

CMMI – IAP Quarterly Call

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Data Sharing in LTPAC

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IAP project – building the LTC - PCMH

- Why is this important – LTC Physicians' patient populations are above Medicare's 96th cost percentile (excludes Medicaid \$s).
 - Data from VBP Quality & Resource Utilization Reports
- Challenges – improved management requires sharing clinical data between
 - Physicians
 - Facilities
 - Pharmacies
- LTC Facilities not prepared for PPACP & HiTech

Abbreviations/Acronyms

- PPACA – Affordable Care Act
- MCR/MCD – Medicare/Medicaid
- NCPDP 10.6 – Natnl. Council of Prescription Drug Pgms. (10.6 is a structured message std.)
- ASCP – Amer. Soc. Of Consulting Pharmacists
- NASL – Natnl. Assn for Support of LTC
- AMDA – Amer. Medical Dir. Assn
- AHCA – Amer. Healthcare Assn.
- AHIMA – Amer. Health Info. Mgt. Assn.
- MSSP – Mcr Shared Savings Pgms.

How to Establish 3 Way Communications?

- The 2012 MCR Physicians Fee Schedule established a the 1st national communications standard for Nursing Homes - the NCPDP 10.6 Standard for ePrescribing
 - Effective November 1, 2014
- All LTC messages containing medication information must use standard.
- Vendors now have assurance their interfaces will connect with others.
- eSignatures from Physicians create \$s savings

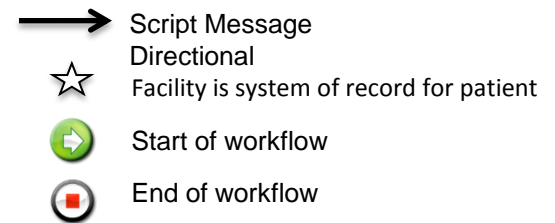
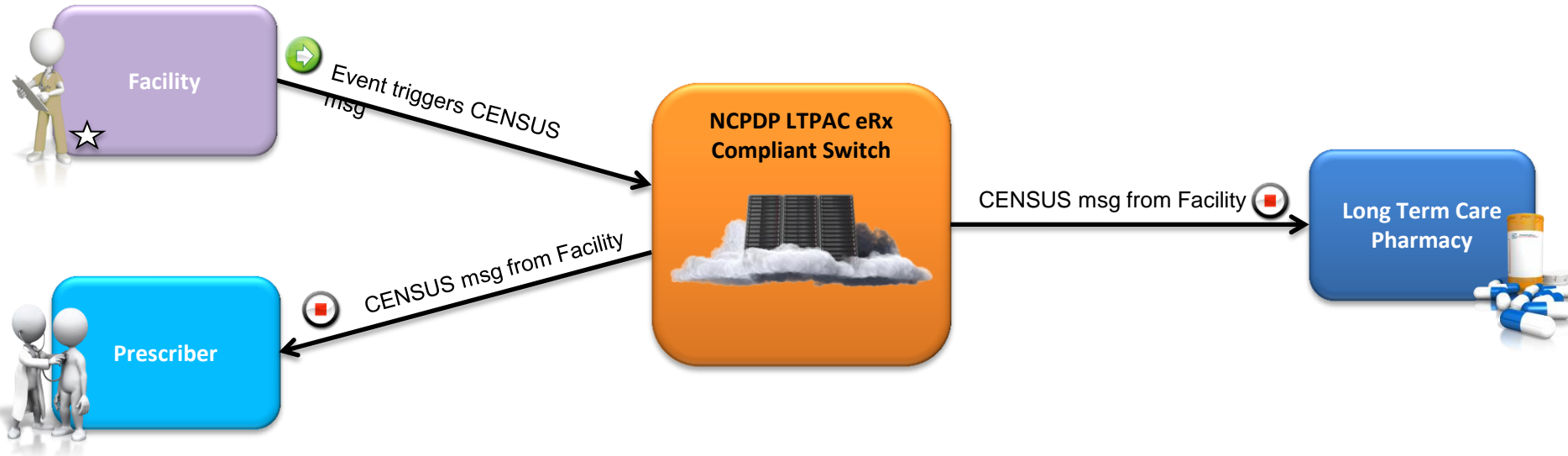
NCPDP 10.6 Message is expansive

- Supports Shared Care Orders
 - Begins with strategy that official Medical Record is at Nursing Facility
 - Facility sends Census Message to Attending MD and Pharmacy – establishes joint patient IC
 - Any authorized user can request new or modified orders from 'Prescriber'
 - All orders are electronic
 - Supports attached C-CDA

Progress in Adopting Standard

- LTC community now aware a Standard exists
- NCPDP published road map, expanded participation to, ASCP, NASL, Leading Age, etc.
- Commercial development of 'hub' and spokes
- #2 SNF EMR adopted std. others following
- All LTC pharmacies working on 10.6 Std..
- Convention programs @ AMDA, AHIMA, NCPDP, AHCA, ASCP.

