Washington State Medicaid Transformation Project demonstration
Section 1115 Waiver Quarterly Health IT Operational Report
Demonstration Year 3: (January 1, 2019 to December 31, 2019)
Federal Fiscal Quarter: First Quarter (January 1, 2019 to March 31, 2019)

Demonstration Year 3 – Quarter 1
January 1, 2019 – March 31, 2019

The Health IT Operational Plan is composed of actionable deliverables to advance the health IT goals and vision articulated in the Health IT Strategic Roadmap (https://www.hca.wa.gov/assets/program/health-information-technology-strategic-roadmap.pdf). This work supports the Healthier Washington Medicaid Transformation (Transformation) in Washington State. The Health IT Roadmap and Operational Plan focuses on three phases of Transformation work: design, implementation and operations, and assessment. In the 3rd and 4th quarter of 2018, the Washington State Health Care Authority (HCA) led months of conversations that resulted in identifying tasks for the 2019 Health IT Operational Plan. These activities include 64 deliverables and tasks in areas including:

- SUD IMD Waiver
- Data and Governance
- Master Person Index
- Provider Directory
- Payment Models and Sources
- Enhancing Health Information Exchange functionality, including enhancing the CDR
- Registries
- Tribal Engagement
- EHRs
- Behavioral Health Integration

Beginning in 2019, Washington State has advanced in its efforts and entered into a phase of more detailed design and implementation of several activities.

Success Stories

The Health IT team spent much of the first quarter of 2019 focused on integrating the tasks in the Substance Use Disorder (SUD) Health IT Plan (a required component of the SUD IMD 1115 Waiver) into our broader Health IT plans. We submitted a Financial Mapping Report to CMS to fulfill the first required deliverable in the SUD Health IT Plan. One of the funding sources identified in the Financial Mapping Report was the enhanced federal match rate available in Section 5042 of the Support Act for the Design, Development, and Implementation (DDI) of a Qualified Prescription Drug Monitoring Program (PDMP). These federal matching funds were identified as a key funding source for the SUD Health IT Plan given the overlap of tasks in that Plan and the tasks related to the DDI for a Qualified PDMP. Staff from HCA and the Department of Health (DOH) worked on developing an Advanced Planning Document (APD) to secure the enhanced federal match rate available under the Support Act for the DDI of the Qualified PDMP.

The Washington State DoH successfully connected it's PDMP System to the RxCheck Hub and can exchange data with Utah, Illinois and Kentucky. The State is also evaluating connecting to the PMPi Hub. Establishing these connections is an element of the inter-state data sharing requirements in the SUD Health IT Plan and for the Qualified PDMP.

HCA continues to add individuals into the CDR. The CDR now contains more than 7.5 million "continuity of care documents". It averages over 500,000 "continuity of care documents" per month. HCA continued encouraging providers to submit documents to the CDR. In addition, HCA began considerations on potential future uses of the clinical and claims data in the CDR (e.g., supporting statewide population health analytics).

HCA conducted a survey of behavioral health providers and included questions about Electronic Health Record use. The ability to interoperably exchange information with behavioral health providers is needed to support the service delivery transformation priorities in Washington State. Initial analyses suggest that approximately 85 percent of the more than 300 respondents were using either a certified EHR tool (36 percent) or an EHR tool (48 percent). Additional analyses are being conducted and will be included in future quarterly reports.

The state continues to update the State Medicaid Health IT Plan (SMHP) and align the SMHP with activities underway across the Health Care Authority and with key state agency partners (e.g., Department of Health). For example, the updated SMHP integrates information related to the Health IT Roadmap and Operational Plan required in the Medicaid Transformation Program and the SUD HIT Plan required as a component of the SUD IMD Waiver.

In fulfillment of task 1-03, a multi-agency Enterprise Governance Coalition has been formed to ensure coordination and resource alignment of information technology projects across state agencies and programs. One information technology project that the Enterprise Governance Group has considered is the Clinical Data Repository and opportunities for re-use of this infrastructure.

Progress to date

During the first quarter of 2019, Washington State advanced its Health IT Operational Plan. This work included:

- Coordinating with Tribes and ACHs on state and national HIE resources.
- Continuing to support the Health IT Plan requirements of the SUD IMD waiver.
- Submitted the Financial Mapping Report for health IT tasks in the SUD IMD waiver.
- Conducting a survey of behavioral health providers.

- Considered the need and drafted a charter for a Clinical Data Repository (CDR) Data Governance Committee that, if established, could provide guidance and develop policies and processes regarding clinical and claims data and role-based access for clinical, social and claims data for purposes of the CDR.
- Identified 21 high value use cases for Master Person Index and completed case studies of other States' efforts related to Master Person Index.

