



HIT Operational Plan Update

March 13, 2018

Agenda

- Introduction
- Technical Assistance Webinar (next scheduled March 20)
- HIT Operational Plan Monthly Report Key Updates
 - Recently Submitted New I-APD
 - Data Governance and Data Aggregation
 - SUD Workgroup
 - SDOH Data
- 1 on 1 conversation with ACHs on HIT/HIE needs

HIT/HIE TA Webinar

- March 5 first HIT/HIE TA Webinar scheduled for ACHs and Tribal Liaisons.
 - Cut short by Fire drill.
- Focus: “Health Information Sharing/Exchange and Assessments”

Health Information Sharing/Exchange and Assessments Overview of TA Session

- Health Information Exchange Vision: Dr. Charissa Fotinos
 - Focus on Transformation Projects
 - Improving patient care and safety at the point of care, increasing efficiencies, and decreasing unnecessary costs
 - Working to make the Clinical Data Repository (CDR) a more useful tool at the point of care and support:
 - Larger providers (with Certified EHRs) to submit data to the CDR
 - Smaller providers (without EHRs and including: physical health, mental health and substance use disorder providers) to send and retrieve information using the CDR
 - Anticipate the CDR as a tool to support care coordination
 - Will need to make key design decisions (e.g., is a single consent management system needed/desirable)?

OneHealthPort (OHP): HIE in Support of Transformation Rick Rubin, CEO

- OneHealthPort is a statewide HIE to support transformation
- OHP fills gaps in health information exchange, does not replace other available HIE options.
- Use HIT standards is critical to support health information exchange (i.e., to enable cost-effective information exchange and information re-use)

Applying HIE to Support Transformation

Here's what ACHs have to do

Project	BHT	CPAA	GCACH	HealthierHere	NCACH	NS ACH	OCH	PCACH	SWACH
2A: Bi-directional Integration of Care
2B: Community-based Care Coordination
2C: Transitional Care				
2D: Diversions Interventions					.	.	.		
3A: Addressing Opioid Use
3B: Reproductive and Maternal and Child Health		.				.	.		
3C: Access to Oral Health Services						.	.		
3D: Chronic Disease Prevention and Control

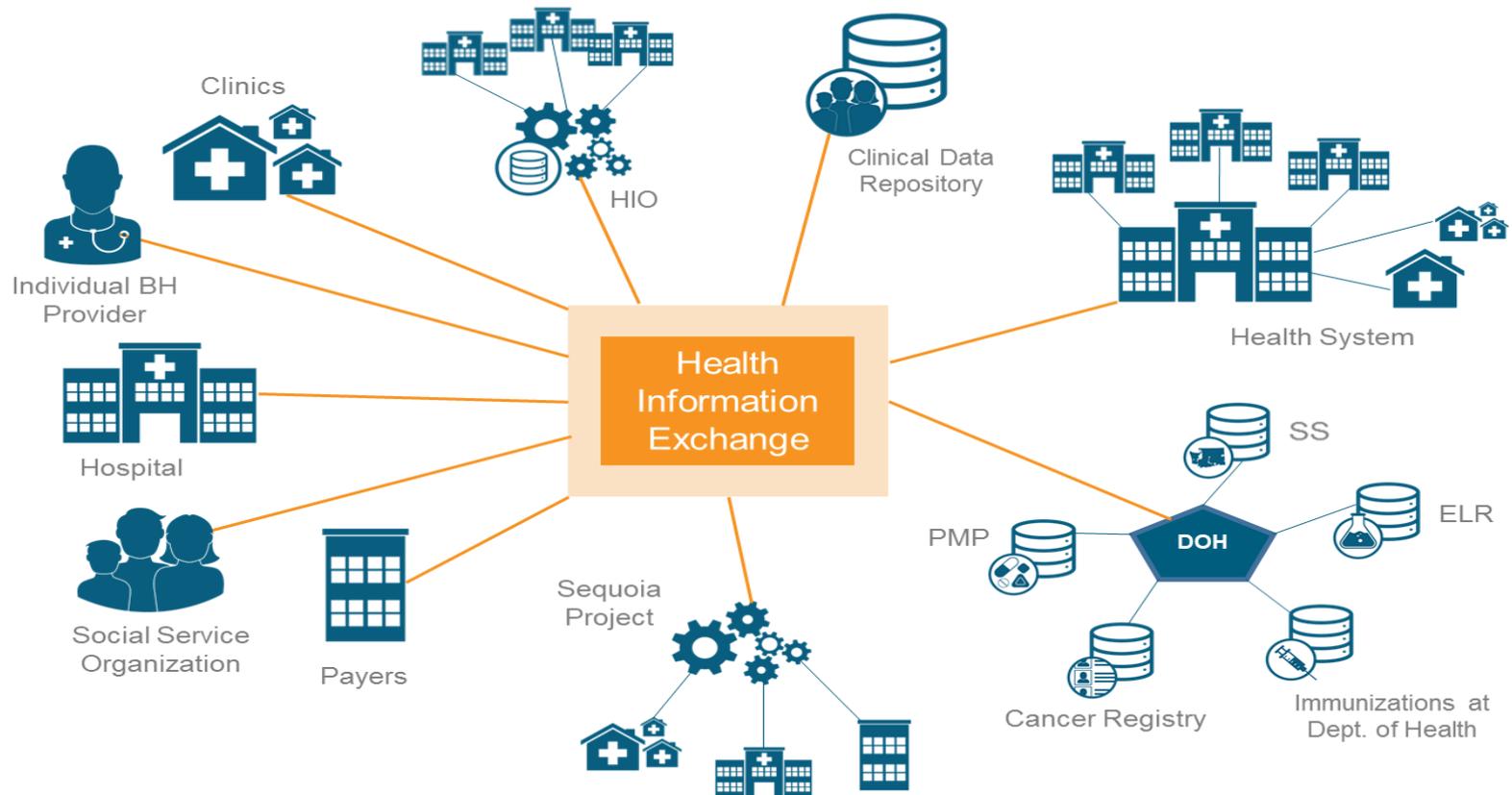
From an HIE perspective: *Get health service providers of all types, the information they need – when, where and how they need it*

Here's how we can help

1. Connect those with different EHRs and those without EHRs, to each other
2. Aggregate unique data bases and provide access for query, view, analysis
3. Advance standards and provide supportive policy and financial frameworks
4. Share expertise and leadership

