



Washington State Medicaid Transformation Project demonstration
Section 1115 Waiver Quarterly Health IT Operational Report
Demonstration Year 4: (January 1, 2020 to December 31, 2020)
Federal Fiscal Quarter: First Quarter (January 1, 2020 to March 31, 2020)

Demonstration Year 4 – Quarter 1 January 1, 2019 – March 31, 2019

The Health IT Operational Plan is composed of actionable deliverables to advance the health IT goals and vision articulated in the Health IT Strategic Roadmap (<https://www.hca.wa.gov/assets/program/health-information-technology-strategic-roadmap.pdf>). This work supports the Healthier Washington Medicaid Transformation (Transformation) in Washington State. The Health IT Roadmap and Operational Plan focuses on three phases of Transformation work: design, implementation and operations, and assessment. In late 2019, the Washington State Health Care Authority (HCA) engaged HCA and partner agency staff in conversations that resulted in identifying tasks for the 2020 Health IT Operational Plan. These activities include 64 deliverables and tasks in areas including:

- Electronic Health Records (EHRs)
- Mental Health IMD Waiver
- Substance Use Disorder (SUD) HIT Plan and PDMP Enhancements
- Master Person Index
- Provider Directory
- Payment Models and Sources
- Data and Governance
- Health Information Exchange Functionality
- Registries
- Adding Clients to the CDR
- Adding CDR users
- Adding CDR functions/Quality
- Provider Education
- Tribal Engagement
- Behavioral Health Integration

Washington State has advanced work on these tasks and deliverables during the first Quarter of 2020, including beginning implementation of several of these activities.

Success Stories

The Health IT team spent much of the first quarter of 2020 focused on advancing multiyear initiatives involving Health IT. During the 1st quarter, the State:

- Advanced its work with the CDR;
- Continued planning for the:
 - development of an Enterprise Master Person Index, and
 - Mental Health (MH) IMD Waiver that the State anticipates applying for in Spring 2020;

- HCA continued implementation of activities under the Section 1003 of the SUPPORT ACT grant award to develop a policy framework to enhance substance use disorder (SUD) treatment and recovery services. Activities include gathering and analyzing information about the current state of SUD treatment and recovery services, and gaps and barriers that need to be addressed to enhance SUD treatment and recovery services in Washington State. For example, information collection activities include gathering information through surveys, subject matter expert interviews, and focus group discussions on how health IT/EHRs are used and how to strengthen the health IT infrastructure for care coordination and analytics;
- Continued coordination with the nine Accountable Communities of Health (ACHs) and Medicaid Managed Care organizations (MCOs) to support Medicaid transformation activities in regions and plans across the state, including the use of health IT;
- Coordinated internally within the HCA and with the Department of Health (DoH) to support implementation of the Health IT Plan requirements related to the Prescription Drug Monitoring Program (PMP) and related requirements using funds made available through the Partnership Act/SUPPORT Act; and
- Implementing urgent programs and processes to address the COVID-19 public health emergency.

HCA is fielding a survey of behavioral health providers that includes questions regarding their use of health IT/EHRs. Survey questions were informed by conversations with the Office of the National Coordinator for Health IT (ONC). The questions will also help inform activities required in the health IT section of the Mental Health IMD Waiver.

In addition, HCA developed a survey for providers in the state to understand their adoption and use of EHR technology. This survey will be fielded in the second quarter of 2020 and will help inform critical policies regarding the adoption and use of health IT, including where the State should make investments to support health information exchange.

HCA, in collaboration with the Medicaid MCOs, began discussions on how to leverage health IT to improve care coordination and how to best support enrollees and providers in having (near) real-time access to information about the location of and contact information for behavioral health (BH) providers in MCOs' provider networks. These conversations began in the first quarter but were temporarily put on hold as the state responds to the COVID 19 pandemic.

HCA, in collaboration with Epic and OCHIN developed a web application to help support providers conducting COVID-19 testing. This quick implementation of a technology solution provides administrative support and allows clinical notes to be incorporated into Epic's Care Everywhere platform. Additionally, the tool can be adjusted to support other provider types like adult family homes, homeless shelters and others that are working to stem the spread of COVID-19.