While there was substantial progress made on deliverables in the first quarter of 2019, there were only two deliverables that were scheduled to be completed during this quarter:

Description of task: 12-01 Support a survey of BH providers adoption/use of EHR/CEHRT. This task was completed during the first quarter (initial analysis reported above). HCA plans to complete detailed analysis in the second quarter and include more detailed reporting in subsequent quarterly reports.
Description of task: 14-01 HCA in collaboration with DoH will develop a financial map that identifies sources of funds (e.g., The Support Act, MMIS, CDC grants, DoH Budget) to execute the activities in this SUD HIT Plan in the IMD Waiver. This task was completed on January 22, 2019 by submitting the financial mapping analysis to CMS. Washington State anticipates that financial mapping will be an ongoing activity and will require updates as potential new sources of funding are identified, analyzed and pursued.

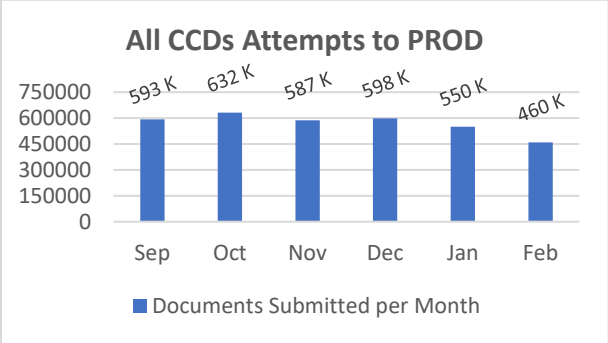
Washington State continues to work on remaining deliverables in all major categories.

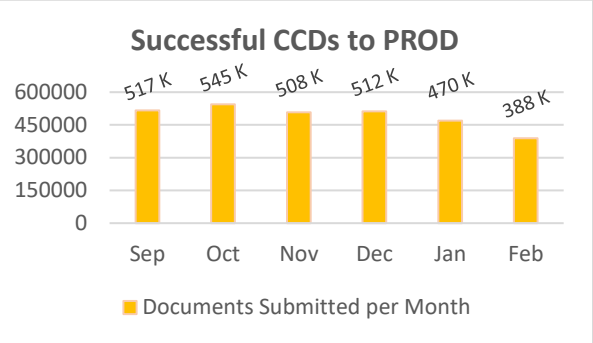
Next Steps

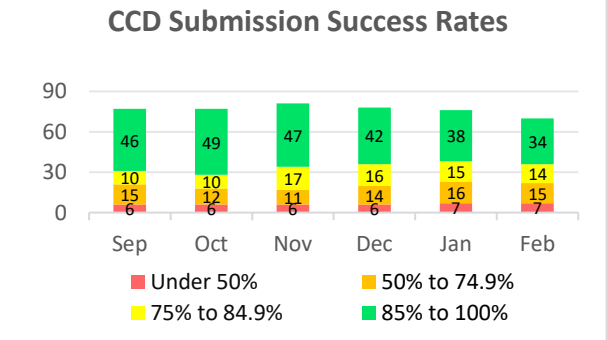
Washington State continues to implement the 2019 Health IT Operational Plan. In addition, the state is working to coordinate and align information technology decision making with the multi-agency Enterprise Governance Group. Decisions made by the Enterprise Governance Group could impact activities undertaken in the 2019 Health IT Operational Plan. Finally, the Health Care Authority will submit to CMS in Q2 2019 the updated State Medicaid Health IT Plan (SMHP).

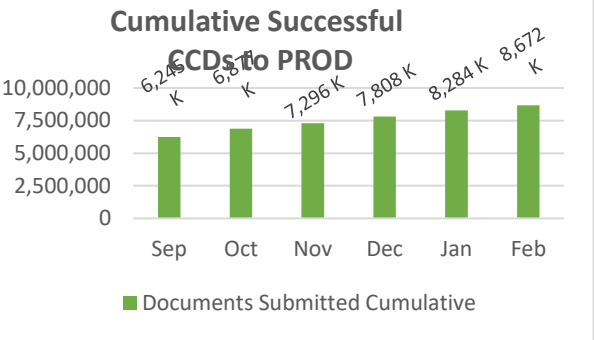
Clinical Data Repository Sponsor Dashboard