OneHealthPort | HIE

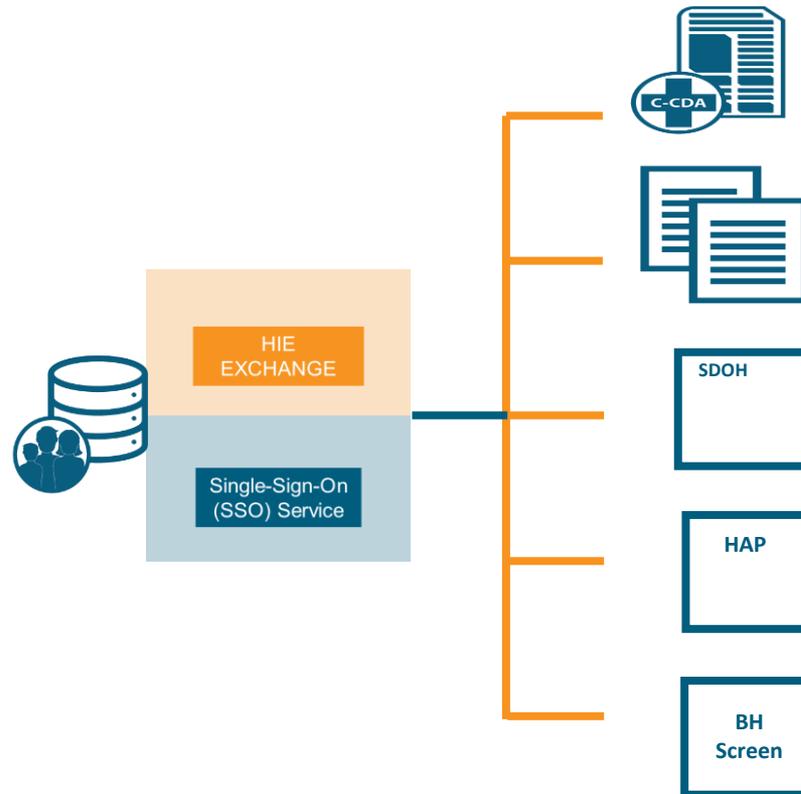
- Multiple Access Options
- Multiple Trading Partners
- Multiple Transaction Types



Sharing Disparate Data Sets

Combining the CDR, HIE and SSO provides capability to share disparate data across multiple platforms for various Trading Partners.

- Includes C-CDA's, claims, flat files, electronic documents (PDFs), Health Action Plans, smart forms related to Social Determinants of Health or, Behavioral Health screening tools, etc.
- Depending on nature of data, it can be accessed as a document for viewing or as discrete data to be consumed in an app or used for analysis



Health Information Sharing/Exchange and Assessments

- Where to Start:
 - Focus on Project Priorities :
 - The physical health/behavioral health/social service data that needs to be exchanged for each project
 - The targeted populations for each project
 - The targeted providers who need to create/send/receive needed data for each project area

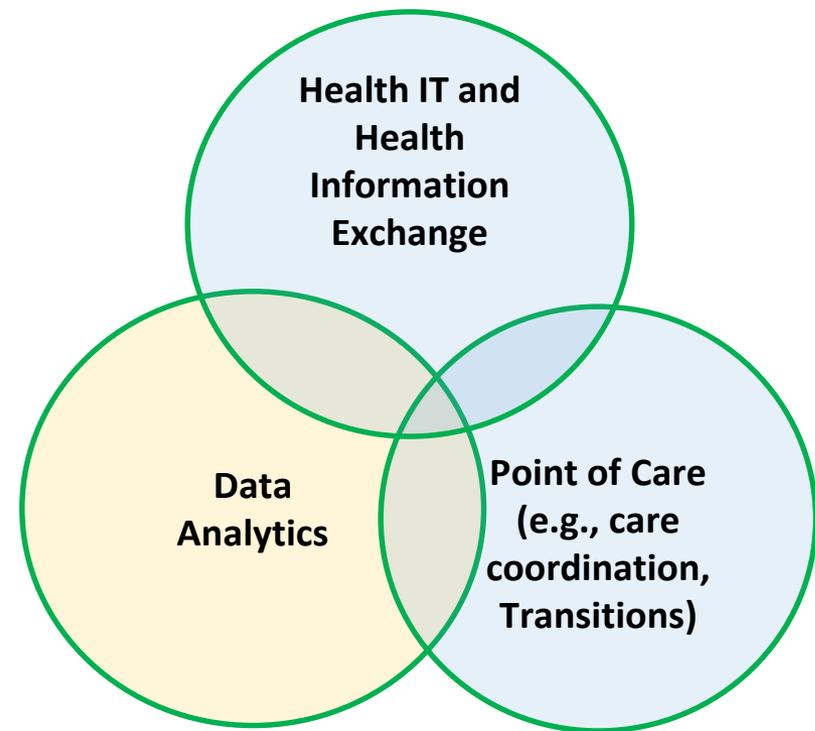
Medicaid Transformation and HIT/HIE

Health IT and Health Information Exchange
can support:

- Continuity/Coordination
of care at the point of care
- Data Analytics (at state, regional
provider levels)

Focus on Project Priorities:

- PH/BH/social service data that needs
to be exchanged for each project
- Targeted populations for each project
- Targeted providers who need to
create/send/receive needed data for
each project area



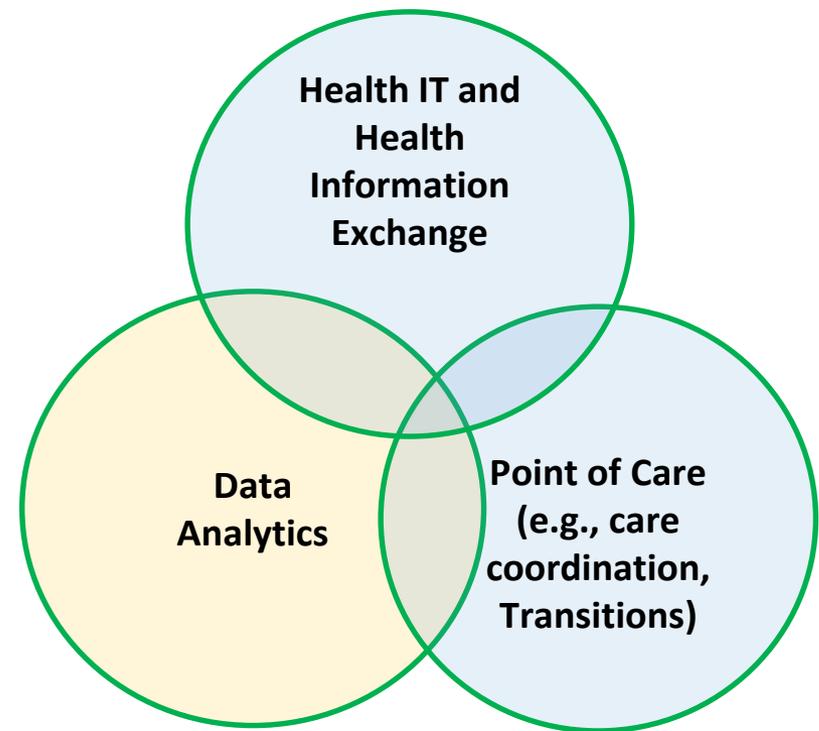
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ONC Tools

