HealthChoice Illinois ADT

PointClickCare Care Collaboration Network for:

Federally Qualified Health Centers
Community Mental Health Centers
Behavioral Health Clinics
Substance Use, Prevention and Recovery
(SUPR) Providers



Agenda

- Introductions
 - Dana Wilson, HFS, Division of Medical Programs, Program & Policy Coordination, Federal Health Information Planning
 - Nancy Sehy, BSN, RN, CHPCA, Clinical Solutions Lead, PointClickCare
- HealthChoice Illinois ADT Program Overview
- PointClickCare Network Capabilities & Features and Functionality
 - Mental Health/Behavioral Health
 - All Other FQHC Clinics
- Q&A



HealthChoice Illinois ADT Program Overview



HFS HealthChoice Illinois ADT Program Goals

Improve Care Coordination

- Provide real-time ADT alerts for immediate action events
- Reduce hospital readmissions
- Support Managed Care Organizations (MCOs) operations and care coordination
- Enhance provider-to-provider communication using HL7 data

Utilize Reporting and Data Analysis

- Analyze equity and address disparities in healthcare
- Analyze social determinants of health (SDoH)
- Improve claims reporting and identify system inefficiencies
- Combine HL7 data with existing claims data for insights

Enhance Data Quality

- Follow HL7 and USCDI standards for data exchange
- Establish state agency HL7 standards for consistency and improved exchange
- Achieve a data quality verification rate of 90% or above

Support Interoperability Legislation

- Support CMS Conditions of Participation requirements
- Assist agencies and providers in meeting federal interoperability requirements
- Collaborate with other state agencies to meet public health legislation requirements



Connected Facilities

HealthChoice Illinois ADT Portal PointClickCare



925 Medicaid Facilities Transmitting Data

Туре	Sending Live Data
Hospitals	194
ICFDD (Intermediate Care Facility/Developmental Disabilities)	12
SLF (Supportive Living Facilities)	90
SMHRF (Specialized Mental Health Rehabilitation Facilities)	18
SNF (Nursing Facilities)	611

Numbers as of June 28, 2022

75 Medicaid Ambulatory & Community Providers

Ambulatory Type	Patient Rosters	Patient Population
Clinics	53	568,650
Home Health	22	27,946

Numbers as of June 28, 2023



Benefits of HealthChoice Illinois ADT Program

- Seamless communication with hospitals, specialists, and community organizations.
- Enhanced care transitions and reduced gaps in information exchange.
- Efficient sharing of patient data, leading to better decision-making and patient outcomes.
- Receiving real-time notifications of patient activity outside of your EMR/clinic.
- Benefits of Care Insights- ability to surface patient specific need-to-know



Project Timeline

2021

May - Sep Hospital Onboarding

Jul - Dec Long Term Care Onboarding Dec - All MCO's connected

Mar 9, 2023 Clinical Collaborative Group

May 4, 2023 Clinical Collaborative Group

Aug 2023

Provider Notice **Data Quality**

Aug 3, 2023

Clinical Collaborative Group & Technical Advisory Group

Nov 2, 2023 Clinical Collaborative Group

2023 - 2031 **Data Quality** and Analytics Enhancements

2023 - 2031 Initiatives, Incentives, Programs, Increase Efficiency, Improve **Patient Outcomes**

























Jan 2022 1st Clinical Collaborative Group (CCG)