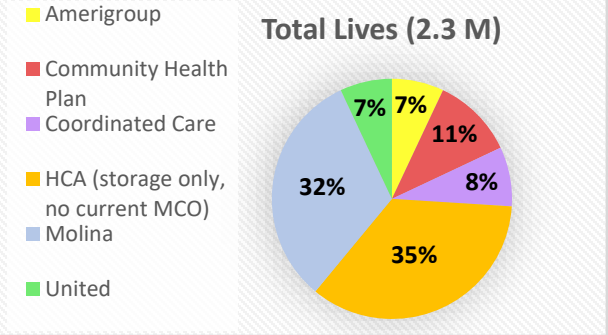
(prepared for Executive Sponsors – March 12, 2019)

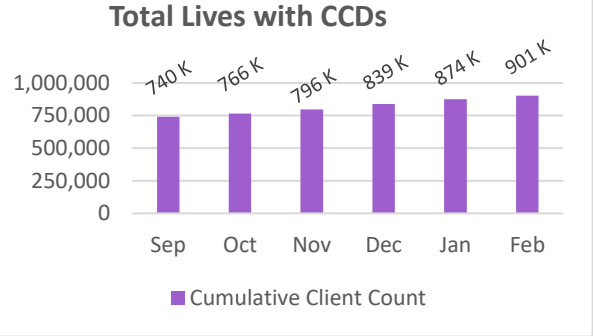












Top 20 Organizations by total successful CCD submissions

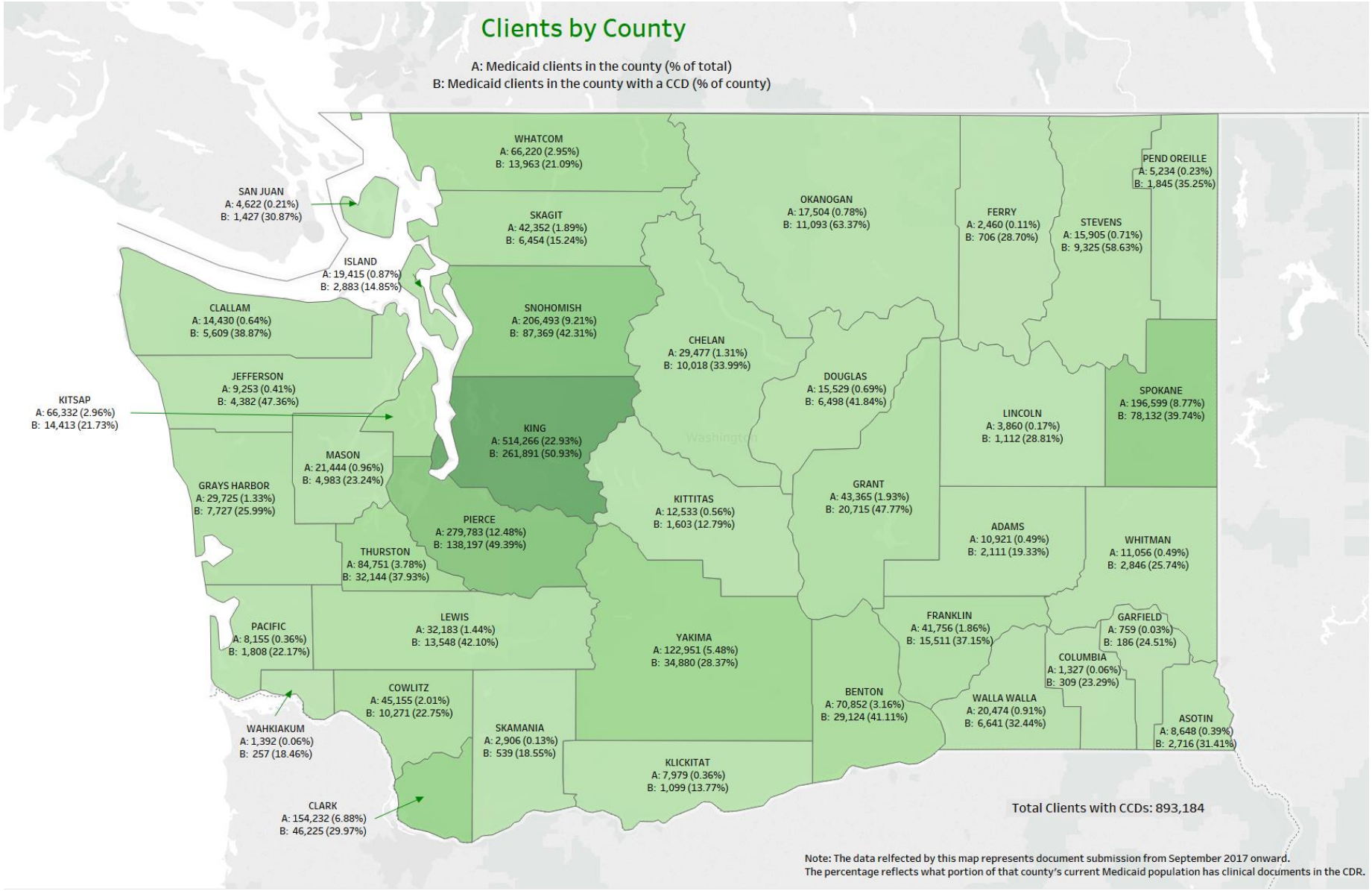
Rank	Org Name	CCD Count	Rank	Org Name	CCD Count
1.	University of Washington	73,151	11.	Health Point CHC	6,992
2.	Multicare	63,916	12.	Tri-Cities Community Health	6,755
3.	Providence Health and Services	51,905	13.	Valley View Health Center	5,982
4.	Swedish Medical Center	38,388	14.	Everett Clinic	4,674
5.	Kadlec Regional Medical Center	19,989	15.	Neighborcare Health	4,401
6.	Sea Mar Community Health Center	19,416	16.	Pacific Medical Center	4,174
7.	PeaceHealth	15,530	17.	Moses Lake Community Health Center	4,159
8.	The Vancouver Clinic	14,480	18.	Yakima Neighborhood Health Services	3,511
9.	Community Health Care	12,287	19.	The Polyclinic	3,193
10.	Seattle Childrens	11,541	20.	Pediatrics Northwest PS	2,660

