THA Data Program Information Session

June 27, 2017

Webinar Objectives

- <u>What</u>: Provide an overview of THA's data program:
  - Existing Health Information Network (HIN) for hospital claims data
  - HIN expansion to collect real-time ADT data from member hospitals
  - Background on TennCare initiative and why ADT data is important

- <u>Why</u>: Discuss the Board's justification for the new ADT service
  - Value to THA's members

- <u>How</u>: Review the implementation strategy for 2017
  - Implementation process, methodology, funding, and governance
  - Current project status and timeline

- Provide an opportunity to ask questions

Meeting Agenda

Topic	Leader / Participants
Welcome (5 min)	**Craig Becker**
THA Data Program Overview (15 min) • THA HIN Background (UB Hospital Claims Data) • TennCare's Business Need • Real-Time ADT Data Service	**Mary Layne Van Cleave and Bryan Metzger**
THA Board Approval Process • Governance Structure	**Craig Becker**
ADT Service Benefits (15 min) • Member Benefits • Value Propositions	**Bryan Metzger**
ADT Implementation Overview (15 min) • Project Documents • Program Status and Deployment Strategy	**Bryan Metzger**
Wrap Up (10 min) • THA Perspective • Q & A	**Craig Becker and Bryan Metzger**

THA Data Program Overview

Mary Layne Van Cleave and Bryan Metzger

UB Discharge Claims Data Program
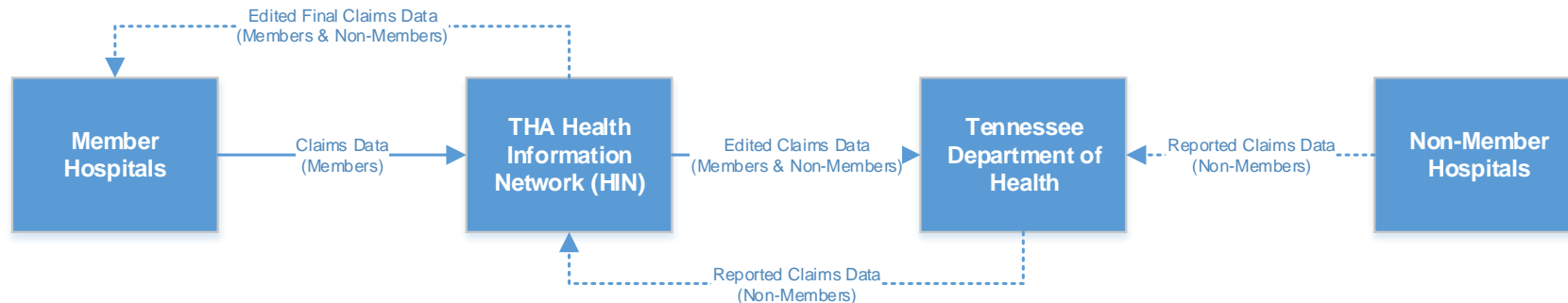
- T.C.A. 68-1-108 requires hospitals to submit UB discharge claims data quarterly to the TN Department of Health
  - THA "sits in the middle" – members submit to the state through the THA HIN
  - Non-member hospital data is sent directly to the state
  - State sends non-member data back to THA
  - Edited final claims data and MarketIQ reports provided back to member hospitals

Real-Time ADT Opportunity

- TennCare business need: support Primary Care Transformation initiative
  - Acute care and psychiatric hospitals asked to submit inpatient and ED ADT feeds to support state's Patient-Centered Medical Home (PCMH) and Health Link initiatives
  - ADT will be basis for statewide HIE (Tennessee Office of eHealth Initiatives)

- Submission of ADT data will be a requirement for new Directed Payments
  - Directed Payments will replace the Unreimbursed Hospital Cost (UHC) Pool
  - THA plays a key role in management of UHC pool that supports the hospital assessment

- Member support: request THA to "sit in the middle" (like UB claims data)