Feb 2022 Begin Ambulatory & Community Provider Implementation

Mar 2023

1st Healthcare Transformation Collaborative

May 11, 2023

HFS HealthChoice Illinois ADT Technical Advisory Committee Convene

Aug 2023 -Sep 2024

Hospital Data Quality Remediation

Fall 2023

ADT Data Enterprise Data Warehouse

2023 - 2031

Phase 2: CCDs, Labs, Imaging, Rx, Scheduling, Physician Notes, Billing Data

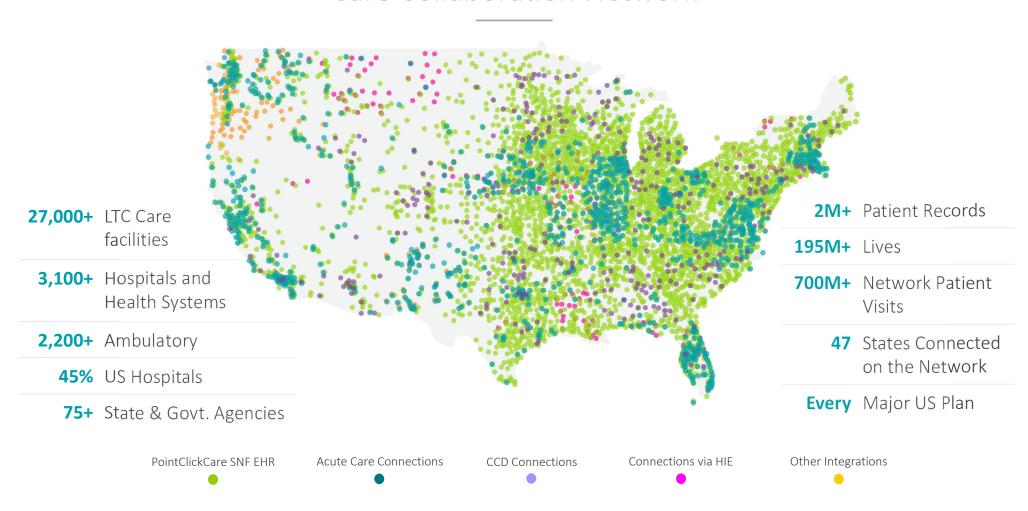


PointClickCare Ambulatory Solution Offering

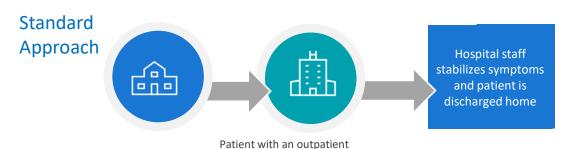




Market-Leading Long Term Care EHR + the Most Expansive Care Collaboration Network



Our Approach vs. the Standard Approach

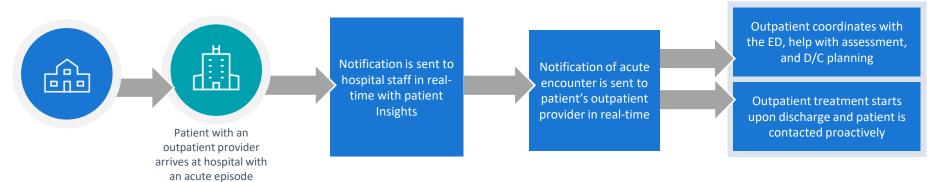


provider arrives at hospital during an acute episode

Patient is expected to contact ambulatory facility on his or her own...

...more likely, patient returns to the ED the next time they have an acute episode

Our Approach





Care Coordination Remains a Challenge in Behavioral Health Settings



Need for efficiency: Limited time & resources



Difficult to know all providers caring for a client



Lack of visibility into real-time client encounters across the care continuum



No way to share care plans with providers outside your organization



Challenges of managing consent, information sharing regulations, and sensitive behavioral health information

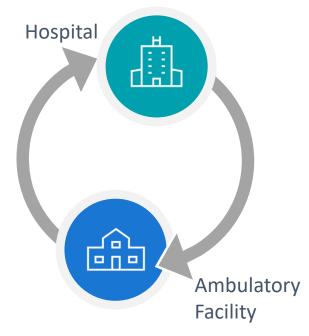


Better Coordination Through Real-Time Network Collaboration

The PointClickCare platform works in real-time, which means whether your patients are receiving care in a hospital ED, clinic, or other healthcare facility, you can receive up-to-date Insights into the status of your patients.

