MINNESOTA'S PHR FOR LTSS DEMO

Personal Health Record for Long Term Services and Supports

A CMS "TEFT" Planning & Demonstration Grant

AGENDA

- Welcome and Introductions
- PHR for LTSS Demo overview
- Q & A
- Interaction with other e-Health initiatives
- e-Health context and e-LTSS standard
- DHS Systems Modernization Framework
- Participation opportunities
- Q & A

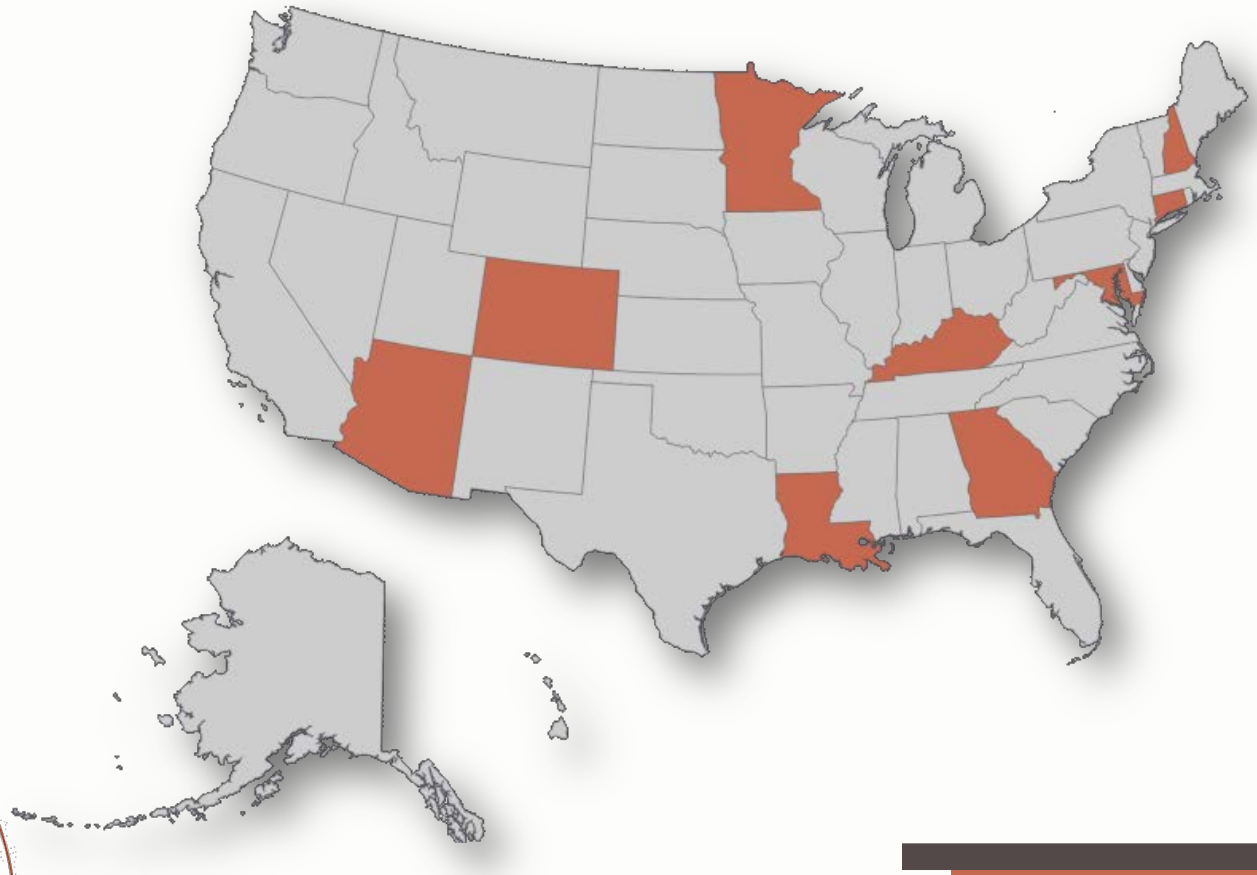
WHAT IS THE PHR FOR LTSS DEMO?

A Four year "TEFT" Planning and Demonstration Grant awarded to the MN Department of Human Services (DHS) by the Centers for Medicare & Medicaid Services (CMS) April 1, 2014 through March 31, 2018.

Personal **H**ealth **R**ecord for **L**ong **T**erm **S**ervices and **S**upports **Demo**nstration

WHAT STATES ARE PARTICIPATING?

Other states participating: AZ, CO, CT, GA, KY, LA, MD, NH



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WHAT ARE THE PHR FOR LTSS DEMO DELIVERABLES?

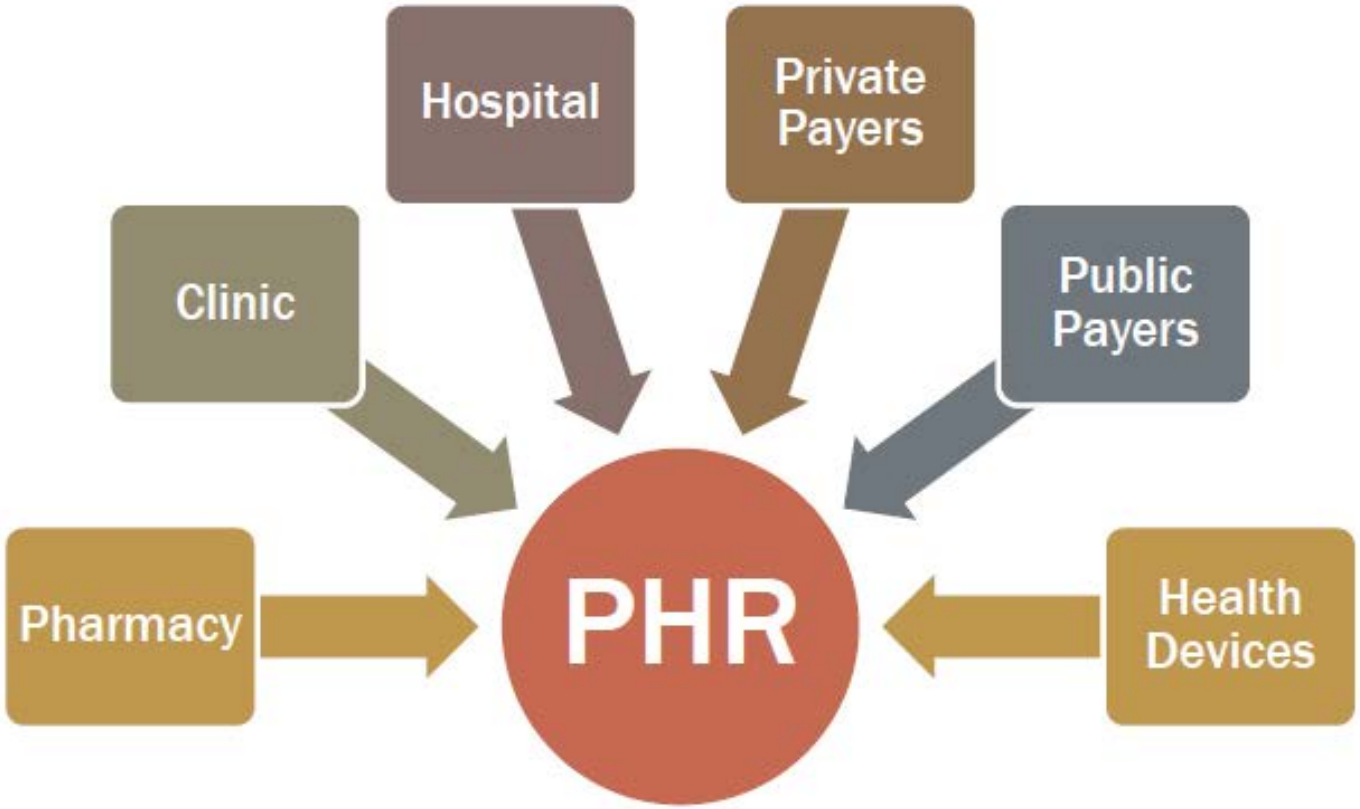
Demonstrate use of an untethered Personal Health Record (PHR) system with beneficiaries of CB-LTSS

WHAT IS A PHR?

