



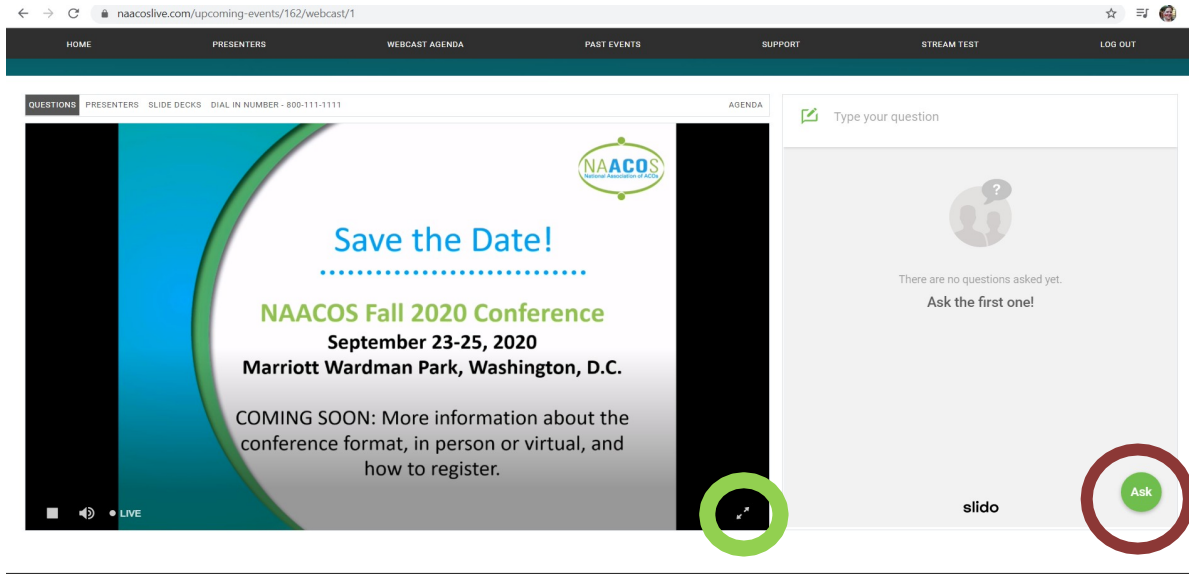
# Data Sharing Opportunities and Challenges: New Rules for ACOs



# Housekeeping



1. If you would like to make the presentation full screen on your device, hover over the presentation and hit the double arrow button circled in the screen shot below in green.
2. To ask a question, click on the green “ask” button in the bottom right of the questions box. Please see the red circle in the screen shot below.
  - You can type in a question at any time during the presentation.



# Objectives



- Learn how the new rules apply to you as an ACO
- Understand the framework of the rules as applied to others
- Learn how the ACO can leverage the rules to increase their population health efforts



Lightb  
Health S

# CURES ACT KEY OBJECTIVES

- **Patient Access**, placing patients at the center of care-supports the ability of patients to securely and easily obtain their EHI
- Adoption the **U.S. Core Data for Interoperability (USCDI)**
- Improvements for **Providers**: help deter the information blocking that many providers face when attempting to provide informed care for their patients, requiring event notifications
- **ONC Health IT Certification Program**, updates requirements for developers



# PATIENT ACCESS

- **Electronic Access:** Giving patients a greater ability to electronically access, exchange, and use their electronic health information (EHI) via internet-enabled devices (such as a smartphone)
- **Advanced Data Set:** Utilizing United States Core Data for Interoperability (USCDI)



# INFORMATION BLOCKING

- **Information blocking** is a practice that is likely to interfere with access, exchange, or use of electronic health information (EHI)
- **Examples of Information Blocking:**
  - Practices that restrict authorized access, exchange, or use, including transitions between certified health information technologies (health IT);
  - Implementing health IT in nonstandard ways that are likely to substantially increase the complexity or burden of accessing, exchanging, or using EHI;
  - Implementing health IT in ways that are likely to
    - Restrict the access, exchange, or use of EHI
    - Lead to fraud, waste, or abuse, or impede innovations and advancements



