Department of Healthcare & Family Services

HealthChoice Illinois ADT

Accurate. Direct. Timely.

OVERVIEW FOR AMBULATORY/COMMUNITY PROVIDERS

June 24, 2021

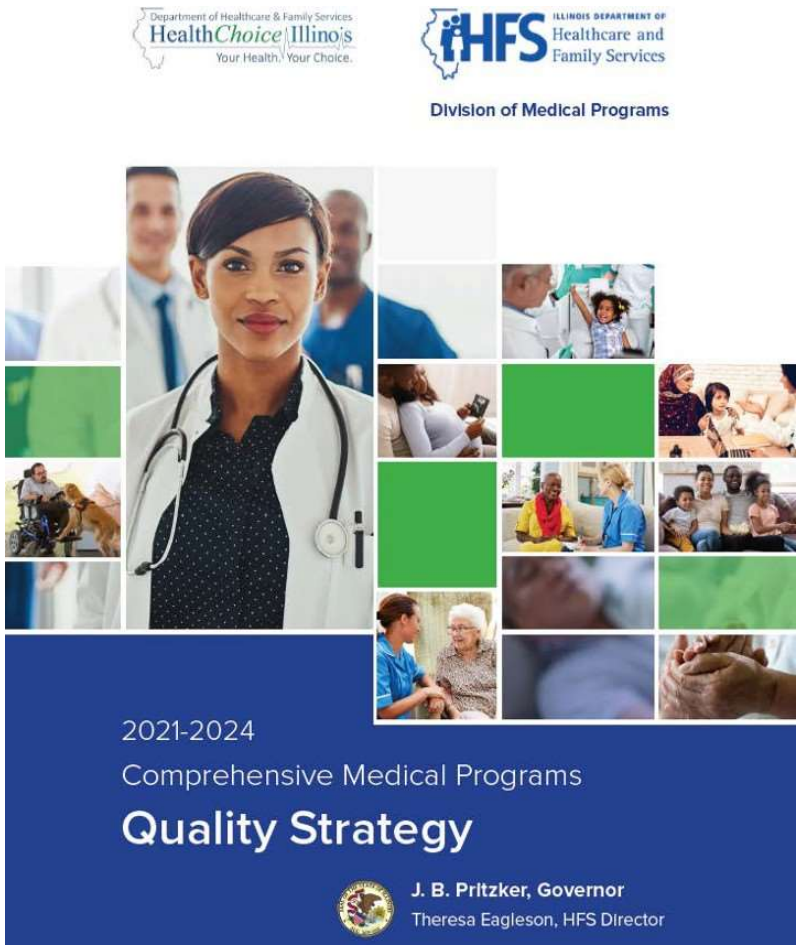
AGENDA

- INTRODUCTIONS
  - **Teresa Flesch**, Deputy Administrator of Operations for Medical Programs, HFS
  - **Laura Zaremba**, Principal, Health Management Associates
  - **Kathleen Williams**, Account Executive, Collective Medical Technologies
  - **Kary Nulisch**, General Manager, Collective Medical Technologies
- HEALTHCHOICE ILLINOIS ADT OVERVIEW
- TECHNOLOGY PLATFORM DISCUSSION
- QUESTIONS AND NEXT STEPS

What is the HealthChoice Illinois ADT Project?

- The Illinois Department of Healthcare and Family Services (HFS) is launching **HealthChoice Illinois ADT**, a statewide data exchange platform that will deliver vital information to Illinois Medicaid providers in a timely and secure manner.
- The first phase of **HealthChoice Illinois ADT** will enable Medicaid admission, discharge and transfer (ADT) notifications to be shared with Medicaid providers whose patients visit a hospital inpatient unit or emergency department.
- The second phase will enable Medicaid ADT notifications to be shared with Medicaid providers whose patients receive care from a long-term care provider.
- Hospitals will be required to transmit ADT notifications for Medicaid customers to **HealthChoice Illinois ADT** by September 30, 2021.
- Long-term care providers with EHR systems capable of transmitting ADT notifications will be required to transmit them for Medicaid customers to **HealthChoice IllinoisADT** by December 31, 2021.
- Managed Care Organizations (MCOs) will subscribe to **HealthChoice Illinois ADT** beginning in August.
- Illinois providers enrolled in the IMPACT system and engaged in care coordination services for persons enrolled in Medicaid are eligible to subscribe to **HealthChoice Illinois ADT** to receive Medicaid ADT notifications for their patients beginning in August or September.