LTC Workflows W1: Census

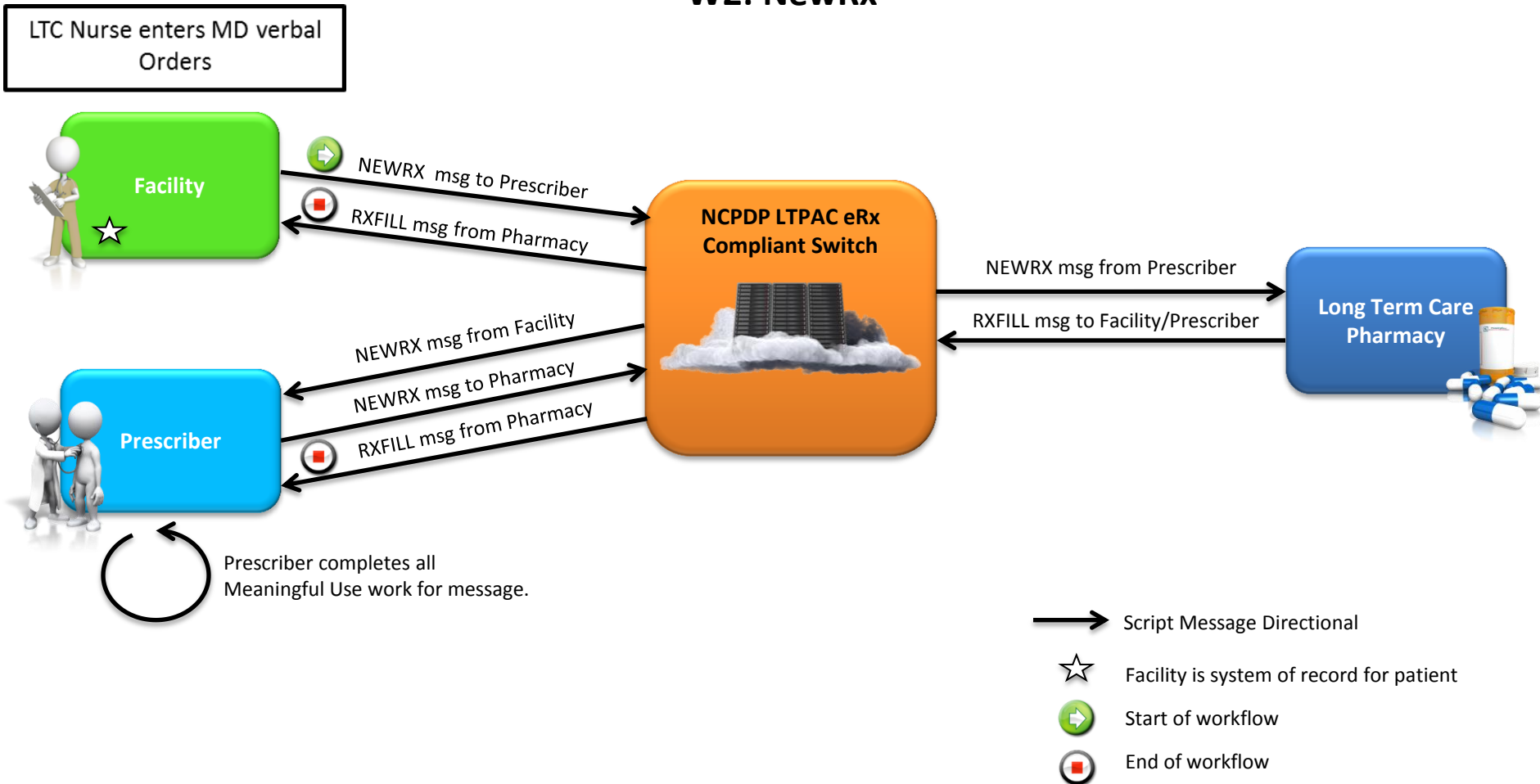


Trigger Events

- **Admit:** Facility sends Census to establish patient record in Prescriber and Pharmacy systems upon a New Admit. Prescriber and Pharmacy systems tie the facility's patient id to their system's internal patient id so that it is clear which patient to tie messages to in the future.
- **Change:** Facility sends Census to update patient record in Prescriber and Pharmacy systems upon a Readmit.
- **Discharge:** Facility sends Census to update patient record in Prescriber and Pharmacy system with intent to readmit (temporary) vs. expiration (discharge types) . Important implications to ReSupply.

