HITECH funding numbers in Washington State

Background

The Washington State Health Care Authority (HCA) and the Washington State Department of Health (DOH) celebrate achievements made in our state with funding made available through Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. Together, we put over $380 million in federal funding to work on Washington State health information technology initiatives.

HITECH was part of the 2009 American Recovery and Reinvestment Act (ARRA) and was crafted to promote use of health information technology (HIT). Specifically, this emphasized certified electronic health records (EHR) systems that providers use to create and store client health records. EHRs contain a client's medical history allowing providers to streamline their workflow and make data-informed clinical care decisions, as well as enable providers to exchange health information securely.

A part of the approximately $25 billion the Department of Health and Human Services (DHHS) provided nation-wide went to incentivizing and encouraging providers to transition from paper to electronic health information exchange (HIE). To receive incentive funding under the Meaningful Use (MU) program providers had to adopt and demonstrate meaningful use of EHR technology certified by the Office of the National Coordinator for Health Information Technology (ONC).[i]

> **$380** million
>
> Federal HITECH funding put to work in Washington State

Health Care Authority initiatives

In 2011, the Centers for Medicare and Medicaid Services (CMS) established the Medicare and Medicaid EHR Incentive Programs (now known as the PI Programs) to encourage select providers to adopt, implement, upgrade, and demonstrate meaningful use of certified electronic health record technology (CEHRT).[ii]

Over the past 10 years HCA's EHR team facilitated the disbursement of $360,320,867 in federal funds throughout Washington State's provider infrastructure.

The financial backing provided by the HITECH Act to support the digitization of health records has arguably been the most influential investment in health care information technology in the United States. Clinicians and others in the health care industry acknowledge the positive impact of this technology.

> **$360** million
>
> Distributed by HCA to Washington State providers over 10 years

The clinical data repository

HCA created the clinical data repository (CDR) in partnership with OneHealthPort (OHP), the Washington state designated HIE lead organization. This is a secure cloud-based database storing clinical health information submitted by providers. The CDR supports sharing of health information between Apple Health (Medicaid) providers ensuring continuity of care between providers in a client's network of care.

As of September 2021, the CDR contained about 20 million clinical care summaries related to almost 1.4 million Apple Health clients. HCA is currently working on developing an electronic consent management solution that will enable providers to share more sensitive information at the direction of the clients they serve.

Division of Clinical Quality and Care Transformation
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Electronic consent management

HCA intends to make an electronic consent management solution (ECM) available in Washington State to improve how substance use disorder (SUD) and other sensitive health information is shared between providers to better support care coordination. Current methods for sharing this kind of information can involve multiple releases of information, faxes, and phone calls which can contribute to decreased care effectiveness. With a universal ECM solution, clients can be assured of authorizing information exchange only with those parties they designate, and providers can get access to relevant client information to provide the highest level of care.

To support this effort, HCA hosted requirements gathering sessions with stakeholders and tribal partners between 2019 and 2021 that lead to the release of a request for information (RFI) to software vendors. RFI responses and future funding opportunities will help HCA further refine its work to bring ECM to safeguard the exchange of sensitive client information.

Additional HITECH fund-supported HCA activities

HITECH allowed Washington State to access enhanced federal matching payments furthering development and use of HIT and HIE. Washington State used these funds in several expansive ways.

HCA supported the development of provider guidance on compliance with 42 Code of Federal Regulations (CFR) Part 2 and creation of a standard consent form for sharing SUD information. HCA also participated in a federally convened state learning collaborative through which information and guidance was shared on the exchange, re-use, and consent management of SUD and other sensitive health information.

> **96 million+**
>
> More than 96 million transactions were conducted in 2020 supporting public health reporting

HCA collaborated with the state's 9 accountable communities of health (ACHs) to identify supports and provide technical assistance needed by providers across regions to advance the use of HIT and HIE. HCA also collaborated with other state agencies, tribal governments, and ACHs supporting information exchange and data use consistent with HCA's data governance strategy.

