Commonwealth of Massachusetts
Executive Office of Health and Human Services

Massachusetts
Statewide ENS Framework

An Interoperable ENS Network for the Commonwealth

April 2021

Today's Presenters

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This presentation has been reviewed and approved by the Mass HIway, and the presenters are acting as authorized representatives of the Mass HIway.

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Introduction to ENS

Massachusetts Statewide ENS Framework

Framework Advantages

CMS Interoperability and Patient Access Rule (CMS-9115-F)

CollectiveMedical Presentation

PatientPing Presentation

Q & A

Event Notification Service (ENS)

The purpose of an Event Notification Service (ENS) is to alert subscribing care providers about their patients' Admissions, Discharges, and Transfers (ADT) to and from emergency departments, hospitals, and post-acute care facilities

All admissions, discharges, and transfers trigger an alert notification

- sent to any subscribed care provider with an existing relationship with the patient
- can include clinical data, such as reason for visit and diagnosis

ADT alert notifications are delivered as

- Real-time per patient messages, or
- Scheduled multi-patient summary lists

Subscribing care providers can choose

- What they want to be notified about (e.g., admissions only, discharges only)
- How often they receive the notifications (e.g., real time, daily, twice a day)
- How to receive notification (e.g., direct secure message, SFTP)

Event Notification Services (ENS) are also called Encounter Notification Services

How ENS Works?

ENS distributes Admit, Discharge, and Transfer (ADT) messages created by hospitals when a patient is treated, transferred inside the hospital, or discharged, to alert patient's care teams

When an ENS system receives an ADT message

- It matches the patient through a patient-provider matching algorithm
- Once a match is found, an alert notification is generated
- Alert notification is sent to subscribed providers with a relationship with the patient

ADT alert notifications can include clinical data such as

- Reason for visit
- Diagnosis

ENS – Use Case

ENS System

Ann has a stomachache and feels dizzy. She goes to the ER, is admitted, given a CT scan, and has a neurology consult

Automatic real-time ENS message is sent to PCP

Ann has diabetes and regular abdominal pains. She is a patient of a PCP.

Automatic real-time ENS message is sent to pain clinic

Ann is also a patient at a pain clinic for chronic issue after an accident.

What an ENS Notification looks like

Example of an Event Notification

Facility	Practice	Provider	MRN	Source Facility	Source MRN	First Name	Middle Name	Last Name	Gender	Date of Birth	Address	City	State	Zip	Phone
ABC Medical Group	Practice 1	Dr. Jones	12345	Hospital 1	ABC12345	Joe	A	Test	Male	xx/xx/xxxx	123 Main Street	Philadelphia	PA	12345	xxx-xxx-xxxx
ABC Medical Group	Practice 2	Dr. Smith	87654	Hospital 1	XYZ87658	Mary		Test	Female	xx/xx/xxxx	456 Cherry St.	Cherry Hill	NJ	12345	xxx-xxx-xxxx
ABC Medical Group	Practice 1	Dr. Jones	91289	Skilled Nursing Facility 8	PQR87747	Pam	C	Test	Female	xx/xx/xxxx	934 Lion Cirlce	Havertown	PA	45678	xxx-xxx-xxxx
ABC Medical Group	Practice 4	Dr. Miller	837495	Hospital 3	KJD09384	William		Test	Male	xx/xx/xxxx	874 Ryans Way	Cape May	NJ	45678	xxx-xxx-xxxx
ABC Medical Group	Practice 5	Dr. Gonzalez	137894	Hospital 2	UID12374	Amy	K	Test	Female	xx/xx/xxxx	109 Main Street	Langhorne	PA	98345	xxx-xxx-xxxx
ABC Medical Group	Practice 6	Dr. Orion	76345	Hospital 10	YHT7645	Karen	S	Test	Female	xx/xx/xxxx	101 Hwy 1	Christiana	DE	12367	xxx-xxx-xxxx

Source Setting	Event Type	Admit Date	Admit Time	Admit Reason	Admit Type	Referral Information	Discharge Date	Discharge Time	Death Indicator	Diagnosis Code	Diagnosis Description	Discharge Disposition	Attending Doctor	Insurance
Inpatient	Admission	xx/xx/xxxx	xx:xx	Chest Pain	Emergency	Physician			N				Dr. Alley	IBC
Emergency	Patient Registration	xx/xx/xxxx	xx:xx	Fatigue	Emergency	Physician Referral			N				Dr. Callahan	AmeriHealth
Inpatient	Discharge	xx/xx/xxxx	xx:xx	Pneumonia	Routine	Transfer from	xx/xx/xxxx	xx:xx	Y	x.xxx	Pneumonia	Pt. expired	Dr. R. Smith	Aetna
Emergency	Discharge	xx/xx/xxxx	xx:xx	Laceration	Emergency		xx/xx/xxxx	xx:xx	N			Discharged to Home	Dr. Doe	United
Inpatient	Transfer	xx/xx/xxxx	xx:xx	Chest Pain	Routine	Physician			N	x.xxx	Heart Disease		Dr. Hall	IBC
Emergency	Discharge	xx/xx/xxxx	xx:xx	CHF	Emergency	Physician	xx/xx/xxxx	xx:xx	N			Discharged to Home	Dr. Pope	HPP

Interoperable ENS Networks

Interoperable ENS Networks consist of interconnected ENS systems that share ADT alerts to expand the number of subscribed care providers that can send and receive the alerts

Subscription to Single ENS System

- ENS is offered by an ENS vendor that has developed its own ENS system
- Care providers can subscribe to the ENS vendor

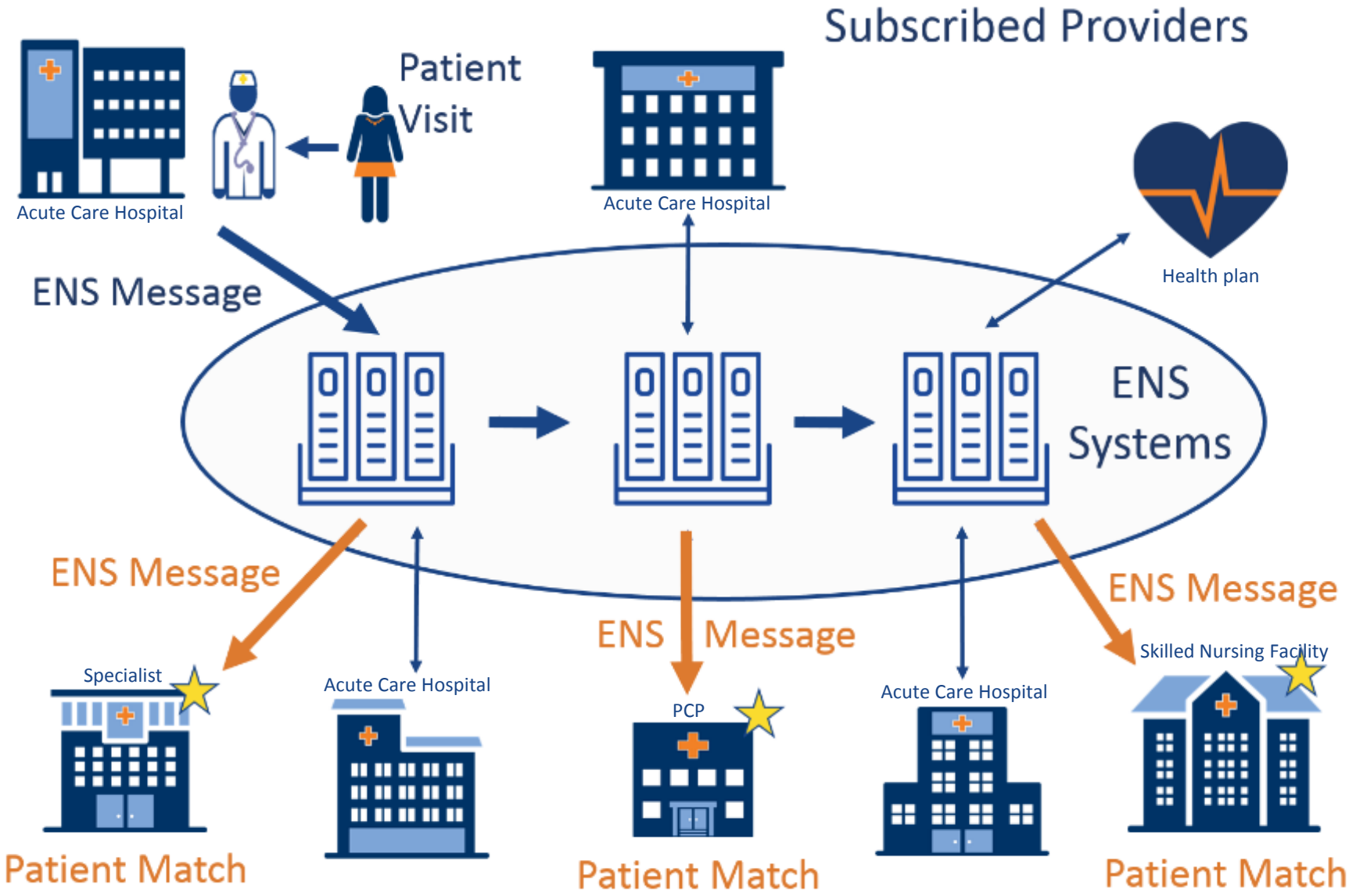
  ➔ They can exchange ADT alerts with all providers subscribed to the same vendor