# USCDI v1 SUMMARY OF DATA CLASSES AND ELEMENTS

## Allergies and Intolerances

- Substance (Medication)
- Substance (Drug Class)
- Reaction

## Assessment and Plan of Treatment

- Assessment and Plan of Treatment

## Care Team Members

- Care Team Members

## Clinical Notes

- Consultation Note
- Discharge Summary Note
- History & Physical
- Imaging Narrative
- Laboratory Report Narrative
- Pathology Report Narrative
- Procedure Note
- Progress Note

## Goals

- Patient Goals

## Health Concerns

- Health Concerns

## Immunizations

- Immunizations

## Laboratory

- Tests
- Values/Results

## Medications

- Medications

## Patient Demographics

- First Name
- Last Name
- Previous Name
- Middle Name (including Middle Initial)
- Suffix
- Birth Sex
- Date of Birth
- Race
- Ethnicity
- Preferred Language
- Current Address
- Previous Address
- Phone Number
- Phone Number Type
- Email Address

## Problems

- Problems

## Procedures

- Procedures

## Provenance

- Author Time Stamp
- Author Organization

## Smoking Status

- Smoking Status

## Unique Device Identifier(s) for a Patient's Implantable Device(s)

- Unique Device Identifier(s) for a Patient's Implantable Device(s)

## Vital Signs

- Diastolic Blood Pressure
- Systolic Blood Pressure
- Body Height
- Body Weight
- Heart Rate
- Respiratory Rate
- Body Temperature
- Pulse Oximetry
- Inhaled Oxygen Concentration
- BMI Percentile (2 - 20 Years)
- Weight-for-length Percentile (Birth - 36 Months)
- Head Occipital-frontal Circumference Percentile (Birth - 36 Months)



# INFORMATION BLOCKING: ACTORS

- **Health Information Network and Health Information Exchanges** have been combined.
  - Includes any individual or entity that includes or owns exchange between one or more entities. Control policy, flow, etc.
- **HIT Developer**
- **Healthcare Providers**



# INFORMATION BLOCKING: EXCEPTIONS

- The exceptions are divided into two classes:

## **Exceptions that involve not fulfilling requests to access, exchange, or use EHI**

- Preventing Harm
  - Privacy
  - Security
  - Infeasibility
- Health IT Performance

## **Exceptions that involve procedures for fulfilling requests to access, exchange, or use EHI**

- Licensing
- Costs/Fees
- Content and Manner



# CASE STUDY

## Princeton Healthcare System Reduces Inpatient Admissions 15% Using ADT informed Care Management

### Outcomes

- Reduced inpatient admissions 15%
- Reduced inpatient spend 4%
- Reduced readmissions 6%
- Achieved highest quality tier in a commercial contract

### Requirements

- **Integration with hospital system**
- Identify patients or patient groups who are high resource utilizers
- Workflow engine integrated with patient identification solution
- Workflow engine integrated with quality measure care gap identification solution



# Confidential Information

This communication contains confidential information governed by the written confidentiality provisions contained in our license agreement and/or NDA. It is intended only for the individuals or the entity to which it was originally sent. Please do not copy or forward.

Copyright © 2020 Lightbeam Health Solutions, Inc. All rights reserved.

Website: [www.lightbeamhealth.com](http://www.lightbeamhealth.com)

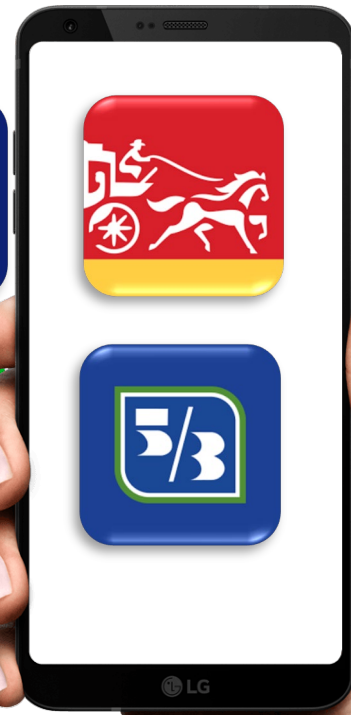
# Two New APIs: Patient Access API & Provider Directory API