"An ideal PHR would provide a complete and accurate summary of the health and medical history of an individual by gathering data from many sources and making this information accessible online to anyone who has the necessary electronic credentials to view the information."

-CMS

WHAT IS A PHR?



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WHAT IS AN UNTETHERED PHR?

A PHR that contains information from multiple sources and is not tied to any one provider or payer's system

WHAT ABOUT PRIVACY AND SECURITY?

1. This project will adhere to all state and federal privacy, security and consent laws, mandates, standards and best practices

WHAT ARE THE PHR FOR LTSS DEMO DELIVERABLES?

2. Identify, evaluate and test an electronic Long Term Services and Supports (e-LTSS) standard with the Office of National Coordinator's (ONC) Standards and Interoperability (S&I) Framework Process

WHAT IS THE ONC S&I FRAMEWORK?

A process used by the Office of National Coordinator to define a standard for vocabulary, content exchange, transport, function and security for e-LTSS data

WHAT ARE THE PHR FOR LTSS DEMO DELIVERABLES?

3. Field test a beneficiary experience survey within multiple Community-Based Long Term Services & Supports (CB-LTSS) programs for validity and reliability

WHAT IS THE BENEFICIARY EXPERIENCE SURVEY?

- A tool developed by a CMS contractor to learn about the beneficiary's experience with LTSS services
- To be performed in person or on the phone

WHO WILL BE SURVEYED?

- Elderly Waiver (150)
- Brain Injury Waiver (60)
- Personal Care Assistance with Serious Mental Illness (150)

WHAT ARE THE PHR FOR LTSS DEMO DELIVERABLES?

4. Field test a modified set of Continuity Assessment Record and Evaluation (CARE) functional assessment measures for use with beneficiaries of CB-LTSS programs

WHAT IS THE MODIFIED CARE FUNCTIONAL ASSESSMENT?

- A CMS-developed assessment that identifies a select set of items appropriate for measuring beneficiary functional status, regardless of location of services.
- To be performed in person or on the phone

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WHO WILL BE ASSESSED?

A sample of CB-LTSS recipients similar to those receiving the Beneficiary Experience Survey (EW, BI, PCA with SMI)

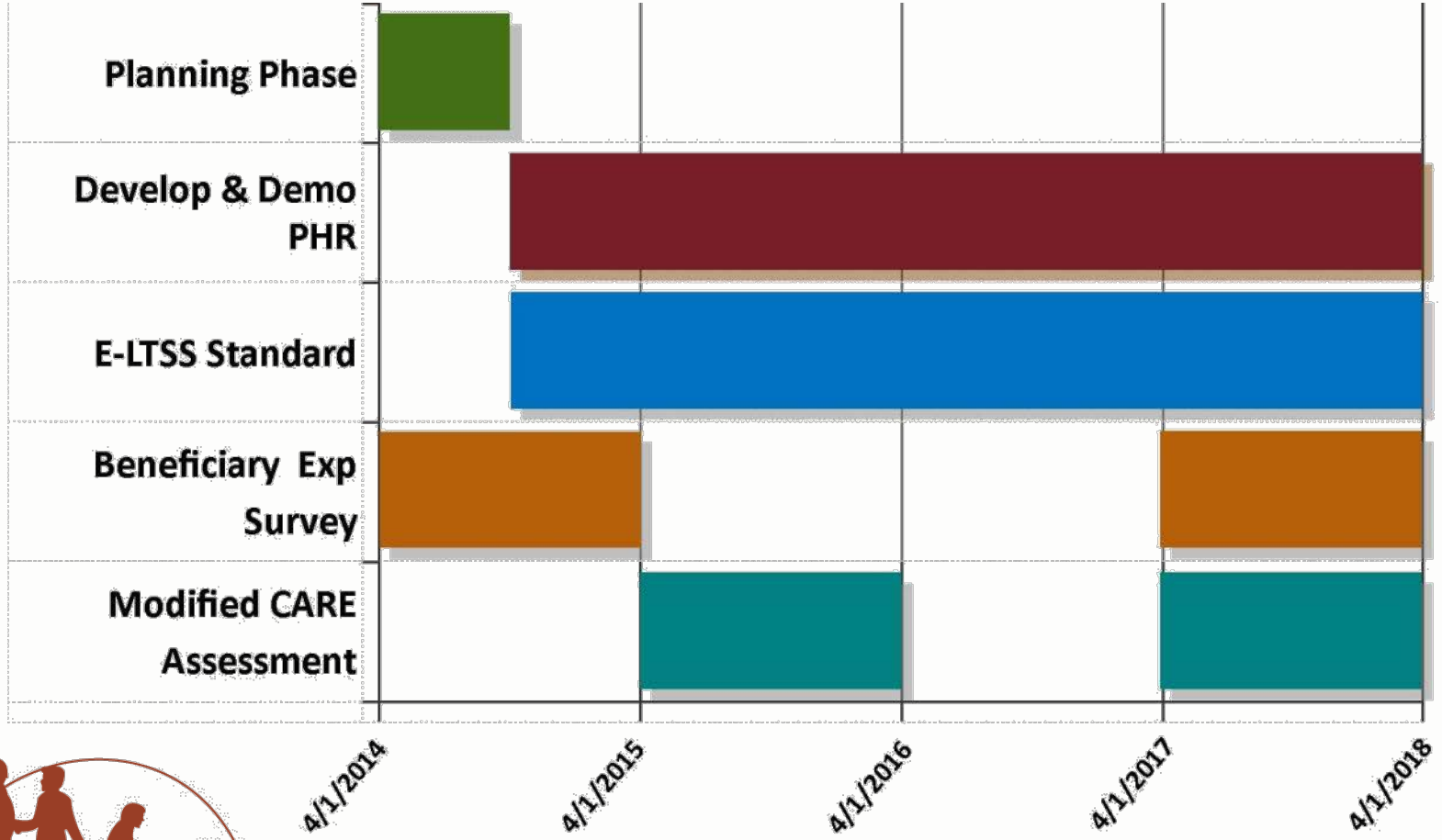
WHAT IS THE PHR FOR LTSS DEMO BUDGET?

$4 Million over four years

- Initial six month planning phase

  up to $500,000

WHAT IS THE PHR FOR LTSS DEMO TIMELINE?



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HOW DOES PHR FOR LTSS FIT WITH OTHER INITIATIVES IN MN?

- Complements the Minnesota Accountable Health Model by providing additional resources so integrated community service delivery models can share health care, behavioral health, HCBS, and community prevention services information for person-centered/activated care

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QUESTIONS & ANSWERS

- Q & A

INTERACTION WITH OTHER E-HEALTH INITIATIVES

- Marty LaVenture PhD, MPH, FACMI
  - Director, Office of Health IT and e-Health Minnesota Department of Health

Coordinating, Collaborating, and Connecting Minnesota e-Health Activities

Marty LaVenture, MPH, PhD, FACMI

Director, Office of Health Information Technology & e-Health

Minnesota Department of Health

Building Effective Collaboration

If you want to go fast, go alone;
If you want to go far, go together.

African proverb

Today

- Minnesota e-Health Landscape
- Considerations for Coordination, Collaboration and Connection
- Use the TEFT Opportunity to Inform, Educate & Learn

What is e-Health?