Subscription to Interoperable ENS Network

- ENS vendors partner to interconnect their ENS systems to share ADT alerts
- Each ENS system forwards the incoming ADT alerts to the interconnected systems
- Each system sends alert notifications to their subscribers that serve the same patients
- Care providers only have to subscribe to one of these ENS vendors

  ➔ They can exchange ADT alerts with all providers subscribed to any of the ENS vendors

Interoperable ENS Networks



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Massachusetts ENS Initiative

ENS Initiative Goal: Create a Statewide ENS Framework to improve care delivery, quality, and coordination across care providers in the Commonwealth

EOHHS Guiding Principles

- Create an interoperable ENS network comprised of Certified ENS Vendors
- Leverage the existing ENS vendor marketplace in Massachusetts
- Promote data sharing within the Statewide ENS Framework
- Provide universal access to ENS for Massachusetts care providers of all sizes
- Require/encourage providers to sign up for ENS to send/receive notifications
- Allow providers a single point of submission and reception of ENS data
- Improve ENS notification timing and data flow (real/near-real time)

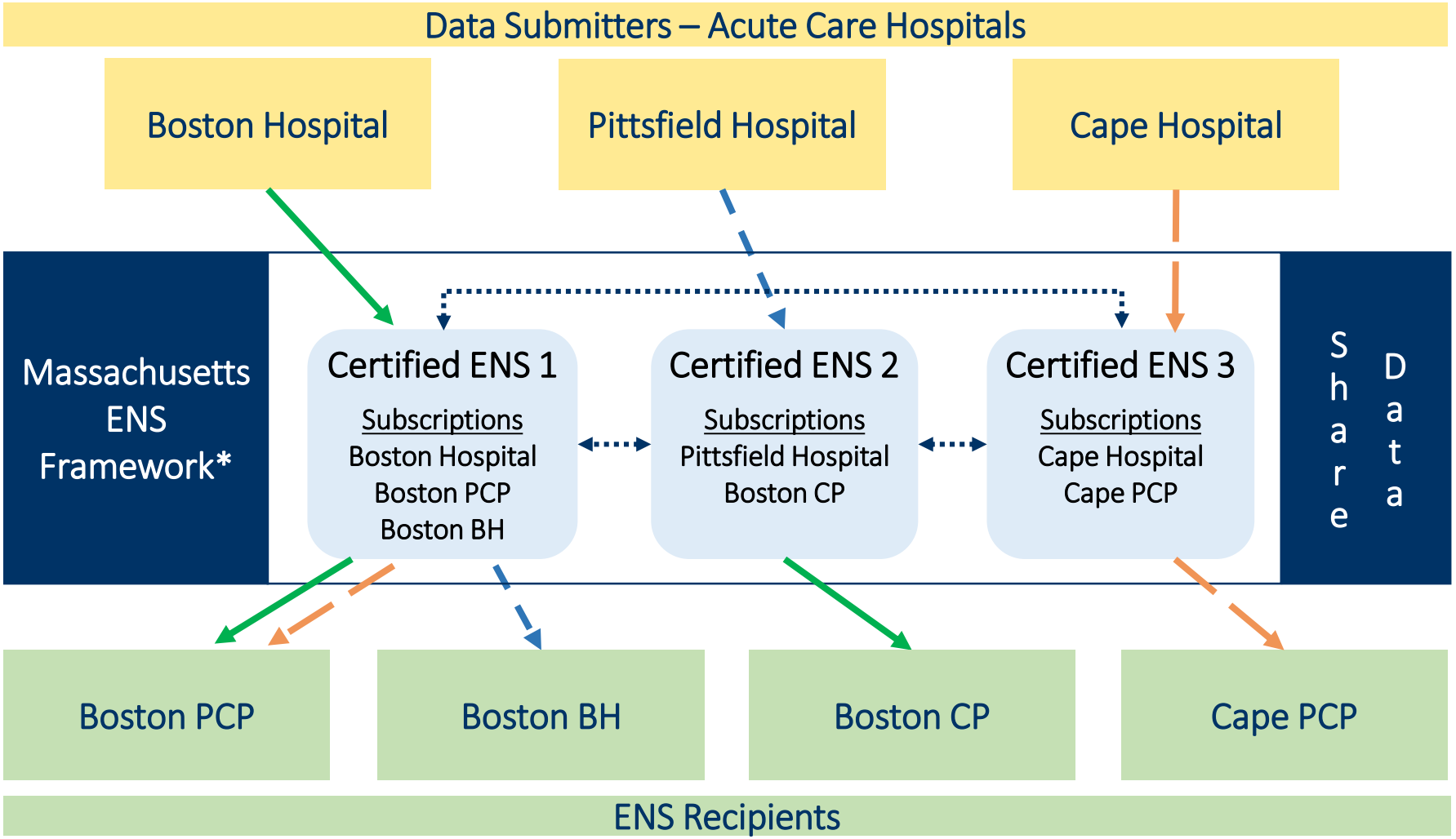
EOHHS Process

Oct 2018	RFI issued	Collect knowledge from existing ENS marketplace
Oct 2019	Regulation finalized	Formalize certification process for ENS vendors
Nov 2019	RFA issued	Accept applications for certification of ENS vendors
Jan 2020	Application deadline	Process applications to select vendors for certification
Feb 2021	Applicants certified	Certify ENS vendors to participate in ENS Framework

ENS Regulatory and Certification Process

Objectives	Implement a regulatory Statewide ENS Framework that: • Creates an interoperable ENS network that serves all Massachusetts providers • Certifies, interconnects, and leverages the capabilities of existing ENS vendors • Supports HIway initiatives that improve care delivery, coordination, and quality • Promotes robust privacy and security standards to protect patient data
Regulation	The Commonwealth issued and promulgated regulations that: • Establish a HIway-facilitated ENS Framework and ENS certification process • Require acute care hospitals to submit ADT feeds to certified ENS vendor(s)
Certification	EOHHS developed and defined: • Detailed objective criteria to determine ENS vendor certification eligibility • ENS "rules of the road" through ENS vendor certification (*e.g.,* limit use cases, require vendor reflection, security requirements, etc.)