Supporting HFS Quality Strategy



Goals

Better Care

1. Improve population health.
2. Improve access to care.
3. Increase effective coordination of care.

Healthy People/Healthy Communities

4. Improve participation in preventive care and screenings.
5. Promote integration of behavioral and physical healthcare.
6. Create consumer-centric healthcare delivery system.
7. Identify and prioritize reducing health disparities.
8. Implement evidence-based interventions to reduce disparities.
9. Invest in the development and use of health equity performance measures.
10. Incentivize the reeducation of health disparities and achievement of health equity.

Affordable Care

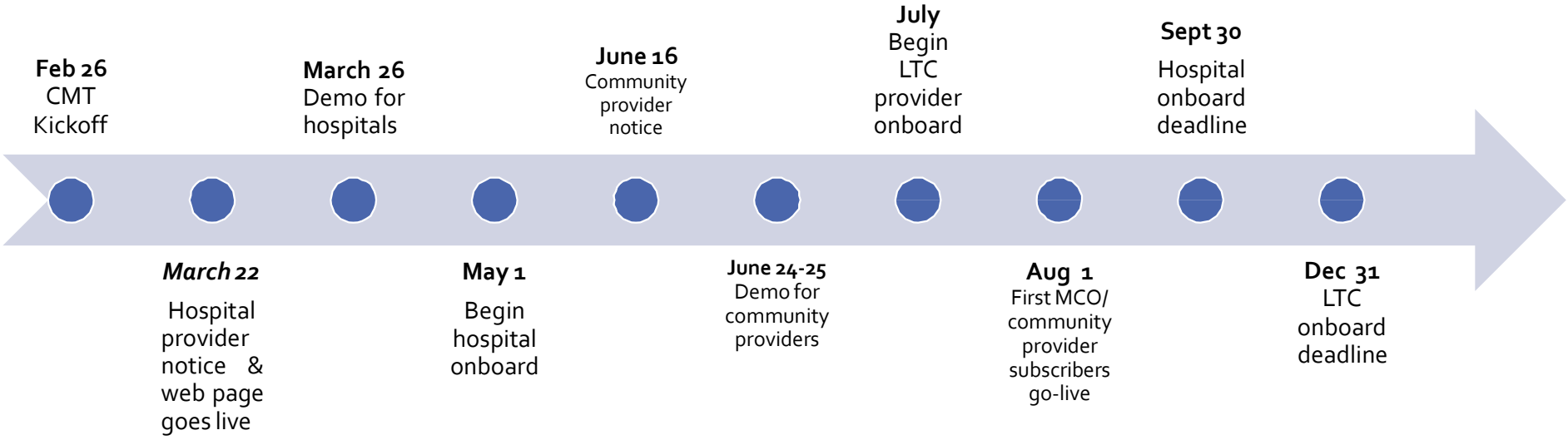
11. Transition to value- and outcome-based payment.
12. Deploy technology initiatives and provide incentives to increase adoption of electronic health records (EHRs) and streamline and enhance performance reporting, eligibility and enrollment procedures, pharmacy management, and data integration.

Objectives & Success Measures of HealthChoice Illinois ADT

- Hospitals contributing ADTs
- Quality of data in the ADTs
- Use of ADT messages by providers (subscribers)
- Impact on targeted HEDIS measures

Measure[1]	Measure Description
FUH - 7-Days	Percentage of Adults Age 21 and Older Hospitalized for Treatment of Mental Illness Receiving a Follow-Up Visit within 7 Days of Discharge
FUH - 30-Days	Percentage of Adults Ages 21 and Older Hospitalized for Treatment of Mental Illness Receiving a Follow-Up Visit within 30 Days of Discharge
IET - Initiation	Percentage of Adults Age 18 and Older with a New Episode of Alcohol or Other Drug Dependence Who: Initiated Treatment within 14 Days
IET - Engagement	Percentage of Adults Age 18 and Older with a New Episode of Alcohol or Other Drug Dependence Who: Initiated Treatment and Had Two or More Follow-up Visits within 30 Days
PCR-HH	For patients 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

Project Timeline



Collective Medical Technologies

OUR MISSION

Collective improves health outcomes and lowers cost by placing the right insights in front of each stakeholder along a patient's journey to inform and encourage the right action for the patient

What is Collective Medical?

Collective is a care coordination solution that gets the right information to the right person at the point of care.