- Certified EHR Technology and use by providers electing to participate in the EHR Incentive Program
- The ONC Health IT Playbook (<https://www.healthit.gov/playbook/>) is a comprehensive resource that provides guidance and actionable steps for providers in a variety of settings
- Playbook links to resources available through Stratis Healthcare. Includes tools to assess HIT/HIE capacity/readiness for: BH, LTC, social service and care coordination providers:

For example: Includes assessments of			
Organization's culture/readiness	Provider's hardware/software, etc.	Workforce needs	Financing: <ul style="list-style-type: none"> • Licensing • Software as Service • Community Offering

CMS/MITRE

Health Information Sharing

- Assesses 33+ Health Information Sharing capacities. For example:
 - Clinical Data Exchange
 - Share Longitudinal Patient Health Record
 - EMS Integration
 - Care Management Support
 - Case Management Support
 - Provider Lookup
 - Patient Lookup and Identity Access
- Allows targeting of assessment based on project priorities.
- 90/10 funding could potentially be used

Transformation Support Hub and Qualis

- Billing and Information Technology: A Toolkit for Behavioral Health Agencies
 - This toolkit can help providers navigate and prepare for upcoming billing changes in IMC. With a user-friendly guide and six comprehensive tools, this toolkit is designed to assist BHAs in Washington State to assess their current state and gaps, create a transition plan and timeline to accomplish transition milestones, and prepare for a billing and IT transition.
- Available here:
<http://www.waportal.org/resources/billing-and-information-technology-toolkit-behavioral-health-agencies>

Next ACH/Tribal Liaison TA Webinar

- March 20 2:00pm

New I-APD Submitted

- Update to CMS to continue support for HIT/HIE activities
- Funding to continue to advance State's Health IT work including:
 - HCA's Health IT Team
 - CDR
- Supports substantial work by partners at DOH to maintain vital registry development and expansion plans

Data Governance Data Aggregation SUD Workgroup

HCA HIT Ops Plan Update

March 2018

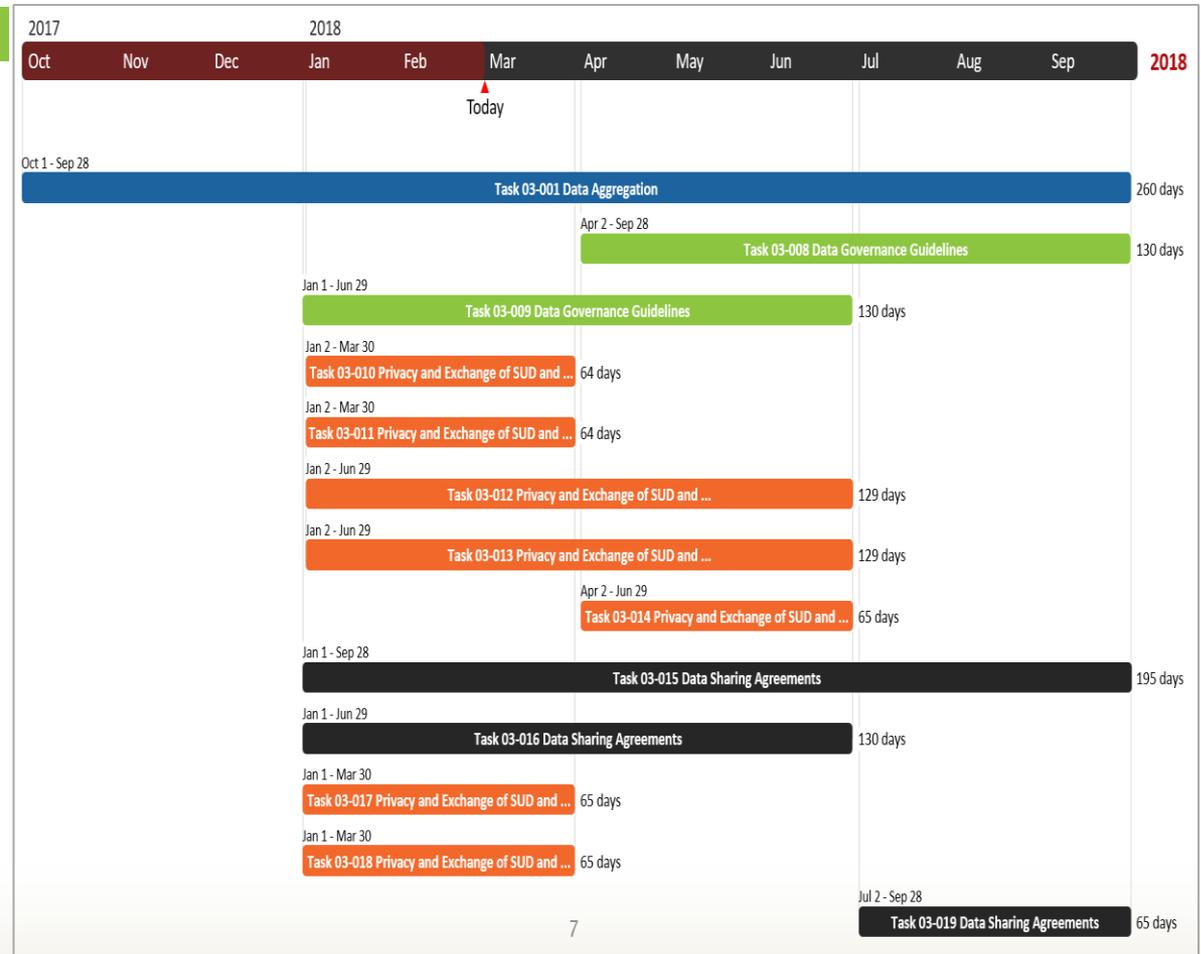
Progress since last report

HCA has hired two consultants to **immediately focus on** HIT Ops tasks related to the Healthier WA Medicaid Transformation, as they pertain to Initiative 1 – Transformation through ACHs:

- **Data Governance Guidelines**
- **Data Aggregation**
- **Privacy and Exchange of SUD and other sensitive information**

Work will be:

- Guided by a charter
- Prioritized and sequenced, and meetings will be scheduled to continue to make progress on these topics.