Early on in the COVID19 crisis, Washington State recognized the importance of allowing telehealth (e.g., phone and video-conferencing) so people could access health care even while staying home. HCA has made policy decisions and investments to get phones, laptops, software and guidance to providers and clients to support telehealth, including:

- HCA expanded its pre-existing telemedicine policies to cover telehealth services during the time of this public health crisis. HCA has held/participated in numerous webinars for providers/others describing these services and how Medicaid will cover services using these technologies.
- The State procured more than 2,000 Zoom for Healthcare licenses and is offering them free of charge to Medicaid physical and behavioral health providers to facilitate the use of telehealth services to our most vulnerable populations while continuing to practice social distancing measures to reduce the spread of COVID-19. More than 1,300 licenses have been distributed and slightly less than 500 additional applications for Zoom licenses have been approved (but not yet registered).
- HCA has distributed several hundred HCA-issued loaner laptops to providers to help clients and providers stay connected through online appointments.
- HCA has distributed thousands of phones donated by cell phone companies through the State Military Department to tribes, fee-for-service Medicaid clients, individuals enrolled in the Foundational Community Supports program (housing and employment support), and in long-term care facilities. The phones have 400 talk minutes and unlimited data (texting and internet).
- HCA is supporting the Behavioral Health Institute (BHI) to provide training and technical assistance to behavioral health providers to support their use of telehealth. BHI is offering twice weekly training, fielding a behavioral health provider survey of their telehealth needs and barriers to use, and coordinating with ACHs to address the needs of providers in those regions. BHI seeks to sustain telehealth as an element of digital health.

Progress to date

During the first quarter of 2020, Washington State advanced its Health IT Operational Plan. This work included:

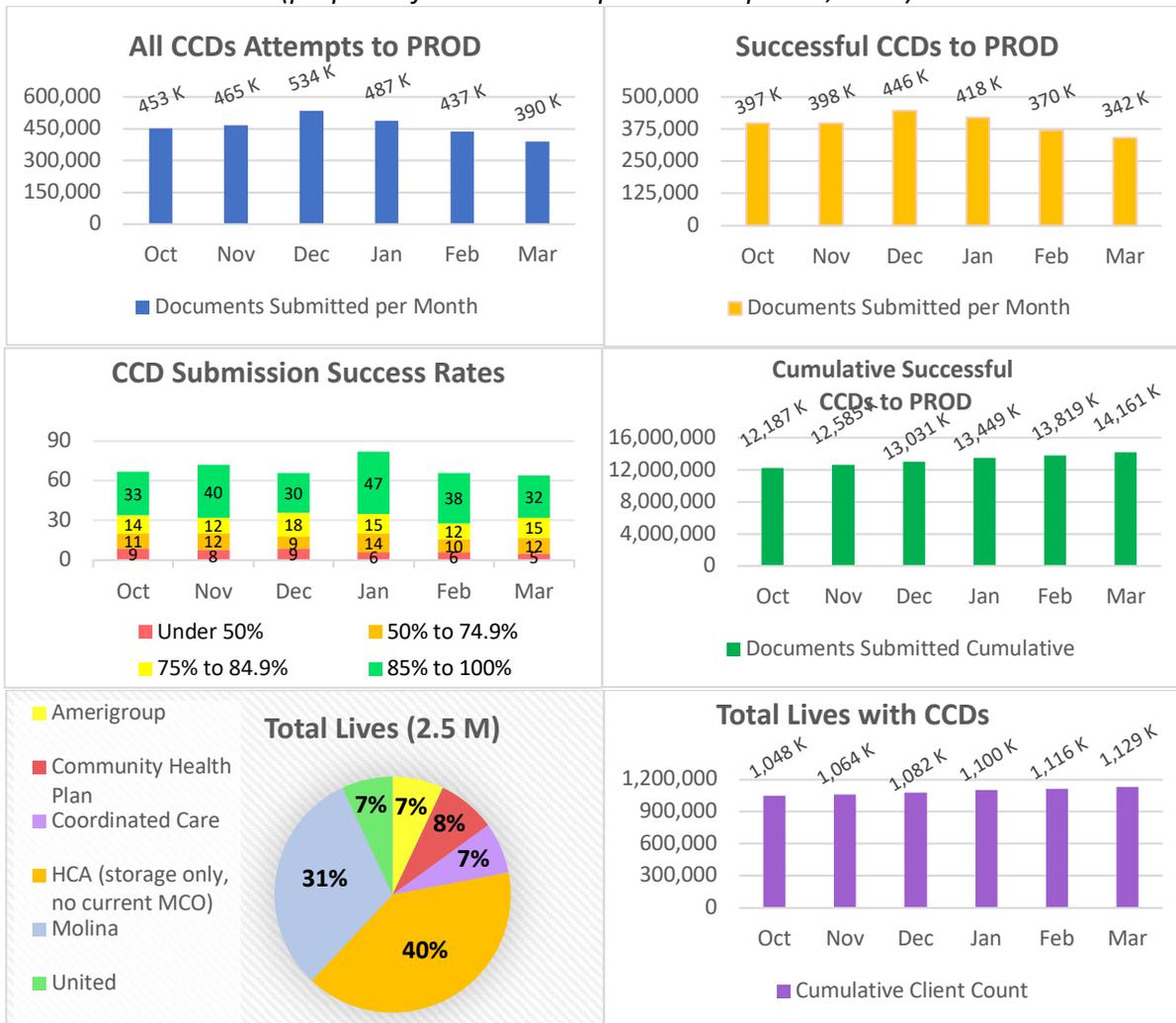
- Began a project to develop requirements for a consent management system
- Adjusted telehealth payment policy to further enable providers to serve patients remotely
- Procured Zoom for Healthcare for providers and offered licenses free of charge to Medicaid providers
- Advanced the State's Master Person Index work by selecting a project manager and releasing an RFP for an MPI expert vendor to develop a roadmap for implementation
- Disseminated quarterly provider feedback reports related to opioid use and prescribing patterns
- Incorporated the health IT tasks in the MH IMD Waiver application (to be submitted to CMS in Spring 2020) to support the requirements in that Waiver. HCA was not successful in securing from the state legislature the state matching funds needed to support implementation of these requirements. As a result, implementation of the health IT tasks in the MH IMD Waiver are contingent on securing funding.
- Engaged MCOs and State staff in a workgroup to advance time and distance standards for provider networks. Activities under this workgroup were temporarily halted due to the urgency to respond to COVID19 public health crisis.
- Engaged MCOs and State staff in a workgroup to incorporate health IT in care coordination efforts. Activities under this workgroup were temporarily halted due to the urgency to respond to COVID19 public health crisis.