A NETWORK

Collective is a network of hospitals, emergency departments, primary care, specialists, behavioral health providers, post-acute care providers, and health plans across the United States, sharing important patient information at the time of care

A PLATFORM

Collective is a platform that intelligently connects each member of a patient's care team for seamless collaboration at the right time and through the best medium

A COMMUNITY

Collective is a community of providers in the care of patients—especially those with complex medical needs—in your communities and across the country.

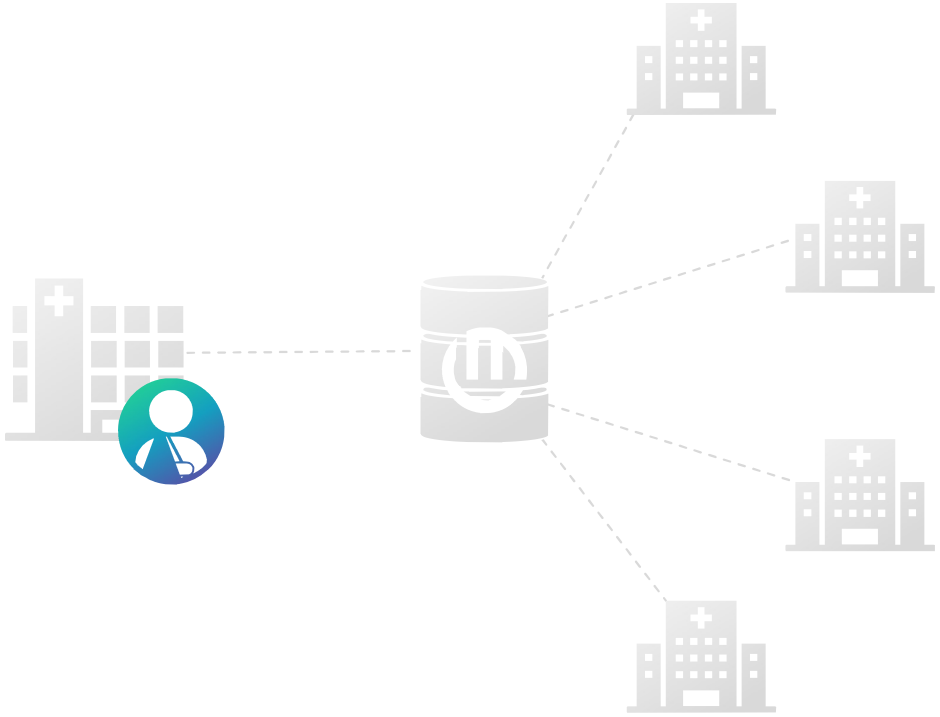
The Collective Network – Accessing Shared Information

Information from each of these sources can be accessed by care team members in one of two ways:

real-time notifications, delivered directly to providers at the point of care

logging into the Collective platform

Collective notifications – Workflow and Process

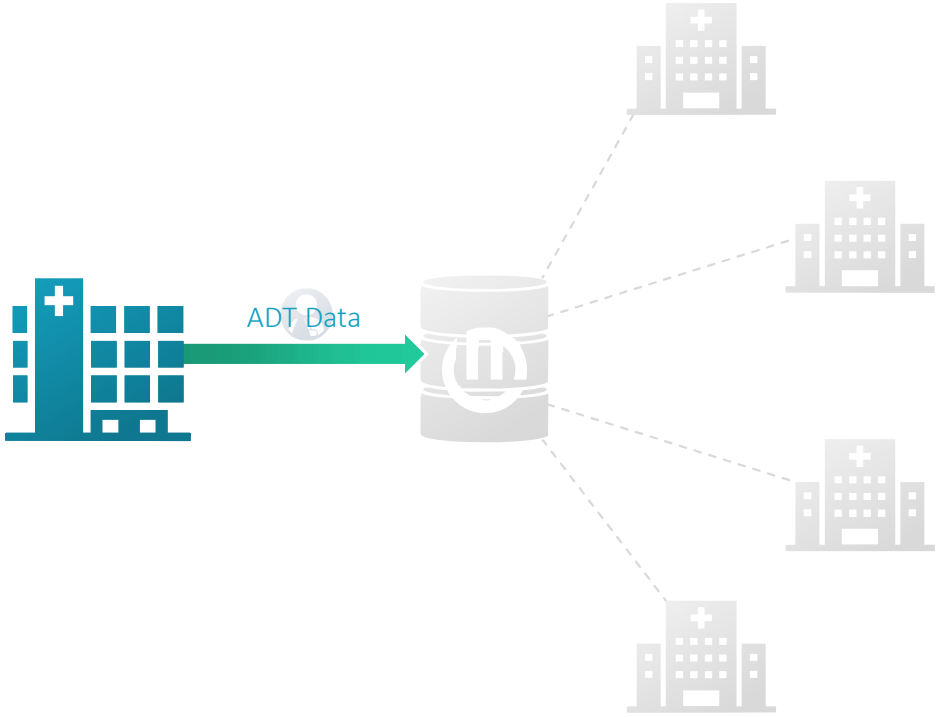


Step 1 – Patient Encounter

The patient presents in the emergency department of a hospital with a connection to the Collective network.

