Use Case Summary

NAME OF UC:

SUBMIT ACTIVE CARE RELATIONSHIPS

Sponsor(s): MiHIN, BCBSM

Date: 5/28/15

The purpose of this Use Case Summary is to allow Sponsors, Participants, and other readers to understand the purpose of the Use Case (UC), the value proposition the UC represents, and what the Use Case does, requires, and how the UC operates at a high level. The summary is intended to assist the HIE and HIT Community understand where this UC fits within the overall roadmap for statewide sharing of health information.

This UC Summary has several sections allowing readers to understand the impact of this UC in the following areas: health outcomes, regulation, cost and revenue, implementation challenges, vendor community, and support.

Executive Summary

In this section provide a brief (3-5 sentence) summary of the UC's function and purpose. Also include a brief description of the importance and highlight the expected positive impact from implementation of this UC.

An average patient has three physicians who help provide care for them. A patient with a complex condition like diabetes can have as many as nine to twelve health care providers on their care team. The relationships between a patient and the providers who actively care for them are called patient-to-provider attributions. This Use Case consists of a service that keeps track of the "active care relationships" between patients and their providers. For providers, an "active care relationship" means the provider has seen the patient within the past 24 months and expects to see them again. For payers, this relationship is attributed to an eligible member of a health insurance plan that payer offers.

The ability to accurately route information between providers for better Care Coordination, such as Admission, Discharge, Transfer (ADT) messages, an accurate and up-to-date record is needed where the active care relationships between patients and the health professionals on their care team can be easily retrieved. The Active Care Relationship Service (ACRS) provides the ability to link patients with their care team members (providers with active care relationships to that patient). ACRS supports better-coordinated transitions of care by enabling notifications to be sent to physicians and care management teams when there are updates in a patient's status (please refer to the Statewide ADT Notifications Use Case Summary). Better care coordination using ACRS enables the improvement of post-discharge transitions, prompt follow-up with patients and improved communication among providers to support patients, especially those with multiple or chronic conditions.

The Use Case to Submit Active Care Relationships (ACR) enables organizations to submit data files which record the active care relationships attributing a particular patient with health professionals at that organization. These attributions are then utilized to accurately route information for a patient to all

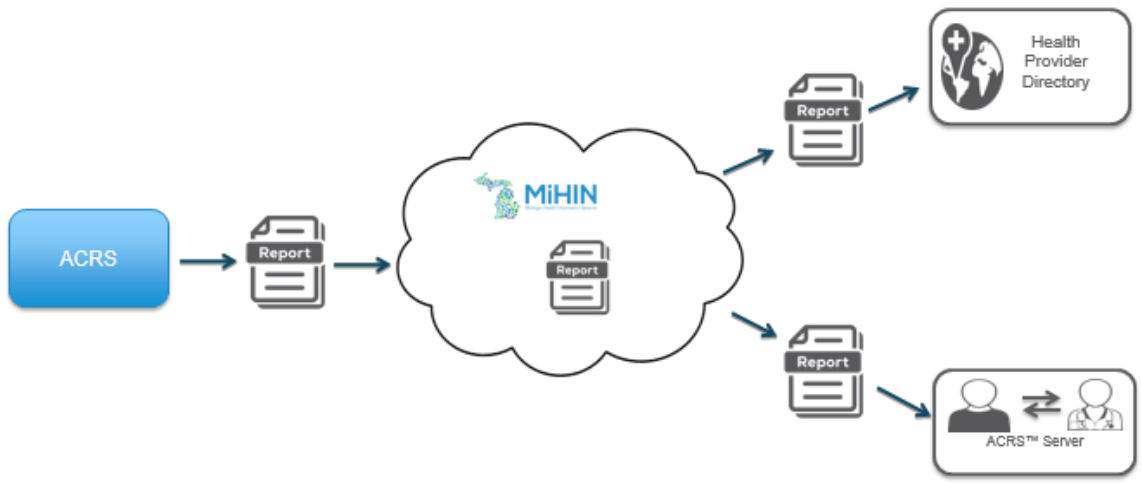
members of their care team (e.g. ADT messages, Medication Reconciliations, etc.). Operating as a service, ACRS enables authorized persons and organizations to search for care providers who have an active care relationship with a patient. Searches can be made from provider/physician organizations, other health care facilities/organizations, and payers.

Provider organizations contribute information about patients and their attributed health professionals including, but not limited to, patient name, patient date of birth, patient address, patient phone, health professional name, health professional identification number, health professional contact information, health professional organization(s), and other associated information as appropriate.

Note related Use Case requirement: Organizations entering into the Submit Active Care Relationships Use Case should in general also enter into the Submit Provider Information to Statewide Directory Use Case.