Next Steps

As Washington State begins to emerge from the COVID-19 public health emergency, it will be able to reengage in some of the planned activities for the 2020 Health IT Operations Plan. There may be some new items added to the Health IT Operational plan as gaps in critical health IT infrastructure were identified during the crisis. This assessment will occur in June and July of 2020 (assuming the trend in COVID-19 cases continues).

Clinical Data Repository Sponsor Dashboard

(prepared for Executive Sponsors – April 14, 2019)



Top 20 Organizations by total successful CCD submissions

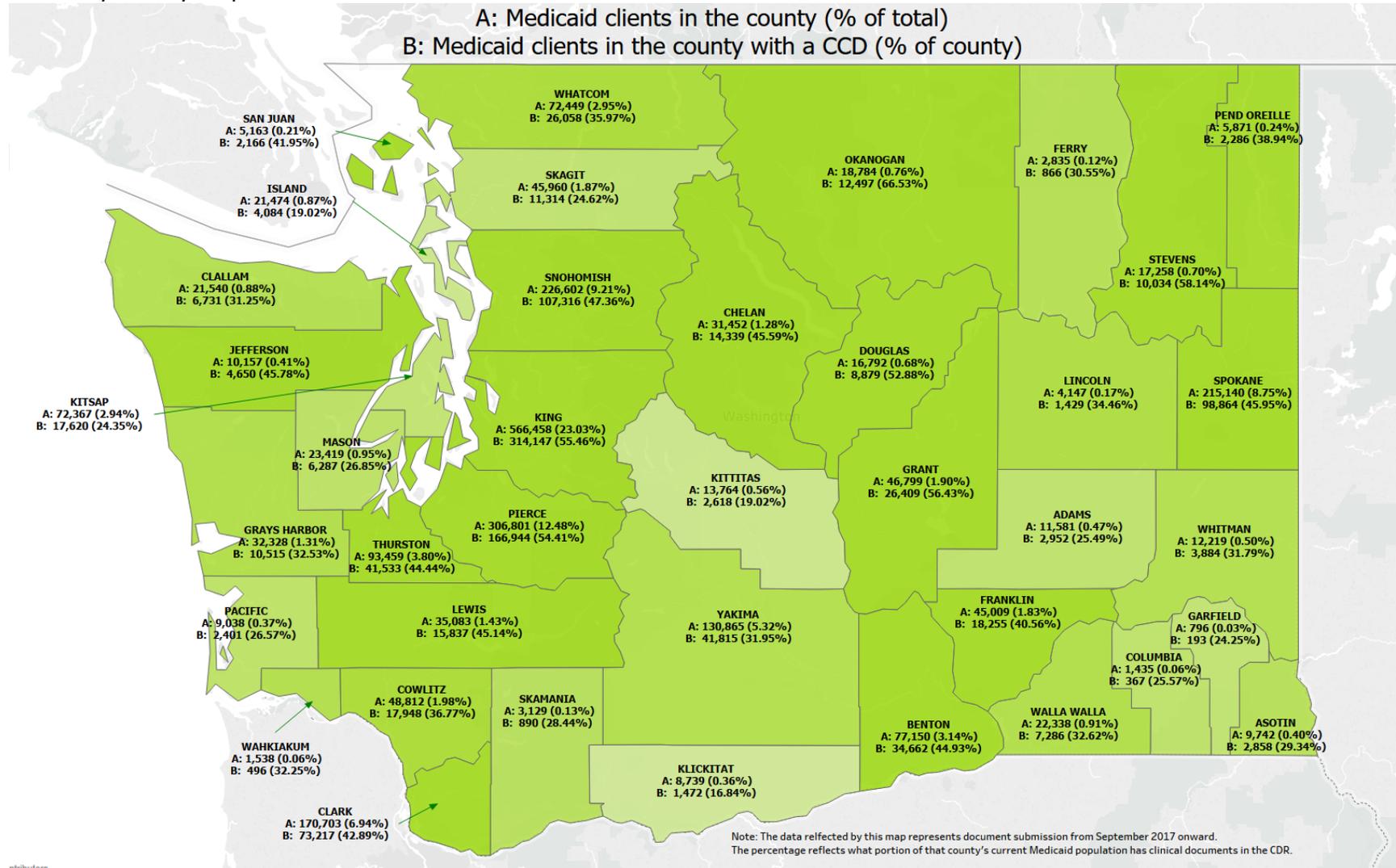
Rank	Org Name	CCD Count	Rank	Org Name	CCD Count
1.	University of Washington	103,394	11.	Neighborcare Health	4,395
2.	Multicare	69,318	12.	Moses Lake Community Health Center	3,971
3.	Health Point CHC	26,908	13.	The Everett Clinic	3,532
4.	Confluence Health	20,054	14.	Samaritan Healthcare	3,456
5.	Yakima Neighborhood Health Services	17,867	15.	Planned Parenthood of the Great Northwest	2,684
6.	Providence Health and Services	16,132	16.	Harborview Medical Center	1,800
7.	The Vancouver Clinic	15,201	17.	Evergreen Healthcare	1,742
8.	PeaceHealth	13,639	18.	Legacy Salmon Creek	1,688
9.	Seattle Childrens	12,520	19.	Quincy Community Health Center	1,356
10.	Sea Mar Community Health Center	10,034	20.	Country Doctor	1,296

Number of Provider Organizations in UAT in last month: 2
 CDR Tickets at HCA:1 and CDR Tickets at OHP: 1

