Washington State Health Care Authority

HEALTH INFORMATION TECHNOLOGY

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:

- A health record has been established for managed care Apple Health enrollees, including claims and encounter data from January 2016 onward.

- We now have over 2 million CCD documents in the system to populate the clinical portion of the record for many of those enrollees

- Match rates are improving, with several organizations in the 90% range

Currently, limited short term access to the Production environment is available for vendors and providers ready to validate their CCD submissions and refine workflow processes. We encourage you to make use of this opportunity. The date to open the clinical portal for general use is still under discussion.

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Need help?

Clinical Data Repository:

- CDR resources

- Readiness steps from OneHealthPort (OHP)

- Email HCA: healthit@hca.wa.gov

- Email OHP

Electronic Health Record Incentive Payment Program:

- EHR resources

- ProviderOne help

- CMS EHR help desk: 1-888-734-6433 (option 1)

As the CDR has been gaining critical mass, HCA has met with various provider groups who need timely, on demand access to patient's medical records. Claim and encounter history often lags and will not provide details around results of diagnostic tests and other health information. Without direct access to this information, time is spent requesting records and health information by phone and by fax. Providers across the spectrums of care indicate they would rather spend this time caring for patients. The following are examples of needs that have been further validated during our meetings:

- Medical providers working to deliver whole person integrated care need access to the records contributed by others. Having physical, dental, and mental health care information in one place increases the ability to deliver high quality care.

- Patients who change from one managed care plan to another are assigned a new primary care provider who will not have seen this patient before. Having access to the patients full record saves time and reduces the need for duplicative tests and diagnostic procedures.

- Behavioral health providers need access to timely medical information so they have a full picture of the patient's conditions and care needs in in order to make informed decisions, particularly when prescribing medications. Having this information in one place can improve efficiency and enhance patient safety.

- CMS account security: 1-866-484-8049 (option 3)

- CMS listserv

- In a future stage of the CDR, substance use disorder (SUD) information will be made available with patient consent. This can assist various clinical staff as they address the challenge of the opioid epidemic.

These examples speak to the immediate need for integrated health information for the purpose of treatment and care coordination. In addition, there are a number of other uses of data collected in the CDR that have potential to reduce the administrative burden for providers and managed care organizations to fulfill reporting requirements and for the measuring health outcomes.

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.

Medical staff contacts

HCA has developed an extensive medical staff resource/training contact list for ambulatory networks. They can assist with distribution of CDR information and training materials. If we do not have one for your organization, please send the name and contact information to **healthit@hca.wa.gov,** with **"Medical Staff Contact"** in the subject line by **January 12**.

Electronic Health Record updates

2017 attestations

2017 attestations for Meaningful Use Year 1 (only) 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 July. 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.

Statistics

EHR monies paid

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 = 2,230 ($18,906,839)
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 = $359,103,122

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About the Health Care Authority (HCA)

The Washington State Health Care Authority purchases health care for more than 2 million Washington residents through Apple Health (Medicaid) and the Public Employees Benefits Board (PEBB) Program. As the largest health care purchaser in the state, we lead the effort to transform health care, helping ensure Washington residents have access to better health and better care at a lower cost.

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