Ambulatory Setting

- Real-time visibility into patient hospital encounters
- Surfaces events of interest
- Patient information and encounters visible to all care team members
- Contribute to shared care plans that are easily accessible



Hospital ED

- Real-time notifications
- Collaborate and share insights with care team members
- Comprehensive patient overview to help make informed decisions
- Surface safety & security risks

Events of Interest

Standard Criteria

Standard Ambulatory Criteria

5+ ED Visits in 12 Months

3+ ED Visits in 3 Months

Inpatient Admissions

Inpatient Discharges

ED/OBS Encounter

ED/OBS Discharge

Behavioral Health Related ED Visits

Enhanced Behavioral Health Criteria

Criteria Name

5+ ED Visits in 12 Months

3+ ED Visits in 3 Months

Inpatient – Admissions and Discharges

ED/OBS – Visits and Discharges

ED Visits – Suicidal Ideation/Attempt or Self-Harm

ED Visits – Opioid Overdose Dx

ED Visits – Mental Health Dx

ED Visits – Substance Use Dx

ED Visits – Opioid Use Disorder Dx

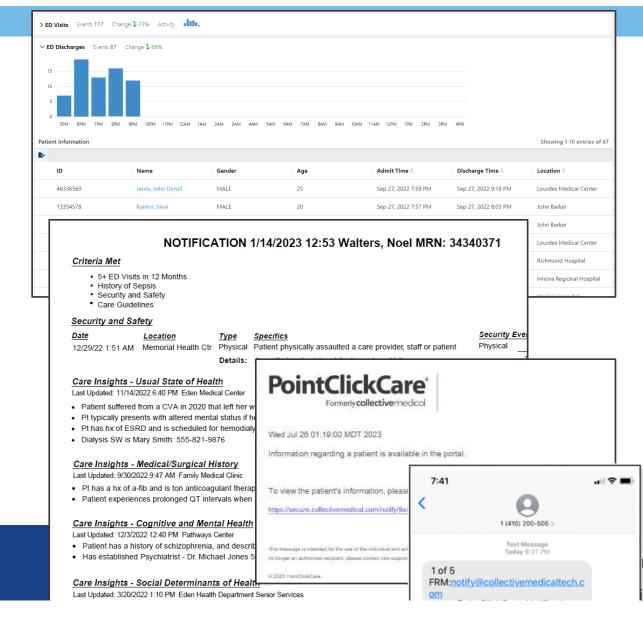
ED Visits – Alcohol Use Disorder Dx

Impacts:

- More informed decisions
- Improve the quality of care for the patient
- Treatment and follow-up care occur through real-time collaboration and communication

Real-Time Notifications

- Available for all clinics and help improve care collaboration.
- Can be sent to users within their existing workflow via email, text, and/or printer/fax.
- Are triggered to be sent to these destinations when a patient meets criteria.
- Organizations can choose which Notifications to receive, and which Users receive them.





Web Based Portal

Clicking the hyperlink in a notification will direct the user to the Patient Overview page within the portal.

Within the portal, you can:

- View additional patient details
- Document and update Care Insights
- Add a safety & security event
- View your patient census







Care Insights: Sharing Essential Patient Information

Insights Care Guidelines Care Histories

Usual State of Health

Last Updated by Ruby Valley Medical Center | Jose Galinato 2/2/23

- Patient suffered from a CVA in 2020 that left him with residual left sided weakness. Patient is typically alert and oriented x 3. Patient typically presents with altered mental statusing the setting of an acute UTI. Patient performs straight catheterization at home three times a day.
- Patient has a history of ESRD. Patient is scheduled for hemodialysis on MWF, but frequently misses appointments. Pt is a dialysis patient at US Renal Care Downtown location. Dialysis SW is Dow Jones and can be reached at 123-456-7890

Medical/Surgical History

Last Updated by Ruby Valley Medical Center | Jose Galinato 2/2/23

- Patient has a history of atrial fibrillation and is taking warfarin 3 mg daily (last updated 1/10/2022). If patient suffers a fall with suspected head injury, please call 911 or take patern to the emergency department.
- · ·Patient experiences prolonged QT intervals when administered Haloperidol. Please avoid if patient experiences acute delirium.