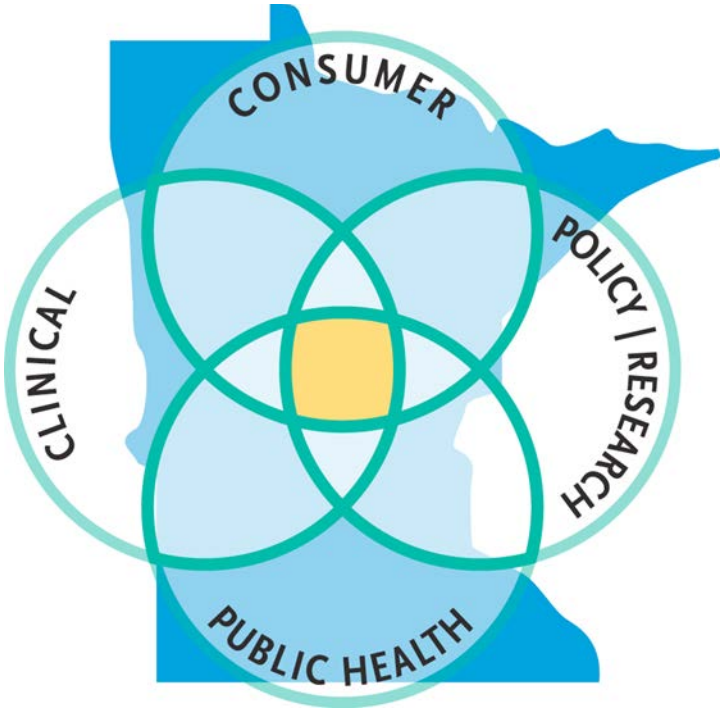
E-health is the adoption and effective use of electronic health record (EHR) systems and other health information technology (HIT) including health information exchange (HIE) to:

- Improve health care quality
- Increase patient safety
- Reduce health care costs
- Enable individuals and communities to make the best possible health decisions

Minnesota e-Health Initiative

A public-private collaboration established in 2004

- Legislatively chartered
- Coordinates and recommends statewide policy on e-health
- Develops and acts on statewide e-health priorities
- Reflects the health community's strong commitment to act in a coordinated, systematic and focused way



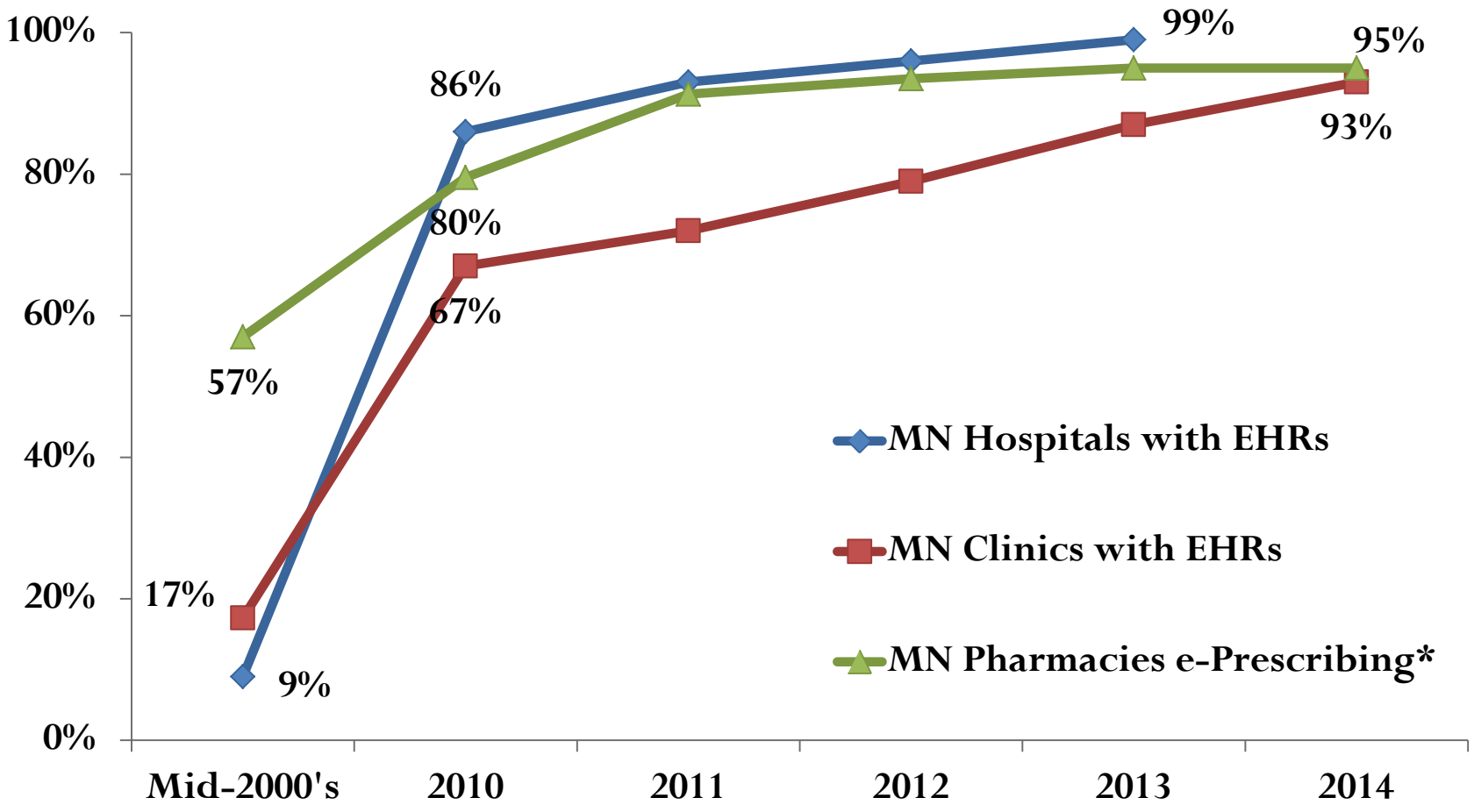
"Vision: … accelerate the adoption and effective use of Health Information Technology to improve **healthcare quality**, increase **patient safety**, reduce **healthcare costs**, and enable individuals and communities to make the best possible **health decisions**."

The Continuum of Care

- Adult Day Services
- Behavioral Health (Mental & Chemical)
- Birth Centers
- Chiropractic Offices
- Primary Care Clinics
- Specialty Care Clinics
- Complementary/ Integrative Care
- Dental Practices
- Government Agencies
- Habilitation Therapy
- Home Care Agencies
- Hospice
- Hospitals
- Laboratories
- Long Term Care Facilities
- Pharmacies
- Public Health
- Social Services
- Surgical Centers

http://www.health.state.mn.us/e-health/hitimp/2015mandateguidance.pdf

Remarkable Progress



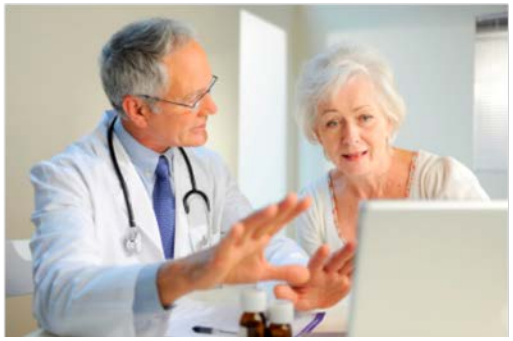
*Excludes pharmacies with the pharmacy class of medical device manufacturer

Source: Minnesota Department of Health, Office of Health Information Technology, 2004-2014 ; Office of the National Coordinator, Surescripts