- Support from TennCare leadership

TennCare vs. THA ADT Solution Comparison

	TennCare ADT	THA ADT
Participation	• Voluntary hospital participation (pending mandate)	• THA Board requirement for member hospitals • Optional non-member hospital participation for a fee
Data Formatting	• Hospitals expected to format feed(s) to meet TennCare specification	• THA and Ai format feed(s) to TennCare specification on hospitals' behalf (minimal work for hospitals)
Data Filtering	• Option 1: Send all payer data to TennCare • Option 2: Filter out non-TennCare patients	• Submit all payer data with assurance that TennCare only receives TennCare messages (Ai filters data)
Data Control	• TennCare "owns" data and could make other uses at their discretion	• THA and member hospitals control use of and access to data (other uses require THA Board approval)
Data Access	• Short-term: no hospital access to data • Long-term: potentially "sell" data services back to hospitals	• Originally submitted all-payer data returned to hospitals • Value-added notifications sent back to hospitals
Costs	• Hospital costs related to data formatting and filtering	• 10% increase in HIN dues ($150-$3,000/year) • THA pays Ai for services and THA awarded state grant by TennCare to cover costs

ADT Service and ENS® Overview
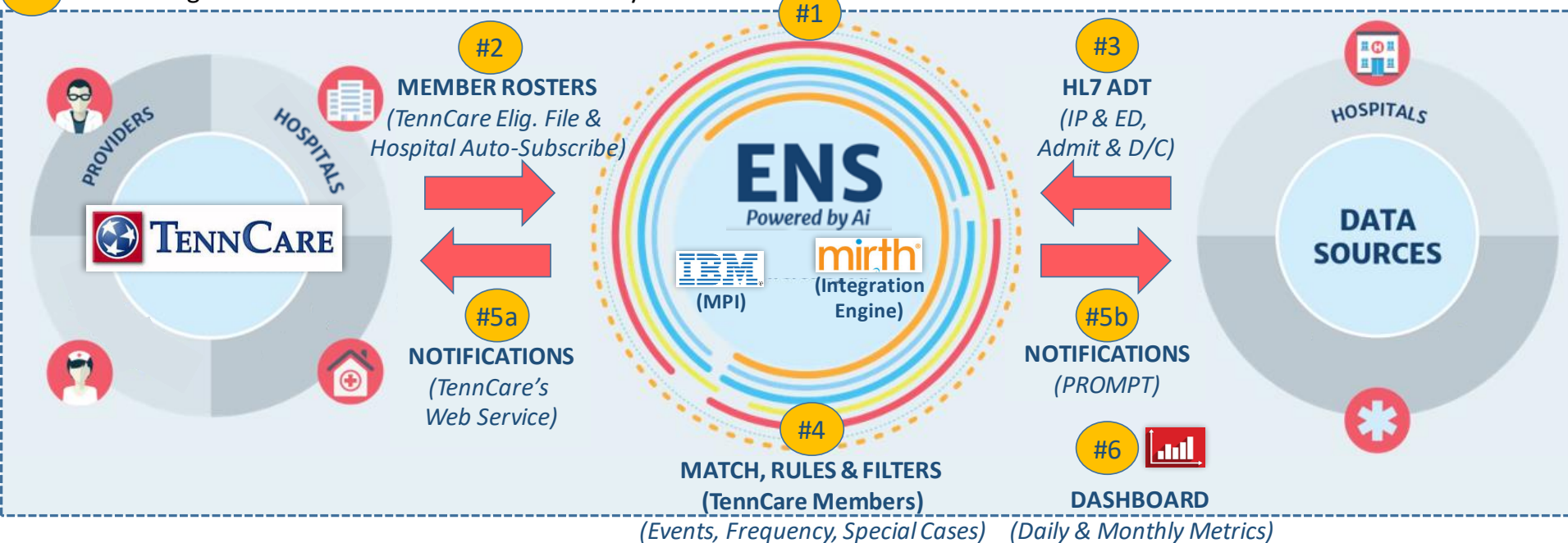
THA Board Approval Process

Craig Becker

Board Process

- Drafted a business plan for Board review

- Initial Board reaction:
  - Outside of THA expertise
  - Cost estimates unrealistically low
  - Competition with member-owned local RHIO