HCA HIT Ops Plan Update

March 2018

Data Governance Guidelines

- Task 03-008 Data Governance Guidelines
- Task 03-009 Data Governance Guidelines
 - Note: Task 03-009 will be removed from the HIT Ops Plan, because of overlap with Task 03-008. Task 03-008 remains open.

Data Aggregation

- / Task 03-001 Data Aggregation

Privacy and Exchange of SUD

- / Task 03-010, Task 03-011, Task 03-012, Task 03-013, Task 03-014, Task 03-017, Task 03-018 SUD

Data
Governance
Guidelines

Task Update

- Target use cases identified:
 - Small numbers reporting
 - Sensitive populations
 - SUD Data

Data
Aggregation

Task Update

- HCA continues to have discussions about data aggregation models
- Manatt Data Strategy and Health Information Exchange (HIE) documents are being updated and integrated.
 - Once final, this document will be made public and maintained.

Progress Update

- Met with ONC on re: SUD Affinity Group
- ONC taking WA State's lead on discussion topics with other states
- OTB Report will be summarized and shared as a useful resource for WA and other states
- ACH Project Plans reviewed
- SUD Consent Management Workgroup initiated
 - Workgroup formed
 - Drafted group charter
 - Focus on use case development (including a pilot for the exchange, re-use, and consent management of SUD information)
 - Anticipate outreach effort

SDOH Data

- SDOH data is important for providers, payers, and ACHs to understand the complexities of the individuals they serve (e.g., understanding individuals' social, economic, and other risks that impact health, functioning, quality of life, and costs).
- HCA is exploring the use of SDOH data in various Medicaid programs (e.g., FQHCs/CMHCs, FCS, Health Homes) and considering the feasibility of identifying (for health information exchange) minimally-needed/common core set of SDOH data elements for certain domains (e.g., transportation, housing, education, social integration, incarceration history).

SDOH Data (cont'd)

- If HCA determines it is desirable to identify a common core set of SDOH data elements for health information exchange, HCA could support work to:
 - link selected SDOH data elements to HIT standards; and
 - create smart forms to enable electronic data capture and transmission of selected SDOH data elements to OHP/CDR.
- This work would enable:
 - HIT/EHR vendors to integrated interoperable SDOH data elements into their vendor products for use by providers who use this type of technology ; and
 - Providers who may lack technical resources (e.g., social service providers) to use “smart forms” and transmit critical SDOH data elements to the CDR.

ACH TA One on One meetings

- The HCA will be scheduling one on one calls with individual(s) within each ACH who lead/will be leading activities to advance and support providers' use of HIT/HIE in support of the ACH selected projects. The purpose of these calls is for HCA to:
 - Gain a better understanding of how each ACH has/will be integrating HIT/HIE into project implementation plans; and
 - Identify where and how the state can support ACHs in advancing real-time information exchange by providers to support an integrated system of care.

Questions?

More Information:

We anticipate that monthly reports will be posted on HCA Transformation website.

Jennie Harvell,
Health IT Section
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March Update

Health IT Ops Plan

Data

Overview of Key Tasks

- ACH data needs and potential data products
- Data needs/sources SDOH Data
- Behavioral health reporting requirements and recommendations
- Provider/Patient Attribution

HIT Ops Plan ID: 02-004
Start date: Q4 2017
End Date: Q4 2017

Description of Task: HCA will share information learned via the cross-state / best-practices review (performed under contract with Manatt) including information on: the data that is exchanged/methods of exchange by Social Service providers (e.g., housing, transportation, jails, employment) with physical health providers.

- **Progress to date:** HCA has received Manatt deliverables and is currently editing them to reflect key elements of Washington's Transformation Project
- **Upcoming deliverables/key dates:** HCA is targeting release of these documents in March 2018.
- **Related Tasks**
 - 02-001 HCA will work with ACHs to create a list of high value data sources (Q1-2018)

HIT Ops Plan ID 03-016
Start date: Q1 2018
End Date: Q2 2018

Description of task: HCA will consult with the ONC to better understand the requirements and timelines in the 21st Century Cures Act that pertain to a Common Agreement at the nationwide level

- **Progress to date:** The HIT Section has continued to participate in conversations with ONC partners regarding the Cures Act provisions and the Trusted Exchange Framework and Common Agreement (TEFCA). HIT has participated in conversations at both a SIM convening in February and the HIMSS conference last week.
- **Upcoming deliverables/key dates:** Public comment was due February 20th. Federal roadmap specifies the final rule will be released fall/winter 2018. Further discussions will need to happen once the rule exits the rulemaking process.
- **Related Tasks:** N/A

Data Analytics Overview of Key Tasks

- Business Intelligence Tools: Internal and external dashboards
- Analytic-Ready Data Products

Health IT/Health Information Exchange Overview of Key Tasks

- Supporting ACHs in advancing statewide health information sharing across the care continuum
- Supporting Tribal Governments in advancing HIT/HIE
- CRM Update
- Monthly Technical Assistance
- HIT/HIE contact list
- CDR sponsorship Dashboards
- Executing the HIT Operational Plan and related documents

HIT Ops Plan ID 05-004
Start date: Q1 2018
End Date: Q3 2018

Description of task: If updated HIT/HIE assessments are needed, HCA will support ACHs in assessing providers' health information sharing capacity/use of technology solutions to support Demonstration projects

- **Progress to date:** HCA provided some information to ACH and providers on a Technical Assistance webinar related to health information sharing tools in existence today, as well as some measurement and assessment activities ACHs and providers can undertake. We look forward to continuing these conversations with the ACHs.
- **Upcoming deliverables/key dates:**
 - March 20 TA session
 - HCA will reach out to ACHs to:
 - have 1:1 conversations regarding HIT/HIE activities and needs; and
 - Seeking to understand where ACHs are in the development and implementation of HIT/HIE assessments
- **Related Tasks:**
 - 01-023 Monthly TA Webinars
 - 05-005 HIT/HIE Solutions

HIT Ops Plan ID 05-005

Start date: Q1 2018

End Date: Q3 2018

Description of task: HCA will support ACHs in assessing providers' health information sharing capacity/use of technology solutions

- **Progress to date:** HCA continues to have discussions with ACHs, other states, and federal partners regarding potential solutions. Promising discussions are underway regarding social determinants data and needs, and integrating existing services and improving their availability.
- **Upcoming deliverables/key dates:**
- HCA will be convening one on one conversations w/ ACHs so that HCA can:
 - Gain a better understanding of how each ACH has/will be integrating HIT/HIE into project implementation plans; and
 - Identify where and how the state can support ACHs in advancing real-time information exchange by providers to support an integrated system of care.
- **Related Tasks:**
 - 01-023 Monthly TA Webinars
 - 05-004 HIT/HIE Solutions

HIT Ops Plan ID: 05-024
Start date: Q1 2018
End Date: Q4 2018

Description of Task: HCA and ACHs, in collaboration with stakeholders, will identify topics for an on-going Educational/TA series on HIT/ health information exchange.