NAACOS Fall 2020

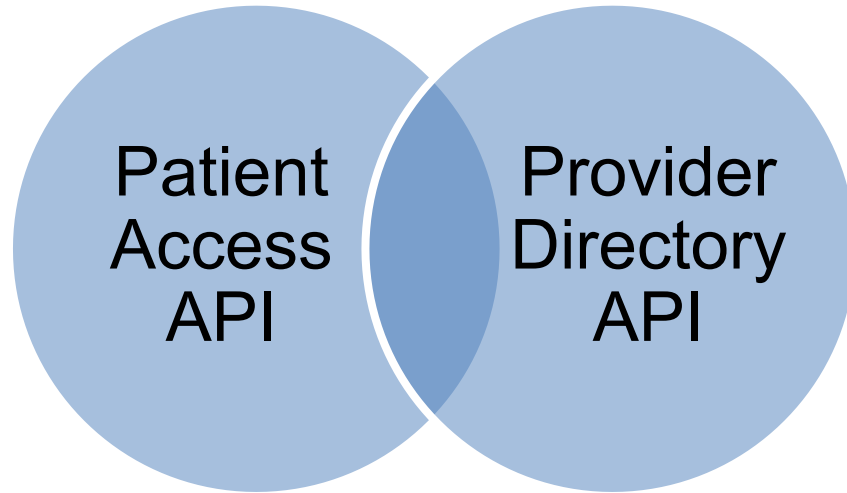
# Data Exchange with APIs (Application Programming Interface)

The **ONC & CMS Rules** work together to enable the mandate of the **Cures Act** to drive the electronic access, exchange, and use of electronic health information by and between **patients, healthcare providers, & health plans.**

# Analogy



# Two New APIs



# Maintenance, Documentation, And Security

## Payers Must...

Must ensure that APIs function properly

Must comply with the separate ONC rule

Must make each API publicly accessible on their website

Must allow third-party apps to access their APIs

Can request that third-party apps attest to having privacy and security provisions in their privacy policy

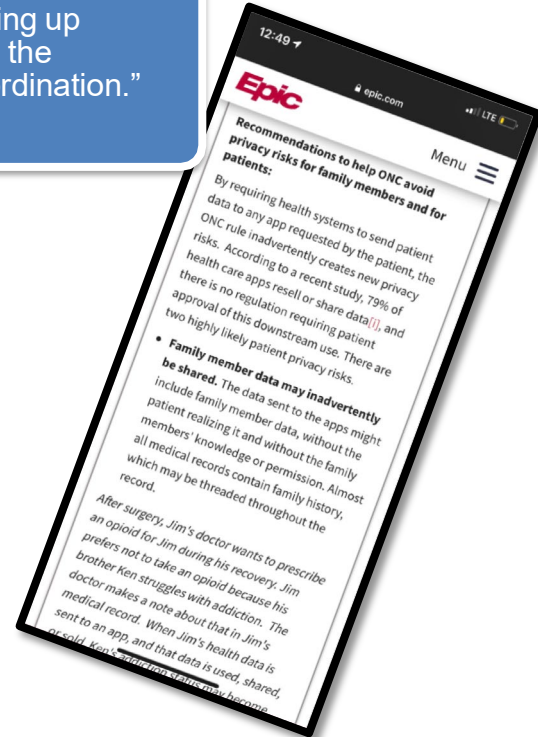
# How Will This Impact Patients, Providers, Payers, and Vendors?



“Patients should have control of their records, period. These rules are the start of a new chapter in how patients experience American healthcare, opening up countless new opportunities for them to improve their own health, find the providers that meet their needs, and drive quality through greater coordination.”

