



Use Case Summary

Use Case Name:	Care Plan-ICBR
Sponsor:	Michigan Department of Health and Human Services (MDHHS) and the Center for Medicare and Medicaid Services (CMS)
Date:	July 27, 2016

Executive Summary

This brief section highlights the purpose for and value of the use case. The executive summary gives a brief description of the use case's importance while highlighting expected positive impact.

Approximately 200,000 Michigan residents are dually enrolled in Medicaid and Medicare. These "dual-eligible" beneficiaries often have complex diagnoses that require communication and coordination among physical, behavioral health and social service organizations, including integrated care organizations (ICOs) and prepaid inpatient health plans (PIHPs). MI Health Link is an initiative to coordinate care for these dual-eligible residents.

Because care management occurs independently within ICOs and PIHPs via integrated care teams, there is a need for a streamlined way to exchange beneficiary health information and, in particular, integrated "care plans."

This use case promotes care coordination by sharing this beneficiary information in a care plan called an Integrated Care Bridge Record (ICBR) between ICOs and members of integrated care teams.

Purpose of Use Case: The Care Plan-ICBR use case allows any participating organization to connect to the health information network (HIN) a single time and exchange documents with any other organization also participating in the use case.

Overview

This overview goes into more details about the use case.

With care management occurring independently within organizations via integrated care teams there is a need for a streamlined way to exchange patient information to ensure the patient's needs are being met.

An integrated care team includes:

- ICO care coordinators
- Long-term supports and services coordinator
- Primary care and other treating providers
- Repaid inpatient health plans

Every member of the integrated care team will have access to a member's care plan through a care coordination platform. A care plan provides a comprehensive and detailed overview of a consumer's physical health, behavioral health, long-term care, and relevant services and supports. Specifically, a care plan contains:

- Consumer's history
- Conditions list
- Lab results
- Medications
- Assessments
- Individual Integrated Care and Supports Plan (IICSP)
- Specialty provider reports
- Referrals
- Progress notes
- Status changes

Integrated care teams monitor the care plan and develop the IICSP.

ICOs are responsible for coordinating integrated care teams and provisioning medical and long-term care services and support (LTSS) for eligible participants. The ICOs also create and update care plans for eligible participants, and then either grant access to the care plan and/or share some or all of the care plan with the care team, dependent on the access control rules in place for that ICO. Therefore, a participant's care plan will be accessible through a local ICO platform and can be shared between the integrated care team members. Should a patient move to a different ICO, then the participant's care plan will be moved electronically to the new ICO.

The health information network serves as the transport mechanism for the care plan. The health information network does not store data; it simply routes the requests for a care plan from one ICO or PIHP to another and transports the care plan from the reporting ICO/PIHP to the requesting ICO or PIHP.

The care plan initiative operates in the following four regions of Michigan: Upper Peninsula, Southwest Michigan, Macomb County, and Wayne County. The Upper Peninsula and southwest Michigan were the first regions to initiate the care plan.

Persona Scenario

To explain this use case, this section follows a persona example from start to finish.

Alex Gonzales is a 53-year-old disabled father of three boys. Alex was recently laid off from his job as an auto mechanic and is now considering relocating his family to an area with more job opportunities. Alex struggled physically and financially after a motorcycle accident left him disabled and clinically depressed. Always having been a deeply private and proud man, Alex believes no one has any business interfering in his life or the life of his boys. Asking for help from social services and MI Health Link was one of the hardest things Alex ever had to do, but he knew he had to set aside his pride to give his boys the future they deserved.



Alex had a lot to consider when it came to moving his family to a new town. Of note, he had been receiving behavioral health, rehabilitation, and primary care services from an ICO in Southeastern Michigan for the last year. Having just built up trust and rapport with his current healthcare providers, Alex didn't like the idea of sharing his health information with strangers at a new ICO. Alex also read something on the internet about mental illnesses preventing individuals from owning guns and worries that he might be disqualified from renewing his gun license because of his Xanax prescription. Alex feared the government would take his guns away if his medication information was given to anyone else.

Alex shared these fears with his care coordinator, Jason, who explained that the behavioral health information in Alex's care plan would only be shared with authorized members of his ICO team securely. Jason told Alex he has the right to specify which behavioral health information he would not like shared, but he also clarified that the new care team can provide better care if they know the full extent of Alex's medical needs and care goals.

