Washington State Health Care Authority

Washington Health Information Technology Updates

July 2016

WASHINGTON
Link4Health

Need Help?

Clinical Data Repository (CDR):

Need CDR help? Please contact our team at: healthit@hca.wa.gov and put "CDR" in the subject line or visit our website at www.healthit.wa.gov .

To take the first readiness steps in adopting the CDR please visit the OneHealthPort readiness page.

Electronic Health Records (EHR):

Need EHR help? Please contact our team at: healthit@hca.wa.gov

Website: www.healthit.wa.gov

Security or log-in issues with ProviderOne? Please contact: ProviderOneSecurity@hca.wa.gov for assistance with your P1 password or when you have a change in staff resulting in a new System Administrator for your office.

- CMS EHR Help Desk: 1-888-734-6433 Option #1.

- CMS Account Security and to update your accounts contact person: 1-866-484-8049 Option #3.

- Did you know that CMS has its own Listserv? To subscribe: Subscribe to CMS EHR Incentive Programs Listserv.

Remember to keep an electronic back-up or file of all documentation/reports used during each attestation. This will

Clinical Data Repository and HealthIT in Washington State

In collaboration with the state Health Information Exchange (HIE), OneHealthPort (OHP), we have continued preparations for the CDR rollout later this year. It has been a busy month, with activities underway in several areas:

- Finalizing a data classification white paper (version 1) as guidance for EHR vendors and providers as they prepare their data before sending to the CDR.
- Meeting with providers and vendors to troubleshoot technical and other challenges
- Analyzing relevant policies and procedures for changes needed due to the CDR
- Working with DSHS and DOH to identify CDR users and business process impacts
- Continuing monthly webinars for professional associations and other stakeholders so they can assist members in preparing for using the CDR
- Other technical preparations

OneHealthPort is offering monthly webinars for EHR vendor and provider organizations. Their readiness efforts are continuing in parallel with those of the state. The registration links are below:

EHR vendor webinar

Provider staff webinar

The HealthIT team with the Health Care Authority offers monthly informational CDR webinars for providers and professional organizations as well. Follow the links below to register:

Professional Association webinar

Provider webinar

If you have any questions about whether your organization is required to submit data to the CDR, please refer to the decision tree or email our team at healthit@hca.wa.gov .

Your Input Is Needed by July 18th!

As both a Collaborator and Payer, The Washington State Health Care Authority (HCA) has the opportunity to leverage 90% federal funding match to make targeted investments that help all Medicaid providers participate more fully in contributing and accessing shared patient information electronically.

HCA is seeking your input to validate and prioritize investments to increase the flow of data across the care continuum in ways that support person centered care and improve health outcomes. Please share your input with us through this survey (estimated 20 minutes to complete). We hope for broad input across the entire health care community. Unfortunately, this goal might result in your receiving the survey

save you considerable time and efforts if you are ever asked to provide attestation materials during an audit.	invitation multiple times. There is only one survey and if you complete the survey please feel free to disregard subsequent invitations. We apologize in advance for any duplicate invitations as we understand the overwhelming amount of emails you receive. We will use this information to identify high value targeted investments with the most potential to help us all better collect, share and use patient information to improve care.

The Background

The Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs—commonly known as meaningful use—have been instrumental in increasing adoption and use of certified EHRs among hospitals and ambulatory care providers. Mental and behavioral health, public health, home and community based services, nursing homes, rehabilitation facilities, home health care workers, first responders, correctional, pharmacies, laboratories, and other ancillary service providers are not eligible for meaningful use incentives and often lag behind in adoption of EHRs and other clinical information technology (IT) systems.

Because patients regularly move between eligible and ineligible providers, patient information needs to follow, regardless of the setting of care and the technology systems in place. Clinical information technology systems don't often communicate well with each other, making it difficult for health care organizations to share patient information outside their own enterprise.

The Office of the National Coordinator for Health IT (ONC) and the Centers for Medicare and Medicaid Services (CMS) recognize this challenge. In February 2016, CMS and ONC made federal funding available to promote health information exchange for providers ineligible for meaningful use incentives. A copy of the updated guidance published can be found at: https://www.medicaid.gov/federal-policy-guidance/downloads/SMD16003.pdf .

HCA is also taking action through and environmental scan to identify the best and highest use of federal match to address the barriers to this level of health information exchange. Please direct all questions and comments to healthit@hca.wa.gov with "Environmental Scan" in the subject line.

EHR Alerts

When contacting us with questions, please be sure to use the same email you used when registering at CMS. Otherwise we are unable to assist you.

2016 is the last year to initiate participation in the Medicaid EHR Incentive Program. For more information on eligibility please visit our EHR Incentive Program Overview page.

EHR Incentive Programs in 2015 through 2017 Health Information Exchange Requirement

The Health Information Exchange (HIE) objective (formerly known as "Summary of Care") is required for eligible professionals (EPs), eligible hospitals and critical access hospitals (CAHs) participating in the Electronic Health Record (EHR) Incentive Programs in 2015 through 2017. For the EHR Incentive Programs in 2015, the HIE objective includes one measure that is required for Stage 2 participation. For 2016 and 2017, the objective also includes one required measure. For Stage 3, the objective will require three measures for all participants.