Basic demographic and triage information about the patient is entered into the hospital's EHR.

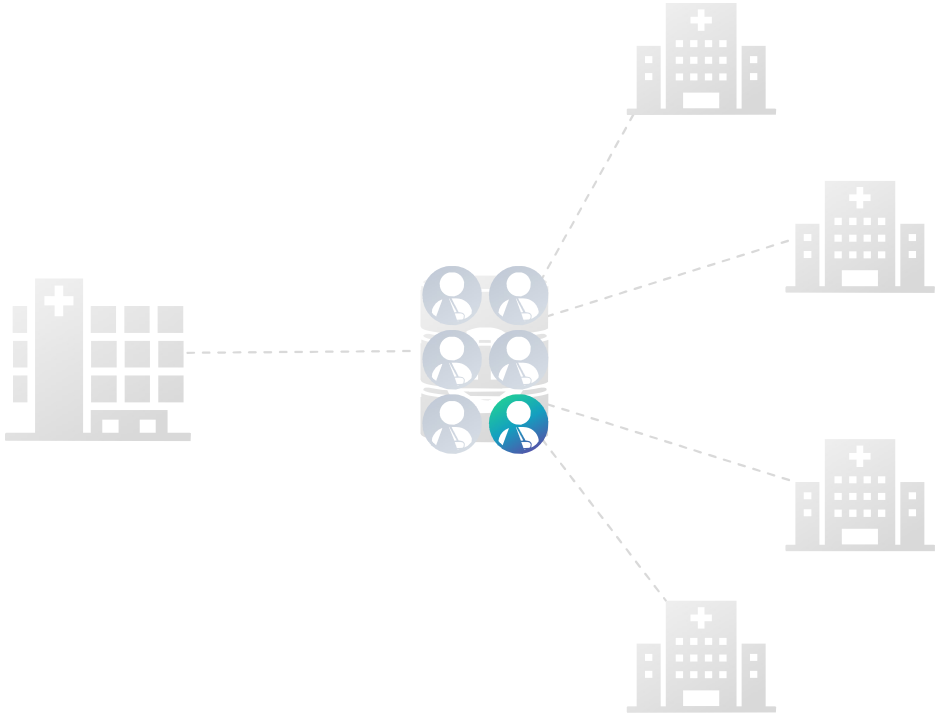
Collective notifications – Workflow and Process



Step 2 – ADT Transmission

Within moments, the hospital's EHR sends the important information about the encounter to Collective in the form of an ADT message.

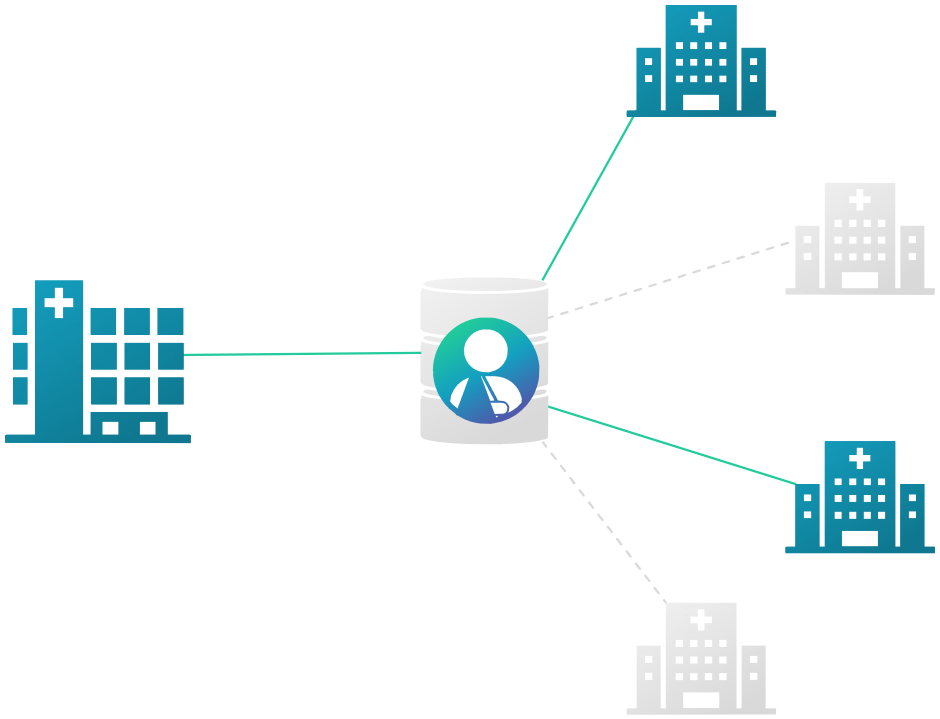
Collective notifications – Workflow and Process