Alex felt more comfortable knowing that his previous and new care teams are committed to working together on his care and that they fully respect his privacy. Jason's thoughtful

explanations bolstered Alex's resolve to make the move to a new town and develop a trusted relationship with the new ICO in that area.

When Alex finds a new home and with his permission, his information will be transferred securely and privately to his new ICO care team so they can continue his treatment seamlessly. Alex can then focus his energy on his family and finding a good job while his new care team is hard at work addressing his healthcare needs.



Diagram

This diagram shows the information flow for this use case.

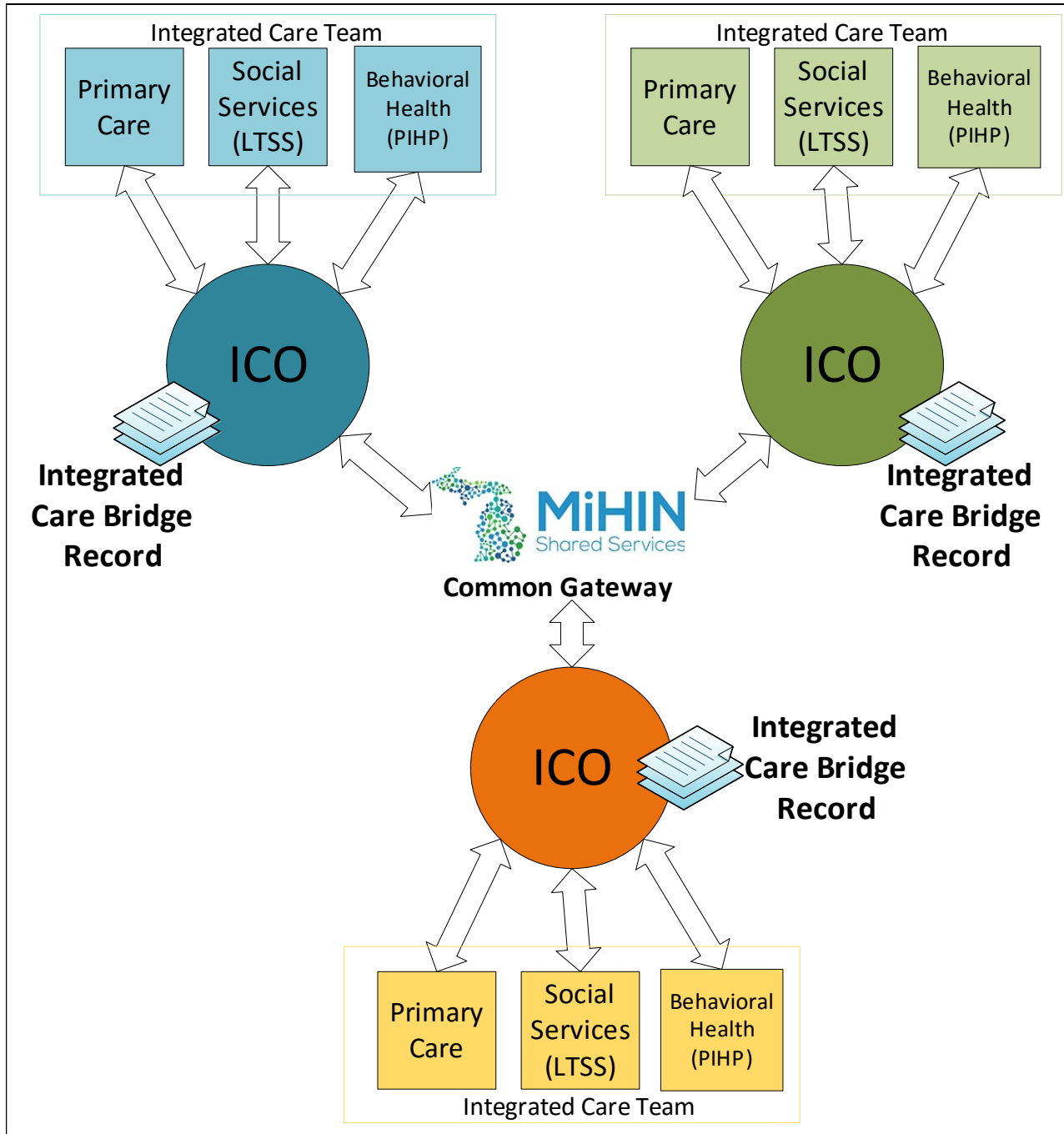


Figure 1. ICBR Data Flow

Regulation

This section describes whether this use case is being developed in response to a federal regulation, state legislation or state level administrative rule or directive.