- Ultimate approval to move forward with additional due diligence

Board-Directed Due Diligence

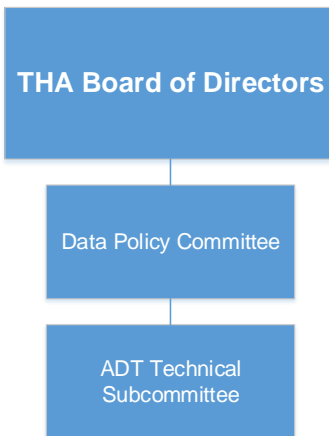| Assemble Selection Panel | Vendor Evaluation | Vendor Selection | Board Approval |

- Assembled group of Board member CIOs, Privacy & Security Officers, Information Governance staff
- Reviewed proposal and conducted vendor evaluations
- Selected Audacious Inquiry because of their vast experience in software, strategy, and services
    - ENS implementation experience in 7 other states (42 million notifications and 24 million subscribed patients since 2014)
    - Policy and governance experience
- Board approved Business Plan

THA Board Approval

- 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 annual 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

ADT Data Program Governance

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│   THA Board of Directors    │
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        ┌───────────────────┐
        │ Data Policy       │
        │ Committee         │
        └─────────┬─────────┘
                  │
           ┌───────────────┐
           │ ADT Technical │
           │ Subcommittee  │
           └───────────────┘
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Name	Purpose
THA Board of Directors	• Executive oversight of the project (final level of approval for program design and changes)
Data Policy Committee (DPC)	• Initially established to oversee THA HIN (collection and reporting of claims data) • Second level of review/approval for changes to the ADT program
ADT Technical Subcommittee	• First level of review for issues with data submission and any proposed changes to the ADT program or new data uses • Provides direction to the DPC on agreements, privacy, security, and HIPAA compliance
ADT Project Team	• Implements ADT Service across THA member hospitals, monitors issues and performance

ADT Service Benefits

Bryan Metzger

THA ADT Data Collection Member Benefits

- THA will minimize the effort for hospital participation
- Expansion of THA HIN for member hospitals
- THA and its members continue to control use of and access to ADT data
- Assurance that only TennCare messages are provided to TennCare (filtering)
- Data available to hospitals
- THA monitors reporting for TennCare directed payments

Value Propositions to Members

Value Proposition	Description
Care Coordination	• **TennCare** – Hospital ADT notifications for TennCare enrollees support the state's Patient-Centered Medical Home (PCMH) and Health Link initiatives • **Hospitals** – ADT notifications sent back to hospitals for their patients support readmission reduction programs and improve care coordination
Hospital Operations	• Return originally submitted all-payer data back to participating hospitals • Provide performance reports for HL7 ADT data submissions to hospitals
Transitional Care Management (TCM)	• New revenue opportunities for hospitals during a 30-day transitional care period from a hospital to community setting • Applies to patients with medical and/or psychosocial problems requiring moderate or high complexity medical decision making

Potential Future Member Benefits

- Any additional uses must be approved by THA Board
- Positioned for future ADT use cases with minimal work required 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
- Provide ADT data to the TN Department of Health on behalf of member hospitals to fulfill Opioid or other similar reporting requirements