Step 3 – Patient Identification

The Collective platform normalizes the new encounter information, identifies the patient's aggregate *profile on the network* as well as identifies patient's aggregate profile existing through *Carequality or CommonWell,* and merges the new data in.

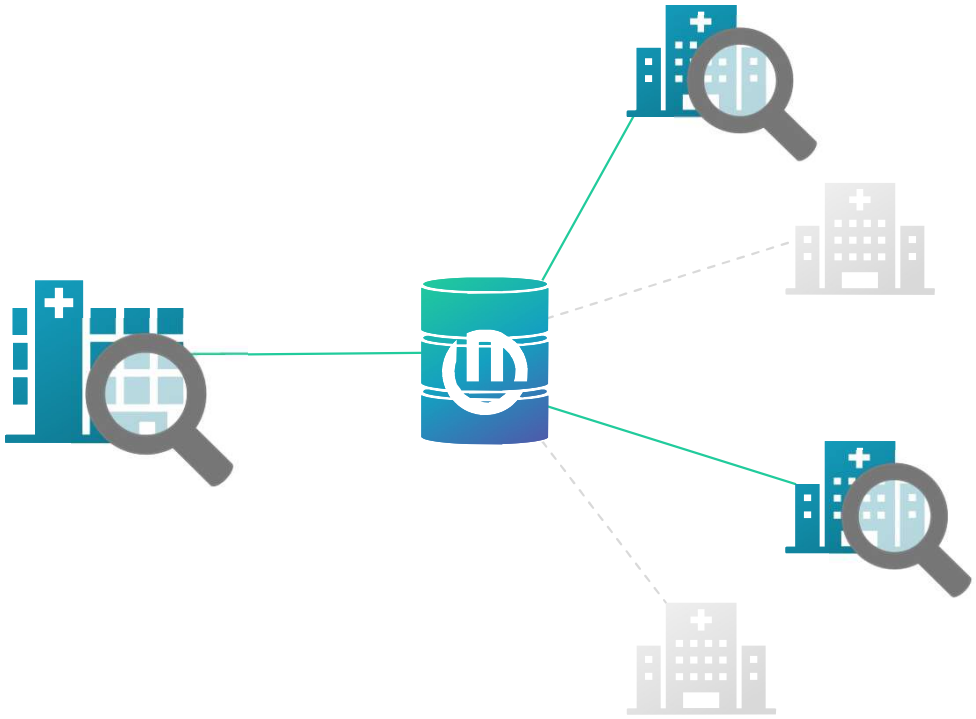
Collective notifications – Workflow and Process



Step 4 – HIPAA Verification

Collective analyzes its network, and all entities showing a verified HIPAA relationship with the patient are identified, including the facility at which the patient is currently experiencing the triggering encounter.