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Clients by County Map

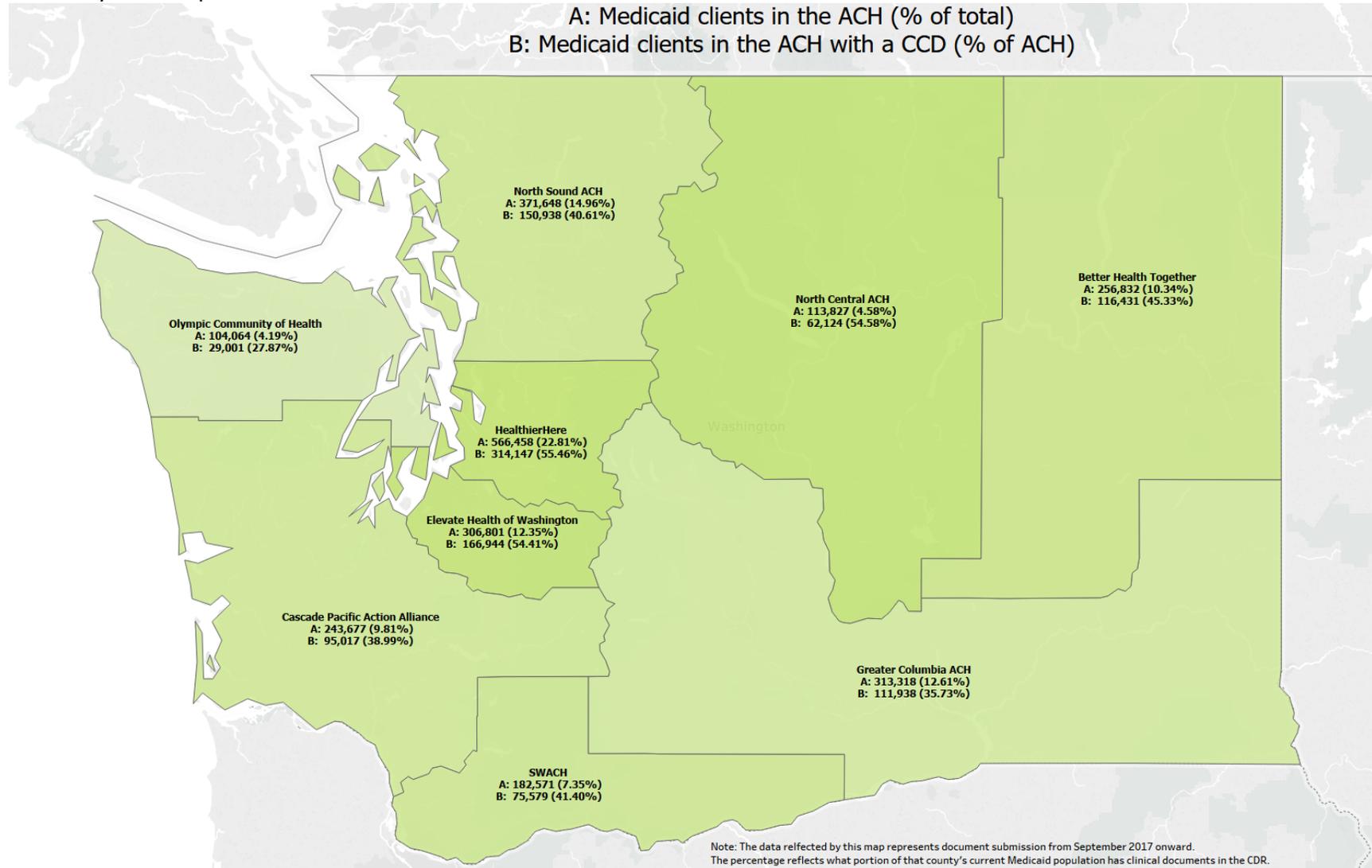


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Clinical Data Repository Sponsor Dashboard

(prepared for Executive Sponsors – April 14, 2019)

Clients by ACH Map



Task ID	% Complete	Start Date	End Date	Title	Year/Quarter End Date	Status	Category
1-01	50	1/1/20	12/31/20	Explore Statewide Electronic Health Record (EHR)/Rural EHR	Q4	On Track	EHRs
1-02	80	1/1/20	12/31/20	Administer EHR Incentive Project	Q4	On Track	EHRs
1-03	25	1/1/20	6/30/20	Webinar on CEHRs and HITECH EHR Incentive Program.	Q2	On Track	EHRs
2-01		1/1/20	12/31/20	Required MH IMD Waiver Attestation	Q4	On Track	Mental Health IMD Waiver
2-02		1/1/20	12/31/20	Required MH IMD Waiver Attestation	Q4	On Track	Mental Health IMD Waiver
2-03		1/1/20	12/31/20	Required MH IMD Waiver Attestation	Q4	On Track	Mental Health IMD Waiver
2-04		1/1/20	12/31/20	Financial map for-BH HIT Plan	Q4	On Track	Mental Health IMD Waiver
2-05		1/1/20	12/31/20	Closed Loop Referrals and e-Referrals:	Q4	On Track	Mental Health IMD Waiver
2-06		1/1/20	12/31/20	Create and use Electronic Care Plans that are interoperable	Q4	On Track	Mental Health IMD Waiver
2-07		1/1/20	12/31/20	Medical Records Transition.	Q4	On Track	Mental Health IMD Waiver
2-08		1/1/20	12/31/20	Consent - E-Consent (sharing of sensitive health care information to all relevant parties consistent with applicable law and regulations (e.g., HIPAA, 42 CFR part 2 and state laws))	Q4	On Track	Mental Health IMD Waiver
2-09		1/1/20	12/31/20	Interoperable Intake, Assessment, and Screening tools: data is interoperable with the rest of the HIT ecosystem	Q4	On Track	Mental Health IMD Waiver
2-10		1/1/20	12/31/20	Telehealth	Q4	On Track	Mental Health IMD Waiver
2-11		1/1/20	12/31/20	Analytics: the state can identify patients at risk for discontinuing/stopping treatment and alerting care teams	Q4	On Track	Mental Health IMD Waiver

