Washington State Health Care Authority

HEALTH INFORMATION TECHNOLOGY

Health Information Technology (HIT) updates

Attention!

In our current system we have a very large subscription list of those wanting EHR updates and those wanting CDR updates. When this was set up it was not split into 2 different lists so when we need to send program updates or information, it currently goes to both EHR and CDR subscribers. This has obviously created some confusion as certain updates only apply to half the subscriber list. To address this, we are creating an EHR Subscriber List and a CDR Subscriber List. Please subscribe to whichever best meets your needs.

The old list will be deleted by December of 2017.

Please be sure to subscribe as soon as possible. Thank you for understanding.

- CDR subscriber list

- EHR subscriber list

Using the CDR to meet Meaningful Use (MU).

Please watch for an upcoming webinar detailing how you can use the CDR to meet MU. This will be

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- Health Information Technology (HIT) updates

- Clinical Data Repository (CDR) updates

- Electronic Health Record (EHR) Incentive Program updates

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posted on our website and sent out in the November newsletter.

Clinical Data Repository (CDR) updates

Clinical summary data submissions continue to grow

The CDR has been open for a few months 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.

Currently, a health record has been established for 2.0M Apple Health consumers, including claims and encounter data from January 2016 onward. Over one million CCD files have also been submitted to the system to populate the clinical portion for many of those beneficiaries.

OneHealthPort has also just completed a series of webinars covering their improvements in patient matching algorithms. The process involves the Sponsor ID used for the patient (for HCA this is the ProviderOne ID), demographics (especially the Date of Birth) and the Social Security Number (if submitted). More than one attribute can be checked for a match.

OHP is also working with vendors and providers performing a series of quality checks on the data. As part of this work, providers that have completed all their testing will be allowed limited short term

access to the Production environment to validate that their CCD records. They can verify that files were received, parsed as expected and are presenting correctly in the system. HCA has begun to monitor provider engagement with the CDR effort, and has provided a preliminary report to the Managed Care Organizations showing how the agency will measure and report on provider CDR activity. OHP is also developing some initial interoperability reports to assist providers in meeting Meaningful Use requirements.

Finally, in the coming months we will open the CDR web portal for your clinical staff to view the data. In order to make using the system as easy as possible we will provide educational handouts and webinars for your use. To that end, we request contact information for your **physician education staff or the individual in your practice responsible for distributing information.** We would appreciate one name with their phone and e-mail information by **Oct 12.** We can then provide them with our materials so your organization can make use of this new clinical service. Please send the name and contact information to **healthit@hca.wa.gov,** with **"Trainer"** in the subject line.

We appreciate your engagement in this initiative as we continue working collectively to better serve our clients.

Electronic Health Record (EHR) Incentive Program updates

eCQMs Update

After circulating a survey on Electronic Clinical Quality Measures (eCQMs) and analyzing the responses we have decided we will not require providers to submit eCQMs in 2017 or 2018.

eCQMs are electronic submissions of your CQMs reported straight from your EHR system into eMIPP. Please refer to the CMS document below for more detailed information. If you have questions about your EHR's capability, please contact your EHR vendor.

[Getting Started with Electronic Quality Measures (eCQM 101) for Quality Reporting Programs](#)

EHR statistics

Hospital payments

Year 1 = 88 ($63,781,127)
Year 2 = 80 ($35,927,940)
Year 3 = 77 ($29,081,024)
Year 4 = 61 ($17,767,659)

Eligible Provider payments

Year 1 = 6,935 ($146,731,280)
Year 2 = 3,139 ($26,534,184)
Year 3 = 2,221 ($18,830,339)
Year 4 = 1,467 ($12,424,172)

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

Year 6 = 183 ($1,552,667)

Grand total paid to date: $358,756,061