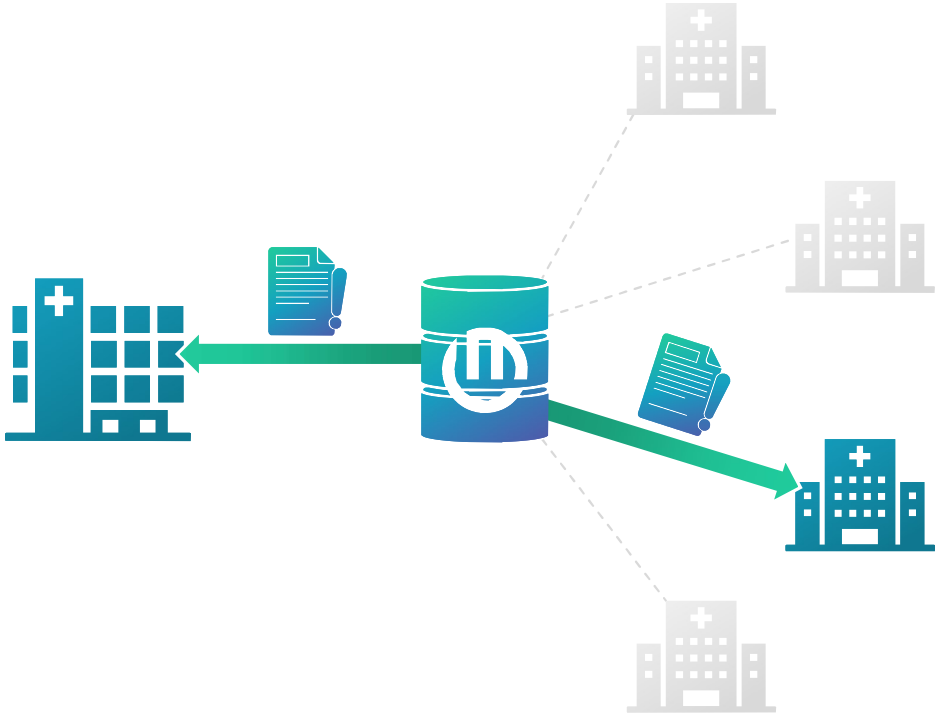
Collective notifications – Workflow and Process



Step 5 – Criteria Analysis

Each of these entities' Collective profiles are analyzed to identify which—if any—of the members of the patient's care team should receive notification of the encounter, and curated specifics about the patient's needs.

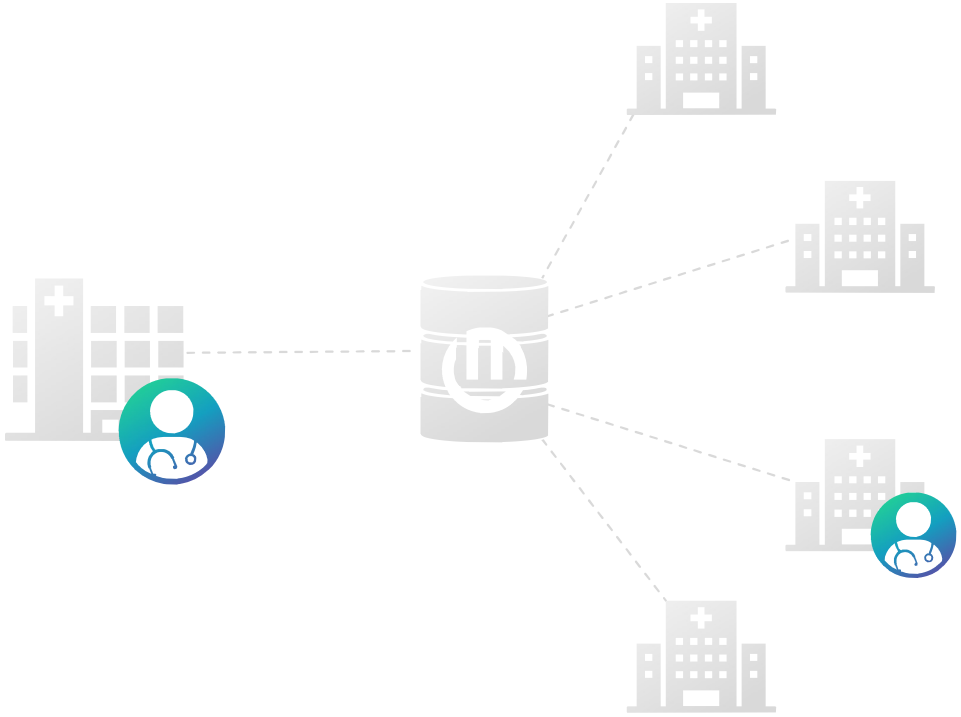
Collective notifications – Workflow and Process



Step 6 – Care Team Notification

Within seconds of the patient's initial presentation at the triggering facility, real-time notifications are delivered to the members of the patient's care team identified as being best placed to intervene and impact outcomes.