Provider: From Archival to Action

2004

2014



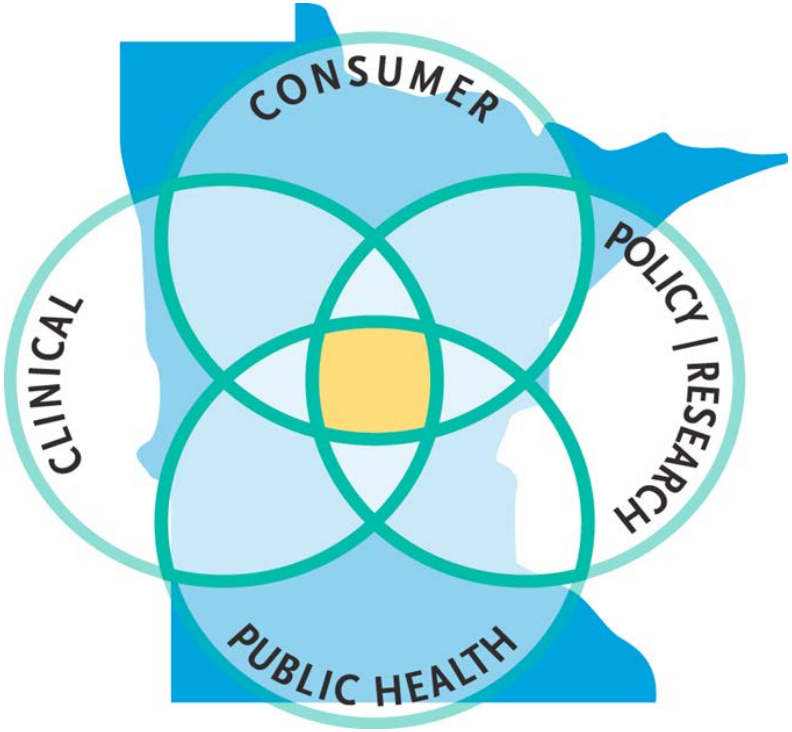
Consumer: From Isolated to Interactive

2004

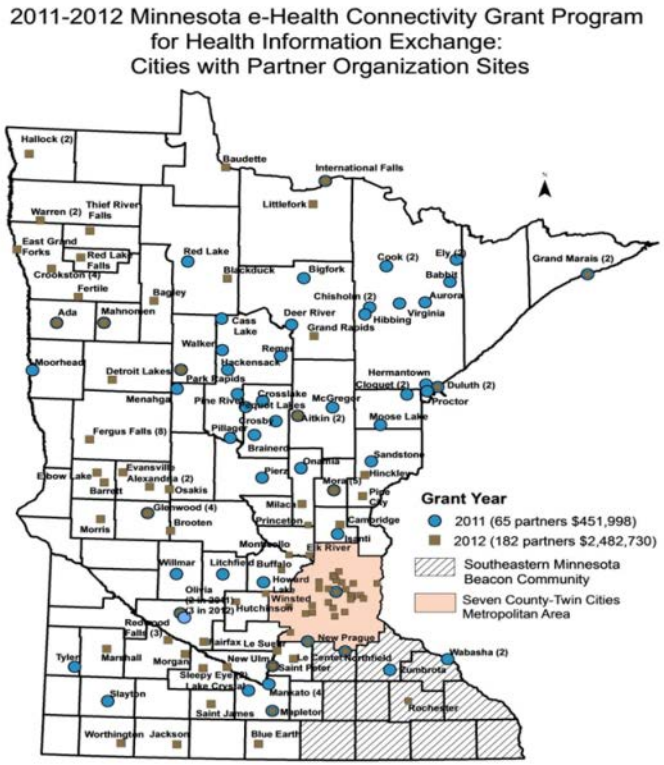
2014

Community: From Concepts to Connections

2004

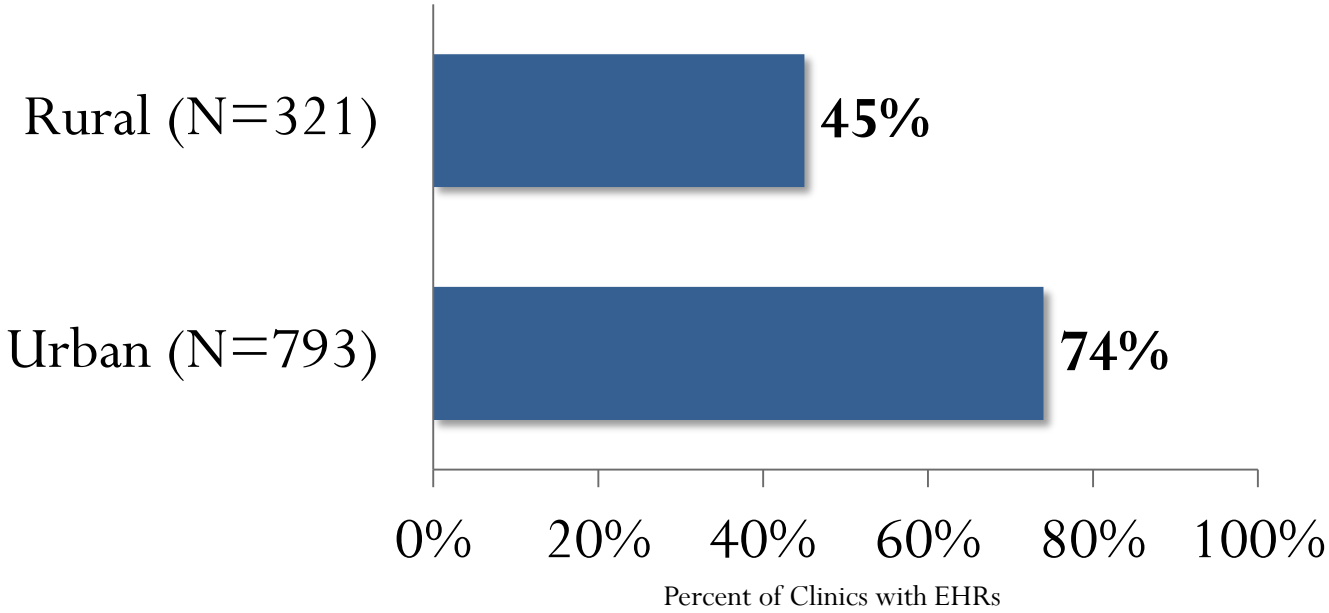


2014



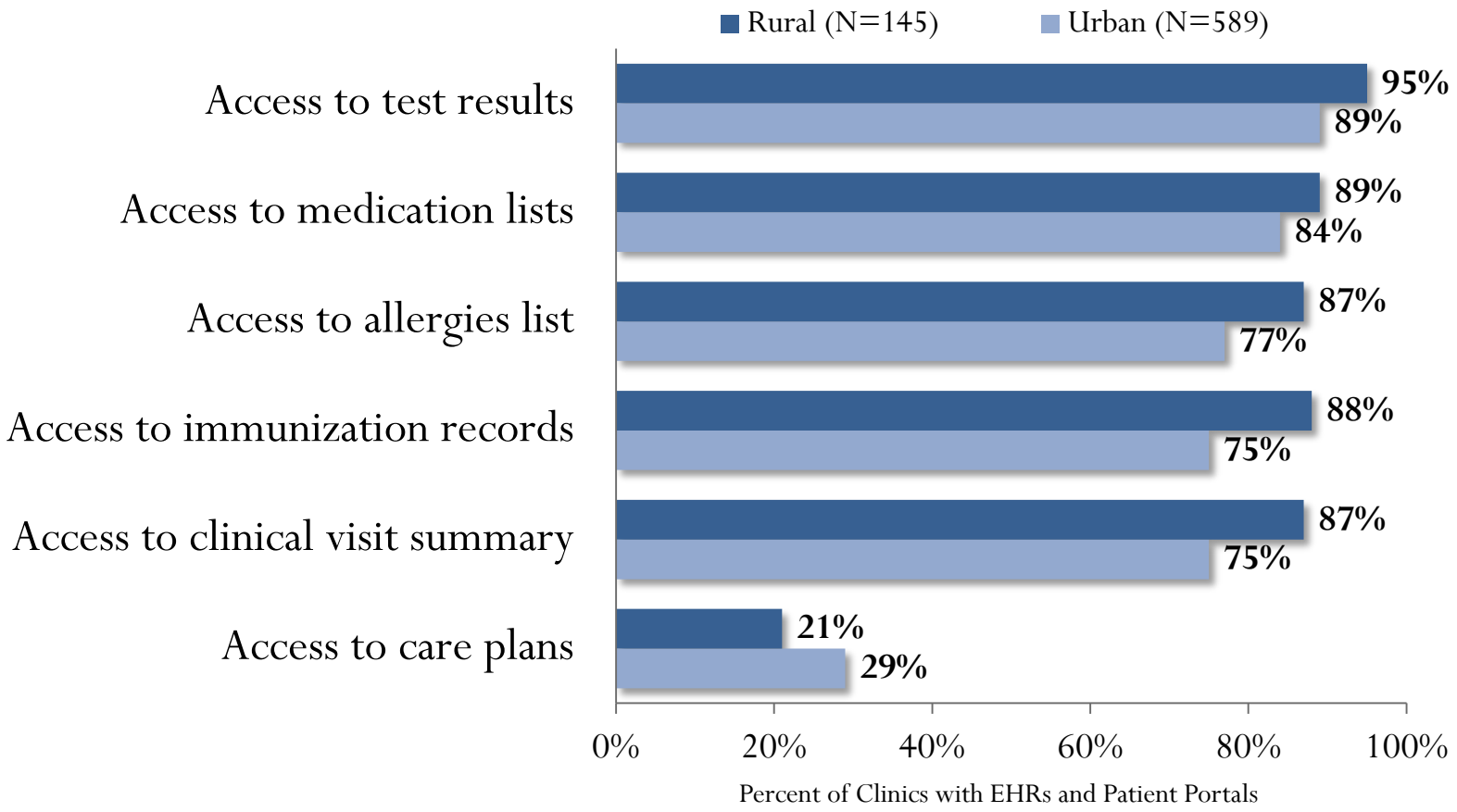
Considerations for Coordination, Collaboration and Connection

