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Clinical Data Repository updates

The Clinical Data Repository (CDR) is open for testing and data submissions 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.

Just as a reminder of the data that is currently in the CDR:

- Eligibility data for 2.1M Medicaid managed care lives (over 700,000 of which have at least one C-CDA submitted to their record)
- Well over 3M clinical records overall
- Over 2 years of clinically relevant claims (Medical, Dental, Pharmacy)

Several providers, using different EHR systems, have CCD submission success rates in the 90% range. Overall, OneHealthPort continues working with 50+ EHR vendors to assist remaining providers to complete their onboarding activities.

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Clinical Data Repository (CDR):

- [CDR resource page](#)
- [Readiness steps with OHP](#)
- [Email HCA](#)
- [Email OHP](#)

Electronic Health Records (EHR):

- [EHR resource page](#)
- [ProviderOne help](#)
- CMS EHR Help desk:
1-888-734-6433
option #1

As that work continues and the CDR gains critical mass, HCA and OneHealthPort are engaged in various conversations with the provider community. The goal is to better define use cases for the CDR and to advance onboarding efforts. In addition to day to day OneHealthPort engagement with provider organizations and their vendor partners, the following are underway:

Targeted Provider Outreach: HCA has been reaching out to providers that are still in the onboarding process to better understand their particular challenges and to share some lessons learned to date.

WSMA/WSHA: A group that includes OneHealthPort, HCA, WSHA and WSMA convenes about every 4-6 weeks to discuss concerns and reinforce best practices from early CDR adopters. Topics covered have included client matching, provider directory, privacy and security, and CDR use cases.

CDR User Group: OneHealthPort has convened a User Group with various providers to drill down more extensively into specific technical areas and troubleshoot identified issues.

ACH Presentations: OneHealthPort has been presenting to the various Accountable Communities of Health (ACH) and participating in other discussions with ACH representatives in other venues.

Foundation for Healthcare Quality (FHCQ) and Public Health Informatics Institute (PHII): OneHealthPort has engaged these independent organizations to further clarify high priority use

- CMS account security: 1-866-484-8049 option #3
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cases that enable individual clinicians, health care enterprises and the larger community to improve the quality of care by utilizing the blended data set in the CDR. They will include a diverse set of facilities, organizations, settings and provider types. PHII will also engage the public health community, including but not limited to, state public health departments, local health jurisdictions and Accountable Communities of Health.

Specifically, high priority use cases will be discussed for three improvement dimensions:

- Point of care – An individual clinician utilizing the CDR to treat an individual patient.
- Coordination of care – A care team utilizing the CDR to treat an individual patient or groups of patients across the continuum of care.
- Patient Safety – Utilizing the CDR to improve patient safety within a given health care facility and/or across the community.

They will utilize a combination of an environmental scan/needs assessment, targeted semi-structured interviews and surveys to gather feedback and ideas about the CDR. They will touch on opportunities and potential benefits of using a CDR to support care transformation as well as barriers and challenges to adoption.

Recommendations and final reports are expected by September 2018.

HCA realizes that the value of the CDR is utilizing the data collected in the system. One of the most frequent questions from the healthcare community is when the clinical web portal will open so

providers and MCO staff can view the clinical and claims data. The date to make that available for general use is still under discussion, but we anticipate it will be sometime this summer.

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 feedback and engagement with this process.

Electronic Health Record Incentive Payment Program updates

CMS is renaming the EHR Incentive Programs to the Promoting Interoperability (PI) Programs

CMS is renaming the EHR Incentive Programs to the Promoting Interoperability (PI) Programs to continue the agency's focus on improving patients' access to health information and reducing the time and cost required of providers to comply with the programs' requirements. CMS is also in the process of finalizing updates to the programs through rulemaking. For more information, visit the landing page where CMS will publish updates and additional resources as soon as they are available.

Please watch for more updates from Washington State on the name change.

CMS Proposes Significant Changes to Meaningful Use Program and Interoperability Initiatives

On April 24, the Centers for Medicare & Medicaid Services (CMS) published the 2019 Inpatient Prospective Payment System Notice of Proposed Rulemaking (NPRM). During the Health Information and Management Systems Society (HIMSS) conference of 2018, CMS Administrator Seema Verma announced several new initiatives for interoperability and the intent to overhaul the meaningful use program which will be renamed "Promoting Interoperability". Key points contained within the proposed rule highlighted electronic health record (EHR) interoperability, eliminating duplicate measures, and reaffirmation for the use of 2015 Certified Electronic Health Records Technology.

Read more on CMS [Administrator Seema Verma's remarks on this announcement](#).

Read the [proposed rule](#).

EHR Incentive Program statistics

Hospital payments

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

Year 2 = 81 (\$36,102,305)

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

Year 4 = 64 (\$18,095,783)

EP payments

Year 1 = 6,938 (\$146,795,030)

Year 2 = 3,210 (\$27,137,684)

Year 3 = 2,232 (\$18,923,839)

Year 4 = 1,476 (\$12,500,672)

Year 5 = 729 (\$6,176,669)

Year 6 = 187 (\$1,586,667)

Grand total = \$360,180,800

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