-HHS Secretary Alex M. Azar

**Tommy Thompson: HHS' new health IT rule would hurt Epic and Wisconsin's economy**





# Data-sharing with Primary Care for optimizing outcomes

---





## Good for the Patient.

- ✓ Provides care during a vulnerable transition
- ✓ Reduces likelihood of medical complications
- ✓ Improves patient outcomes

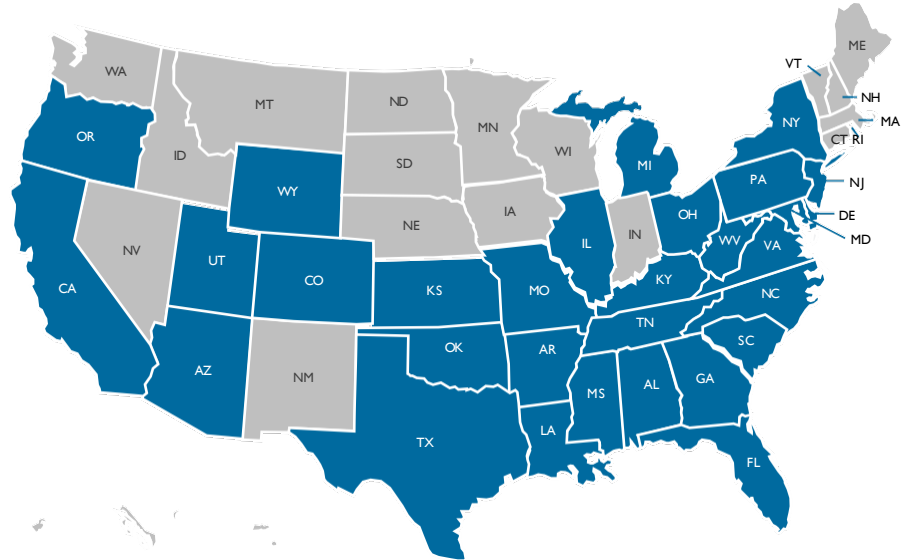
## Good for the Physician Practice.

- ✓ Strengthens relationship with patient
- ✓ Improves quality of care provided

## Good for Society

- ✓ Reduces readmissions
- ✓ Reduces healthcare costs
- ✓ Improves population health

# Aledade is building a movement of independent physicians by aligning financial models with patient outcomes



- ✓ **30 States**
- ✓ **7,300+ Providers**
- ✓ **38 MSSP ACOs**
- ✓ **850,000+ Attributed Patients**
- ✓ **38 Other Value-Based Care Partnerships**
- ✓ **90+ Electronic Health Records & Practice Management Systems**
- ✓ **615+ Independent Practices**
- ✓ **\$8.5+ Billion Under Management**

## TRYING TO PUT A VALUE ON THE DOCTOR-PATIENT RELATIONSHIP

IN ITS PUSH FOR PROFITS, THE U.S. HEALTH CARE SYSTEM HAS MADE IT DIFFICULT FOR PATIENTS TO GET PERSONAL ATTENTION FROM DOCTORS. BUT WHAT IF HANDS-ON MEDICINE ACTUALLY SAVES MONEY – AND LIVES?

BY KIM TINGLEY  
PHOTO ILLUSTRATIONS BY WERONIKA GESICKA

MAY 16, 2018



“ The question of what the **role of a primary-care physician should be, and how it should be valued, has perhaps never been more urgent.** That figure, typically a general practitioner, family doctor or internist, is a patient’s first and often most personal connection to the rest of the healthcare system. ”

“ **Avoidable readmissions are a strong indicator of a fragmented health care system that *too often* leaves discharged patients confused about how to care for themselves at home,** and unable to follow instructions and get the necessary follow-up care. Readmissions are also a costly price to pay for a system that doesn’t have resources to spare;

return trips to the hospital could have been avoided. ” Medicare alone reports spending \$17.8 billion a year on patients whose

HEALTH AFFAIRS BLOG

FOLLOWING THE ACA

## Reducing Hospital Readmissions: It’s About Improving Patient Care

Debra Ness, William Kramer



Every year, nearly **1 in 5**  
Medicare patients is  
readmitted to the hospital  
within 30 days of discharge

This costs the U.S.  
healthcare system over  
**\$26 billion** each year

Over **half of those** did not have contact with  
their primary care provider after discharge