Collaborative Insights automatically follow patients wherever they go on the PointClickCare network and are delivered in real-time to the point of care, directly integrated into existing workflows.

Contains curated, easy to consume, actionable information designed to support more informed-decision making, increased efficiency, and better outcomes.



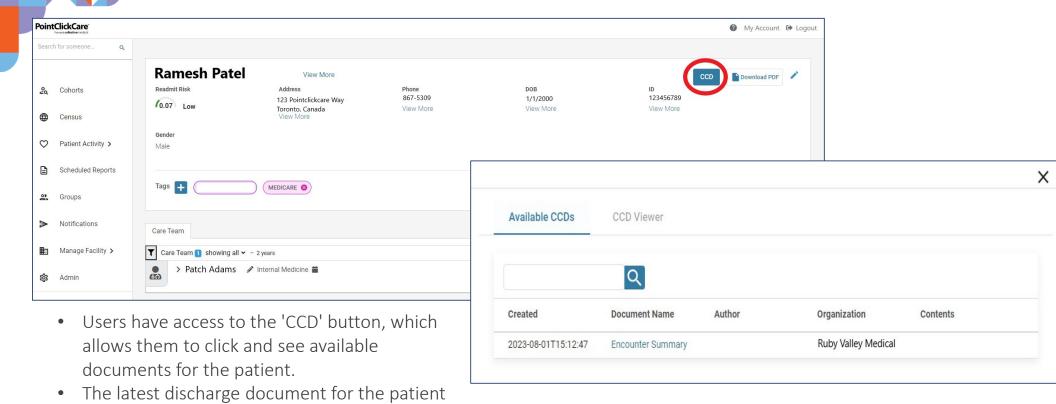


Success Story

Patient A has a history of alcoholism, chronic leg pain, and housing insecurity.

 116 visits in the past 12 months, encounter trends show on average pt uses ED an average of 16.2 times a month. After a Care Guideline was entered, the patient averaged 1 ED visit a month.

Continuity of Care Documents (CCDs)





will be at the top of the list.