Number of Provider Organizations in UAT in last month: 6
CDR Tickets at HCA:10 and CDR Tickets at OHP: 10

Clinical Data Repository Sponsor Dashboard

(prepared for Executive Sponsors – March 12, 2019)

Clients by County Map



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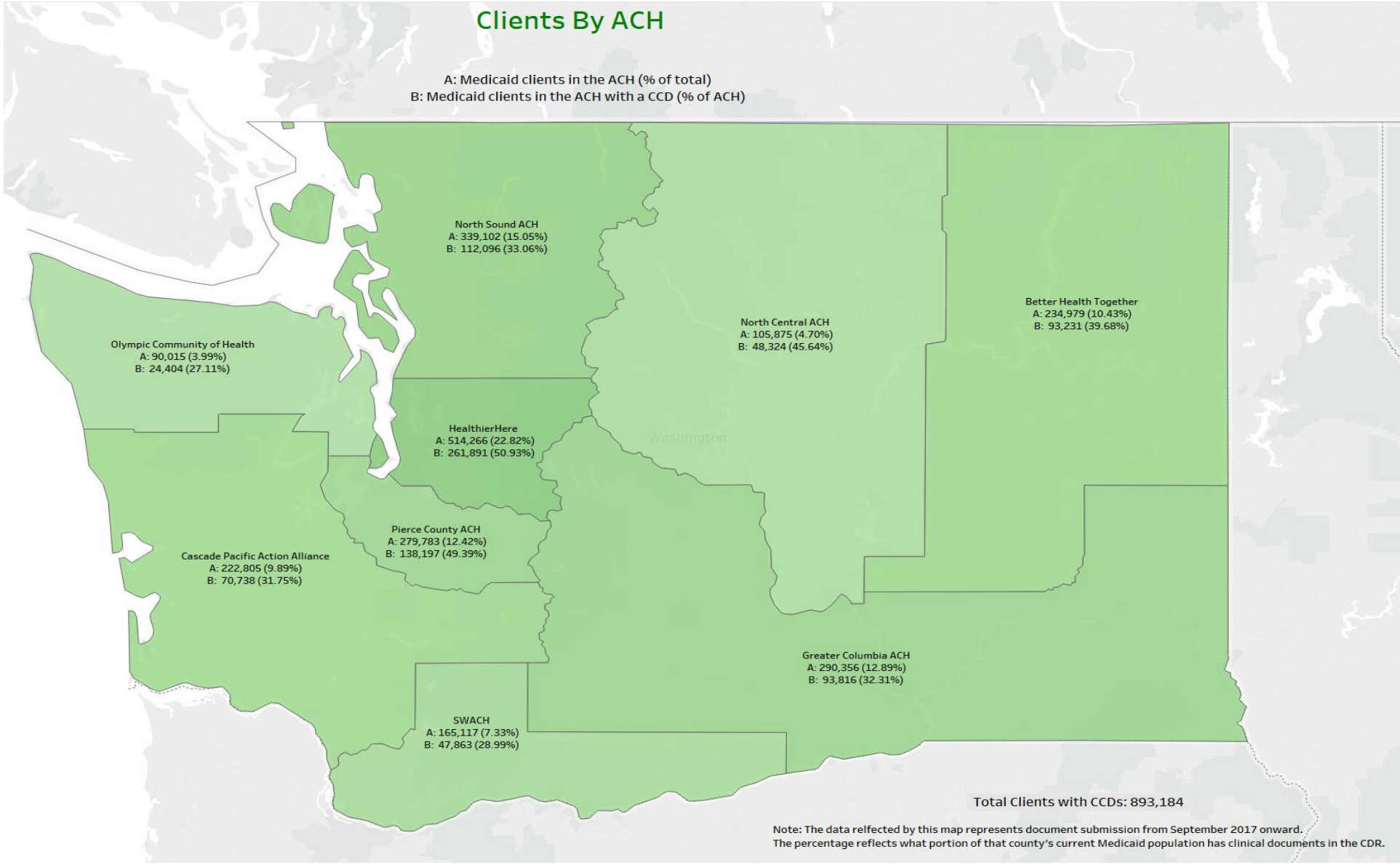
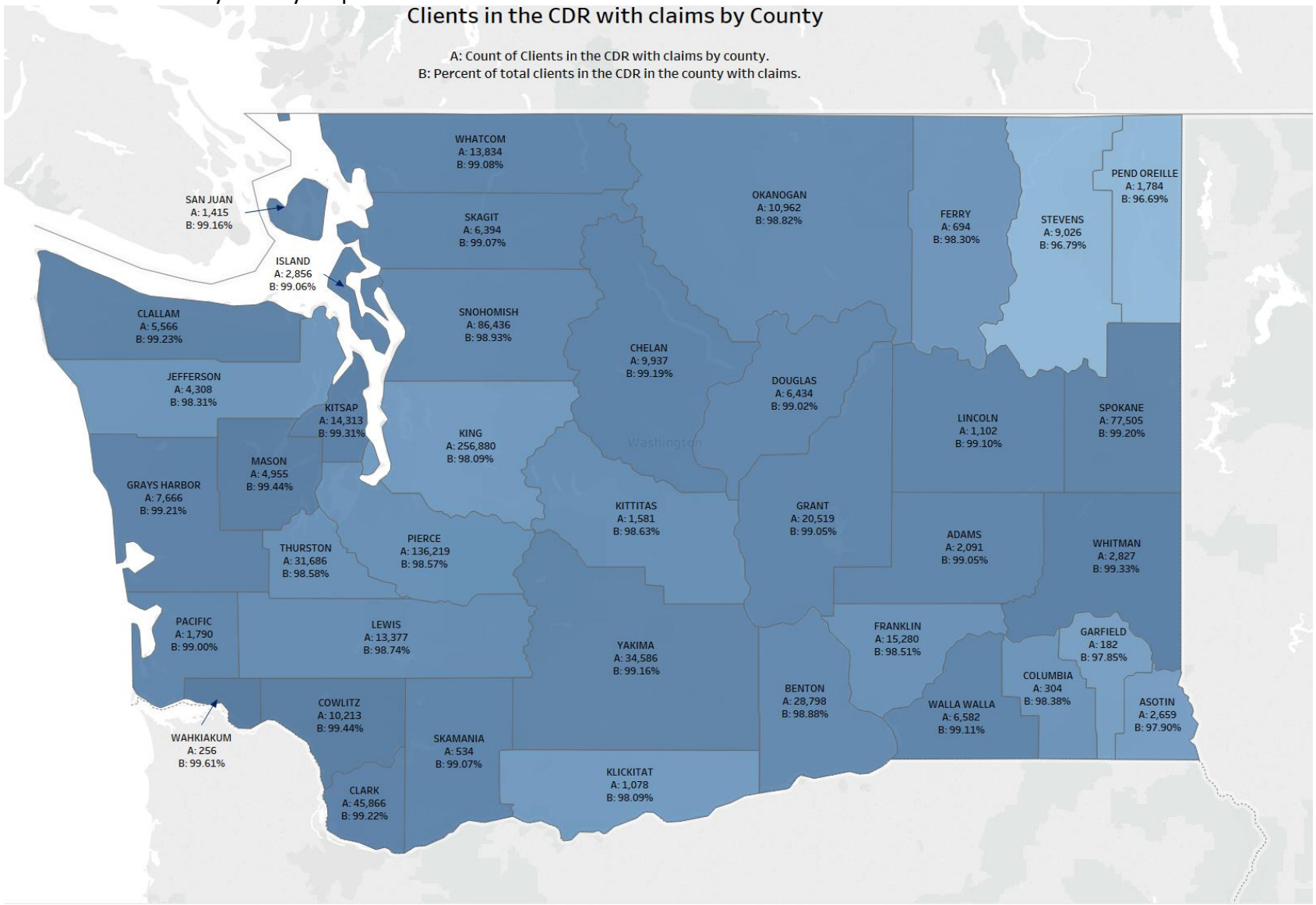
Clients by ACH Map