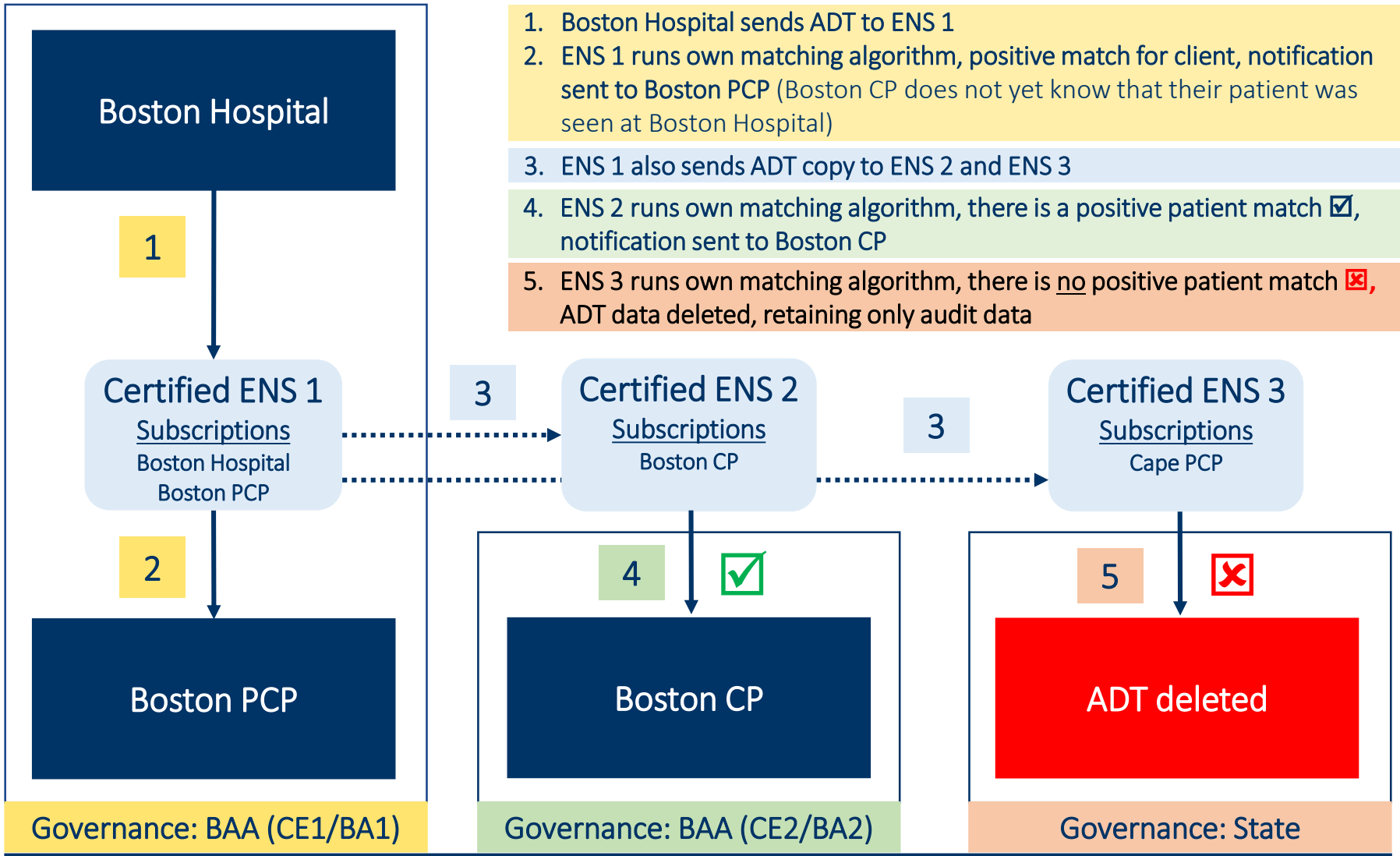
The Statewide ENS Framework



*Statewide ENS Framework includes regulations and a vendor certification process that govern an Interoperable ENS Network.
3 Certified ENS Vendors shown in illustration. Actual number will be based on ENS vendors that meet ENS certification criteria.

Statewide ENS Framework – ADT Alert Flow

1. Boston Hospital sends ADT to ENS 1
2. ENS 1 runs own matching algorithm, positive match for client, notification sent to Boston PCP (Boston CP does not yet know that their patient was seen at Boston Hospital)
3. ENS 1 also sends ADT copy to ENS 2 and ENS 3
4. ENS 2 runs own matching algorithm, there is a positive patient match ☑, notification sent to Boston CP
5. ENS 3 runs own matching algorithm, there is no positive patient match ☒, ADT data deleted, retaining only audit data



Subscription Eligibility and Requirements

Massachusetts Acute Care Hospitals

- Required to subscribe to one Certified ENS Vendor to submit ADT alerts by **April 1, 2021**.
- Certified ENS Vendors can assist hospitals in using ENS to comply with the new CMS-9115-F ADT regulations to receive Medicare and Medicaid reimbursements.

MassHealth ACOs

- MassHealth ACO requirements call for increased use of real-time notification systems in accordance with DSRIP plans.

MassHealth CPs

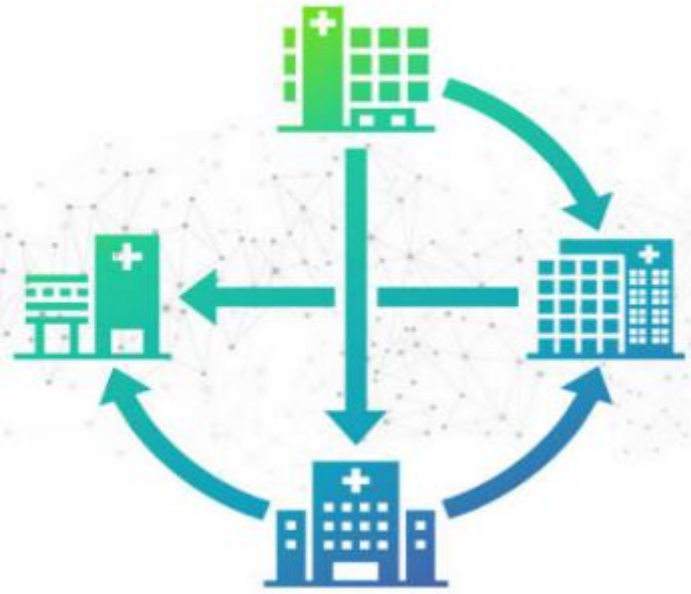
- Required to subscribe to one Certified ENS Vendor when the Statewide ENS Framework becomes available, per contract with MassHealth.

All Massachusetts Care Providers

- Eligible and encouraged to subscribe to a Certified ENS Vendor to receive ADT alerts. This includes ACOs, clinically integrated networks, PCPs, and all specialty care providers.

Certified ENS Vendors

CollectiveMedical®



ADT-Based Care Collaboration Network

CollectiveMedical offers a cost-effective solution that ensures hospitals, psychiatric hospitals, and critical access hospitals are completely compliant, without the need for any additional intermediary service providers

CollectiveMedical combines data from sources spanning the care continuum, including ADT, continuity of care documents (CCD), claims data, prescription drug histories (PDMP/PMP), imaging, and more, to give insights into patients' activities

CollectiveMedical also supports the CMS-9115-F ADT alert requirements

To visit website, click here

Certified ENS Vendors

PATIENTPING

Advanced E-Notifications System

PatientPing delivers real-time notifications whenever your patients experience care events, whether they are at a hospital, ED or post-acute (SNF, LTACH, HHA, IRF, hospice)

Pings (alerts) allow you to scale how you manage your patient populations. Pings can be embedded within your existing workflow systems or used natively through our web and mobile user experience

PatientPing also supports the CMS-9115-F ADT alert requirements

To visit website, click here

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Statewide ENS Framework - Advantages (1 of 2)

Utilization of ENS and the Statewide ENS Framework will resolve instances when providers are not contacted, or not contacted in a timely manner, when their patients are admitted or discharged from hospitals, EDs, or other care facilities. Utilization will improve care coordination.