ADT Implementation Overview
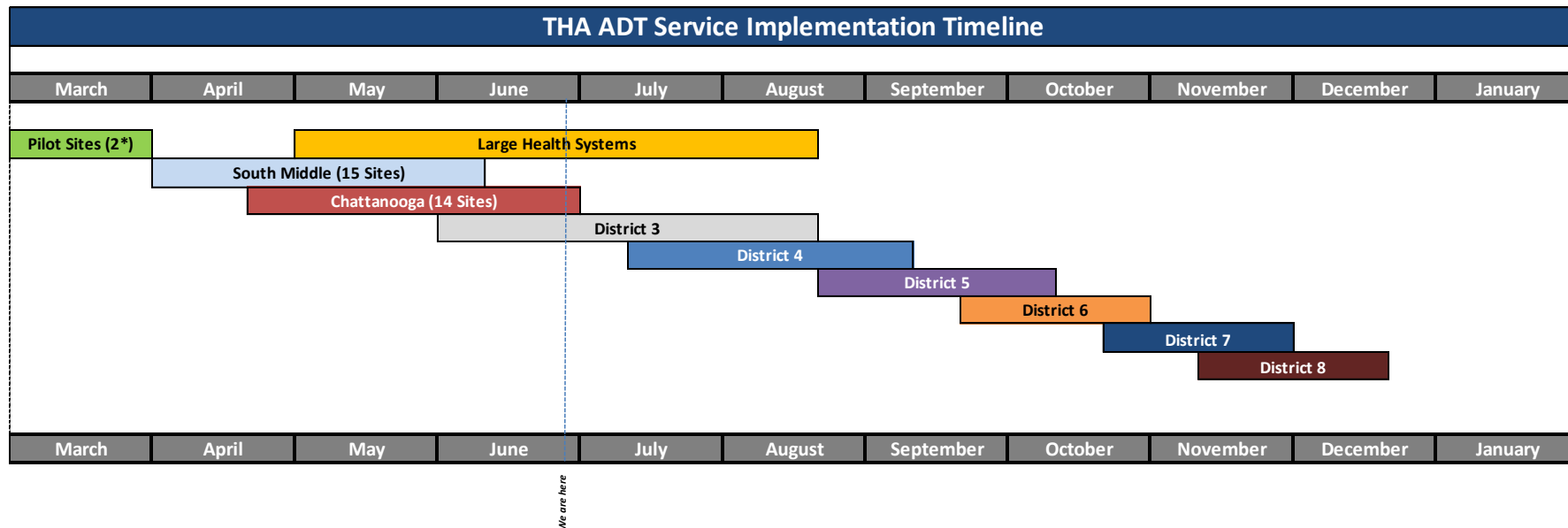
Bryan Metzger

Project Status (Our Work To Date)

THA Board Approval (Oct)	Agreements Signed with Ai (Nov)	Pilot Hospital Go-Lives (Feb)	Document Approvals & Executed Grant Contract (Mar)	Initial TennCare Go-Live (Jun)
Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017

- **October 2016**: THA Board approval
- **Q4 2016**: THA Agreements signed with Audacious Inquiry (Ai)
- **February 2017**: First two pilot hospitals live
- **March 2017**: ADT governing document approvals with project governance committees:
    - ADT Technical Subcommittee
    - Data Policy Committee
    - THA Board of Directors
- **March 2017**: Grant contract, BAA, and technical agreements executed between THA and TennCare
- **April 2017**: ADT Service website goes live
- **June 2017**: Initial TennCare Go-Live (21 hospitals)
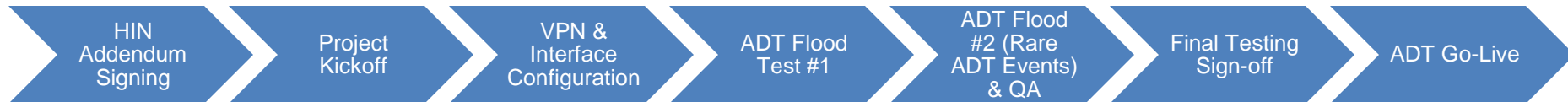
Core Project Documents

#	Name	Description	Document Approvals	Hospital Action Required?
1	**THA HIN Agreement and BAA**	Existing HIN agreement with member hospitals for reporting UB discharge claims data.	☑ Data Policy Committee ☑ THA Board	Yes, signature required by member hospital
2	**THA HIN Addendum**	Addendum to the existing THA HIN agreement with member hospitals for reporting UB discharge claims data focused on the ADT program.	☑ ADT Technical Subcommittee ☑ Data Policy Committee ☑ THA Board	Yes, signature required by member hospital
3	**THA Data Release Policy**	Document describing and governing the data uses for the ADT Service between THA, participating hospitals, and TennCare.	☑ ADT Technical Subcommittee ☑ Data Policy Committee ☑ THA Board	No (reference only)
4	**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.	☑ ADT Technical Subcommittee ☑ Data Policy Committee ☑ THA Board	No (reference only)
5	**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.	☑ ADT Technical Subcommittee ☑ Data Policy Committee ☑ THA Board	No (reference only)
6	**Hospital VPN & Onboarding Form**	Onboarding form with hospital contact information and details for secure VPN connections. Embedded within the ADT Service Manual.	☑ ADT Technical Subcommittee ☑ Data Policy Committee ☑ THA Board	Yes, information provided by member hospital
7	**Security Assessment**	Standard security assessment approved by project governance for ADT data program.	☑ ADT Technical Subcommittee	No (optional use of standard)