Clinical Data Repository Sponsor Dashboard

(prepared for Executive Sponsors – March 12, 2019)

Clients with Claims by County Map



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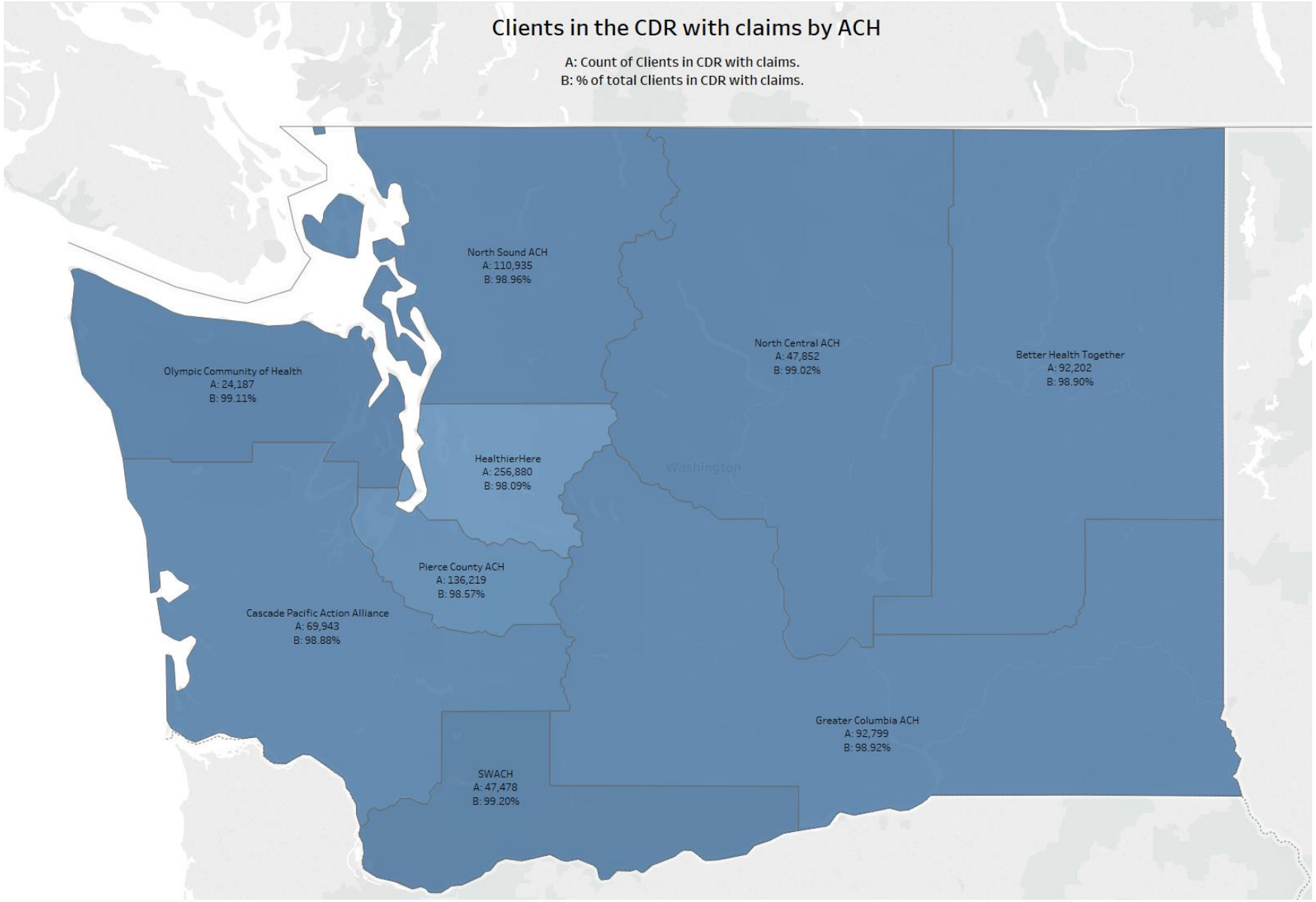
Clients with Claims by ACH Map