Interoperable Statewide ENS Solution

- The Statewide ENS Framework enables all care providers in the Commonwealth to **subscribe to a single interoperable ENS vendor to receive ADT alerts from all Massachusetts's Acute Care Hospitals, and other subscribing care facilities, to coordinate care after ADT events**.

Improves Continuity of Care

- **ADT notifications will help patients transition between care providers, especially in emergencies**. Patients don't need to remember to contact their PCPs concerning treatment received at other facilities, as the information is sent automatically, enabling the PCPs to follow up directly.

Enhances Care Coordination

- Clinicians, care managers, and others in the healthcare community **receive real-time ADT notifications so they can quickly assess their patients' medical and social needs**, implement support where necessary, and direct patients to the most appropriate care settings.

Enhances Patient Engagement

- Timely ADT alerts and notifications allow care providers to **connect more meaningfully with patients**, **provide better patient education**, and guide them to the right care at the right time.

Statewide ENS Framework - Advantages (2 of 2)

Supports Medication Education and Reconciliation

- Information about patients taking many different medications can be lost in transitions of care, and introducing new medications increases patient risk. **ENS can identify and alert for drug-drug interactions and ensure the patient gets the education they need to safely manage their meds**.

Decreases Repeat Hospitalizations

- Clinicians have the information they need to **create a discharge plan that is well-informed and purpose-built**, to direct patients to a care system that better meets their long-term needs than repeat hospital visits.

Reduces Long-Term Medical Costs

- As disease states progress and a patient is left untreated, the odds of them visiting the emergency room and requiring hospitalization and other expensive interventions increases. **Improving care coordination with their care providers reduces avoidable utilization, lowering overall costs of care**.

Provides Library of Submitted ADTs

- ADT alerts submitted by Acute Care Hospitals will be **archived and available for viewing by any authorized party that may need the information in the future to provide care to the same patients**.

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Statewide ENS Framework supports CMS-9115F

Interoperability and Patient Access Rule (CMS-9115-F)

The Statewide ENS Framework supports hospitals in meeting CMS-9115-F

CMS-9115-F requires hospitals, including psychiatric hospitals and Critical Access Hospitals (CAH), to send electronic patient event notifications of a patient's Admission, Discharge, and/or Transfer (ADT) to another healthcare facility or to another community provider or practitioner

- The requirement adds to the list of Conditions of Participation (CoP) that hospitals must fulfill to maintain their CMS provider agreement, so they can get CMS reimbursements
- CMS published the Final Rule to the Federal Registry, and it became effective June 30, 2020
- The ADT obligation becomes applicable 12 months after publication (a*pplicable spring 2021*)
- The purpose is to improve care coordination by allowing a receiving provider, practitioner, or facility to reach out to the patient and deliver appropriate follow-up care in a timely manner
- To review the CMS Interoperability and Patient Access final rule, click here

The HIway recommends Massachusetts hospitals to participate in the Statewide ENS Framework in their effort to meet the ADT obligation, as it provides the mechanism needed to send and receive ADT alerts. The Certified ENS Vendors can assist hospitals in using ENS to comply with CMS-9015-F.

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Massachusetts - ENS

Collective Medical Certified ENS Vendor

March 9th, 2021

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A PointClickCare Company

Chris Klomp
Executive Vice President
Acute and Payer

Adam Green
VP of Engineering
Acute and Payer

David Kimball
Client Success Executive, East
Acute and Payer

Introductions and Priorities

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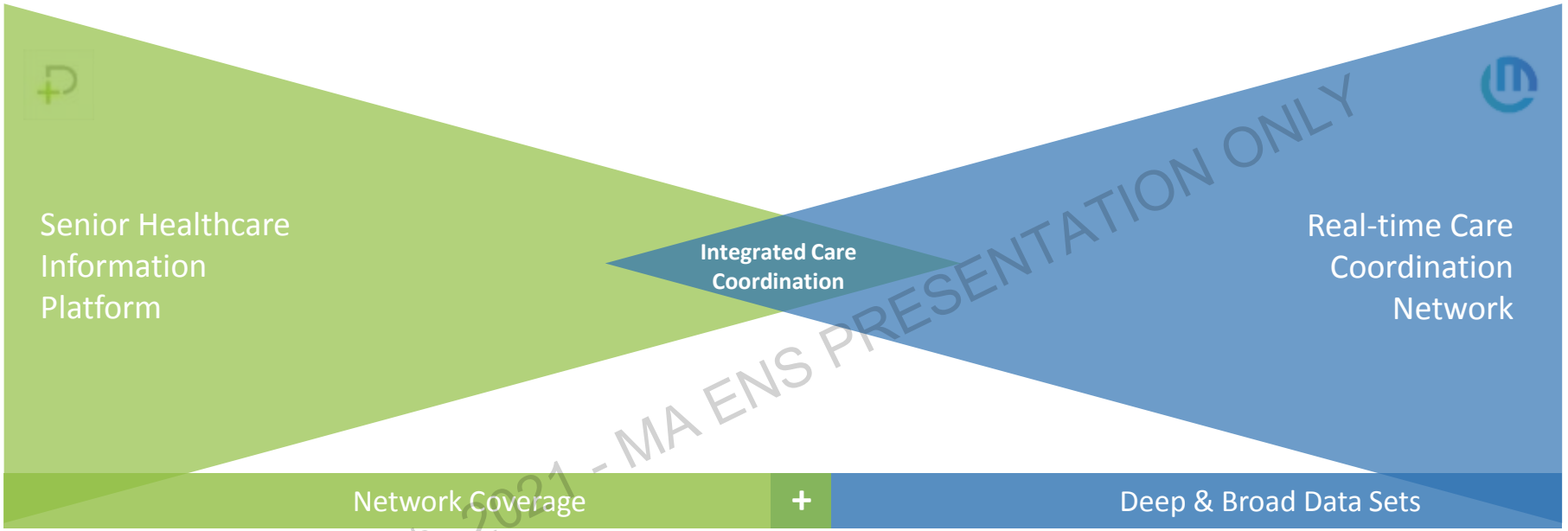
A PointClickCare Company

PointClickCare + Collective Medical



- 2.3+ million LTPAC admissions processed in 2018
- 750 million medications administered monthly
- 1.7 million patient records managed daily
- 15,000+ skilled nursing facilities

- 3,000+ hospitals & >6,200 total nodes
- Data ingestion & normalization, insights and notifications
- Last-mile workflow integration
- 8 real-time care coordination programs

Health systems & Hospitals	ACOs	Health Plans	Public Health	Post Acute Care	Ambulatory

22,000+	Post-Acute & Senior Living Provider Facilities
1,300+	Hospitals
1,000s	Ambulatory Practices and ACOs
100%	National Health Plans
97%	US hospitals discharge to PointClickCare users
99%+	Customer retention rate
SaaS	Software as a Service

Largest Combined Acute and Post-Acute Care Network in North America

PointClickCare®
collectivemedical®

Broad and Activate Massachusetts Network

- SNFs available with Collective Medical and PointClickCare network
- Hospitals available with network

76%	SNFs Using PCC/Collective
95%	Short-term Acute Care Hospitals Connected
80%	Health Plan Covered Lives

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A PointClickCare Company

Knowing where your patient is isn't enough.