Collective notifications – Workflow and Process

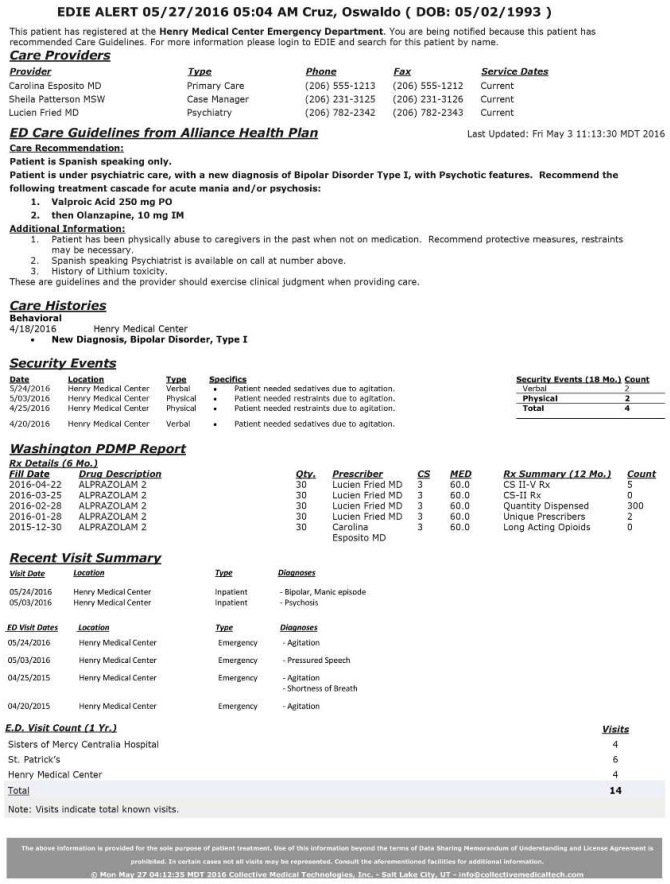


Step 7 – Provider Action

All members of the patient's care team are now empowered to take action to influence better outcomes for the patient.

- ED providers are empowered to act quickly from a position of knowledge
- primary care and specialists can proactively involve themselves when necessary

Criteria and Cohorts – When can Clinics Receive Notifications?



EDIE ALERT 05/27/2016 05:04 AM Cruz, Oswaldo (DOB: 05/02/1993)

This patient has registered at the **Henry Medical Center Emergency Department**. You are being notified because this patient has recommended Care Guidelines. For more information please login to EDIE and search for this patient by name.

Care Providers

Provider	Type	Phone	Fax	Service Dates
Carolina Esposito MD	Primary Care	(206) 555-1213	(206) 555-1212	Current
Sheila Patterson MSW	Case Manager	(206) 231-3125	(206) 231-3126	Current
Lucien Fried MD	Psychiatry	(206) 782-2342	(206) 782-2343	Current

ED Care Guidelines from Alliance Health Plan Last Updated: Fri May 3 11:13:30 MDT 2016

Care Recommendation:

Patient is Spanish speaking only.

Patient is under psychiatric care, with a new diagnosis of Bipolar Disorder Type I, with Psychotic features. Recommend the following treatment cascade for acute mania and/or psychosis:

1. **Valproic Acid 250 mg PO**
2. **then Olanzapine, 10 mg IM**

Additional Information:

1. Patient has been physically abuse to caregivers in the past when not on medication. Recommend protective measures, restraints may be necessary.
2. Spanish speaking Psychiatrist is available on call at number above.
3. History of Lithium toxicity.

These are guidelines and the provider should exercise clinical judgment when providing care.

Care Histories

Behavioral

4/18/2016 Henry Medical Center

- **New Diagnosis, Bipolar Disorder, Type I**

Security Events

Date	Location	Type	Specifics
5/24/2016	Henry Medical Center	Verbal	• Patient needed sedatives due to agitation.
5/03/2016	Henry Medical Center	Physical	• Patient needed restraints due to agitation.
4/25/2016	Henry Medical Center	Physical	• Patient needed restraints due to agitation.
4/20/2016	Henry Medical Center	Verbal	• Patient needed sedatives due to agitation.

Security Events (18 Mo.)	Count
Verbal	2
Physical	**2**
Total	**4**

Washington PDMP Report

Rx Details (6 Mo.)

Fill Date	Drug Description	Qty.	Prescriber	CS	MED
2016-04-22	ALPRAZOLAM 2	30	Lucien Fried MD	3	60.0
2016-03-25	ALPRAZOLAM 2	30	Lucien Fried MD	3	60.0
2016-02-28	ALPRAZOLAM 2	30	Lucien Fried MD	3	60.0
2016-01-28	ALPRAZOLAM 2	30	Lucien Fried MD	3	60.0
2015-12-30	ALPRAZOLAM 2	30	Carolina Esposito MD	3	60.0

Rx Summary (12 Mo.)	Count
CS II-V Rx	5
CS-II Rx	0
Quantity Dispensed	300
Unique Prescribers	2
Long Acting Opioids	0