CCD Contents – USCDI Version 2

		98	
Clinical Tests ★ • Clinical Test ★ • Clinical Test Result/Report ★	Concerns ★	Unique Device Identifier(s) for a Patient's Implantable Device(s) Unique Device Identifier(s) for a patient's implantable device(s)	
Medications • Medications • Medications		Vital Signs • Systolic blood pressure • Diastolic blood pressure	
Diagnostic Imaging ★ Diagnostic Imaging Test ★ Diagnostic Imaging Report ★	Patient Demographics First Name Last Name Middle Name (Including middle initial) Suffix Previous Name Date of Birth Race Ethnicity Sex (Assigned at Birth) Sexual Orientation Gender Identity Preferred Language Current Address Previous Address Phone Number Phone Number Email Address	Procedures • Procedures • SDOH Interventions ★	 Heart Rate Respiratory rate Body temperature Body height Body weight Pulse oximetry Inhaled oxygen concentration BMI Percentile (2 - 20 years) Weight-for-length Percentile (Birth - 36 Months)
• Encounter Type ★ • Encounter Diagnosis ★		Provenance Author OrganizationAuthor Time Stamp	
 Encounter Time Encounter Location Encounter Disposition 		Smoking Status • Smoking Status	Head Occipital-frontal Circumference Percentile (Birth - 36 Months)
Goals • Patient Goals • SDOH Goals ★			
Health Concerns • Health Concerns		Unique Device Identifier(s) for a Patient's Implantable Device(s) • Unique Device Identifier(s) for a patient's implantable device(s)	
Immunizations • Immunizations			
	 Clinical Test ★ Clinical Test Result/Report ★ Diagnostic Imaging ★ Diagnostic Imaging Test ★ Diagnostic Imaging Report ★ Encounter Information ★ Encounter Type ★ Encounter Diagnosis ★ Encounter Time ★ Encounter Location ★ Encounter Disposition ★ Goals Patient Goals SDOH Goals ★ Health Concerns Immunizations 	 Clinical Test ★ Clinical Test Result/Report ★ Medications Patient Demographics First Name Last Name Middle Name (Including middle initial) Suffix Previous Name Date of Birth Race Ethnicity Sex (Assigned at Birth) Sexual Orientation ★ Gender Identity ★ Preferred Language Current Address Previous Address Phone Number Phone Number Phone Number Type Email Address Immunizations	 Clinical Test ★ Clinical Test Result/Report ★ Values/Results Problems SDOH Problems/Health Concerns ★ Date of Diagnosis ★ Date of Resolution ★ Diagnostic Imaging ★ Diagnostic Imaging Test ★ Diagnostic Imaging Report ★ Diagnostic Imaging Report ★ Diagnostic Imaging Report ★ Diagnostic Imaging Report ★ Eirst Name Last Name (Including middle initial) Suffix Previous Name Date of Birth Race Ethnicity Sex (Assigned at Birth) Sexual Orientation ★ Gender Identity ★ Previous Address Phone Number Phone Number Type

Privacy and Consent Functionality



"What does HIPAA say specifically about Treatment, Payment, Healthcare Operations (TPO), and public health?"

Use and Disclosure for Treatment

"A covered entity may disclose protected health information for treatment activities of a health care provider"

- 45 CFR 164.506(c)(2)

Use and Disclosure for Payment

"...to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits"

-45 CFR 164.501

Use and Disclosure for Health Care Operations

"...population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination"

- 45 CFR 164.506(c)(4); 45 CFR 164.501

Use and Disclosure for Public Health

"A covered entity may use or disclose protected health information for the public health activities and purposes in this paragraph [such as collecting or receiving] information for the purpose of preventing or controlling disease, injury or disability..."

45 CFR 164.512(b)

Consent | Substance Use Disorder

42 CFR Part 2

42 CFR Part 2 is an added level of privacy for patients receiving care at SUD treatment facilities

Key Points:

- · Added restriction to information sharing for SUD tx facilities
- In Addition to HIPAA
- Part 2 applies to a setting, not to content: SUD content coming from an ED does not require consent to be shared;
 content coming from an SUD treatment facility

(a Part 2 covered program) does require consent in order to be shared



HIPAA: Need TPO Relationships

42 CFR Part 2: Need Consent



Consent Process

For a facility that utilizes our consent model, the sensitive information from that facility may be disclosed via the Network only if the facility has sent the client's consent status to PointClickCare.