# Aledade Data Shows that 1 in 12 High Priority TCM Visits with a PCP Prevent a Readmission



2017-2018 Aledade 30-Day Readmission Rates



For high-risk patients being discharged from an inpatient facility, Aledade observed that TCM visits are associated with a statistically significant **reduction in readmission rate**

Source:Aledade analysis of Medicare Claims data



ADD MANUAL ADT

**15** **0** **85**  
**OUTREACH NEEDED** FOLLOWUP NEEDED OUTREACH COMPLETED

⚙️ 📄 ⬇️ 🖨️ **CALL THIS LIST**

<input type="checkbox"/>	NAME	PHONE	NEXT APPT	ADMITTED	DISCHARGED	FACILITY	FACILITY TYPE	DISCHARGED TO	PRI.	ACTION	DAYS SINCE DISCHARGE
<input type="checkbox"/>	Patterson, Martin 10/20/43 📞	202-555-1212		02/16/20 10:00 PM	02/20/20 3:00 AM	Bath County Community Hospital	Hospital	Home		4 days TCM	0
<input type="checkbox"/>	Parker, Betty 01/14/42 📞	202-555-1212		02/17/20 3:00 AM	02/19/20 6:45 AM	Bath County Community Hospital	Hospital	Home Health Services - home		1 day TCM	1
<input type="checkbox"/>	Jones, William 01/10/43 📞	202-555-1212		02/16/20 10:30 PM	02/19/20 3:45 AM	Bath County Community Hospital	Hospital	Home		1 day TCM	1
<input type="checkbox"/>	George, Herbert 09/12/41 📞	202-555-1212		02/17/20 3:00 AM	02/18/20 5:30 AM	Bath County Community Hospital	Hospital	Home		11 hours TCM	2
<input type="checkbox"/>	Hunter, Marion 06/14/42 📞	202-555-1212		02/16/20 10:30 PM	02/18/20 4:30 AM	Bath County Community Hospital	Hospital	Home Health Services - home		11 hours TCM	2
<input type="checkbox"/>	Wright, Sandra 01/01/47 📞	202-555-1212		02/14/20 11:13 PM	02/17/20 6:20 AM	Bath County Community Hospital	Hospital	Home with caregiver		Book follow up	3

Not real patients, for demonstration purposes only.

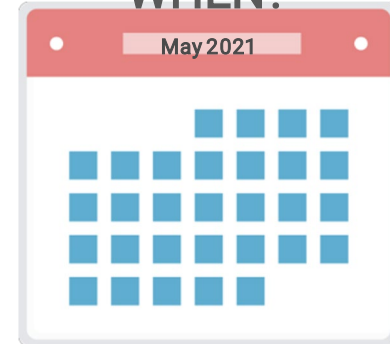
## WHAT?

- Send Admission, Discharge, and Transfer data to providers with an established relationship
  - Post Acute Service Providers
  - Primary Care Provider(s) or Practice
  - Others identified by the patient
- Minimum information required:
  - Patient Name
  - Treating Practitioner Name
  - Sending Institution