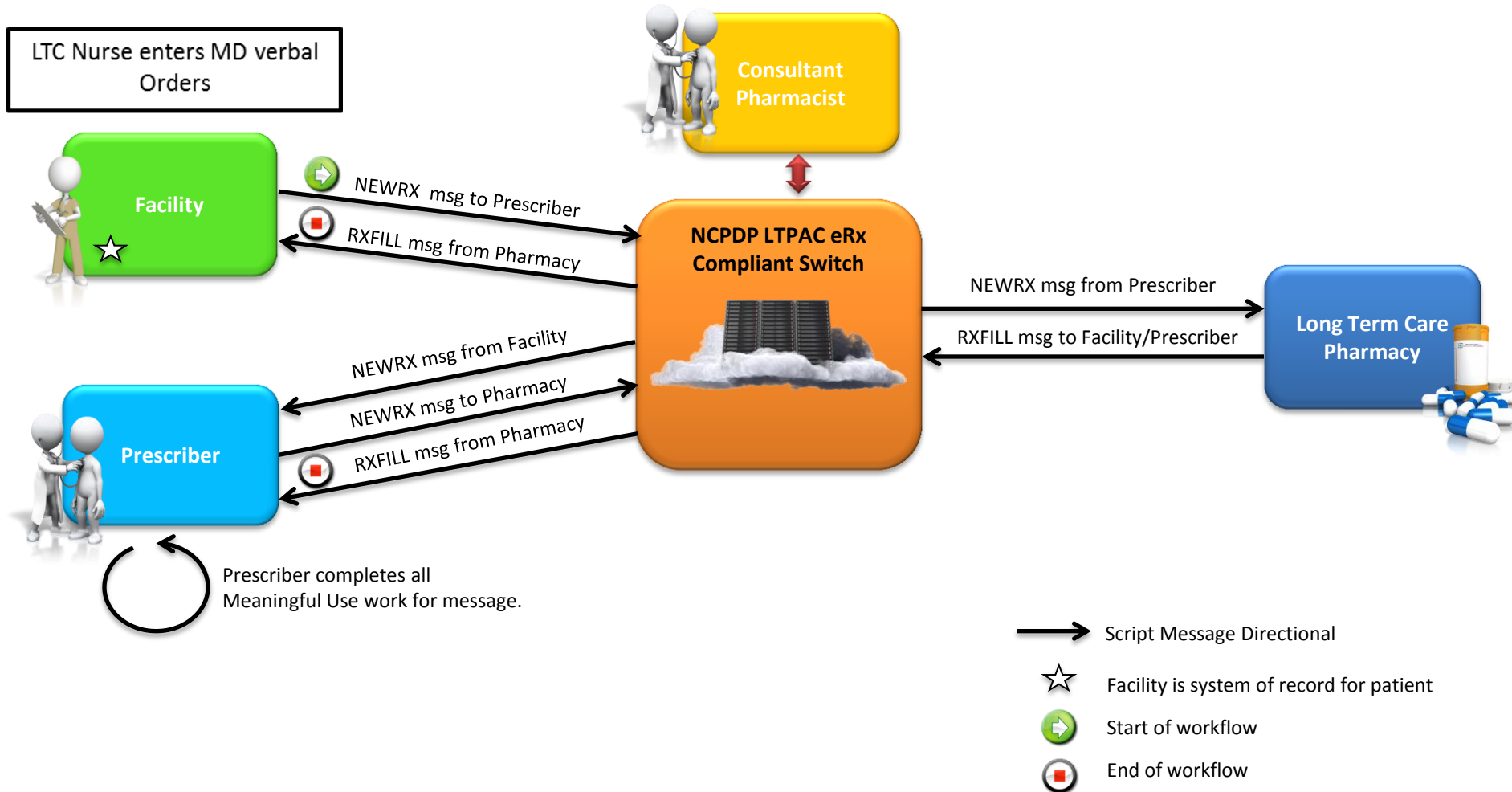
LTC Workflows W2: New Rx

Long Term Care Workflows W2: NewRx



Virtual LTC PCMH – Any team member can connect!

Model showing Consulting Pharmacist Participation



Moving Forward

- LTC Community is widely recognized as location for significant MCR/MCD cost savings
- Potential Savings based on better clinical decision making – data required
- NCPDP std. is becoming universal – can deliver any pertinent data
 - Lower cost & technology entry barrier than HIE
- ACO & MSSP focused on LTC Patient management