Diagram

In this section, provide a diagram of the information flow for this UC. The diagram should include the major senders and receivers involved and types of information being shared.



Regulation

In this section, describe whether this UC is being developed in response to a federal regulation, state legislation or state level administrative rule or directive. Please reference the precise regulation, legislation, or administrative act such as Public Law 111-152 (Affordable Care Act), Public Law 111-5; Section 4104 (Meaningful Use), 42 CFR 2 (substance information), MCL § 333.5431 (Newborn Screening), PA 129 (standard consent form), etc.

Additionally, provide information if this UC will allow Eligible Professionals/Providers (EP) or Eligible Hospitals (EH) to meet an attestation requirement for Meaningful Use.

Legislation/Administrative Rule/Directive

☒ Yes
☐ No
☐ Unknown

[Name or number of legislation, rule, directive, or public act]

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

Meaningful Use:

☒ Yes
☐ No
☐ Unknown

This Use Case supports Meaningful Use Stage 2 Transitions of Care measures (12) for Eligible Professionals and Eligible Hospitals.

Cost and Revenue

In this section provide an estimate of the investment of time and money needed or currently secured for this UC. Be sure to address items such as payer incentives, provide incentives, revenues generated (e.g. SSA transaction payments) or cost savings that could be realized (i.e. reduction of administrative burden).

As information is known or available, provide information on the resources and infrastructure needed to move this UC into production.

No fees are presently required for Data Sharing Organizations (DSO) to submit ACRS files to MiHIN; however, it is the responsibility of the DSO to get the information into the required format(s) (as described in the Use Case Implementation Guide) and to provide resources to conduct testing to ensure the data is submitted correctly.

Blue Cross Blue Shield of Michigan pays a one-time implementation incentive per Physician Organization, and an additional payment per practice unit. In 2015 the one-time implementation payment will be eliminated and replaced with an ongoing participation payment.

Implementation Challenges

In this section, as information is known or available, describe challenges that may be faced to implement this UC. Be sure to address whether the UC leverages existing infrastructure, policies

and procedures, ease of technical implementation, or impacts current workflows (short term and long term).

Participating Organizations often have multiple patient registries and EHRs, making it a challenge to maintain accurate and complete lists of their patient populations. As a result, these organizations may have difficulty compiling their patient data into a single and/or standardized format.

In order for providers to contribute data to ACRS, they should be or become members of a Data Sharing Organization.

A new guideline is that Data Sharing Organizations and Participating Organizations should include Direct addresses for their providers when submitting files to the Active Care Relationship Service. The challenge around this guideline is that many providers do not yet have a Direct address assigned to them but should soon do so.

Vendor Community Preparedness

In this section, address the vendor community preparedness to readily participate in the implementation of this UC. Speak to whether this UC will utilize current or future technical capabilities of the vendor products. If this UC requires new functionality at the vendor level provide information as known to the timeliness of when product updates may be available and any potential costs to the HIE community.

MiHIN has designed a proprietary format that defines the data elements that must be submitted to ACRS. This format was modeled after the Michigan Data Collaborative patient-to-provider attribution lists that have been widely adopted across the state.

Presently the data can be submitted in the proper format using CSV or Excel files.

While this format was new to Data Sharing Organizations and their vendors, initial feedback has indicated the format is not a challenge for vendors to implement.

Support Information

In this section, provide known information on the support for this UC.

Support can come from multiple levels (Governor, Federal or State Legislative, MI HIT Commission, Michigan State Departments, CMS/ONC/CDC, MiHIN Board, Qualified Organizations, Payer Community, Interest Group [ex: MSMS, MHA], or Citizen support).

Please note any concerns or oppositions with the Use Case.

Political Support:

☐Governor
☐Michigan Legislature
☒HIT Commission
☒MDHHS or other SOM Department
☒CMS/ONC
☐CDC
☒MiHIN Board
Other: BCBSM, Commercial Payers

Concerns/Oppositions:

A concern reported to MiHIN is that Data Sharing Organizations need to understand what to do to get started. MiHIN Onboarding Coordinators have developed an Onboarding Guide which details the steps from getting started to entering full production, including a detailed Implementation Guide. The Onboarding Guide and a kickoff conference call may be arranged by emailing help@mihin.org.

Sponsor(s) of Use Case

Who are the major sponsors of the use case?

MiHIN Shared Services
Blue Cross Blue Shield of Michigan
Other large health plans

Metrics of Use Case

In this section, define metrics for the Use Case to be successful.

The percent of POs submitting ACRS files are tracked as a metric to evaluate performance. The goal is to have 80 percent of POs submitting data monthly by the end of 2014, and 90 percent by the end of 2015.

Other Information

This section is to afford the sponsor(s) an opportunity to address any additional information with regard to this UC that may be pertinent to assessing its potential impact.