The relationship between acute and post-acute must evolve.

Information

Where is my patient?

Action

How are they doing?
When should I act?

Risk / Trigger Scenario: Chief Complaint or Diagnosis of Asthma

Member Sally Presents at Any Hospital on EDIE Network With Asthma

Risk based notifications triggered

Notification sent to PCP for follow-up visit

1 Valley Health Center

Health Plan / ACO Risk Criteria triggered:
- **ED HU with ED encounter**

2 Health Plan Case Manager notified that member of high utilizer group is in the ED

Health Plan Risk Criteria triggered:
- **Health Homes Eligible Identified**
- **Health Home Alerted**

3 Health Home notified and engages
- Follow-up appointment scheduled
- Plan of care created

Mental Health team risk criteria triggered:
- **Program Participant in ED**

4 Mount Rogers Mental Health care team is notified via preferred method of ED visit, and is able to follow-up and/or contribute to plan of care

Success Story: Sturdy Memorial Hospital in Attleboro, MA—*The value of coordinating care through real-time alerts and collaborating with BH Community Partners.*

Behavioral health patient with numerous ED encounters (48 times in year prior to Collective implementation)

- ED care team spoke with the BHCP care coordinator and put a plan in place: Whenever this patient presents to the ED, contact the BHCP immediately instead of contacting the ED's behavioral health team
- Details about this plan were added to the patient's Insights on the Collective Platform, ensuring delivery to any ED on the Collective Network, immediately upon presentation
- Over the following nine months after adding this Insight, the patient had only 12 ED encounters—a reduction of 75%

The team at Sturdy Memorial significantly reduced the patient's ED visits—and when he did present, lengths of stay were reduced from more-than-six hours to less-than-one hour in most cases, as his care manager intervened shortly after his arrivals in the ED

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Next Steps & Contact Information

ADT-BASED CARE COLLABORATION NETWORK

CollectiveMedical offers a cost-effective solution that ensures hospitals, psychiatric hospitals, and critical access hospitals are completely compliant, without the need for any additional intermediary service providers.

CollectiveMedical combines data from sources spanning the care continuum, including ADT, continuity of care documents (CCD), claims data, prescription drug histories (PDMP/PMP), imaging, and more, to give deep insights into patients' activities.

CollectiveMedical also supports the CMS-9115-F ADT alert requirements.

Contact CollectiveMedical for questions and/or to subscribe to submitting ADTs or receiving ENS alerts via CollectiveMedical's ENS solution:

Website: collectivemedical.com

Solution: collectivemedical.com/impact/adt-based-care-collaboration/

Network: collectivemedical.com/impact/adt-based-care-collaboration/

Contact: David Kimball
Tel: 801-473-8848
Email: David.Kimball@collectivemedical.com

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THANK YOU

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PatientPing Team

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New England PatientPing Customer Main Point of Contact

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Project Manager for EOHHS Certified ENS Vendor Program

Jitin Asnaani
VP, Partnerships & Government Affairs
Oversees Partnership Activity with States, HIEs and HIT Vendors

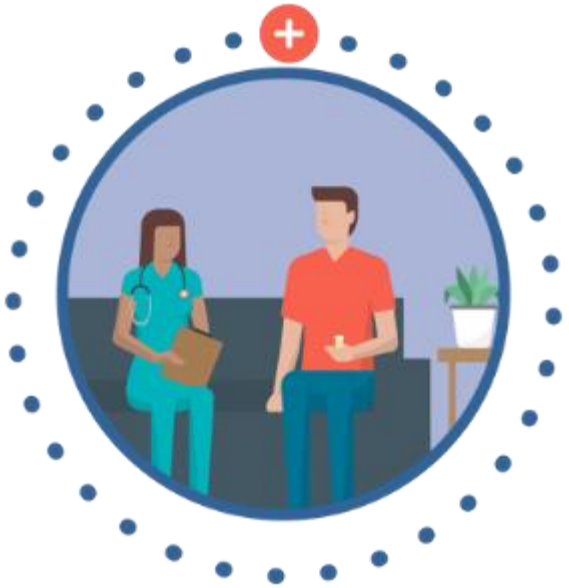
ABOUT US

What is PatientPing?

PatientPing is an Enterprise Care Collaboration Platform for your health system powered by the largest, most engaged care-coordination network in healthcare.