Recent Visit Summary

Visit Date	Location	Type	Diagnoses
05/24/2016	Henry Medical Center	Inpatient	- Bipolar, Manic episode
05/03/2016	Henry Medical Center	Inpatient	- Psychosis

ED Visit Dates	Location	Type	Diagnoses
05/24/2016	Henry Medical Center	Emergency	- Agitation
05/03/2016	Henry Medical Center	Emergency	- Pressured Speech
04/25/2015	Henry Medical Center	Emergency	- Agitation - Shortness of Breath
04/20/2015	Henry Medical Center	Emergency	- Agitation

E.D. Visit Count (1 Yr.)	Visits
Sisters of Mercy Centralia Hospital	4
St. Patrick's	6
Henry Medical Center	4
Total	**14**

Note: Visits indicate total known visits.

Standard Notification Criteria

1. ED Admission
2. High-Utilization Patterns
   Standard: 5 ED visits within 12 months
3. Traveling Patients
   Standard: 3 Different EDs within 90 days
4. Patients with ED Care Guidelines
   entered into the network
5. History of Security Events
   entered into the network

Portal Demonstration

Primary Care current Use Cases

Patient Centered Care

Empower patients to stay connected with PCP expedited transitions of care follow up

Share plans of care and insights throughout the continuum of care

Coordinate interdisciplinary care conferences through care teams

Share the patients background , voice and advance directs in real time

Management of Special Populations

High Risk Pregnancies

Patients living with Mental Health Conditions

Chronic Condition Management

Patients living with Substance Use Disorder

Health Homes, CPC+ and various risk populations where financial risk is present

Advanced Care Planning

Panel Management

Use real time data to improve care outcomes and meet metrics

Enhance communication with health plan by coordinating care off the same data

Reduce no shows and increase acute care follow up visits

Increase over all encounters through same day, evening hours and work in appointments in lieu of ED

Reduction in high ED Utilization

Provide consistent messaging and education around where to access care

Collaborate in real time with health plans, acute care, behavioral health and post acute care to avoid readmissions

Identify trends in utilization by individuals, diagnosis and lines of business

Case manage patients with high utilization patterns at the point of care

Quality Reporting

Encounter based scheduled reports assist with care gaps

Total patient population ICD 10 data in real time for targeted interventions and program assessment

Special populations data for deployment of resources with reduced duplication with payer partners or payer reports/ grants

Consent Process

For a facility that utilizes Collective's consent model, the sensitive information of that facility may be disclosed via the Collective Network only where the facility has indicated, via a consent message, that it has obtained the patient's consent to do so. There are three types of consent messages: No Consent, Partial Consent, and Full Consent.

DEFAULT SETTING FOR CONSENT ENABLED PORTAL (NO CONSENT)

All sensitive information from a facility using Collective's consent model is housed within a separate consent-enabled portal, making the facility's relationship to the patient invisible by default to the rest of the Collective Network.

PARTIAL CONSENT

Only the facility's relationship to the patient and any encounters at this facility are shared via the Collective Network to the patient's other treating providers.

FULL CONSENT

The facility's relationship to the patient, the patient's encounter history at this facility, and any other content generated by this facility on the Collective Platform are shared via the Collective Network to the patient's other treating providers.

The Implementation Process: Patient File

Technical Implementation

Steps:

1. **Patient Eligibility File**
   - Provides essential information so we can identify and track your patient population(s), this file will need to be updated by your facility at regular intervals
   - Accepted Formats: .csv .txt with tab or pipe delimiter
   - Via portal upload
   - Via SFTP – determine which SFTP site will be used to send ongoing eligibility files to Collective Medical ADT Mappings
2. **Patient File Validation, Configuration, and Processing**
   - File is analyzed manually and processed if sufficient Historical File
3. **Auto Processing**
   - When second file is received, and headers are consistent we can set to auto process
4. **Historical File**
   - Send as a flat file to Collective Medical containing 12 – 24 months of historical data

Clinical Implementation

Steps:

1. **Review Clinical Onboarding Forms**
   - User Account Form
   - Notification Destination Form
   - Verification of Primary Contacts
2. **Determine your facility's goals and identify workflows**
3. **Training and Activation**
4. **Iteration and Optimization**

Questions?

Questions and Next Steps

Please complete the survey as soon as possible:

https://www.surveymonkey.com/r/DGJQDZB

Additional information and periodic updates will be posted to:

https://www.illinois.gov/hfs/healthchoiceadt/Pages/default.aspx

THANK YOU