- **Progress to date:**
 - HCA staff continue to identify key TA topics by compiling questions from engagements with ACHs; survey results; examining project plans to identify themes and anticipated data and health IT/health information exchange needs.
 - HCA hosted its first TA meeting on March 5, focused on health information sharing
- **Upcoming deliverables/key dates:**
 - The next Health IT TA webinar will be March 20
- **Related Tasks**
 - 05-023 HCA will establish, host, and support a monthly virtual TA meeting venue.

HIT Ops Plan ID: 05-026
Start date: Q1 2018
End Date: Q4 2018

Description of Task: HCA will consider the feasibility of and resources needed for implementing alternative technical assistance and training support models

- **Progress to date:**
 - HCA hosted its first TA webinar on March 5.
 - HCA is currently exploring the best mechanisms for providing additional technical assistance to ACHs.
- **Upcoming deliverables/key dates:**
 - HCA is hosting its next TA webinar on March 20 and will seek feedback on approach and best mechanisms to support ACH Health IT/HIE needs.
- **Related Tasks**
 - 05-023 HCA will establish, host, and support a monthly virtual TA meeting venue.
 - 05-026 HCA and ACHs, in collaboration with stakeholders, will identify topics for an on-going Educational/TA series on HIT/ health information exchange

HIT Ops Plan ID: 05-035
Start date: Q1 2018
End Date: Q4 2018

Description of Task: HCA, in collaboration with ACHs and other stakeholders, will compile, disseminate, and maintain a list and contact information for staff involved in HIT/health information exchange and analytics.

- **Progress to date:**
 - HCA has distributed the list of key staff involved in HIT/health information exchange and analytics to ACHs
- **Upcoming deliverables/key dates:**
 - HCA will send this list at least quarterly (next distribution scheduled for June)
- **Related Tasks**
 - None

Other/Related Tasks

HIT Ops Plan ID:
01-001, 01-002
Start date: Q4-17
End Date: Q4-18

Description of task: 01-001, 01-002

Public/private monthly meeting supported by HCA to discuss and report out on topics related to the execution of activities in the HIT Operational Plan (e.g., activities undertaken in the previous month, activities to be undertaken in the upcoming month, issues encountered).

Monthly meeting participation: determined by participating organizations, works happens between monthly meetings using “centers of expertise to address topics.

- **Progress to date**
- Hosting 2nd Monthly Meeting to report out on execution of HIT Operation Plan
- **Upcoming deliverables/key dates: Schedule:**
- HIT Operational Plan update meetings: monthly, 2nd Tuesday, 3:30-5
- HIT/HIE TA meetings: monthly, 4th Monday, 8:30 to 10am
- **Related Tasks**
- 05-023 (Monthly TA Sessions ... details to follow)
- 05-024 (Monthly TA Sessions ... details to follow)

HIT Ops Plan ID: 02-001
Start date: 10/1/2017
End Date: 3/31/2018

Description of task: *HCA will work with ACHs to create a list of high value data sources needed for project implementation planning and project implementation by project area. HCA will identify those data needs that the State can address (including those data needs/sources of DOH, DSHS, DOC, other state agencies), and will work with ACHs to collaborate on identifying additional data sources. In creating the list of data sources, HCA will use and extend the Data Inventory created by Manatt. HCA will present a proposal on how this list could be maintained.*

- **Progress to date**

- Gathered requirements from ACHs through in-person, conference meetings, and 1 on 1 meetings.
- Partnered with RDA to create a list of various potential data products.
- Reviewed effort/ level of resources required from RDA and AIM to develop data products for the ACHs.
- Agreement with RDA that they will commit to at least one more update and possible expansion of the Measure Decomposition (CY2016).

- **Upcoming deliverables/key dates**

- AIM team to familiarize RDAs measure decomposition files report. (2/16).
- Discuss and determine which measures may be most useful to add to decomposition files (e.g., Patients on high-dose chronic opioid therapy by varying thresholds, Patients with concurrent sedatives prescriptions, etc). (2/16).

- **Related Tasks**

HIT Ops Plan ID: 02-002
Start date: 10/1/2017
End Date: 3/31/2018

Description of task: *HCA, in collaboration with Other Participants, will take into account whether the following data needs/sources are needed to address provider/ACH near and long-term data needs and included in the Inventory: Social Determinants of Health (SDOH) Data (e.g., transportation; food, housing, school, employment security; childcare): A possible source: WIN 2-1-1 (SDOH Data), ICD10 z-codes, Paramedicine/EMS, Behavioral Health/Functional Status Assessment Data, Claims Data, MCO encounter data, Linkages between financial/clinical data, Prism, APCD, CDR.*

- **Progress to date**

- Partnered with RDA and created a check list of available potential data products available from RDA.
- Reviewed effort/ level of resources required from RDA and AIM to develop data products for ACHs.
- Exploring SDOH data needs/sources/tools and alignment with statewide HIE tools and services.

- **Upcoming deliverables/key dates**

- Continue partnership with RDA to identify Low-Med resources required and prioritize data products for development. (3/1).
- Communicate to ACHs of the internal data request process. (2/9).
- AIM to provide data sources/sets availability timeline. (3/1).
- SDOH data update (3/13)

- **Related Tasks**

- HIT Ops Plan ID: 02-001 – dependency on data sources.

HIT Ops Plan ID: 02-005

Start date: Q1 2018

End Date: Q1 2018

- **Description of Task:** HCA will review existing P1 project artifacts related to whether HCBS providers are HIPAA covered entities.
- HCA will determine whether additional analysis needed and if so, in what area(s).
- HCA will disseminate to other participants information related to whether social service providers are HIPAA covered entities.

