in ED visits
- 80% reduction in inpatient stays
- Approximately \$632,000 in avoided charges to date

Readmission rate – **13.7%** (goal is <15%)
 28.9% TCMs per eligible stay (goal is >80%)
 ED Recurrence rate – 26.7% (goal is <20%)
 YTD hospital stays – 214.5/1000
 403/1000 ER visits

GREEN SPRING
Internal Medicine, LLC

Data from Jan-Dec 2015:

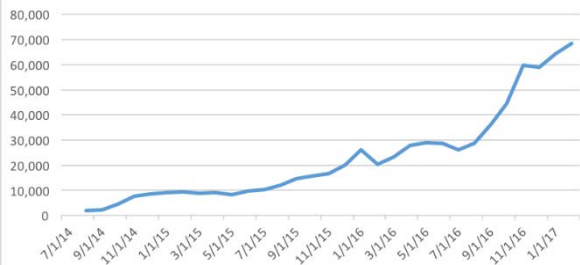
TCM Codes	Claims Submitted	Billed Charge	Payment Paid
99495 (7-day)	15	\$3,945.00	\$2,510.08
99496 (14-day)	48	\$17,808.00	\$9,500.03
Total	63	\$21,753.00	\$12,010.11



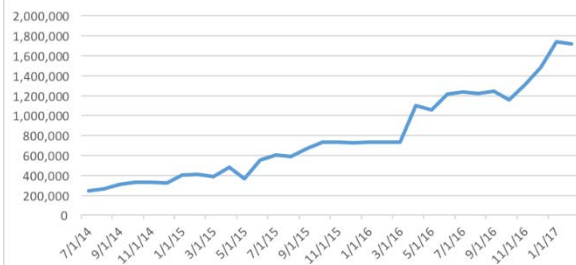
Ai ENS® – Rapid Growth & Value



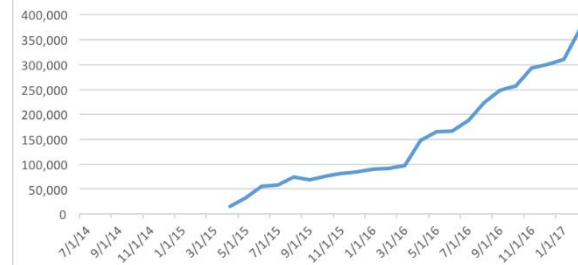
68,000/mo **55 Subscribers**
21 Sources **2.2MM Patients**



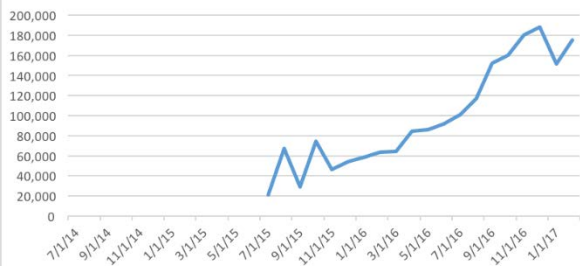
1,715,000/mo **1,000 Subscribers**
315 Sources **10.3MM Patients**



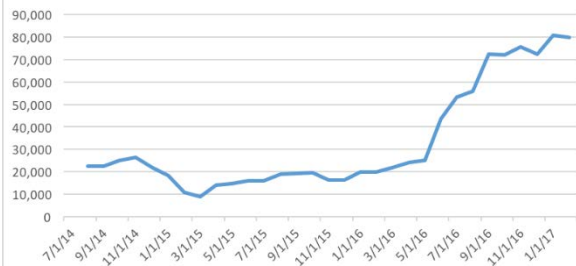
369,000/mo **30 Subscribers**
206 Sources **2.7MM Patients**