Task Number	% Complete	Start Date	Due Date	Name	Year/Quarter End Date	Status	Category
1-01	25	1/2/19	6/28/19	Policies/guidance regarding clinical and claims data, including data in the CDR.	Q2	On Track	Data and Governance
1-02	0	1/2/19	6/28/19	Role-based access policies for clinical, social, and claims data	Q2	On Track	Data and Governance
1-03	75	12/31/19	12/31/19	Build out Enterprise Governance structure	Q4	On Track	Data and Governance
1-04	0	1/2/19	9/30/19	Develop process for incorporating successes from evaluation work (SIM, MTP, etc.)	Q3	On Track	Data and Governance
2-01	50	1/2/19	12/31/19	Draft MPI White Paper and Implementation Plan for Enterprise Governance decision making	Q4	On Track	Master Person Index
3-01	0	1/2/19	12/31/19	Draft Provider Directory white paper and implementation plan for Enterprise Governance decision making	Q4	On Track	Provider Directory
3-02	0	7/1/19	12/31/19	Time and distance standards for provider networks	Q4	On Track	Provider Directory
4-01	25	7/1/19	12/31/19	Provider Assignment/Provider Attribution	Q4	On Track	Payment Models and Sources
4-02	0	4/1/19	9/30/19	MCO HIE incentives	Q3	On Track	Payment Models and Sources
4-03	25	1/2/19	9/30/19	VBP Models and HIT/HIE	Q3	On Track	Payment Models and Sources
4-04	0	1/2/19	12/31/19	Implement Payment Model 2-Rural Multipayer Payment Model	Q4	On Track	Payment Models and Sources
4-05	0	4/1/19	9/30/19	Public/Private Partnerships	Q3	On Track	Payment Models and Sources
5-01	0	1/2/19	12/31/20	Identify and Synthesize Planned ACH and State HIT/HIE Investments	2020	On Track	Health Information Exchange functionality, including enhancing the CDR

Task Number	% Complete	Start Date	Due Date	Name	Year/Quarter End Date	Status	Category
5-02	0	1/2/19	6/28/19	Multiple Methods of HIE	Q2	On Track	Health Information Exchange functionality, including enhancing the CDR
5-03	0	7/1/19	12/31/19	Closed loop referral and Population Health Management	Q4	On Track	Health Information Exchange functionality, including enhancing the CDR
5-04	0	1/2/19	12/31/20	Strategy for Community/Provider Engagement on HIE, including the CDR	2020	On Track	Health Information Exchange functionality, including enhancing the CDR
5-05	0	1/2/19	6/28/19	Strategy for Community/Consumer Engagement on HIE, including the CDR	Q2	On Track	Health Information Exchange functionality, including enhancing the CDR
5-06	0	1/2/19	6/28/19	Security practices for HIT/HIE	Q2	On Track	Health Information Exchange functionality, including enhancing the CDR

Task Number	% Complete	Start Date	Due Date	Name	Year/Quarter End Date	Status	Category
5-07	0	1/2/19	6/28/19	Telehealth	Q2	On Track	Health Information Exchange functionality, including enhancing the CDR
6-01	0	7/1/14	9/30/21	Administer Public Health Registry Onboarding	2021	On Track	Registries
6-02	50	10/1/18	6/28/19	SUPPORT Act: PDMP	Q2	On Track	Registries
6-03	100	10/1/18	6/28/19	Support Access to PDMP through CDR	Q2	Complete	Registries
6-04	0	10/1/18	12/31/19	Support Act: PDMP Guidance	Q4	On Track	Registries
6-05	0	7/1/19	9/30/21	Integrate Other Public Health Registries	2021	On Track	Registries
7-01	0	7/1/19	6/30/20	Enable Addition of FFS Clients to CDR	2020	On Track	Adding Clients to CDR
8-01	0	7/1/19	12/31/19	CDR onboarding	Q4	On Track	Adding CDR Users
8-02	0	7/1/19	12/31/19	Jail Transition Services	Q4	On Track	Adding CDR Users
8-03	0	1/2/19	9/30/19	1st responders/Community Paramedicine	Q3	On Track	Adding CDR Users
9-01	0	1/2/19	9/30/19	Update HIE Roadmap	Q3	On Track	Adding CDR Functions/ Quality
9-02	0	10/1/18	12/31/19	Deploy Reporting Features in CDR	Q4	On Track	Adding CDR Functions/ Quality
9-03	0	10/1/18	12/31/19	Deploy Query and API functionality in CDR	Q4	On Track	Adding CDR Functions/ Quality
9-04	0	7/2/18	12/31/19	Data Quality Improvement Efforts	Q4	On Track	Adding CDR Functions/ Quality
9-05	75	4/1/19	9/30/19	PAMI+ Report for Healthcare Providers	Q3	On Track	Adding CDR Functions/ Quality