Legislation/Administrative Rule/Directive:

- Yes
- No
- Unknown

- Public Law 111-152 (Affordable Care Act)
- Public Law 111-5; Section 4104 (Meaningful Use)

Meaningful Use:

- Yes
- No
- Unknown

This use case supports the following Meaningful Use Measures:

- Stage 2 Eligible Professional Core Measure 15 – Summary of Care
- Stage 1 Core Measure 3 - Problem List
- Stage 1 Core Measure 5- Medication List
- Stage 1 Core Measure 5- Medication Allergies List

Cost and Revenue

This section provides an estimate of the investment of time and money needed or currently secured for this use case.

The Michigan Department of Health and Human Services (MDHHS) operates and maintains CareConnect 360 and the MDHHS Data Hub as technical components used for MI Health Link and the ICBR.

No grant money is specified for ICOs. The 2013 Request For Proposals (RFP) issued by MDHHS for the MI Health Link program states ICOs are responsible for financing their own care coordination platforms.

ICOs have to prove that they are meeting the requirements stated in the Memorandum of Understanding (MOU) through the Readiness Review process and will then enter into a

three-way contract signed by the ICO, MDHHS, and Center for Medicare and Medicaid Services (CMS).

MiHIN is providing the transport to connect all the organizations and other technical components.

Implementation Challenges

This section describes the challenges that may be faced to implement this use case.

- ICOs and PIHPs are responsible for their vendors reaching the capabilities necessary for the care coordination platform. Each vendor's priorities and timelines may not match the MI Health Link initiative's requirements
- Care plan sharing mechanisms may need to be defined after care coordination platforms are specified
- The adoption rate for ICOs/PIHPs and their vendors may be affected by the requirements established in the final ICBR and transport as defined in the Care Plan-ICBR use case implementation guide developed by MiHIN and available at www.mihin.org/care-plan-icbr/
- Current systems, transports and data structures need to be considered when defining the ICBR and how it will be shared as a single set of standards as defined in the ICBR use case implementation guide
- Funding for the ICOs and PIHPs implementation costs has not been determined

Vendor Community Preparedness

This section addresses the vendor community preparedness to readily participate in the implementation of this use case.

The Care Plan-ICBR is a new use case for which specifications and requirements are being defined. It is important that the care coordination platforms and vendors used by the ICOs or PIHPs are able to comply with these specifications and requirements. As such, the following actions will facilitate vendor input and capabilities to support the project.

- Include vendors with the ICO and PIHP technical support teams to ensure their priorities and timelines support the Care Plan-ICBR initiative's requirements
- Consider and understand current systems, transports, data sharing mechanisms and data structures when defining the care plan, and how it will be shared as a single set of specifications and requirements as defined in the Care Plan-ICBR use case implementation guide

Other vendor issues to be considered include:

- Most ICOs and PIHPs are using vendors for their care coordination platform. However, at least one ICO uses an internally-designed platform
- Many of the patient/member portals are internally designed

Support Information

This section provides known information on this support for this use case.

Support can come from multiple levels (Governor, Federal or State Legislature, Michigan HIT Commission, Michigan State Departments, CMS/ONC/CDC, MiHIN Board, Participating Organizations, payer community, interest groups [e.g. MSMS, MHA], or citizen support).

Political Support:

- Governor
- Michigan Legislature
- Health Information Technology Commission
- Michigan Department of Health and Human Services or other State of Michigan department
- CMS/ONC
- CDC
- MiHIN Board

Other: None noted.

Sponsor(s) of Use Case

This section lists the sponsor(s) of the use case.

- Michigan Department of Health and Human Services
- Center for Medicare and Medicaid Services

Metrics of Use Case

This section defines the target metrics identified to track the success of the use case.

- Care Plan-ICBR data schema agreed and built into ICO/PIHP care platforms
- Care Plan-ICBR sharing schema (e.g. Consolidated-CDA), agreed and built into ICO/PIHP care platforms
- Two or more ICOs/PIHPs, sign the Care Plan-ICBR use case exhibit and exchange care plans

Measures of success – number of:

- ICOs and PIHPs signing Care Plan-ICBR use case exhibit
- ICOs and PIHPs using the standards specified in the Care Plan-ICBR use case implementation guide
- Care Plan-ICBR transactions within an ICO integrated care team
- Care Plan-ICBR transactions between ICOs and/or PIHPs