Project Timeline & Deployment Strategy

- 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

March	April	May	June	July	August	September	October	November	December	January

Pilot Sites (2*)
Large Health Systems
South Middle (15 Sites)
Chattanooga (14 Sites)
District 3
District 4
District 5
District 6
District 7
District 8

We are here

Hospital Implementation Process

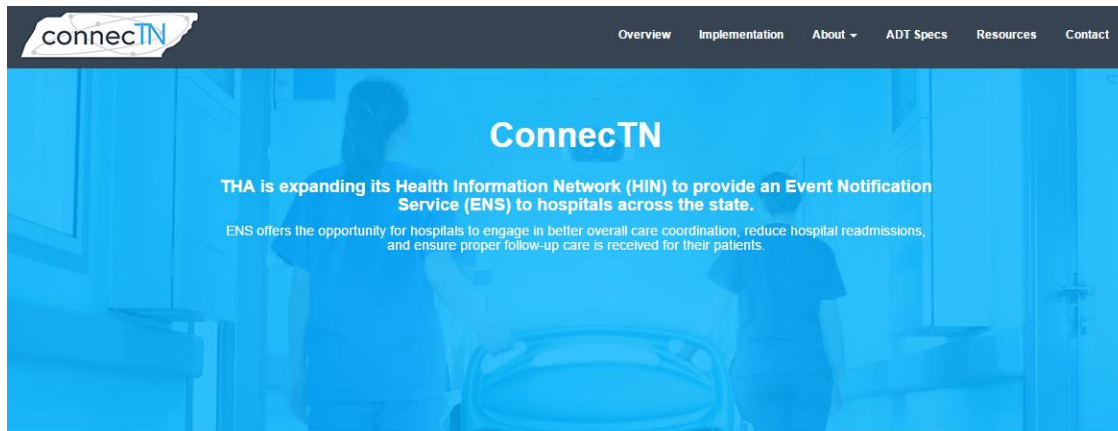| HIN Addendum Signing | ▶ | Project Kickoff | ▶ | VPN & Interface Configuration | ▶ | ADT Flood Test #1 | ▶ | ADT Flood #2 (Rare ADT Events) & QA | ▶ | Final Testing Sign-off | ▶ | ADT Go-Live |

- New hospital implementation process is ~2-3 weeks from Kickoff to Go-Live
- Additional 1-2 weeks of testing with TennCare after hospital Go-Live
- Larger health systems may have delays with legal document review, VPN setup, and change control processes

	Pilot 1	Pilot 2	System 3	System 4	System 5	Hospital 6	Hospital 7
VPN	0.5 hrs	0.25 hrs	*~2 months* *Delays: resources, change control*	0.5 hrs	*~2 weeks (estimated 5-6 hrs)*	0.25 hrs	0.25 hrs
Interface	2 hrs	2 hrs		2 hrs		1 hr	1 hr
Meetings	1.75 hrs	0.75 hrs		1 hr		0.5 hrs	N/A
Totals	*4.25 hrs*	*3 hrs*		*3.5 hrs*		*1.75 hrs*	*1.25 hrs*

Wrap Up

Bryan Metzger and Craig Becker

ADT Website

- Available now at: http://adt.tha-hin.com

Our Perspective

- Enhancing data programs will be essential for the Hospital Association of the future

- Timing is critical
  - Increasing state Medicaid opportunities (RFPs issued by MN, IL, MA, TX, LA)
  - Upcoming webinar in development from TennCare (August/September) to other Medicaid agencies
  - THA and Ai team available to assist interested states

Q & A

Contact Us

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