Task Number	% Complete	Start Date	Due Date	Name	Year/Quarter End Date	Status	Category
9-06	0	4/1/19	9/30/19	Design/Develop Smart Form Use Cases.	Q3	On Track	Adding CDR Functions/ Quality
9-07	25	4/1/19	9/30/19	SDOH data and CDR	Q3	On Track	Adding CDR Functions/ Quality
9-08	0	7/1/19	12/31/20	Develop Standardized Shared Care Management Tools/Functions	2020	On Track	Adding CDR Functions/ Quality
9-09	0	4/2/18	6/30/20	Develop Standardized Discharge Summary	2020	On Track	Adding CDR Functions/ Quality
9-10	0	1/2/19	12/31/19	Medication Prior Authorization	Q4	On Track	Adding CDR Functions/ Quality
9-11	0	7/2/18	6/28/19	Increase DDA Client Data in CDR	Q2	On Track	Adding CDR Functions/ Quality
10-01	100	4/2/18	12/31/19	Have conversations with Tribes about Exchanging Health Information	Q4	Complete	Tribal Engagement
10-02	25	4/2/18	6/28/19	Assist Tribes exploring EHR replacement and system integration	Q2	On Track	Tribal Engagement
10-03	0	7/1/19	12/31/19	Support Tribal Adoption of CDR	Q4	On Track	Tribal Engagement
11-01	0	1/3/11	9/29/23	Administer EHR Incentive Project	2023	On Track	EHRs
12-01	100	1/2/19	3/29/19	BH providers' EHR/CEHRT adoption	Q1	Complete	Behavioral Health Integration
12-02	0	4/1/19	6/28/19	SUPPORT Act: EHR Incentive Payments to BH providers	Q2	On Track	Behavioral Health Integration
12-03	0	4/1/19	12/31/19	Technical Assistance to BH Providers on CEHRT adoption and use	Q4	On Track	Behavioral Health Integration
12-04	0	1/2/19	12/31/20	Develop and Maintain a Financial Map of Funds for BH HIT/HIE	2020	On Track	Behavioral Health Integration

Task Number	% Complete	Start Date	Due Date	Name	Year/Quarter End Date	Status	Category
12-05	50	4/1/19	6/28/19	Streamline SAMHSA Reporting	Q2	On Track	Behavioral Health Integration
13-01	50	1/2/19	6/28/19	Guidance on complying with 42 CFR Part 2	Q2	On Track	Substance Use Disorder Health IT
13-02	0	4/1/19	12/31/21	eConsent Management Tool	2021	On Track	Substance Use Disorder Health IT
14-01	100	10/1/18	3/1/19	A. Financial map for SUD HIT Plan	2019	On Track	SUD HIT Plan and PDMP Enhancements
14-02		4/1/19	6/30/20	B. Enhanced interstate data sharing in order to better track patient specific prescription data	2019	On Track	SUD HIT Plan and PDMP Enhancements
14-03		7/1/19	6/30/20	C. Enhanced “ease of use” for prescribers and other state and federal stakeholders	2019	On Track	SUD HIT Plan and PDMP Enhancements
14-04		7/1/19	6/30/20	D. Enhanced connectivity between the state’s PDMP and any statewide, regional or local health information exchange (Timeline 24+ months)	2019	On Track	SUD HIT Plan and PDMP Enhancements
14-05		7/1/19	6/30/20	E. Enhance identification of long-term opioid use correlated to clinician prescribing patterns	2019	On Track	SUD HIT Plan and PDMP Enhancements
14-06		1/1/19	9/30/19	G. Develop enhanced provider workflow / business processes to better support clinicians' access to the PDMP prior to prescribing an opioid or other controlled substance (Timeline: 12 months)	2019	On Track	SUD HIT Plan and PDMP Enhancements
14-07		1/1/20	12/31/20	H: Develop enhanced supports for clinician review of the patients’ history of controlled substance prescriptions through the PMP— prior to the issuance of an opioid prescription (Timeline: 24+ months)	2020	On Track	SUD HIT Plan and PDMP Enhancements
14-08		7/1/19	6/30/20	F. Facilitate the state’s ability to properly match patients receiving opioid prescriptions with patients in the PDMP (i.e. the state’s master patient index (MPI) strategy with regard to PDMP query)	2019	On Track	SUD HIT Plan and PDMP Enhancements

Task Number	% Complete	Start Date	Due Date	Name	Year/Quarter End Date	Status	Category
14-09		7/1/19	6/30/20	I: Enhance MPI (or master data management service, etc.) in support of SUD care delivery	2019	On Track	SUD HIT Plan and PDMP Enhancements