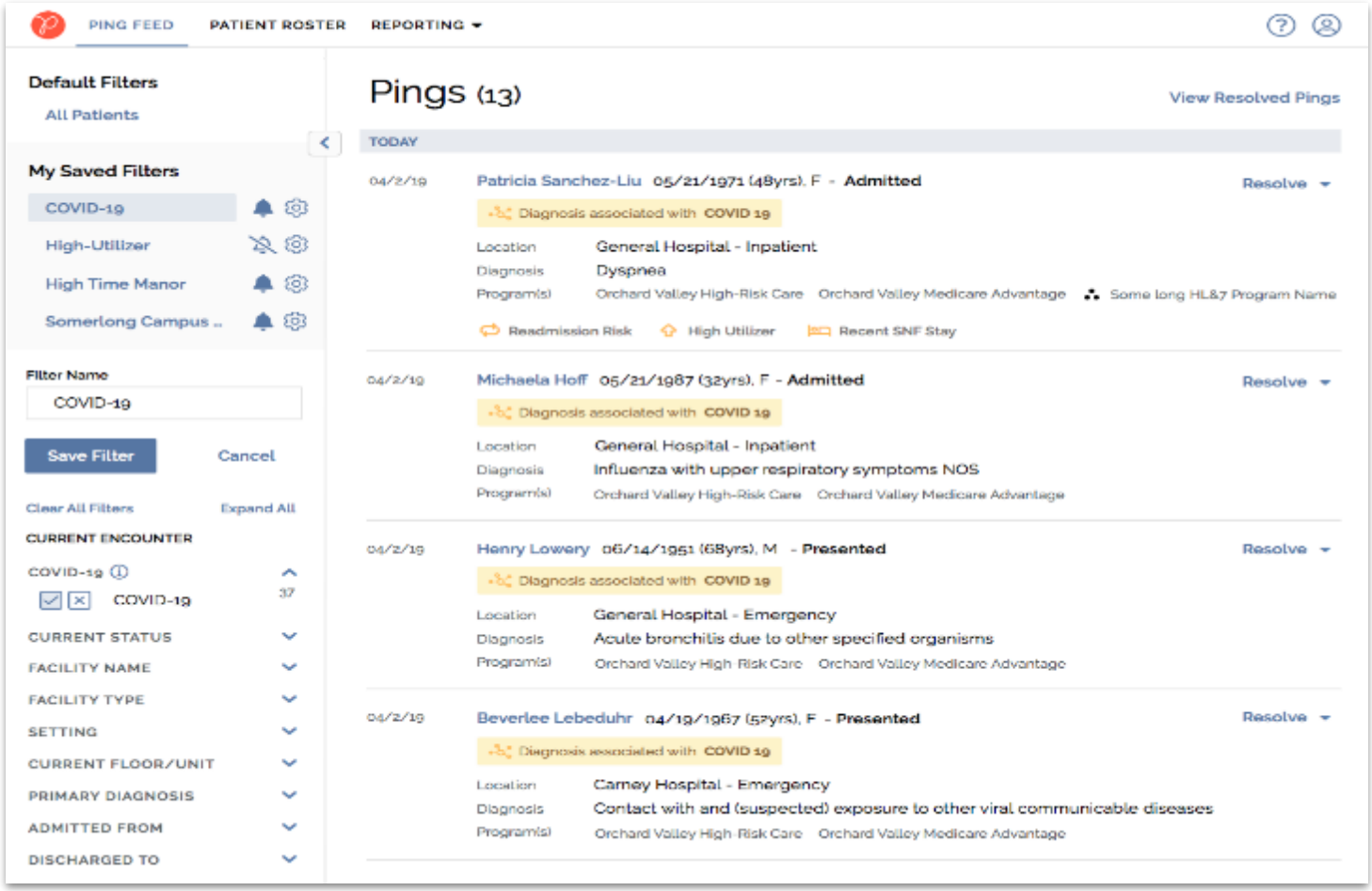
National Network

- **5,000+** POST-ACUTES
- **1,000+** HOSPITALS
- **43.2M+** PATIENTS SUPPORTED



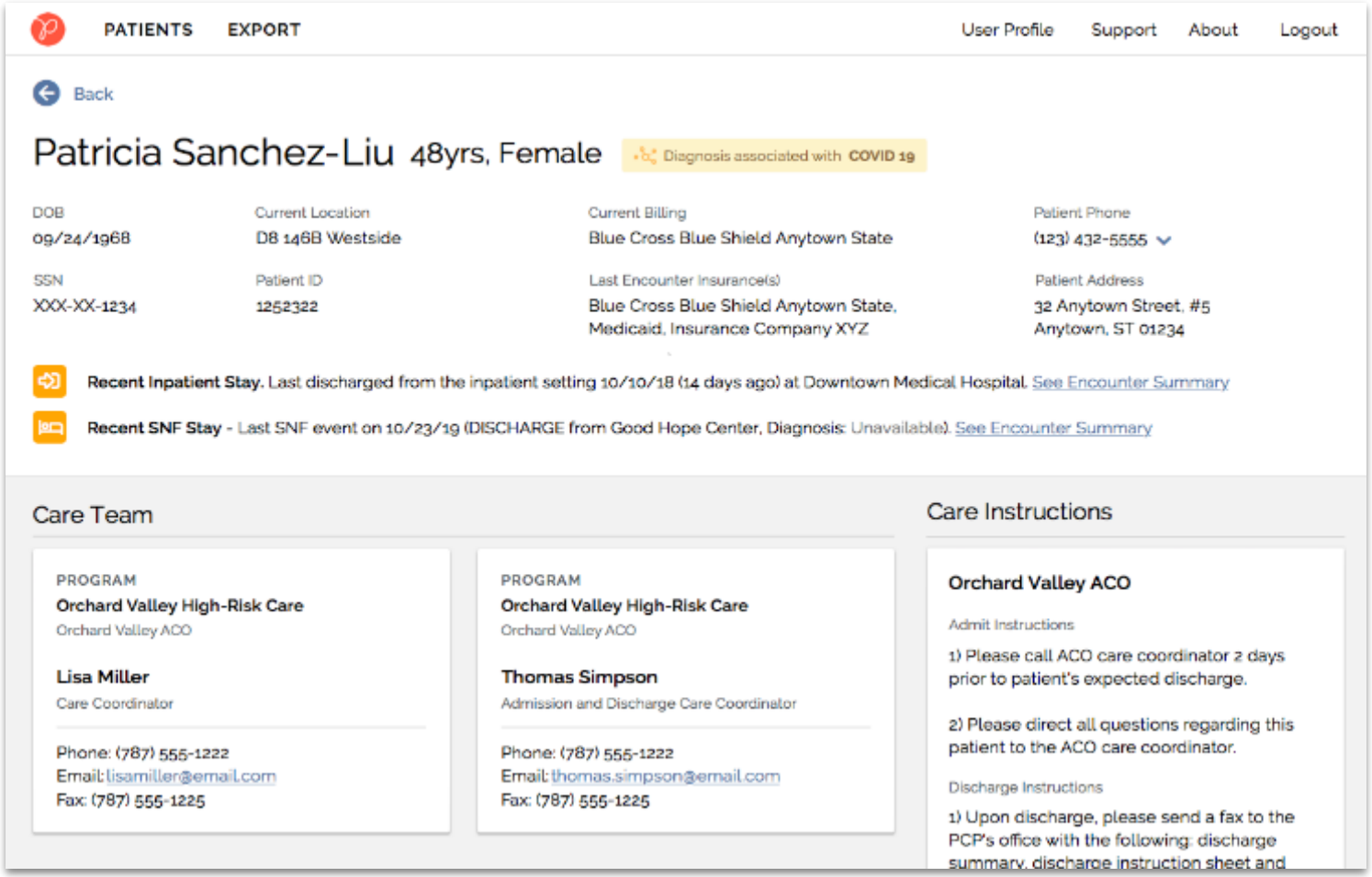
PING FEED VIEW

PatientPing



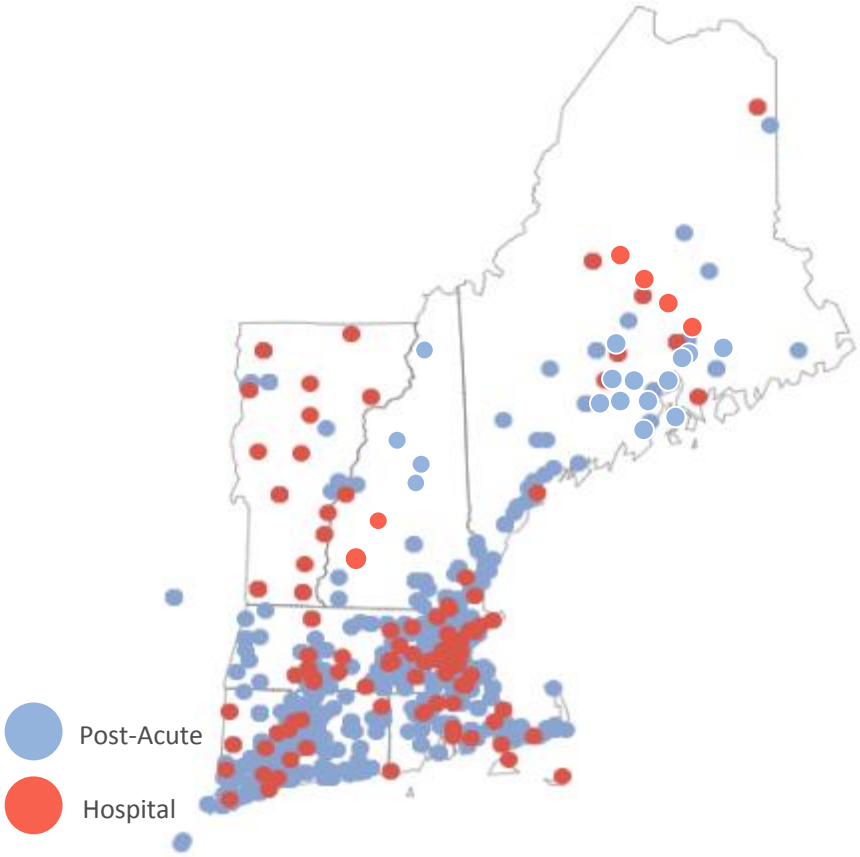
PATIENT PROFILE VIEW

PatientPing



PATIENTPING – THE LOCAL VENDOR

Direct to Provider Connectivity



New England Statistics:

10 OF 16 MASS HEALTH ACOS

12 OF 15 MEDICARE ACOS

~1,000+ AVG DAILY USERS & ~3000 AVG MONTHLY USERS

- **88.7%** acute beds in New England
- 972 post-acute partners
  - 610+ SNFs
  - 340+ home health & hospices
  - **40+ community providers**
- Integrations with all major post-acute EHRs