2-12		1/1/20	12/31/20	Health IT is being used to advance the care coordination workflow	Q4	On Track	Mental Health IMD Waiver
2-13		1/1/20	12/31/20	Electronic medical records capture all episodes of care, and are linked to the correct patient	Q4	On Track	Mental Health IMD Waiver
2-14		1/1/20	12/31/20	Identity Management	Q4	On Track	Mental Health IMD Waiver
3-01		1/1/20	12/31/20	B. Enhanced interstate data sharing in order to better track patient specific prescription data	Q4	On Track	SUD HIT Plan and PDMP Enhancements
3-02		1/1/20	12/31/20	C. Enhanced “ease of use” for prescribers and other state and federal stakeholders	Q4	On Track	SUD HIT Plan and PDMP Enhancements
3-03		1/1/20	12/31/20	D. Enhanced connectivity between the state’s PDMP and any statewide, regional or local health information exchange (Timeline 24+ months). DOH will solicit proposals and secure a vendor to develop an API (that meets required HIT standards (NCPDP SCRIPT V. 2017-071)) for PDMP / HIE connections, including interstate data sharing of PDMP data;	Q4	On Track	SUD HIT Plan and PDMP Enhancements
3-04		1/1/20	12/31/20	E. Enhance identification of long-term opioid use correlated to clinician prescribing patterns	Q4	On Track	SUD HIT Plan and PDMP Enhancements
3-05		1/1/20	12/31/20	G. Develop enhanced provider workflow / business processes to better support clinicians' access to the PDMP prior to prescribing an opioid or other controlled substance (Timeline: 12 months)	Q4	On Track	SUD HIT Plan and PDMP Enhancements
3-06		1/1/20	12/31/20	H: Develop enhanced supports for clinician review of the patients’ history of controlled substance prescriptions through the PMP— prior to the issuance of an opioid prescription (Timeline: 24+ months)	Q4	On Track	SUD HIT Plan and PDMP Enhancements
3-07		1/1/20	12/31/20	F. Facilitate the state’s ability to properly match patients receiving opioid prescriptions with patients in the PDMP (i.e. the state’s master patient index (MPI) strategy with regard to PDMP query)	Q4	On Track	SUD HIT Plan and PDMP Enhancements

3-08		1/1/20	12/31/20	Task I: Enhance MPI (or master data management service, etc.) in support of SUD care delivery	Q4	On Track	SUD HIT Plan and PDMP Enhancements
3-09	25	1/1/20	12/31/20	eConsent Management Tool	Q4	On Track	SUD HIT Plan and PDMP Enhancements
4-01	25	1/1/20	12/31/20	Begin Proof of concept for MPI	Q4	On Track	Master Person Index
5-01		1/1/20	12/31/20	Draft Provider Directory white paper and implementation plan for Enterprise Governance decision making	Q4	On Track	Provider Directory
5-02	25	1/1/20	6/30/20	Time and distance standards for provider networks	Q2	On Track	Provider Directory
6-01	25	1/1/20	6/30/20	Provider Assignment/Provider Attribution	Q2	On Track	Payment Models and Sources
6-02		1/1/20	12/31/20	VBP Models and HIT/HIE	Q4	On Track	Payment Models and Sources
6-03		1/1/20	12/31/20	Implement Payment Model 2-Rural Multipayer Payment Model	Q4	On Track	Payment Models and Sources
6-04		1/1/20	12/31/20	APM for SUD	Q4	On Track	Payment Models and Sources
7-01		1/1/20	12/31/20	Develop process for incorporating successes from evaluation work (SIM, MTP, etc.)	Q4	On Track	Data and Governance
7-02		1/1/20	12/31/20	Data Strategy	Q4	On Track	Data and Governance
7-03		1/1/20	12/31/20	Advancing/supporting care coordination	Q4	On Track	Data and Governance
7-04		1/1/20	12/31/20	ACH Sustainability	Q4	On Track	Data and Governance
8-01	25	1/1/20	9/30/20	Supporting shared HIT/HIE needs across ACHs.	Q3	On Track	Health Information Exchange