Percent of Clinics Offering Online Patient Portals, 2013



Minnesota Department of Health, Office of Health Information Technology, http://www.health.state.mn.us/e-health/assessment.html

Online Services Offered Through Patient Portal, 2013



Minnesota Department of Health, Office of Health Information Technology, http://www.health.state.mn.us/e-health/assessment.html

Considerations for TEFT Consumers, Providers, Community

- Align with a collective shared vision
- Support both individual and population health goals
- Assure access to services
- Understand / Assess the needs for access and capability
- Provide Value / Improve Care / Services
- Seek ways to increase health equity and decrease disparities
- Leverage the work of the Minnesota E-Health initiative

Considerations: Partners

- Minnesota e-Health Initiative
  - Advisory committee / workgroups
- State Innovation Model (SIM) – Minnesota
- Provider Associations
- Consumer Organizations
- Community Groups
- Advancing Health Equity Partners
- Health Information Exchange Service Providers

Use the TEFT Opportunity to Inform, Educate & Learn

Questions

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Consumer

- Use e-health for you and your family
  - Request a summary of clinic visit
  - Access your information through a patient portal or personal health record
  - Find a mobile app or website to increase your healthy behaviors
- Stay informed

Providers/Professionals/Practices

- Participate in e-health training & education
- Use, adapt and share e-Health tools
  - MN e-Health Guides
    www.health.state.mn.us/ehealth/ehrplan.html
  - Stratis Health Toolkits
    www.stratishealth.org/expertise/healthit/index.html
- Join / Participate in the Minnesota e-Health Initiative
  - Subscribe to e-Health updates
    www.health.state.mn.us/e-health/index.html
  - Participate in e-Health Initiative workgroups

Organizations / Associations

- Establish / advance an e-heath workgroup
- Create, encourage, and support opportunities for collaborations
- Stay engaged in e-health, SIM and TEFT activities
- Collaborate with organizations and other health care settings

PHR CONTEXT AND E-LTSS STANDARD

- Greg Linden MBA, CPHIT, CPEHR
  - Vice President, Information Services/Chief Information Officer, Stratis Health

An overview of PHRs in Minnesota for the PHR for LTSS Demonstration Project

June 19th, 2014

Greg Linden MBA, CPHIT/CPEHR
CIO
Stratis Health

The Minnesota PHR Landscape

- Working definitions of types of Personal Health Records (PHRs)
- Review of PHR use from recent studies in three different settings:
  - Clinics
  - Hospitals
  - Nursing Homes
- Current known PHR capabilities/initiatives of Health Information Exchange Service Providers (HIESPs)

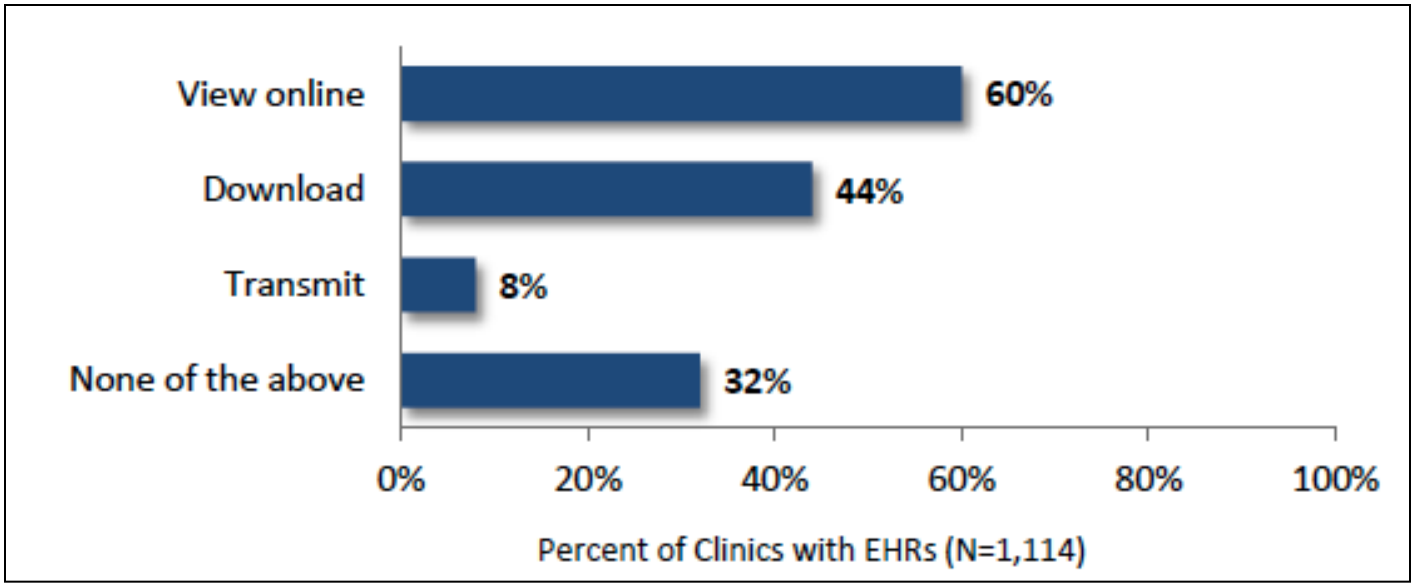
PHRs can take different forms

- "Tethered" or "Patient portal" model
  - A PHR may be part of their healthcare provider's Electronic Health Record (EHR).
  - This type of PHR enables the person to directly view relevant portions of their medical record within their provider's EHR
  - Used broadly for many patients through the MyChart service associated with the Epic EHR
- "Untethered" or "Internet-based service" model
  - Individuals create a PHR on-line, then enter and manage their own information.
    - Some services allow the person to authorize their doctor to view or securely download the information from the PHR
    - The information can be printed and in some cases even loaded on to a portable device such as a "thumb drive."
    - Some services charge a fee but many do not
- "Free standing" or "Portable" model
  - This model is just like the internet-based model except that the PHR software and information is on a person's personal computer

Source: Minnesota e-Health Initiative Advisory Committee, Personal Health Records in Minnesota, June 28, 2007

Clinics: Portability of Personal Health Information is Limited

- Sixty percent of clinics with EHRs provided patients with the option to view their patient health information online.
  - Fewer clinics (44%) offered the option to download that information to a physical electronic media, and just 8% offered the option to electronically transmit their patient health information.

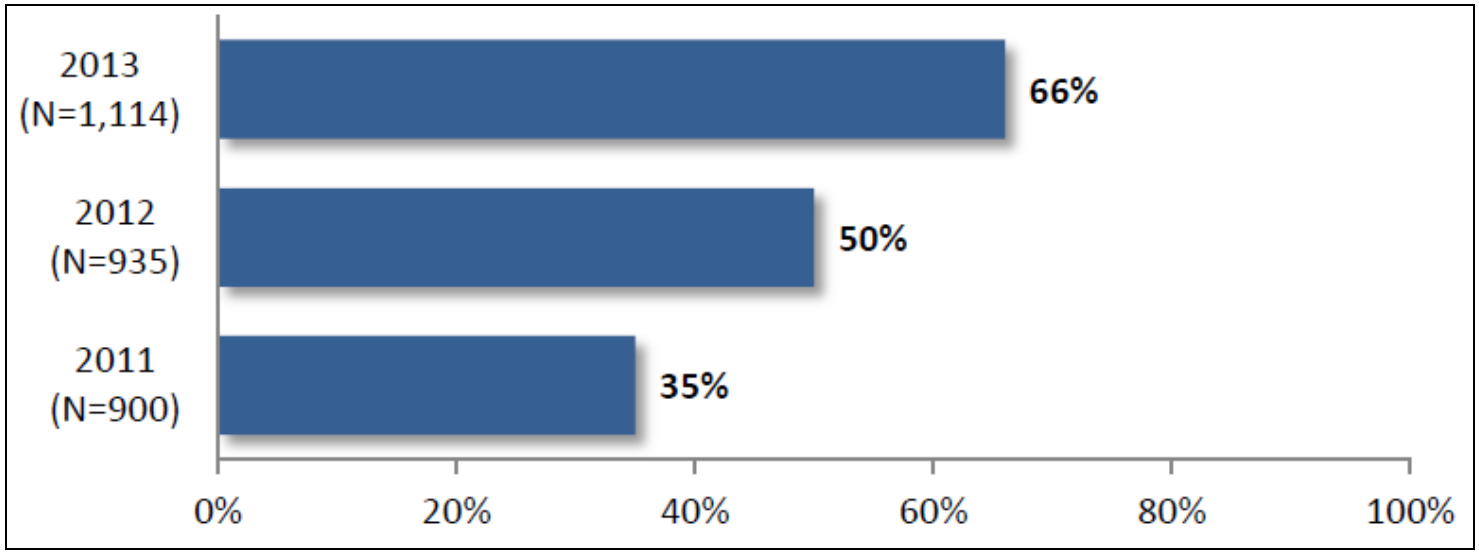


Percent of Clinics Offering Online Patient Portal, 2011-2013

Source: MDH, Office of Health Information Technology, Minnesota HIT Clinic Survey, 201