> **7,667 providers**
>
> Providers received funding to adopt, use, and implement certified EHRs

HCA supported the design and analysis of technology-related provider surveys. They also supported research for the state's Health and Human Services Coalition on the need for a master patient index and provider directory, and the adoption and use of telehealth technologies by physical and behavioral health providers. HCA examined contract changes in behavioral health performance measures over time across regions and MCOs, collecting social determinants of health data, and the use of telehealth prior to and during the COVID-19 pandemic.

HCA is exploring a statewide EHR solution for use by behavioral health, rural, and tribal providers. Additionally, HCA is exploring the development of HIT plans required under federal waivers, participated in conversations with managed care organizations (MCOs) about the use of HIT and HIE tools to support their population health management plans for care coordination, and supported the development of patient access and provider directory application programming interfaces as required by CMS.

Department of Health initiatives

DOH, in partnership with HCA, accessed nearly $20 million through HITECH to invest in the establishment and enhancement of critical infrastructure needed for public health data exchange with hospitals, labs, and clinics, and to modernize 10 key public health systems protecting and improving the health of Washingtonians. Key highlights from these investments include the following.

Public health reporting

A new public health reporting infrastructure using OHP, the state HIE, which provides a single electronic hub for Washington State providers to connect to the department. More than 96 million transactions were conducted using OHP in 2020. The system provides an efficient and cost-effective way to connect and exchange clinical data with partners, including the secure transfer of lab reports, cancer reports, immunization reports and queries, syndromic surveillance reports and electronic case reports.

Lab reporting system

A streamlined electronic lab reporting system between state and local laboratories, health departments, health care systems, and the Centers for Centers for Disease Control and Prevention. This system allows labs to comply with national reporting standards and enables DOH to track the spread of infectious diseases across the state. During peak COVID-19 testing, DOH processed 30,000 lab messages per day with electronic lab reporting.

Case reporting

Electronic case reporting for notifiable conditions is now being used at nine health care organizations, representing 457 clinical sites across the state.

Disease reporting system

A new Washington Disease Reporting System (WDRS) replaced several aging disease surveillance systems. WDRS is essential for prompt case and contact investigations which ultimately prevent the spread of disease. It is the primary repository for electronic lab reporting, including COVID-19 lab reports. As of August 2021, WDRS received more than 2 million reports for more than 110 notifiable diseases.

> **$20 million**
>
> Accessed by DOH, invested in critical health data exchange infrastructure and public health system modernization Washington State providers over 10 years

Syndromic surveillance

A robust syndromic surveillance system that monitors emergency department data in real time. This system is used to identify, investigate, and design data-driven, rapid responses to emerging public health threats such as SARS, H1N1 Flu, and now COVID-19. We enrolled, validated, and processed data from 964 hospitals and clinics across Washington state. Each day the system processes an average of 395,000 messages relating to over 51,000 health care visits a day.

Immunization registry

A modernized Immunization Registry is a valuable tool for public health and Medicaid surveillance and policy planning, for forecasting needed immunizations for each patient. It also assists with ordering vaccines. The registry is a mission critical tool for ordering, distributing, and tracking COVID-19 vaccines.

Additional DOH accomplishments

Increased technical assistance and onboarding of new providers into the Prescription Drug Monitoring program (PDMP). PDMP is key to our state opioid response. The program allows providers to view the history of controlled substances being used by their patients to better inform treatment decisions. Since 2017, Washington providers increased the use of PDMP data from about 5 million queries to approximately 95 million queries in 2020.

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[i] MU is a general term for CMS' EHR incentive programs that provided financing to health care providers who used ONC-certified EHRs to benefit their clients. MU goals included improved care quality, safety, efficiency, and a reduction in health disparities. Additional goals included improved care coordination, privacy, security, and greater engagement with clients and their families. MU goals for public health agencies included better population health management.

[ii] Over three stages, the PI Programs established requirements for the electronic capture of clinical data, including providing patients with electronic copies of health information; advanced clinical processes to ensure using EHRs supported the National Quality Strategy; encouraged using CEHRT for continuous quality improvement at the point of care; encouraged exchanging information in an electronic format; and focused on using CEHRT to improve health outcomes such as effectiveness of care, patient experience, and timeliness of care.