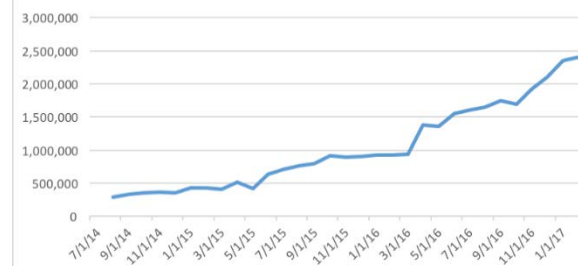
175,000/mo **150 Subscribers**
36 Sources **2.9MM Patients**



79,000/mo **34 Subscribers**
72 Sources **0.6MM Patients**

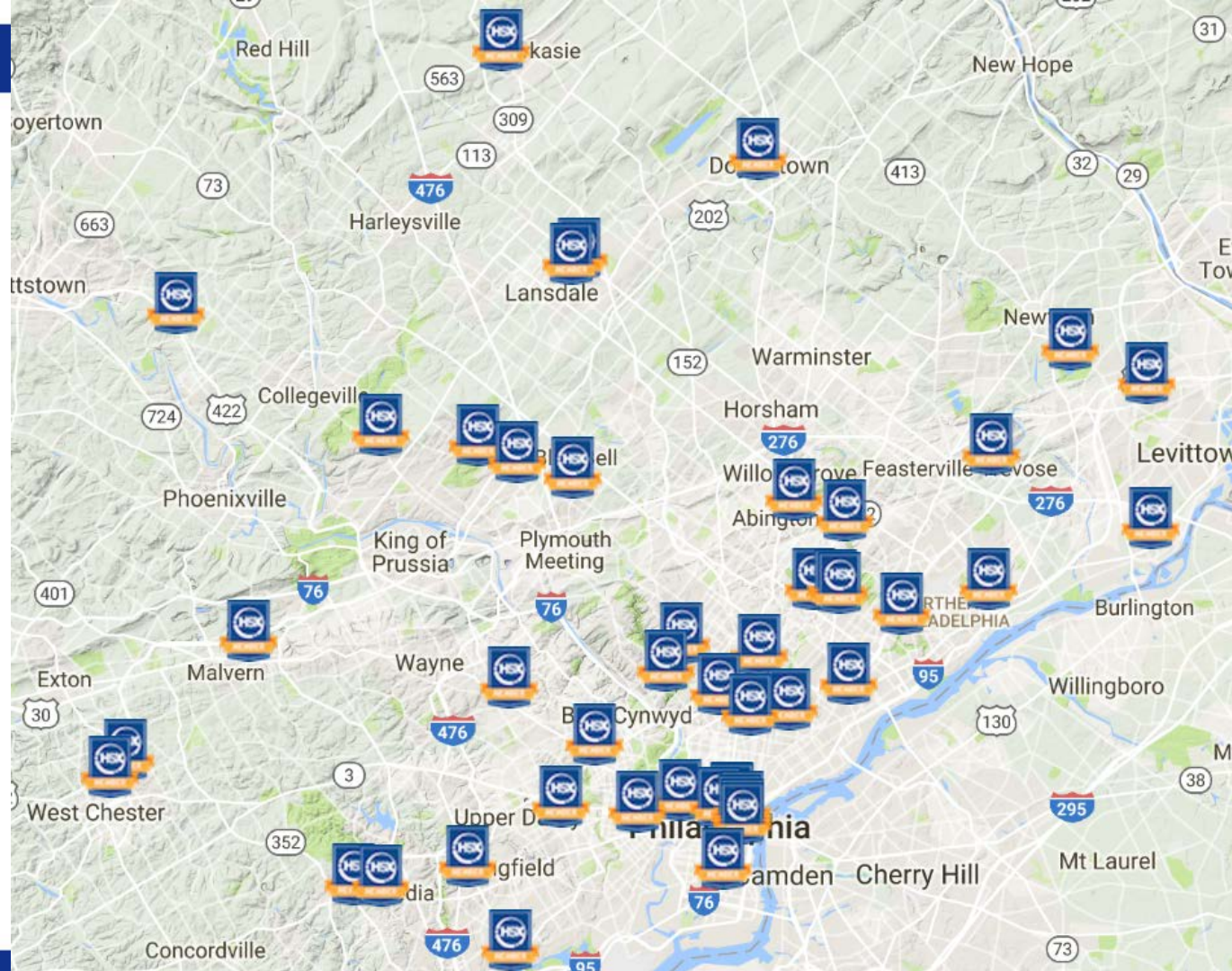


2,408,000/mo **1,300 Subscribers**
652 Sources **18.7MM Patients**



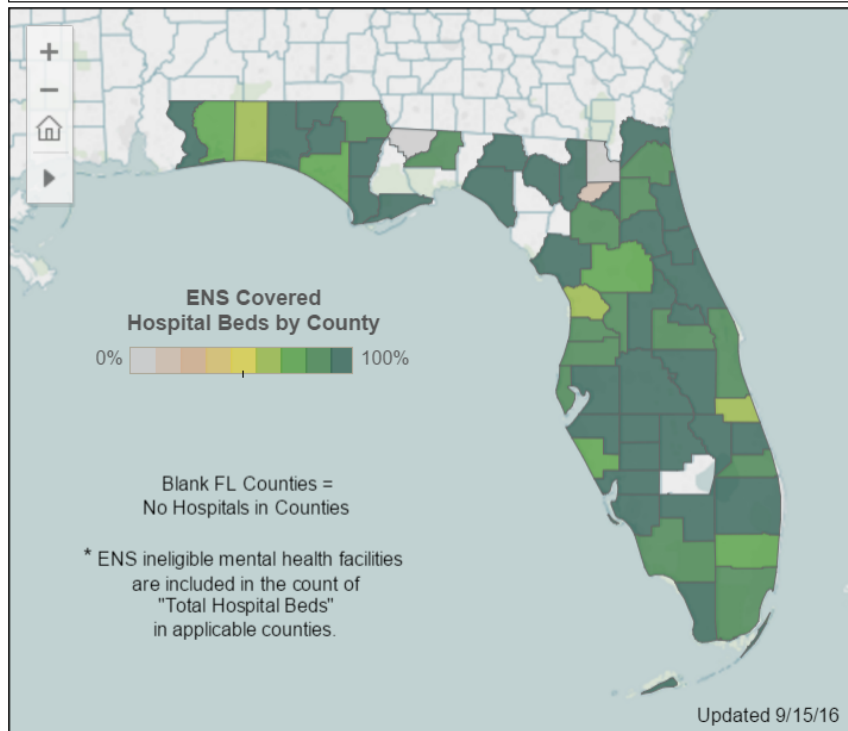


50 hospitals in ~6 months

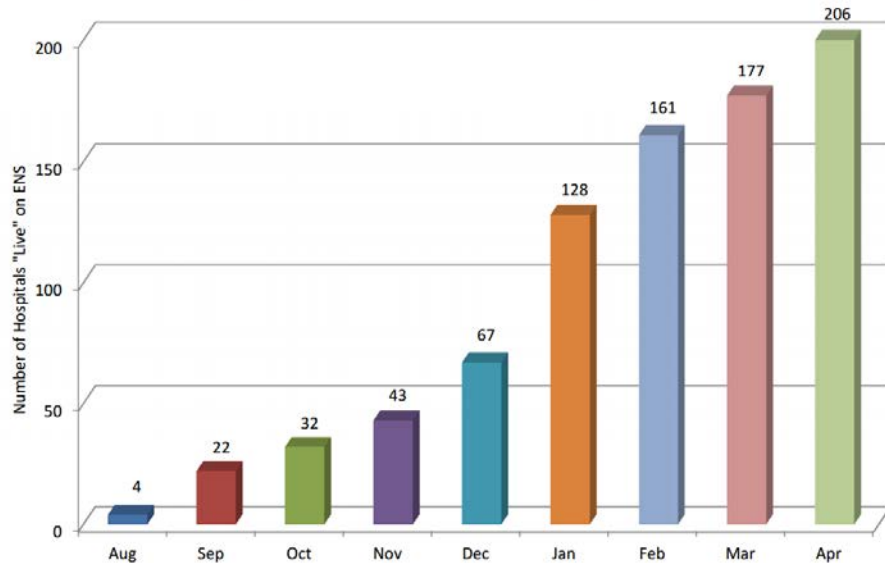


Florida HIE

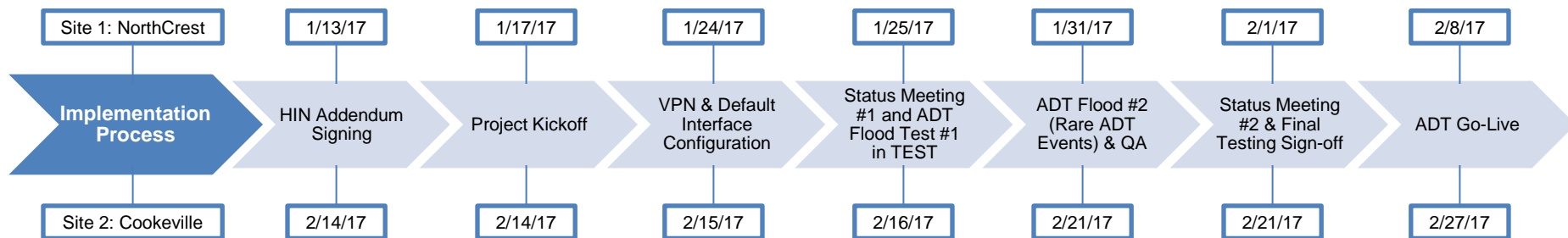
ENS Covered Hospital Beds by County



Hospital Participation



Hospital Install Effort & Duration (Examples)