A Growing Number of Clinics Offer Patient Portals

- Patient portals are an internet application maintained by the clinic or provider organization that allow patients to access their electronic health records and permit two-way communication between patients and their health care providers.
  - Two-thirds of clinics with EHRs (66%) offered an online patient portal, up from 50% in 2012, and 35% in 2011.

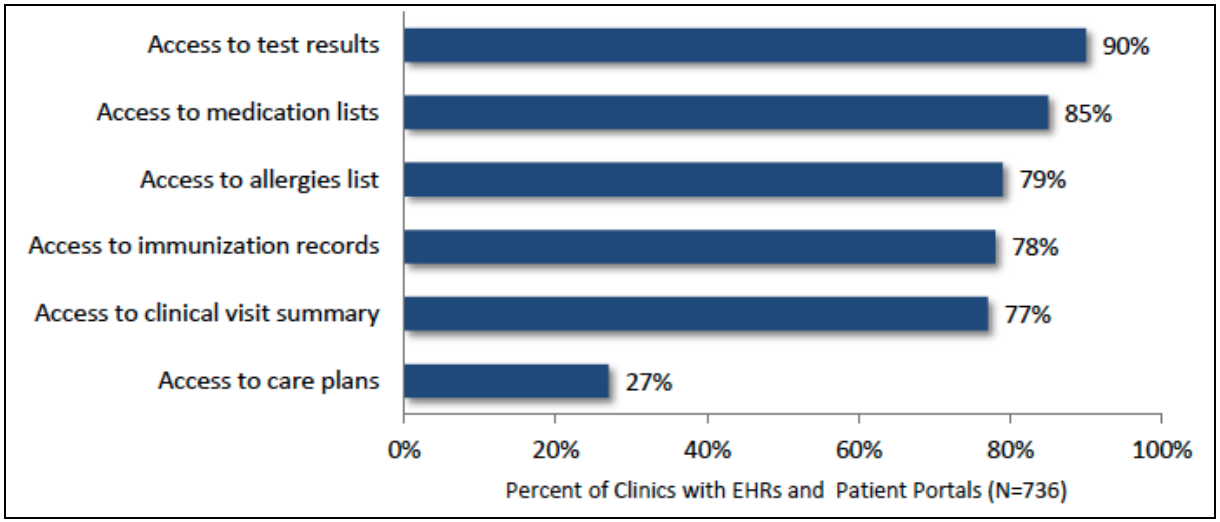


Percent of Clinics Offering Online Patient Portal, 2011-2013

Source: MDH, Office of Health Information Technology, Minnesota HIT Clinic Survey, 2013

A Growing Number of Clinics Offer Patient Portals (cont.)

- Among clinics with EHRs *and* online patient portals, most offered several access options:
  - 90% of these clinics provided access to test results
  - 85% offered access to medication lists
  - About four in five offered access to allergy lists (79%), immunization records (78%), clinical visit summaries (77%).
  - Just one in four of these clinics (27%) offered patients access to their care plans through their portal.



Online Services Offered Through Patient Portal, 2013

Source: MDH, Office of Health Information Technology, Minnesota HIT Clinic Survey, 2013

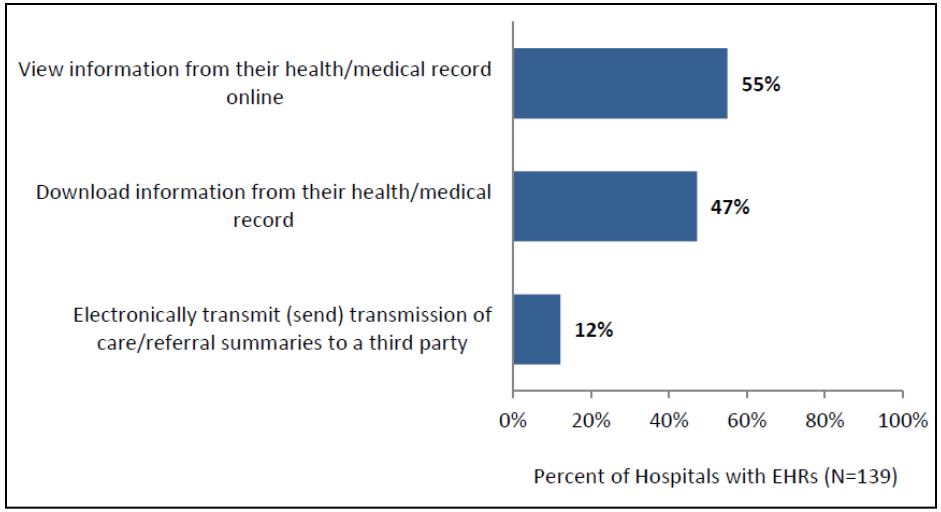
A Growing Number of Clinics Offer Patient Portals (cont.)

- About two-thirds of clinics with EHRS that offer patient portals provided additional electronic services through the portal or other methods.
  - Administrative services offered included:
    - Online bill pay (71%),
    - Online appointment scheduling (68%)
    - Electronic appointment reminders (68%)
  - Two-thirds of these clinics (68%) offer secure message or email
  - Less common options included electronic reminders for:
    - preventive care (55%) or for follow-up care (46%)
    - patient education materials (42%)
    - e-visits (40%)
    - blogs or online support groups (9%).

Source: MDH, Office of Health Information Technology, Minnesota HIT Clinic Survey, 2013

More Hospitals Offer Patient Access to Health information

- Nearly four in five hospitals (79%) provide patients with access to their personal health information, up from 51% in 2012.
- However, much of this access does not meet the patient access requirements for meaningful use:
  - To be able to view personal health information (55%)
  - Download their information (47%)
  - Electronically transmit information to a third party (12%)

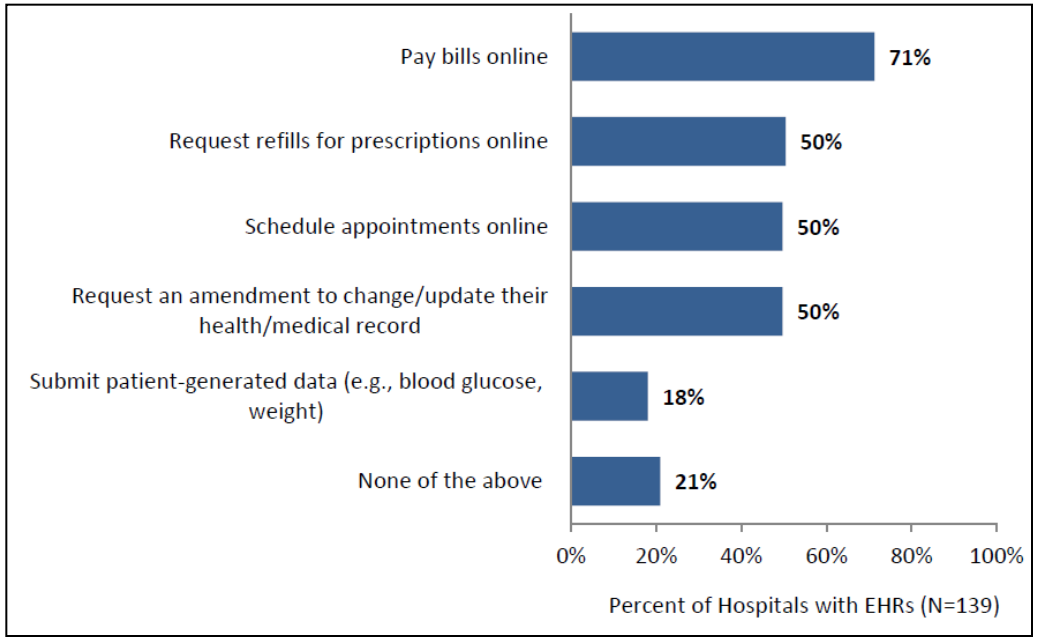


Patients' Electronic Access to Health Records – Meaningful Use Functionality, 2013

Source: MDH, Office of Health Information Technology, Minnesota HIT Hospital Survey, 2013

More Hospitals Offer Patient Access to Health information (cont.)