Massachusetts League of Community Health Centers

BAYADA Home Health Care

Kindred Healthcare

WHITTIER Health Network

REAL-TIME ADT NOTIFICATIONS: PINGS

A History of Success

Deliver Shared Savings

$500M

Savings from ACOs using PatientPing in 2019

Based on 2019 MSSP ACO performance results

Reduce Readmissions

24%

Reduced readmissions

Saint Francis HEALTHCARE PARTNERS

Identify High ED Utilization

14x

Increase in ED high-utilizers identified

Multi-state Health System with >40 hospitals

Improve Home Care Efficiency

$3,500

Weekly savings from improved resource management

Succeed in Medicaid VBC

Holistic treatment and care coordination for all populations

Federally Qualified Health Centers, Nationwide

Payer-Agnostic + **Program-Agnostic**

Driving outcomes for all patient populations

Success in Community Care Transitions

*"**Timeliness** is an essential component of successful care. With PatientPing, we no longer have to seek out our patients as they go through the continuum…the **automated, immediate notifications** let Residential be proactive in our outreach and ready as soon as we are needed for a smoother transition home."*

David Curtis, CEO
Home Health, Residential Healthcare Group

*"We care for elderly, frail, and homebound patients…these patients can experience an exacerbation, panic, and call 911 which lands them back in the hospital. Locating these patients through PatientPing, having the **opportunity to coordinate care,** is critically important. PatientPing has **increased the amount of information he have** on our patients tenfold."*

Alex Binder, VP
Visiting Nurse Association Health Group

*"Prior to PatientPing, we did not have a centralized system to alert us about when and where patients were receiving care across the state. PatientPing is **a piece of the puzzle that we were sorely missing**, and I'm excited for its impact in helping our community health centers provide improved **patient-centered care**."*

Diana Erani, COO and SVP
Massachusetts League of Community Health Centers

*PatientPing played a **pivotal role in the early development of our care coordination model**. We saw early on the value that the platform provided; and [we] were able to establish **care team workflows** that best addressed the needs of our patients.*

Olivia Masini, Associate Director of Clinical Services
Heartland Alliance Health

Success Story

Compass Medical, PC

Compass Medical, PC is a multi-specialty medical organization providing care to patients of all ages at 6 different locations across southeastern MA. Compass Medical has grown over the past 23 years to become one of the top healthcare providers South of Boston.