- **Progress to date:** HCA has previously developed artifacts related to whether HCBS providers are HIPAA covered entities. HCA is currently reviewing these artifacts to determine whether additional analyses are needed, and ensure policy is aligned and work is not duplicated.
- **Upcoming deliverables/key dates:** HCA will disseminate findings after they are aggregated.
- **Related Tasks**

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HIT Ops Plan ID: 02-006
Start date: Q4 2017
End Date: Q1 2018

Description of Task: HCA, in collaboration with Other Participants will (i) identify and streamline as much as possible behavioral health reporting requirements (e.g., SAMHSA reporting requirements) and (ii) consider whether reporting requirements align with HIE standards

- **Progress to date:** HCA had a consultant come in to put together recommendations on behavioral health (BH) reporting. Those recommendations are under executive review.
- **Upcoming deliverables/key dates:** Anticipate discussing these in April, pending leadership and SAMSHA review.
- **Related Tasks**
 - 02-007 (Disseminate information on results of streamlining and aligning BH reporting requirements)

HIT Ops Plan ID: 02-007
Start date: Q2-18
End Date: Q2-18

Description of task: 02-007

HCA will disseminate information on the results of streamlining and aligning behavioral health reporting requirements to Other Participants

- **Progress to date**
 - Awaiting executive decisions

- **Upcoming deliverables/key dates**

- **Related Tasks**
- 02-006

HIT Ops Plan ID: 02-008
Start date: 1/1/2018
End Date: 1/31/2018

Description of task: Patient to Provider Attribution:

- 1. consult with Other Participants to determine need for/methods/ approaches/ gaps in patient/provider attribution*
- 2. synthesize and disseminate information*
- 3. determine and communicate the approach(es) HCA will use for patient/provider attribution*

- **Progress to date**

- Have discussed provider attribution methodology internally and with RDA. This is not something that is possible with Provider One data.

- **Upcoming deliverables/key dates**

- Clarification of the scope with the group. (2/13).

- **Related Tasks**

Data Governance Strategy

Overview of Key Tasks

- Data aggregation needs
- Model 2 analytic support
- 42 CFR Part 2 and Consent Management
- Trusted Exchange Framework and Common Agreement (TEFCA)

HIT Ops Plan ID: 03-001
Start date: Q4 2017
End Date: Q3 2018

Description of task: HCA will take into account: (i) activities related to the Data Inventory and (ii) the Manatt data gap analysis and consult with external stakeholders (when appropriate) to gather information regarding data aggregation needs.

HCA will:

- define data aggregation and options/legal framework to allow for needed information exchange and utilization by ACHs; and
- identify, describe and present to HCA leadership data aggregation options (including those below), identify PROs and CONS of options (including sustainability of options post-MTD)

HCA leadership will determine which data aggregation option(s) HCA will support.

HCA will disseminate white paper describing options considered, option(s) selected, and rationale

- **Progress to date:** HCA is reviewing Manatt work products and ACH project plans to evaluate ACH needs and possible data aggregation models to fill those needs, and preparing materials for discussions with HCA leadership
- **Related Tasks**
 - 03-017 HCA will develop a common DSA at the point of care (Q2 2018)

HIT Ops Plan ID: 03-006
Start date: 8/1/2017
End Date: 3/31/2018

Description of task: *Model 2 analytic support from the AIM team/DSHS-RDA*

- **Progress to date**

- AIM has compiled all the data received from FQHCs.
- Member and FQHC level cohorts for baseline period were generated and shared externally with FQHCs for 4 quality measures (chart based).
- Member and FQHC level quality scores for baseline period were generated and shared externally with FQHCs for 5 quality measures (admin only).
- All the measure rates for baseline year (CY 2016) for all participating FQHCs will be reviewed by clinical leadership.
- Received, reconciled and compiled quality scores from FQHCs for 4 quality measures (chart based) for baseline period.

- **Upcoming deliverables/key dates**

- Final quality score calculation review. (2/28).

- **Related Tasks**

HIT Ops Plan ID: 03-010

Start date: Q1 2018

End Date:

Description of task:

HCA and DSHS will consult with SAMHSA in order for the State to specify/clarify operational parameters of 42 CFR Part 2 and share information with ACHs, Providers, and Others.

- **Progress to date:** HCA contracted for work related exploring the use of Consent to Share (C2S) and alternative consent management tools for the exchange of SUD and other sensitive information.
- Upcoming deliverables/key dates: Final deliverable undergoing HCA review. Anticipate release date: ~ 3/18.
- **Related Tasks**
 - 03-011 HCA collaborated with ONC in establishing an ONC-convened state learning collaborative [Q4 2017 and Q1 2018]
 - 03-012 HCA will participate in ONC-led SUD /consent management Affinity Group [Q1 and Q2 2018]
 - 03-013 HCA (in collaboration with other agencies) will share information from the Affinity Groups with ACHs, providers, OHP, others [Q1 and Q2 2018]
 - 03-014: Develop strategy to Pilot exchange of SUD information [Q2 2018]

HIT Ops Plan ID: 03-004

Start date: Q1 2018

End Date: Q3 2018

Description of Task: Master Data Management – Phase 2

- **Progress to date:** Nothing to report.
- **Upcoming deliverables/key dates:**
- **Related Tasks**

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HIT Ops Plan ID: 03-005

Start date: Q1 2018

End Date: Q3 2018

Description of Task: Truven/IBM Data Model – Phase 2

- **Progress to date:** Nothing to report.
- **Upcoming deliverables/key dates:**
- **Related Tasks**
–

HIT Ops Plan ID: 04-001
Start date: 11/1/2017
End Date: 3/31/2018

Description of task: *Business Intelligence Tools: Build out and align internal and external dashboards for all agency Medicaid standard reporting, performance measure reporting, and individual project-driven dashboards. (WHA now has performance measure dashboard, ProvCORE now has one, we are building one in-house by end of MTD, and APCD is going to start up in this domain). RDA is doing measures reporting. HCA is doing measures reporting. We have also mimicked the NY DSRIP dashboard and need to tweak that for HCA.*

- **Progress to date**

- Specifications for P4P performance metrics provided to the MT team.
- Medicaid Explorer dashboard using the OFM data available to the ACHs in November 2017.
- WA version of DSRIP dashboard being tested and in the final steward review process with EDMA.
- Chronic Disease and Mental Health dashboard is in the development with completing of the first draft.

- **Upcoming deliverables/key dates**

- Creating and reviewing new name for DSRIP dashboard (2/16).
- Review Chronic Disease and Mental Health dashboard draft two (2/23).

- **Related Tasks**

HIT Ops Plan ID: 04-002
Start date: 10/1/2017
End Date: 3/31/2018

Description of task: *Advanced Analytics / Analytic-Ready Data Products - empowering external stakeholders to do their own analytics.*

- **Progress to date**

- Medicaid Explorer Dashboard was implemented which provides supplemental data dashboard providing drill down demographics.
- Population Explorer Dashboard was implemented which provides distribution of Medicaid demographics groups.
- Chronic Disease and Mental Health Dashboard development in progress.
- Provider data files that are machine readable. (Healthier Washington un-supressed measures data (data behind the dashboard)).