NO CONSENT

DEFAULT SETTING FOR CONSENT ENABLED PORTAL

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

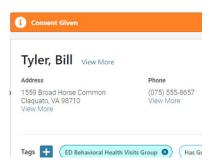


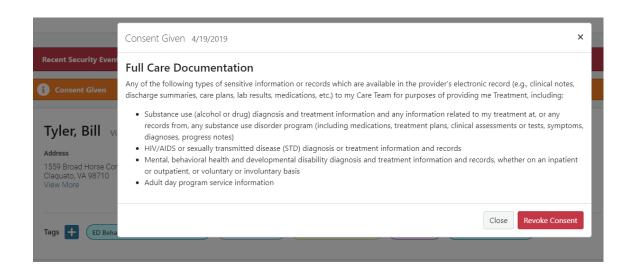
CONSENT

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

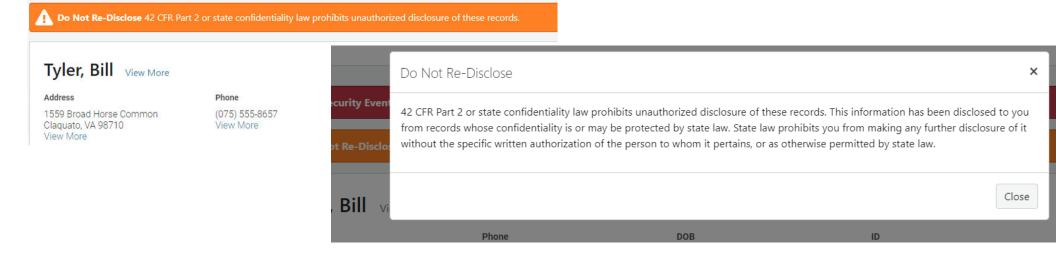
PointClickCare®

Consented Facility





Viewing Facility



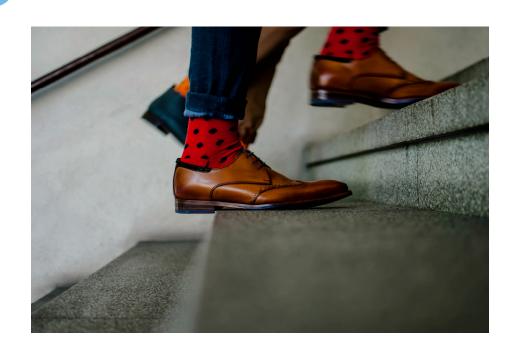
Ambulatory Solution Features/Functionality

	Standard Ambulatory Program		
Census	Acute encounters and post-acute encounters		
Cohorts	ED Encounters ED Discharges Inpatient Admissions Inpatient Discharges 3+ ED vis its in 3 Months 3+ ED vis its in 12 months BH ED Encounters	Enhanced Additional Criteria for BH Providers: ED Visits — Suicidal Ideation/Attempt or Self-Harm ED Visits — Opioid Overdose Dx ED Visits — Mental Health Dx ED Visits — Substance Use Dx ED Visits — Opioid Use Disorder Dx ED Visits — Alcohol Use Disorder Dx	
Notifications	Optional, and can be applied to any cohort above. Standard types: secure email, printer, fax, text (SMS)		
Scheduled Reports	Patient census: Daily (prior day), Weekly (prior 7 days),or monthly (previous month). Acute encounters only.		
Tags	Clinics with multiple locations can provide a 'Location ID' on the patient roster, which will reflect on the Patient Overview page. Clients can manually add tags in the portal.		
Flags	Users can view Flags created by other organizations on the Patient Overvi ew Page.		
Consent	Included for BH providers		
Patient Overview/Care Team/Care Insights	Included		
User Accounts	2-5 initial accounts created for key staff with super user training provided. Super user will create and manage additional accounts. SSO available.		

Q & A



Next Steps



1. Ambulatory provider customers begin the subscription process by completing a brief HFS survey to receive an HFS onboarding packet

https://www.surveymonkey.com/r/8T87FTX

2. Complete HFS onboarding packet and return to HFS.

HFS.HealthChoicelllinoisADT@Illinois.gov



Resources

State HFS Website: HealthChoice Illinois ADT HFS Program Email: HFS.HealthChoiceIllinoisADT@Illinois.gov

ListServ: Click to Subscribe

Choose HealthChoice Illinois ADT

An email will be sent where additional verification must be confirmed.

PointClickCare

Have questions about the platform or want to see more? Click <u>here</u> to schedule a call to discuss your needs!

Clinical Collaboration Group

Occurs quarterly for all Illinois users of the PointClickCare Network

- > Clinical users collaborate across healthcare nodes to improve patient care.
- Success stories and use case ideas are shared, as well as initiatives, measures, and platform feature updates