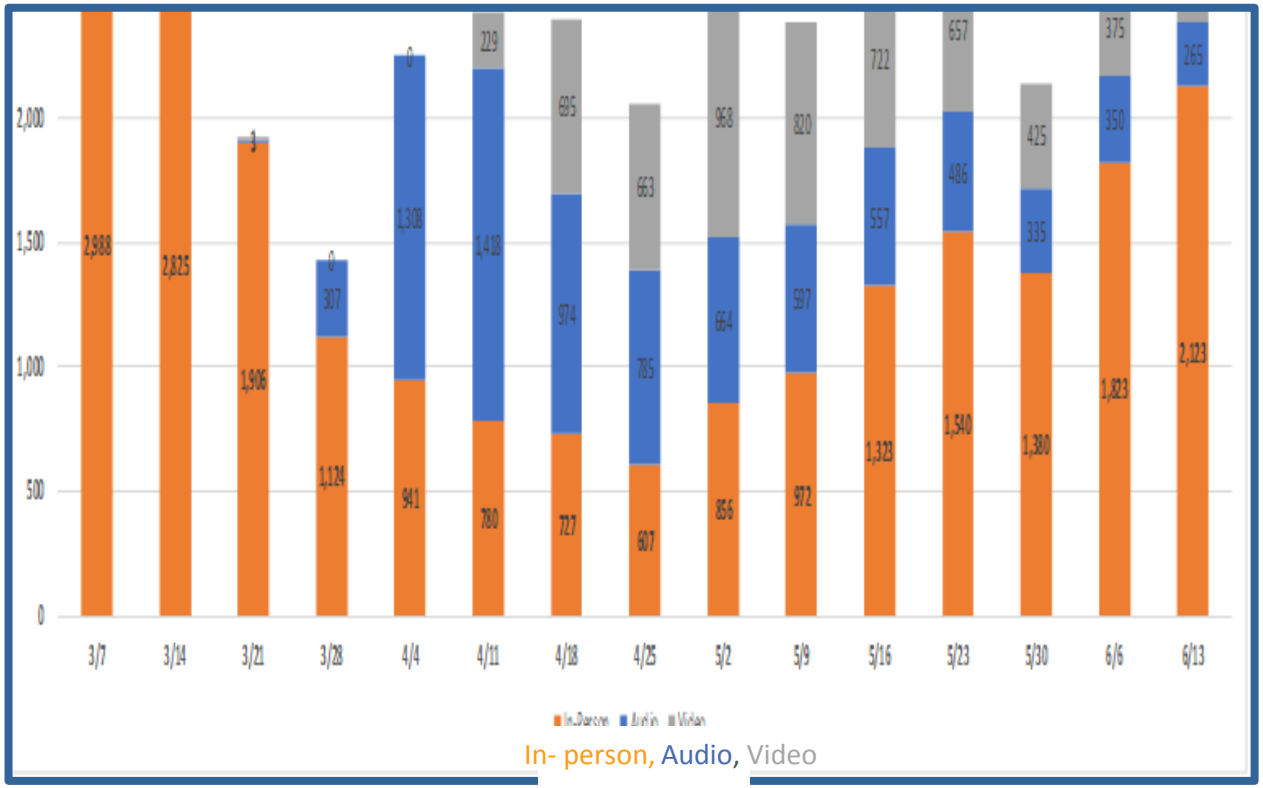
90+ Healthcare Providers

550+ Team members

6 Clinical Practice Sites

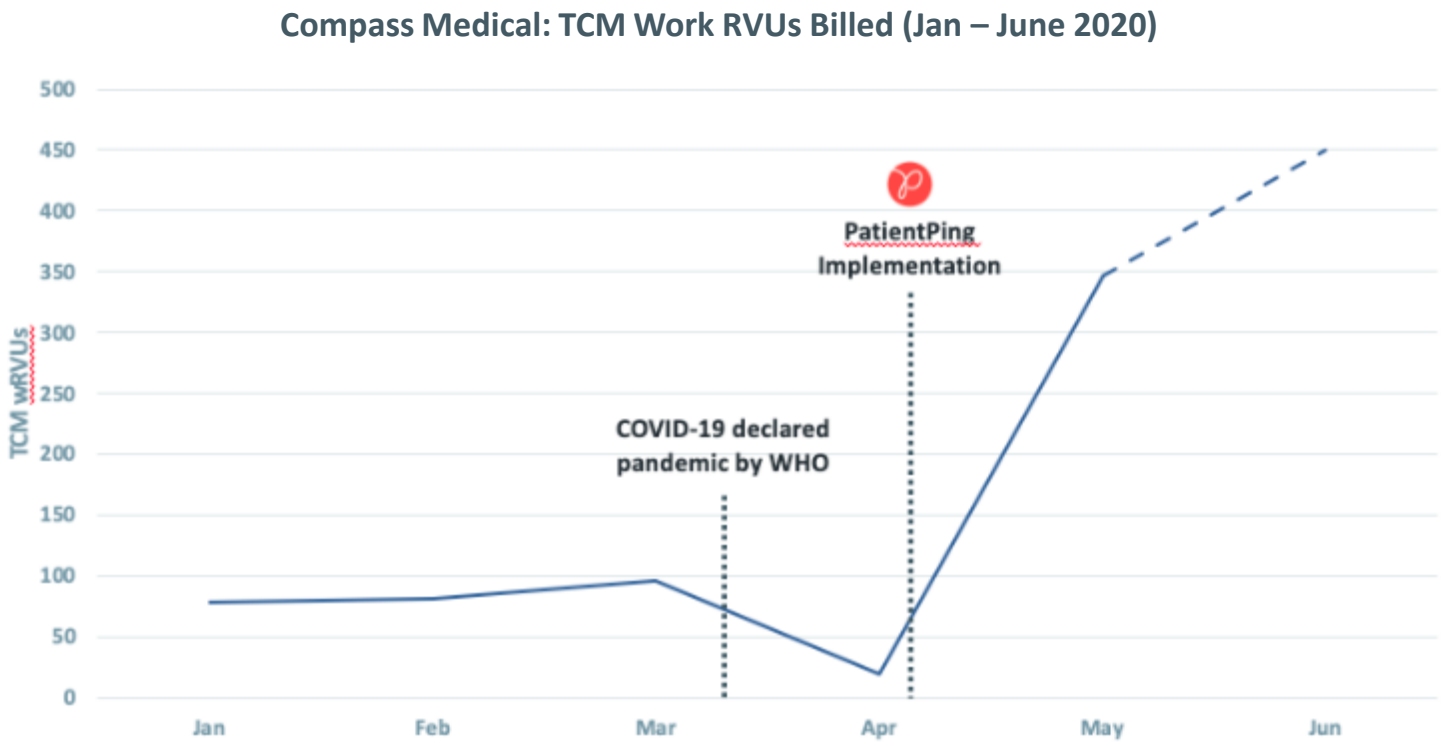
80K Patient Population

All Compass Medical, PC Primary Care Completed Appointments by Type (3/7 – 6/13/ 2020)



COVID-19 caused a 52% decrease in appointment volumes in March; Telehealth (audio & video) enabled appointment volumes to quickly rebound in April and have remained steady through June.

Real-Time Discharge Visibility Drives 500% Increase in TCM Follow-Ups



The PatientPing Team – *What comes next*

Team of Ping guides to support your organization's early success and lasting impact

Account Management Team – Elizabeth Weber

- Main point of contact
- Email address: eweber@patientping.com
- Partners with hospitals & health systems to co-develop solutions tailored toward organizational priorities

Support Team

"Your support team is incredible - I've always had a wonderful experience with them and how they treat us. Trust me, I work with a lot of support resources (including our own internal help desk) and no one is as easy and effective to work with as you all."

- **KLAS acknowledges PatientPing's top strengths to be customer-focused services, responsive support functionalities, and a key facilitator of care coordination to reduce readmissions. Also, PatientPing users strongly endorse the platform for their peers as the company received an 8.88 rating on a scale of 1-9.**

PATIENTPING

Thank you!

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Mass HIway Contact Information

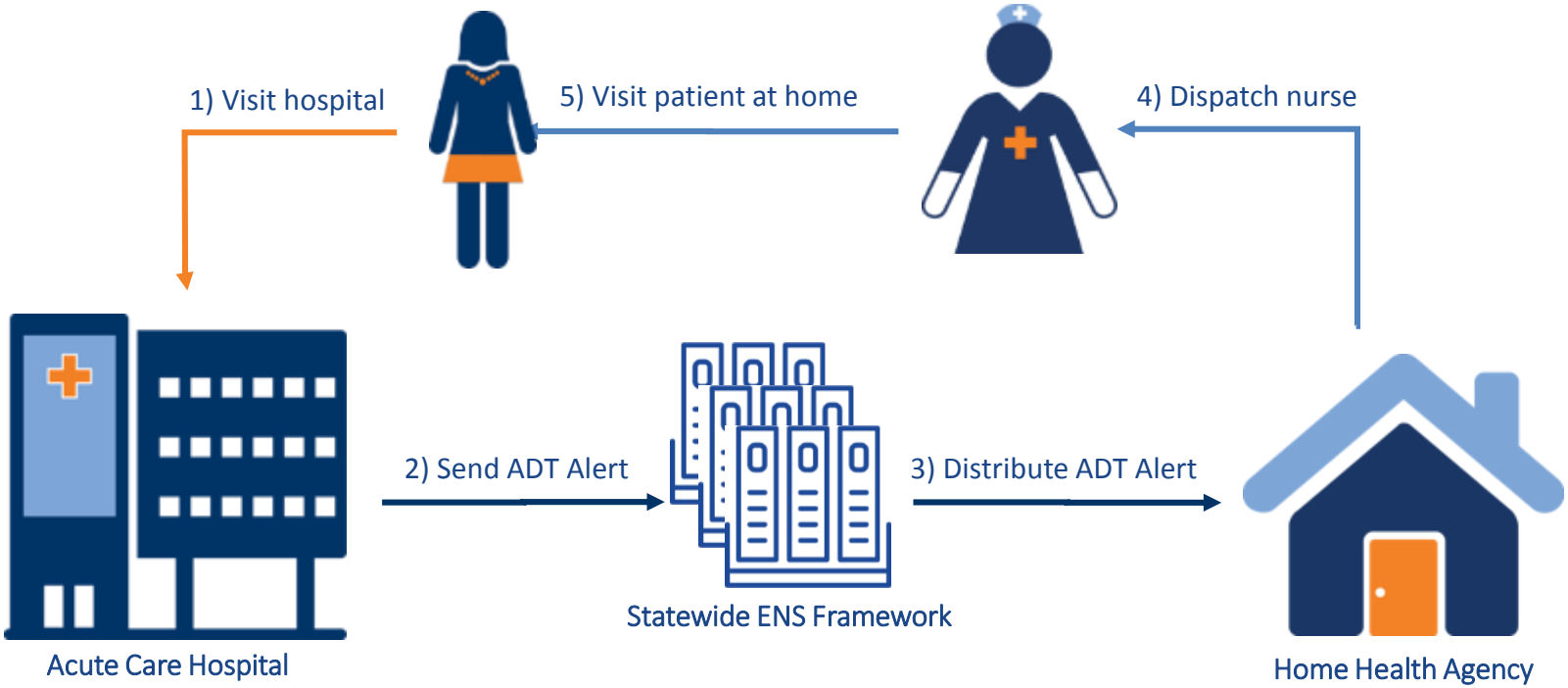
Thank you!

The Massachusetts Health Information Highway (Mass HIway)
Phone: 1.855.MA-HIWAY (1.855.624.4929)
Email for General Inquires: MassHIway@state.ma.us
Email for Technical Support: MassHIwaySupport@state.ma.us
Website: www.MassHIway.net

ENS

- Is a specialized form of Health Information Exchange (HIE) that occurs after ADT events
- Relies on an ENS system to automate the ADT alert distribution
- Enables efficient transfers of care to reduce readmissions and total cost of care
- Provides secure communication solution between care teams at different organizations
- Used by PCPs, hospitals, payers, and others accountable for coordinating patient care
- Used by 3,000 organizations across the country that send and/or receive notifications
- First pioneered in 2013 to leverage available patient data from HL7 ADT messages
    - (HL7 ADT = Health Level Seven, Admission, Discharge, Transfer)

Statewide ENS Framework – Use Case Example



A patient visits an Acute Care Hospital for an emergency medical issue.

After the patient is treated and discharged, the hospital sends an ADT alert to the Statewide ENS Framework, which results in a notification to a home health agency that serves the same patient.

The agency acts to provide follow-up care and schedules a home care visits as needed.

Resources

https://www.healthshareexchange.org/sites/default/files/11.20.17_ens_overview_final.pdf

https://crisphealth.org/services/encounter-notification-services-ens/

https://lanesla.org/encounter-notification-services/

https://ainq.com/capabilities/software/ens-encounter-notification-service/

https://www.commonwellalliance.org/news-center/commonwell-blog/event-notifications-how-commonwell-is-broadening-its-services/