- **Upcoming deliverables/key dates**

- Review Chronic Disease and Mental Health dashboard draft 2. (2/23).
- Provider data files that are machine readable. (3/15).

- **Related Tasks**

- HIT Ops Plan ID: 04-002 – machine readable data product from this task will be utilized for the dashboard.

HIT Ops Plan ID: 05-006
Start date: Q1-18
End Date: Q1-18

Description of task: 05-006

HCA will participate in a “round table” discussions with Tribal Governments to become better informed of issues/concerns with HIT/HIE by Indian Health Care Providers.

- **Progress to date**
- Health IT Team has met with HCA tribal affairs team to discuss schedule of round table discussions, gain insight into Tribal Government concerns regarding HIE, and share information about statewide HIE solutions (e.g., OHP services)
- Working on new collateral with One Health Port
- **Upcoming deliverables/key dates:**
 - Schedule for Roundtable discussions to be determined.
 - Continue conversations with Tribal Affairs team regarding Tribal Government concerns and statewide HIE solutions
- **Related Tasks**
- 05-007
- 05-008

HIT Ops Plan ID 05-013
Start date: Q4 2017
End Date: Q1 2018

Description of task: HCA will explore the need for and feasibility of using a CRM tool for near-term use by ACHs to monitor provider performance in the MTD

- **Progress to date:** HCA had discussion with ACHs regarding Salesforce implementation and potential state support. This tool was ultimately not advanced. HCA is working with ACHs on evaluation requirements and other available tools.
- **Upcoming deliverables/key dates:**
 - HCA to work with ACHs to clarify needs and reporting functionality of potential tools.
 - HIT Operational Plan tasks to be modified.
- **Related Tasks:**
 - 05-014 CRM Tool Funding

HIT Ops Plan ID 05-016
Start date: Q4 2017
End Date: Q1 2018

Description of task: HCA, in collaboration with OHP, will convene a Clinical Group to provide guidance/feedback on the type and format of information (e.g., diagnosis, current med list, interventions, and results) that clinicians would find useful from the CDR. HCA and OHP will consider whether it is possible to distill CCDA/CCDs into a summary report that clinicians would find useful.

- **Progress to date:** HCA is working internally, with OHP, and with a provider task force in conjunction with WSHA and WSMA in determining the roles, timelines, and participation with this group.
- **Upcoming deliverables/key dates:**
 - HCA will continue to communicate progress during monthly HIT Operational Plan updates
- **Related Tasks:**

HIT Ops Plan ID 05-018
Start date: Q4 2017
End Date: Q1 2018

Description of task: HCA will convene a group of state agency representatives, ACHs, MCOs and providers to prioritize CDR needs to meet the Demonstration and HCAs goals. Group will take into account "ideal state" use cases.

- **Progress to date:** OHP has contracted with the Foundation for Healthcare Quality (FQHC) and the Public Health Informatics Institute (PHII) to meet with these stakeholders to further clarify use cases. Work began in Jan 2018. Both FHCQ & PHII will provide updates to the CDR Exec Sponsor Committee on March 13.
- **Upcoming deliverables/key dates:**
 - Both FHCQ & PHII will provide updates to the CDR Exec Sponsor Committee on March 13.
- **Related Tasks:**

HIT Ops Plan ID 05-019
Start date: Q4 2017
End Date: Q1 2018

Description of task: HCA and OHP will develop a catalog of:

- current OHP services
- current provider types presently registered
- future services/transactions and provider types to be added and timelines for when planned additions will be available. Future services/transactions/providers will take in account "high priority" use case and CDR needs that were prioritized.

HCA will disseminate this assessment to state, ACH and provider partners beginning at the end of Q1 and update the assessment every six months thereafter.

- **Progress to date:** HCA is working internally, with OHP, and with a provider task force and ACH in conjunction with WSHA and WSMA in determining priority HIE/CDR functionality, data sets and lives sponsored. The FHCQ and PHII are clarifying priority use cases.
-
- **Upcoming deliverables/key dates:**
 - The inventory will likely be completed Q2 2018
- **Related Tasks:**

HIT Ops Plan ID 05-020
Start date: Q4 2017
End Date: Q1 2018

Description of task: HCA will work with OHP to:

- identify EHR solutions that do not currently support using ProviderOne ID
- develop strategy to encourage providers/vendors to include the P1ID for Medicaid patients and/or improve patient matching
- implement strategy and track effectiveness

- **Progress to date:** OHP has identified EHR solutions that do not support the ProviderOne ID.
- HCA is working with a provider task force in conjunction with WSHA and WSMA to identify best practices for client matching & disseminate those.
- HIT team outreach reinforcing that high match rates have been achieved by many providers.
- **Upcoming deliverables/key dates:**
 - OHP User Group will also convene within the next month.
- **Related Tasks:**

HIT Ops Plan ID: 05-023

Start date: Q1-18

End Date: Q4-18

Description of task: 05-023

HCA will establish, host, and support a monthly virtual TA meeting venue.

HCA will provide /contract for the provision of on-going educational series that will include at a minimum:

- recorded monthly webinars
- materials (e.g., PPT) that can be disseminated and re-used

- **Progress to date:** HCA staff have begun to identify key TA topics by surveying ACHs; and examining project plans to identify themes and anticipated data and HIT/HIE needs.
- Monthly TA meetings: Scheduled for 4th Monday, 8:30 to 10am
- **Upcoming deliverables/key dates:**
 - 2/26 TA session:
 - (i) HIT/ Health Information Sharing/ HIE tools that ACHs could support in Project Implementation Plans that will enable statewide and sustainable HIE across the care continuum; and
 - (ii) OHP's role in supporting HIE across the care continuum.
- **Related Tasks**
- 05-024
- 05-026

HIT Ops Plan ID: 05-007
Start date: Q1-18
End Date: Q1-18

Description of task: 05-007

HCA will provide a presentation on health information exchange to Tribal Government Leaders (and Indian Health Care Providers)

- **Progress to date**
- To do, working on new collateral with OHP, met with HCA tribal contacts, decide on schedule

- **Upcoming deliverables/key dates**

- **Related Tasks**
- 05-006

HIT Ops Plan ID: 05-008
Start date: Q1-18
End Date: Q2-18

Description of task: 05-008

HCA will consult with Tribal Government leaders to:

- understand concerns related to: privacy issues related to HIT/HIE, opt-in/opt-out of HIT activities, patient rights, and the misuse of Tribal patient data; and
- seek to identify opportunities for HIE by Indian Health Care Providers in a manner that responds/addresses these concerns.