Role	Kickoff Site 1 Site 2		VPN Config Site 1 Site 2		Meeting 1 Site 1 Site 2		ADT Flood 1 Site 1 Site 2		Meeting 2 Site 1 Site 2		ADT Flood 2 Site 1 Site 2		Go-Live Site 1 Site 2		TOTAL Site 1 Site 2	
Networking	0:45	0:30	0:30	0:15											1:15	0:45
Interface Analyst	0:45	0:30			0:15	0:15	1:00	1:00	0:15	N/A	0:30	0:30	0:30	0:30	3:15	2:45
PM	0:45	N/A			0:15	N/A			0:15	N/A			0:15	N/A	1:30	N/A
Expected Implementation Effort: 5-10 hrs (mostly an interface analyst)															6:00	3:30

ADT Service Website & Document Overview

Bryan Metzger

ADT Website

THA ADT Service

OverviewImplementationAbout ▾ADT SpecsResourcesContact

THA ADT Service

THA is expanding its Health Information Network (HIN) to provide an Event Notification Service (ENS) to hospitals across the state.

ENS offers the opportunity for hospitals to engage in better overall care coordination, reduce hospital readmissions, and ensure proper follow-up care is received for their patients.



Overview

Learn how THA is developing a statewide system for the collection of real-time ADT data from hospitals in Tennessee to generate clinical event notifications.

[More Info](#)

About ENS

Encounter Notification Service® (ENS®), powered by Audacious Inquiry (AI), is a low-complexity and high value population health management tool. ENS technology is easily deployable and relies on basic healthcare data in the ADT message.