- Aside from meaningful use functionalities, the most common electronic health record functionality available to patients is to pay bills online (71%).
  - Half of hospitals allow patients to request refills for prescriptions online (50%), request an amendment to change/update their health/medical record (50%), and schedule appointments online (50%).
  - Just 18% of hospitals allow patients to submit their own health information online.



Patients' Electronic Access to Health Records – Other Available Functions, 2013

Source: MDH, Office of Health Information Technology, Minnesota HIT Hospital Survey, 2013

Nursing Homes

- Few nursing homes, 17%, provide electronic access to health information. The most common method was personal health record (10%)
- The most commonly shared information included:
  - Progress notes (7)
  - Care plans (5)
  - Test results (5)

Method to Provide Electronic Access	Percent (Number)
Personal Health Record	10% (21)
Secure Email	5% (10)
Place information on physical device (flash drive)	2% (4)
Portal access with internet	2% (4)
Do not provide electronica access/Do not know	83% (181)

Methods Nursing Homes Use to Provide Residents and/or Residents' Family Electronic Access to Health Information (N = 217)

Source: MDH, Office of Health Information Technology, MN EHR Nursing Home Survey, 2011

Current known PHR capabilities/initiatives of HIESPs

- CHIC
  - State-Certified HIESP
  - Has PHR capabilities offered through its Orion Rhapsody HIE platform
  - Currently in limited use for specific population(s)
- Relay Health
  - Currently going through the HIESP Certification process
  - Has PHR capabilities offered through its HIE platform
  - The Fergus Falls community in Fergus Falls is evaluating the Relay Health PHR capability as a possible community health record solution

The Office of the National Coordinator for
Health Information Technology

Introduction to S&I Framework's Longitudinal Coordination of Care (LCC) and electronic Long-term Services & Support (eLTSS) Initiative

Greg Linden
CIO, Stratis Health

June 19, 2014

Putting the I in HealthIT
www.HealthIT.gov

Agenda

- Introduction to ONC Standards & Interoperability Framework
- Longitudinal Coordination of Care (LCC) Background
- Introduction to new eLTSS Initiative
- Next Steps

What is the S&I Framework?

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- The Standards and Interoperability (S&I) Framework represents one investment and approach adopted by ONC to fulfill its charge of prescribing health IT standards and specifications to support national health outcomes and healthcare priorities
- Consists of a collaborative community of participants from the public and private sectors who are focused on providing the tools, services and guidance to facilitate the functional exchange of health information
- Uses a set of **integrated functions, processes, and tools** that enable execution of specific value-creating initiatives

S&I FRAMEWORK

S&I Initiatives' Standards

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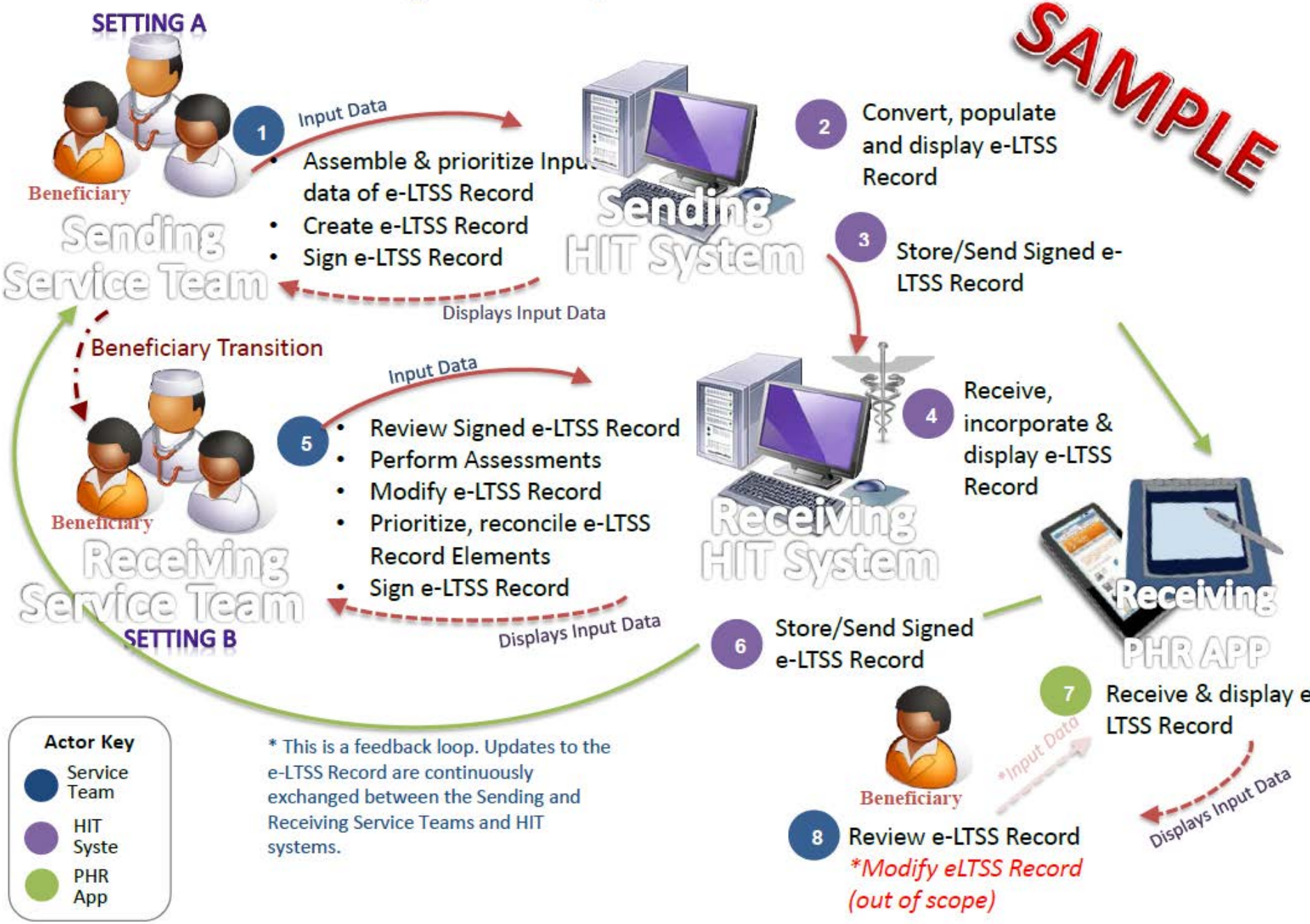
Building Blocks	Sample Standards	S&I Initiative(s)
Vocabulary	LOINC, SNOMED, RxNORM, ICD-10	Health eDecisions (HeD) Structured Data Capture (SDC) Clinical Quality Framework (CQF)
Content	**CCDA**, HQMF, QRDA FHIR ISO/IEC 11179, ISO/IEC 19763 HL7 2.5.1	HeD, SDC, CQF Transitions of care (ToC) Longitudinal Coordination of Care (LCC) BlueButton+ eLTSS (NEW*)
Transport	DIRECT, SOAP, REST OpenID, OAuth	Electronic Submission of Medical Documentation (esMD) DIRECT, ToC, SDS, BlueBotton+, eLTSS (NEW*)
Security	DIRECT, OpenID, OAuth, NSTIC, X.509	esMD, Data Provenance Data Segmentation for Privacy (DS4P) DIRECT
Services	DNS+LDAP	Lab Orders & Lab Results Interfaces Data Access Framework (DAF) BlueButton+ API

e-LTSS Record Exchange: Conceptual Workflow



LCC Workgroups Structure

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COMMUNITY-LED INITIATIVE

Longitudinal Coordination of Care Workgroup

Completed in 2013

Longitudinal Care Plan SWG

- Identified standards for Care Plan exchange

LTPAC Care Transition SWG

- Identified data elements for long-term and post-acute care (LTPAC) information exchange using a single standard for LTPAC transfer summaries