							functionality, including enhancing the CDR
8-02		1/1/20	12/31/20	Closed loop referral, e-Consults, and Population Health Management	Q4	On Track	Health Information Exchange functionality, including enhancing the CDR
8-03		4/1/20	9/30/20	MMC Population Health Management: Plan	Q3	On Track	Health Information Exchange functionality, including enhancing the CDR
8-04	25	1/1/20	6/30/20	MMC Care Coordination Services	Q2	On Track	Health Information Exchange functionality, including enhancing the CDR
8-05	25	1/1/20	6/30/20	MMC Care Management Services	Q2	On Track	Health Information Exchange functionality, including enhancing the CDR
8-06		1/1/20	12/31/20	Patient Access to Electronic Health Information	Q4	On Track	Health Information Exchange functionality,

							including enhancing the CDR
8-07		1/1/20	12/31/20	Communication Strategy HIE, including the CDR	Q4	On Track	Health Information Exchange functionality, including enhancing the CDR
8-08		1/1/20	6/30/20	1st responders/Community Paramedicine	Q2	On Track	Health Information Exchange functionality, including enhancing the CDR
9-01		1/1/20	12/31/20	Administer Public Health Registry Onboarding	Q4	On Track	Registries
10-01		4/1/20	9/30/20	Enable Addition of non-tribal FFS Clients to CDR	Q3	On Track	Adding Clients to CDR
11-01		7/1/20	12/31/20	CDR onboarding	Q4	On Track	Adding CDR Users
11-02		4/1/20	9/30/20	Jail Transition Services	Q3	On Track	Adding CDR Users
12-01		4/1/20	12/31/20	Update HIE Roadmap	Q4	On Track	Adding CDR Functions/ Quality
12-02		1/1/20	12/31/20	Deploy Reporting Features in CDR	Q4	On Track	Adding CDR Functions/ Quality
12-03		1/1/20	12/31/20	Deploy Query and API functionality in CDR	Q4	On Track	Adding CDR Functions/ Quality
12-04		1/1/20	12/31/20	Data Quality Improvement Efforts	Q4	On Track	Adding CDR Functions/ Quality

12-05		1/1/20	12/31/20	Design/Develop Smart Form Use Cases.	Q4	On Track	Adding CDR Functions/ Quality
12-06		1/1/20	12/31/20	SDOH data	Q4	On Track	Adding CDR Functions/ Quality
12-07		1/1/20	12/31/20	Develop Standardized Shared Care Management Tools/Functions	Q4	On Track	Adding CDR Functions/ Quality
12-08		1/1/20	12/31/20	Develop Standardized Discharge Summary	Q4	On Track	Adding CDR Functions/ Quality
13-01		1/1/20	12/31/20	Medicaid MCOs will provide ongoing provider education regarding health IT and health information exchange	Q4	On Track	Provider Education
13-02		1/1/20	12/31/20	Technical assistance to providers on health IT to facilitate the adoption of value-based purchasing	Q4	On Track	Provider Education
14-01		1/1/20	12/31/20	Have conversations with Tribes about Exchanging Health Information	Q4	On Track	Tribal Engagement
14-02		1/1/20	12/31/20	Assist Tribes exploring EHR replacement and system integration	Q4	On Track	Tribal Engagement
14-03		1/1/20	12/31/20	Support Tribal Adoption of CDR	Q4	On Track	Tribal Engagement
14-04		1/1/20	12/31/20	Discuss TARGET replacement with Tribal providers	Q4	On Track	Tribal Engagement
15-01		1/1/20	12/31/20	Technical Assistance to BH Providers on CEHRT adoption and use	Q4	On Track	Behavioral Health Integration