- **Progress to date**
- To do, working on new collateral, met with HCA tribal liaisons, decide on schedule

- **Upcoming deliverables/key dates**

- **Related Tasks**
- 05-006, 05-007

HIT Ops Plan ID 05-036

Start date: Q4 2017

End Date: Q4 2018

Description of task: HCA will provide ONC with quarterly updates of the most recent executive sponsor dashboard regarding uptake of the CDR

- **Progress to date:** HCA continues to make CDR sponsorship dashboards for participation
- **Upcoming deliverables/key dates:** February 16th – HCA will provide most current dashboard to ONC after executive sponsor review
- **Related Tasks:**
 - 05-021 CDR Portal

HIT Ops Plan ID: 05-038
Start date: 10/1/2017
End Date: 11/30/2017

Description of task: *SIM HIT documents -- 2017*

- **Progress to date**
 - AIM provided required information for SIM AY4 OP which submitted to CMS in November 2017.
- **Upcoming deliverables/key dates**
 - Task completed for 2017.
- **Related Tasks**
 - N/A

HIT Ops Plan ID 05-040
Start date: Q4 2017
End Date: Q4 2018

Description of task: State HIT Operational Plan

- **Progress to date:** HCA continues to progress with executing HIT Operational Plan activities, and continues alignment with SIM HIT needs, Indian Health Care Provider requests, the State Medicaid HIT Plan, and the HITECH I-APD
- **Upcoming deliverables/key dates:** HCA will provide quarterly updates to CMS (as required) on the HIT Operational Plan.
- **Related Tasks:**
 - 05-039 SIM HIT documents – Requirements satisfied via execution of the HIT Operational Plan
 - 05-041 State Medicaid HIT Plan (to be updated Q2 and Q3 2018)
 - 05-042 HITECH I-APD (submitted as needed. See Finance section below.)

Financing Overview of Key Tasks

- Leveraging 90/10 federal/state matching funds to advance HIE

HIT Ops Plan ID 06-001
Start date: Q1 2018
End Date: Q4 2018

Description of task: HCA, in collaboration with Other Participants, will identify potential funding sources that could be used for the 10% state match under HITECH and MMIS funding, including funding sources that could be used to support DOH engagement.

- **Progress to date:**
 - HCA has held several beginning conversations regarding potential funding options.
 - Discussions continue with CMS regarding philanthropic organizations and private-sector partnerships.
 - HCA submitted a decision package for the 2018 legislative cycle to request state funds to support 10% state match for behavioral health and other HIT connectivity tools.
- **Upcoming deliverables/key dates:** Conversations will begin with ACHs and Tribal Nations on potential funding sources/options.
- **Related Tasks:**
 - 06-002 CMS Guidance
 - 06-003 Monthly Meetings
 - 06-005 Shared HIE/HIT Investments

HIT Ops Plan ID: 06-007
Start date: Q1 2018
End Date: Q2 2018

Description of Task: HCA will procure Fraud Abuse Detection System Tools that will be utilized in the Enterprise Data Warehouse database

- **Progress to date:** Currently focused on building the Enterprise Data Warehouse database. Will move to additional tools after the the EDW is further along
- **Upcoming deliverables/key dates:**
- **Related Tasks**
 -

Provider Directory Overview of Key Tasks

- Consider feasibility of using 90/10 funding for needed provider directory solutions
- Consider whether more effective provider directory solutions are needed.

HIT Ops Plan ID 08-001
Start date: Q4 2017
End Date: Q2 2018

Description of task: HCA will determine the feasibility of using 90/10 MMIS or HITECH funding to pursue Provider Directory Tasks

- **Progress to date:** HCA has had some discussions with ONC/CMS regarding what provider directory related tasks can be supported using HITECH funding. In addition, HCA is participating in discussions with other agencies regarding provider directory tasks and efforts related to provider directories.
- **Upcoming deliverables/key dates:**
 - Discuss provider directory needs related to Public employee benefits.
- **Related Tasks:**
 - 08-002 DOH Provider Licensure Interface
 - 08-003 Consider whether more effective provider directory solutions are needed

HIT Ops Plan ID: 08-003
Start date: 10/1/2017
End Date: 3/31/2018

Description of task: *HCA, in collaboration with Other Participants, will identify provider directory information needed to manage provider information for 1-2 uses cases identified in collaboration with ACHs. Consideration will be given to:*

- information needed (e.g., demographics, physical addresses, credential and specialty information, other information)*
- business processes to support needed information*
- Purposes/uses of that information (e.g., HIE, payment, ACH project monitoring)*

HCA, in collaboration with Other Participants, will identify sources, gaps, and overlaps in needed provider directory information, and consider whether more effective provider directory solutions are needed. HCA will leverage the Manatt Data Strategy Framework.

- **Progress to date**

- Master Data Management provider files from Truven have been created.
- Procured list of PCPs.
- Cat 1 Provider data files in Excel form are available to ACHs in box.com.

- **Upcoming deliverables/key dates**

- Determine resources to complete the tasks. (2/28).
- Developing understanding of what is available in the Master Data Management. (3/1).
- Complete Dashboard using the provider data file for the ACHs. (3/31).
- Communicate availability of the Cat 1 provider data files. (3/31).

- **Related Tasks**

Project Evaluation Overview of Key Tasks

- RFP for independent evaluator.

HIT Ops Plan ID: 10-001
Start date: 1/4/2018
End Date: 4/16/2018

Description of task: *An independent evaluation of the MTD is required under the Demonstration STCs and is governed through contract with CMS. The MTD evaluation includes an assessment of Health IT/ Health Information Exchange activities and will be conducted in accordance with the evaluation protocol submitted and approved by CMS.*

- **Progress to date**

- Issued RFP to the independent evaluators.
- Answered response(s) to the bidder questions; Amendment posted via WEBS.

- **Upcoming deliverables/key dates**

- Evaluate Proposals (approximate timeframe). (2/26).
- Conduct oral interviews with the finalist (if required). (3/13 – 3/14).
- Announce “Apparently Successful Bidder (ASB)” and send notification via e-mail to unsuccessful Bidders. (3/16).
- Debrief Request Due. (3/22 @5:00 PM(PT))
- Debrief Conferences via Telephone (requested). (3/26 – 3/27).
- Begin Contract Work (estimated). (4/16)

- **Related Tasks**