## HOW?

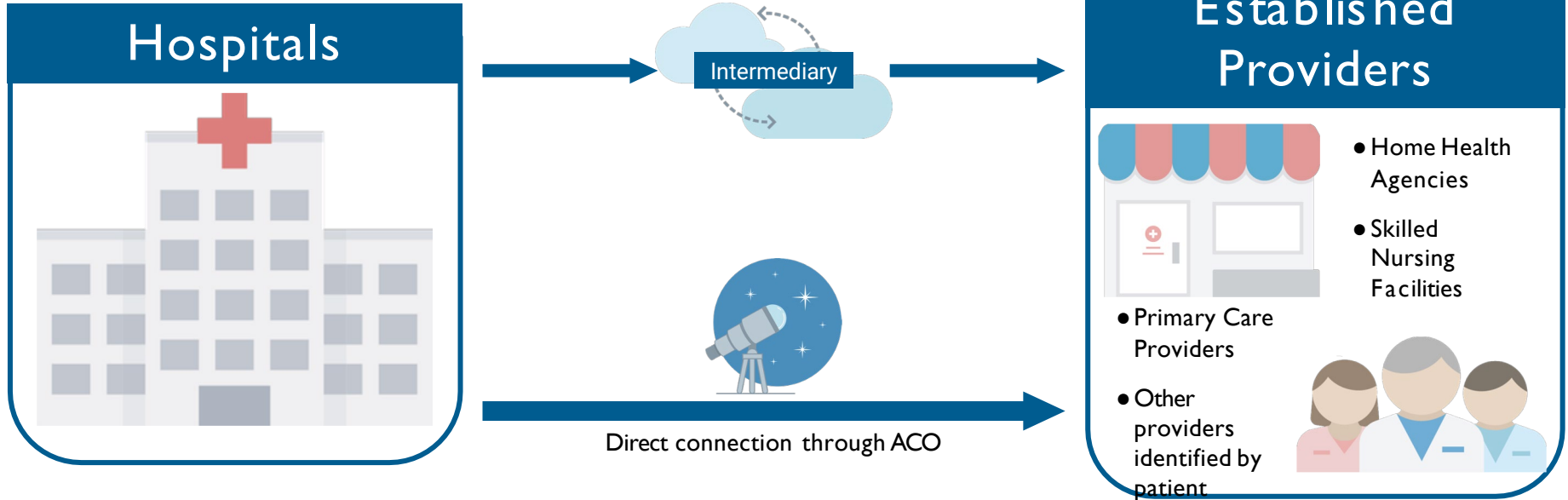
- Use of intermediary allowed\*
- Specific technology to be used for transmission not specified
  - Best option is HL7 messaging standard

## WHEN?

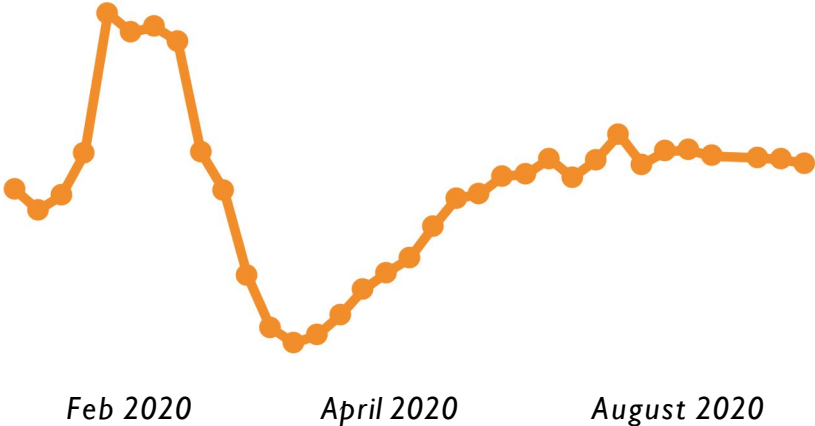


Applies to all hospitals with an EHR that conforms to 45 CFR 170.205(d)(2) which is currently HL7 2.5.1

# Ways to Send ADT Data



**# ADT 'Inpatient' Alerts /  
1000 Unique Patients *on HIE Panels* by week**  
*MSSP Attributed Patients, yearly extrap. from week*



A large circular graphic with a white center and a blue, textured border. The text is centered within the white circle.

~~yesterday~~  
**NOW.**  
~~tomorrow~~

- This is beyond savings, beyond market dynamics, in 2020 this is standard of care
- Every certified EHR technology can send ADT feeds
- Every ACO knows who their patients are
- Everything else is just an excuse

# Questions



# CASE STUDY

## Princeton Healthcare System Reduces Inpatient Admissions 15% Using ADT informed Care Management

### Outcomes

- Reduced inpatient admissions 15%
- Reduced inpatient spend 4%
- Reduced readmissions 6%
- Achieved highest quality tier in a commercial contract

### Requirements

- Integration with hospital system
- Identify patients or patient groups who are high resource utilizers
- Workflow engine integrated with patient identification solution
- Workflow engine integrated with quality measure care gap identification solution