[More Info](#)

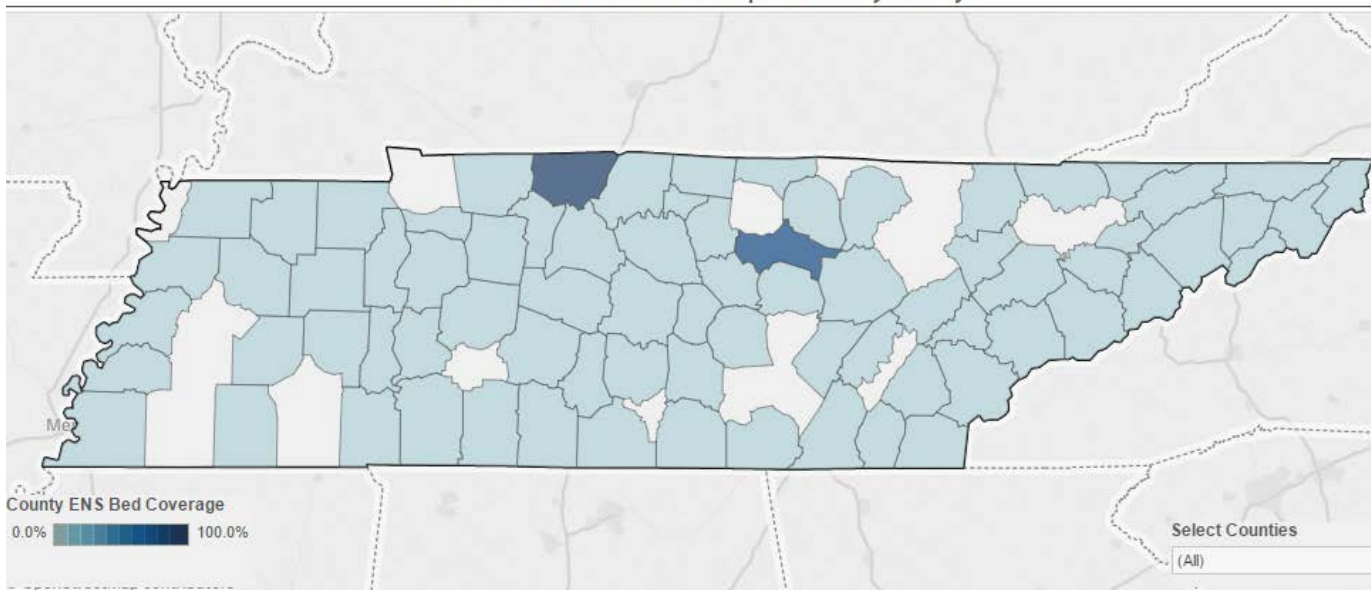
Implementation

THA is implementing ENS for all member hospitals in the state by the end of 2017. Non-member hospitals are also eligible to participate to take advantage of the program's benefits.

[More Info](#)

Implementation Progress

Tennessee ENS® Covered Hospital Beds by County



ENS Covered Hospitals

County	Health System	Hospital Name	# Licensed Hospital Beds	# ENS Connected Hospital Beds	ENS Connected % of All County Beds
Robertson	N/A (Single Entity)	NorthCrest Medical Center	109	109	100%
Putnam	N/A (Single Entity)	Cookeville Regional Medical Center	247	247	87%

ADT Website

- Available now at: <http://adt.tha-hin.com>
- Other Content:
 - Overview
 - Implementation Strategy
 - ENS® and PROMPT Overview
 - Solution Architecture
 - ADT Specifications
 - Resources