For more information please read the HIE Fact Sheet.
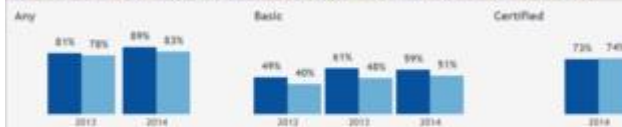
Trends in Individual Use of HealthIT

The percent of individuals who use text messaging to communicate with their health care provider continues to grow, as 18% of individuals say they do so, triple the rate from 2012. Communication between patient and provider through e-mail rose as well in 2014, as nearly one-third do so, compared to less than 1 in 4 individuals in 2013. Individuals use of their accessible personal health information grew, as over 1 in 5 of individuals looked at any of their medical test results online in 2014, a nearly 50% increase from 2013. Use of mobile health applications also rose, as 17% of individuals used a smart phone health application in 2014. Individuals' use of one or more of these types of IT significantly grew between 2013 and 2014, from 39 to 48%.

Due to design constraints in our system we cannot enlarge the images. We encourage you to zoom in on your screen to read the specifics (Ctrl/+) (Ctrl/- to zoom back out).
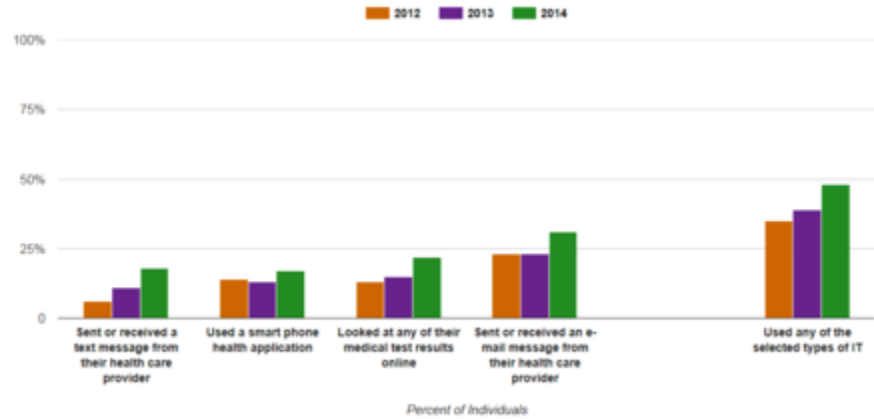

EHR Adoptions

Health Information Exchange

Increasing the interoperable exchange of health information across the care continuum and individuals is a nationwide priority. The ONC's Interoperability Roadmap specifies actions by public and private stakeholders to enable a majority of individuals and providers across the care continuum to send, receive, find, and use a common set of electronic clinical information by the end of 2017. Monitoring trends in electronic exchange of health information among hospitals and health care professionals is a critical component of assessing nationwide progress on exchange and interoperability across the care continuum.

Percent of Washington Hospitals that Electronically Exchanged Patient Laboratory Results with Outside Health Care Providers: 2014
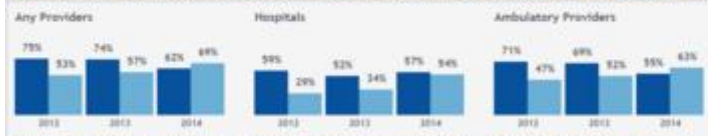
Note: outside providers are ambulatory care providers, hospitals, or both that are outside a hospital's organization/health system.

Percent of Washington Hospitals that Electronically Exchanged Patient Summary of Care Records with Outside Health Care Providers: 2014
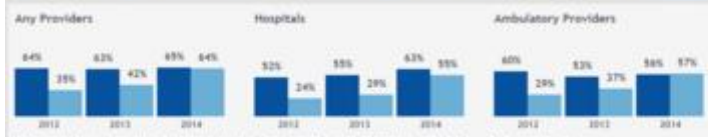
Note: outside providers are ambulatory care providers, hospitals, or both that are outside a hospital's organization.

Percent of Washington Physicians that Electronically Shared Patient Health Information with Health Care Providers: 2014

Note: any providers: percent of physicians who shared PHI with any ambulatory providers, hospitals and/or labs.

Total Payment Through the EHR Incentive Program Paid Out to Participating Providers to Date

Hospitals:

Total Hospital Payments Made	= 270	$136,471,996.00
Paid for Year 1 (unique Hosp.)	= 88	$63,781,127.00
Paid for Year 2	= 76	$35,357,855.00
Paid for Year 3	= 62	$23,911,276.00
Paid for Year 4	= 44	$13,421,738.00

Eligible Providers (EP):

Total EP Payments Made	= 10,144	$164,108,129.00
Paid for Year 1 (unique EPs)	= 6,168	$130,453,779.00
Paid for Year 2	= 2,418	$20,428,348.00
Paid for Year 3	= 1,223	$10,381,335.00
Paid for Year 4	= 332	$2,819,167.00
Paid for Year 5	= 3	$25,500.00

GRAND TOTAL PAID

SINCE 6/1/2011: $300,580,125.00

Please do not reply directly to this message. If you have feedback or questions, please visit the HealthIT website for more information or email us at HealthIT@hca.wa.gov.

Thank you for subscribing to HIT/HIE. If you want more information [please visit our website](#).