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Clinical Data Repository updates

The Clinical Data Repository (CDR) has been open for health care organizations that have successfully completed their readiness activities. Providers are submitting their clinical summaries in a standard electronic format called a Continuity of Care Document (CCD) after each outpatient encounter or inpatient admission. Of note:

- The system has claims and encounter data from January 2016 onward.
- There are also over 2 million CCD documents to populate the clinical portion of the record for many enrollees. About 20% of current enrollees have clinical information in the system.
- Match rates are improving, with several organizations in the 90% range.

The date to open the clinical portal for general use is still under discussion.

As the CDR has been gaining critical mass, HCA has met with providers and their staff in a variety of care settings who need timely, on demand access to patient's medical records. Medical and behavioral health providers can benefit from the integrated health record and Managed Care Organizations can benefit from data to fulfill reporting requirements. In addition, the following are examples of needs that have been further validated during our meetings:

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Need help?

CDR help:

- [CDR resources](#)
- [Readiness steps from OHP](#)
- Email HCA at healthit@hca.wa.gov
- [Email OHP](#)

EHR help:

- [EHR resources](#)
- [ProviderOne help](#)
- CMS EHR help desk: 1-888-734-6433 (option 1)
- CMS account security: 1-866-484-8049 (option 3)
- [CMS listserv](#)

- Health care staff that provide care in a jail setting may receive little or no information about a person's health status and care needs. During the intake process, an individual may disclose some of their medical information but most often this information has to be collected and validated using phone or fax – if a provider of care is even known. Access to information about communicable diseases, medical conditions, behavioral health issues and medications is needed within the first 72 hours.
- Care planners/case managers working hard to manage the health of their patients spend a significant amount of time calling care givers and facilities trying to determine if a patient has been hospitalized, seen in an emergency department or entered the jail system after missing planned care appointments. Having access to integrated health information can help them identify recent care providers and settings and saves precious time.
- OneHealthPort currently stores Health Action Plans (HAP) created to help coordinate care for high-risk Medicaid patients who are voluntarily participating in a care coordination program. These patients have more complex needs, and their Health Action Plans may include assessments related to activities of daily living, support needs and other information. This would be very valuable to both physical medicine and behavioral health providers in attempting to better integrate care for these high need/high cost individuals. In the future this could be made available via the clinical portal.

These examples speak to the immediate need for integrated health information for the purpose of treatment and care coordination. We are well on

our way to achieving an integrated, longitudinal health care record to provide the most effective and coordinated care for our clients. We appreciate your engagement with this process.

Electronic Health Records Incentive Payment Program updates

2018

CMS is still making decisions about possible 2018 changes, for now you can only attest to MU Year 1 after you have 90 days of data. All other years will need to wait until that decision has been made. Thank you for your patience.

Deadlines

2017 attestations for Meaningful Use Year 1 are due by 2/28/18 11:59pm.

If you are attesting to 2017 and attesting to MU Year 2 and beyond for 365 days (Stage 2 only) you can attest as early as 1/1/18. Using a full year of meaningful use the deadline will be February 28, 2018.

If you are attesting to 2017, MU years 2-6 using 90-days, you will not be able to attest until **August**. The deadline for those attestations will be 60-days after the system is open to accept them. Please watch future Newsletters and GovDelivery messages for updates.

Incentive Program statistics

Hospitals

Year 1 = 88 (\$63,781,127)

Year 2 = 80 (\$35,927,940)

Year 3 = 77 (\$29,081,024)

Year 4 = 62 (\$17,919,220)

Eligible Providers

Year 1 = 6,937 (\$146,773,780)

Year 2 = 3,144 (\$26,576,684)

Year 3 = 2,231 (\$18,915,339)

Year 4 = 1,470 (\$12,449,672)

Year 5 = 723 (\$6,125,669)

Year 6 = 184 (\$1,561,167)

Grand total Since 6/1/2011 = \$359,111,622

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