Core Project Documents

#	Name	Description	Document Approvals	Action Required?
1	THA HIN Addendum	Addendum to the existing THA Health Information Network (HIN) agreement with member hospitals for reporting UB discharge claims data.	<input checked="" type="checkbox"/> ADT Technical Subcommittee <input checked="" type="checkbox"/> Data Policy Committee <input checked="" type="checkbox"/> THA Board	Yes, signature required (sign and send to BMetzger@tha.com)
2	THA Data Release Policy	Document describing and governing the data uses for the ADT Service between THA, participating hospitals, and TennCare (refer to "Admission, Discharge, Transfer (ADT) HL7 Data" section).	<input checked="" type="checkbox"/> ADT Technical Subcommittee <input checked="" type="checkbox"/> Data Policy Committee <input checked="" type="checkbox"/> THA Board	No (reference only)
3	ADT Service Manual	Describes the THA ADT service and provides an overview of the solution architecture, data uses and access to data, ADT specifications, roles and responsibilities, and communication protocols. Used in conjunction with the Data Release Policy and HIN Addendum.	<input checked="" type="checkbox"/> ADT Technical Subcommittee <input checked="" type="checkbox"/> Data Policy Committee <input checked="" type="checkbox"/> THA Board	No (reference only)
4	THA ADT HL7 Specifications	Excel workbook containing HL7 specifications for the ADT Service with required and expected event types and segments. Embedded within the ADT Service Manual.	<input checked="" type="checkbox"/> ADT Technical Subcommittee <input checked="" type="checkbox"/> Data Policy Committee <input checked="" type="checkbox"/> THA Board	No (reference only)
5	Hospital VPN & Onboarding Form	Onboarding form with hospital contact information and details for secure VPN connections. Embedded within the ADT Service Manual.	<input checked="" type="checkbox"/> ADT Technical Subcommittee <input checked="" type="checkbox"/> Data Policy Committee <input checked="" type="checkbox"/> THA Board	Yes (complete and send to BMetzger@tha.com)

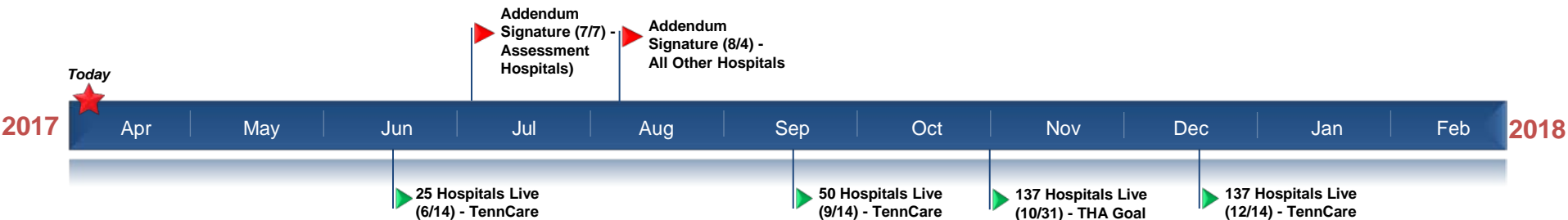
Wrap Up & Next Steps

Bryan Metzger

Recap / Summary

- THA Board requires participation for member hospitals
- Submission of ADT data will be a requirement for new TennCare directed payments
- Access to ADT data from all participating hospitals for patients with whom your hospital has a relationship
- Other value-added notifications and benefits for participating hospitals for:
 - Readmissions reduction
 - Transitional Care Management (TCM) revenue

Upcoming Milestones



- HIN Addendum Signatures:
 - 7/7 – All TN assessment hospitals
 - 8/4 – All other hospitals
- Hospital Implementation Deadlines:
 - 6/14 – First 25 hospitals (TennCare)
 - 9/14 – First 50 hospitals (TennCare)
 - 10/31 – All 137 member hospitals (THA goal)
 - 12/14 – All 137 member hospitals (TennCare)

Next Steps

- THA
 - Send a webinar follow-up with project documents
 - Coordinate additional outreach by District closer to target implementation dates
 - Schedule Project Kickoff meeting with appropriate hospital staff
- Member Hospitals
 - Begin processing project documents for approval/signature
 - Be proactive: Complete/Sign documents and send to Bryan Metzger (bmetzger@tha.com) to begin project kickoff:
 - THA HIN Addendum
 - Hospital Onboarding & VPN Form
 - Stay informed: Reference project website (project status, information, and materials/documents)

Contact Us

- THA Contact:
 - Bryan Metzger (Senior VP, Information Systems) – bmetzger@tha.com
- Ai Contacts:
 - Bill Howard (Project Director) – bhoward@ainq.com
 - David Rodriguez (Project Manager) – drodriguez@ainq.com
 - Austin Moody (Integration Engineer, Technical Contact) – amoody@ainq.com