HL7 Tiger Team SWG

- Ensured alignment of LCC Care Plan activities with related HL7 Care Plan standardization activities

Patient Assessment Summary (PAS SWG)

- Identified standards for the exchange of patient assessment summary documents

Pilots WG (ACTIVE)

- Validation and testing of LCC WG identified Standards

eLTSS WG (NEW*)
Est. start Fall 14

- Identification and testing of new eLTSS Standard

CMS TEFT LTSS Program

Putting the I in HealthIT
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- In March 2014 CMS awarded planning and demonstration grants to qualified states for Testing Experience and Functional Tools (TEFT) in Medicaid community-based long term services & supports (LTSS)
- Total grant program ~$42M, up to 4 years
- Purpose is to provide national measures and valuable feedback on how HIT can be implemented in this component of the Medicaid system
- 8 of 9 states confirmed to participate in S&I Framework:
  - AZ, CO, CT, GA, KY, LA, MD, MN

http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Grant-Programs/TEFT-Program-.html

Role of S&I Framework in TEFT Program

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Focus on two of four components:

1. Demonstrate use of PHR systems with beneficiaries of CB-LTSS*
2. Identify, evaluate and harmonize an e-LTSS standard in conjunction with the ONC S&I Framework
3. Test a beneficiary experience survey within multiple CB-LTSS programs for validity and reliability
4. Test a modified set of CARE functional assessment measures for use with beneficiaries of CB-LTSS programs

* States participating in the PHR demonstrations must also participate in e-LTSS S&I Process

S&I Components: PHR demonstration

- States that elect to demonstrate use of PHR systems must also participate in eLTSS S&I process
- States that participate in eLTSS component do NOT have to participate in PHR demonstration
  - However, CMS strongly urges cross-participation
- States that choose to test additional quality measures as part of the use of PHR systems are expected to share those measures with CMS
  - Measures from Medicaid Adult Health Quality Measure core set and other State-specific quality measures for relevant populations

PHR demonstration Requirements

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- PHR System functionality must enable:
  - Collection of Medicaid adult core quality measures
  - Collection of CB-LTSS information
  - Collection of "Treatment" outcomes identified through eLTSS record
  - Dissemination of this information among individuals, their families/guardians, case managers and providers
- States can choose to use the following PHR systems:
  - DoD provided PHR Systems:
    - iPHEMS (Information Personal Healthcare Exchange Management System): PHR data broker
    - DoD HERMES: PHR data engine for survey administration
  - Pre-specified Commercial PHR
  - State-sponsored and developed PHR (i.e. State HIE Patient Portal)

PHR demonstration Requirements (cont'd)

- For commercial or state developed PHR systems, States encouraged to use PHRs that meet ONC VDT certification criteria or that include equivalent functionality
- States can use TEFT grant funds to customize and connect the PHR system with the eLTSS record and state IT systems
- Beneficiaries/Caregivers and Providers must be included in state's process to plan, customize and implement the PHR system

S&I Components: eLTSS Standard

- States are required to identify and provide participants for S&I eLTSS Initiative
- Once eLTSS standard is identified, states must test and validate standard with CB-LTSS providers and with beneficiary PHR systems
  - Will be initiated through Pilot Phase of S&I Framework process
- States will be provided with scoring incentives for participating in eLTSS initiative
  - CMS expects states participating in this component to have higher cost for planning and implementation

Next Steps for eLTSS Initiative

- eLTSS Initiative will be launched as new workgroup under the existing S&I Longitudinal Coordination of Care (LCC) Initiative
- CMS TEFT grantees will be invited to participate in eLTSS Initiative as part of their grant program requirements
- eLTSS Initiative will also be open for other stakeholder groups to participate:
  - Other States and State Medicaid Offices
  - LTSS system vendors
  - Other HIT systems
  - LTSS Providers and Facilities
  - Consumer Engagement Organizations
- Timeline: eLTSS Initiative will launch Fall 2014 and will run for duration of CMS TEFT grant program (3 years)

Contact Information

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PHR WITHIN SYSTEMS MODERNIZATION FRAMEWORK

- Rick Bagley
  - MN-IT @DHS: Continuing Care Administration Business Architect

PHR WITHIN SYSTEMS MODERNIZATION FRAMEWORK

- Enterprise Systems Modernization (ESM) 08/2012 – 09/2013
  - DHS engaged KPMG to assist the Department in moving forward with its vision for an integrated human services delivery system and Enterprise Systems Modernization

PHR WITHIN SYSTEMS MODERNIZATION FRAMEWORK

- Enterprise Systems Modernization (ESM) 08/2012 – 09/2013
  - The initiative was intended to develop a strategic plan and roadmap for Enterprise Systems Modernization that supports DHS's vision for state-wide integrated human services delivery

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PHR WITHIN SYSTEMS MODERNIZATION FRAMEWORK

- Enterprise Systems Modernization Roadmap Report
  - Provided DHS with detailed key decision points and strategies for enterprise systems modernization including the implementation strategy, resource requirements, and costing scenarios

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PHR WITHIN SYSTEMS MODERNIZATION FRAMEWORK

- Enterprise Systems Modernization (ESM) Business Intelligence (BI) Strategy, 03/2013 – 09/2013
  - Provided DHS with findings and recommendations based on an assessment of DHS's Business Intelligence and Data Warehousing capabilities

PHR WITHIN SYSTEMS MODERNIZATION FRAMEWORK

- Enterprise Systems Modernization (ESM) Business Intelligence (BI) Strategy, 03/2013 – 09/2013
  - Addressed BI in four dimensions – Governance and Organization, Business Alignment, Information Architecture, and Application and Technology Architecture

Minnesota Department of Human Services

PHR WITHIN SYSTEMS MODERNIZATION FRAMEWORK

- Enterprise Systems Modernization (ESM) Business Intelligence (BI) Strategy, 03/2013 – 09/2013
  - The assessment resulted in the identification of a recommended future state BI vision and strategy for DHS

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KPMG PLANNING PHASE DELIVERABLES

Planning Phase Deliverables will leverage existing modernization efforts

KPMG PLANNING PHASE DELIVERABLES

1. Target Operating Model and Business Requirements

   - High level definition of the business functions involved in LTSS service delivery

   - Focused on the requirements for Electronic Health Record (EHR) data sharing with providers, payers, and beneficiaries

KPMG PLANNING PHASE DELIVERABLES

1. Target Operating Model and Business Requirements (cont.)
   - Leveraging the ESM target operating model and elaborating on relevant LTSS functions

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2. Target Architecture

- Applications architecture
- Information architecture

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3. Roadmap

- Implementation Strategy
- Implementation timeline

WHO HAS BEEN ASKED TO PARTICIPATE?

PHR for LTSS Demo's six-month planning period will include current stakeholders in:

- MDH MN e-Health Initiative
- MDH Office of Health Information Technology
- Regional Extension Assistance Center for Health IT

WHO HAS BEEN ASKED TO PARTICIPATE?

- DHS' Health Care Administration
- Special Needs Purchasing
- Continuing Care
- Chemical and Mental Health
- MCOs

WHO HAS BEEN ASKED TO PARTICIPATE?

- Health Care Providers
- Home and Community-based Providers (HCBS)
- Advocates
- Consumers

HOW CAN YOU PARTICIPATE?

- Contribute through existing channels
- Subscribe to receive PHR for LTSS Demo Updates
- Visit the PHR for LTSS Demo Web page

  http://www.dhs.state.mn.us/main/dhs16_184574
- Respond to requests for information and opinions

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QUESTIONS & ANSWERS

- Q & A

WHERE CAN YOU LEARN MORE ABOUT PHR FOR LTSS?

- **Business Project Manager: Tom Gossett**
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  - 651-431-2601

- **Learn more at the PHR for LTSS Demo Web Page:**
  http://www.dhs.state.mn.us/main/dhs16_184574

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