



Washington State Medicaid Transformation Project demonstration
Section 1115 Waiver Quarterly Health IT Operational Report
Demonstration Year 3: (January 1, 2019 to December 31, 2019)
Federal Fiscal Quarter: third Quarter (July 1, 2019 to September 30, 2019)

Demonstration Year 3 – Quarter 3

July 1, 2019 – September 30, 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 2018, the Washington State Health Care Authority (HCA) led months of conversations that resulted in identifying tasks for the 2019 Health IT Operational Plan. These activities include 64 deliverables and tasks in areas including:

- SUD IMD Waiver
- Data and Governance
- Master Person Index
- Provider Directory
- Payment Models and Sources
- Enhancing Health Information Exchange functionality, including enhancing the Clinical Data Repository (CDR)
- Registries
- Tribal Engagement
- EHRs
- Behavioral Health Integration

Washington State has advanced work on these tasks and deliverables during the 3rd Quarter of 2019, including beginning implementation of several of these activities.

Success Stories

The Health IT team spent much of the third quarter of 2019 focused on advancing multiyear initiatives involving Health IT. During the 3rd 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 (formally referred to as the Serious Mental Illness (SMI)/Serious Emotional Disturbances (SED) Waiver) that the State anticipates applying for in Spring 2020;
- Received approval from CMS to use federal funds available under Section 5042 of the Partnership Act/SUPPORT Act to combat the opioid crisis and initiated activities to design a Qualified Prescription Drug Monitoring Program (PDMP), support the exchange of protected substance use disorder (SUD) information,

and advance the exchange and use additional clinical data and data for clinical and case management;

- Was awarded funding from CMS under Section 1003 of the SUPPORT Act to enhance SUD treatment and recovery services, including the use of health IT to support care coordination;
- Reviewed reports submitted by each of the nine Accountable Communities of Health (ACHs) to identify how the ACHs are using/intend to use health IT to support Medicaid transformation activities in their region; and
- Added language to Medicaid Managed Care (MMC) contracts to support the use of health IT/HIE.

The State recently approved implementation of a query-based function for the CDR and identified a provider that has committed to pilot testing the functionality. This functionality will allow authorized providers to query the CDR directly from their Electronic Health Record Systems (EHR) and within their standard workflow, which should substantially expand the number of providers actively using the data contained within the CDR.

The State submitted legislative funding requests to support the:

- development of an enterprise Master Person Index (MPI) which would be used as an enabling technology for the five health and human services agencies in the state with the goal of being extensible beyond the five agencies at a later point. The HHS Coalition governance process for the five Health and Human Service agencies has prioritized two projects, one with substantial health IT implications (the MPI). This effort will focus on building an initial proof of concept that can be scaled with additional functionality to address additional use cases moving forward; and
- Health IT plan requirements included in the MH IMD. The MH Waiver requires the State to “leverage health IT, advance health information exchange(s), and ensure health IT interoperability in support of the demonstration’s goals” and includes several specific requirements related to electronic health information exchange (HIE) at the point of care (e.g., care plans; closed loop referral; transitions of care; consent management; and intake, assessment and screening tools).

During the 3rd quarter, the State received approval for its federal funding request for implementing Section 5042 of the Partnership Act/ SUPPORT Act. This includes funds to implement a qualified PDMP system with enhanced functionality that will provide a robust treatment decision making tool for health care providers. The enhanced PDMP system will streamline provider’s registration and login for those having access to the PDMP, more quickly process data files and support the ability to analyze and visualize public health data to inform policy decisions to address the opioid epidemic.

Additionally, the approved SUPPORT Act funding will allow the State to build a consent management pilot to facilitate the exchange of substance use disorder health information. Work has begun to identify the resources needed and potential technical solutions for implementing the pilot. This builds on the State's ongoing effort to provide guidance to providers on exchanging information in compliance with 42 CFR Part 2.

Further, funding approved under the SUPPORT Act will advance the exchange and use additional clinical data and data for clinical and case management. HCA developed a scope of work that will explore the use of the PDMP and other tools for the clinical and case management of persons with SUD.

Funds awarded under Section 1003 of the SUPPORT Act will support the development of a policy-relevant framework that identifies the policy actions and timelines Washington State could implement to direct and accelerate future innovation in whole-person SUD treatment and recovery service improvements, including strengthening the health IT infrastructure to support care coordination and analytics for persons with SUD treatment and recovery needs.

HCA staff concluded their review of the ACH Medicaid Transformation Semi-Annual Reports (SARs) and identified shared needs and themes related to health IT/ HIE across ACHs and their partnering providers (e.g., the need to share and access protected health information (PHI), closed loop referral, shared care plans). HCA is coordinating within the agency to leverage and extend multiple efforts and prioritize supports to ACHs and their providers to advance HIE consistent with federal and state law and support Medicaid Transformation activities.

HCA finalized the distributed the Behavioral Health Supplemental Transaction Data Guide to MCOs and BH-ASOs at the end of August. The Guide includes a partial mapping between data elements required to be submitted and health IT vocabulary code sets (e.g., LOINC). Additionally, HCA distributed a letter clarifying the State's expectations about supplemental transaction reporting. HCA is working to modify the Behavioral Health Data System and plans to open a test environment by December.

Progress to date

During the third quarter of 2019, Washington State advanced its Health IT Operational Plan. This work included:

- Coordinating with Tribes and ACHs on state and national HIE resources.
- Continuing to support the Health IT Plan requirements of the SUD IMD waiver.
- Engaging in meetings of the CDR Data Governance Committee that provides guidance and develops policies and processes regarding clinical and claims data

and role-based access for clinical, social and claims data for purposes of the CDR, including approving the system-to-system query pilot.

- Participating in meetings (e.g., The Gravity Project) to identify and make interoperable key Social Determinants of Health (SDOH) data elements.

While there was substantial progress made on deliverables in the third quarter of 2019, there were only two deliverables that were scheduled to be completed during this quarter:

<p>Description of task 04-02 MCO HIE incentives HCA staff will work with CMS and ONC for what contract language could be included and if additional funding can be supplied as part of MCO rate determination. HCA, in collaboration with ONC, CMS, and MCOs, will identify methods/mechanisms that are used/could be supported by MCOs to support the use of HIT/HIE by providers (e.g., to support prior authorization and integrated PH and BH care). This task includes the identification of additional potential incentive and penalty policies for participation with the CDR.</p>
<p>Description of task 09-07 SDOH data and CDR Review options for collaborating with external vendors for a statewide SDOH template. Develop a standard template for transmitting a subset of SDOH data elements (that have already been linked to HIT vocabularies) and a CDR interface to receive this content.</p>

Washington State continues to work on remaining deliverables in all major categories.

Challenges

While substantial progress has been made, there are four deliverables that are at-risk and re-planned for Q4 2019. These include the following at-risk deliverables:

Task Number	Task	Comment
04-03	VBP Models and HIT/HIE	The due date for this task is being moved to 12/31/2019
08-03	1st responders/Community Paramedicine	HCA continues conversations with ACHs on advancing the use of an interoperable close-loop referral tool by

		clinical and community providers. The due date is being moved to 12/31/2019.
09-01	Update HIE Roadmap	The due date for this task is being moved to 12/31/2019
10-03	Support Tribal Adoption of CDR	Identified the criticality of data sovereignty for tribal health care providers and identified the consent management tool as central to addressing that issue. Moving the due date to 12/31/2020 to allow for planning of pilot implementation.

Changes in Health IT Operational Plan

There were five items that were re-planned for 2019 due to pending decisions and/or resource constraints:

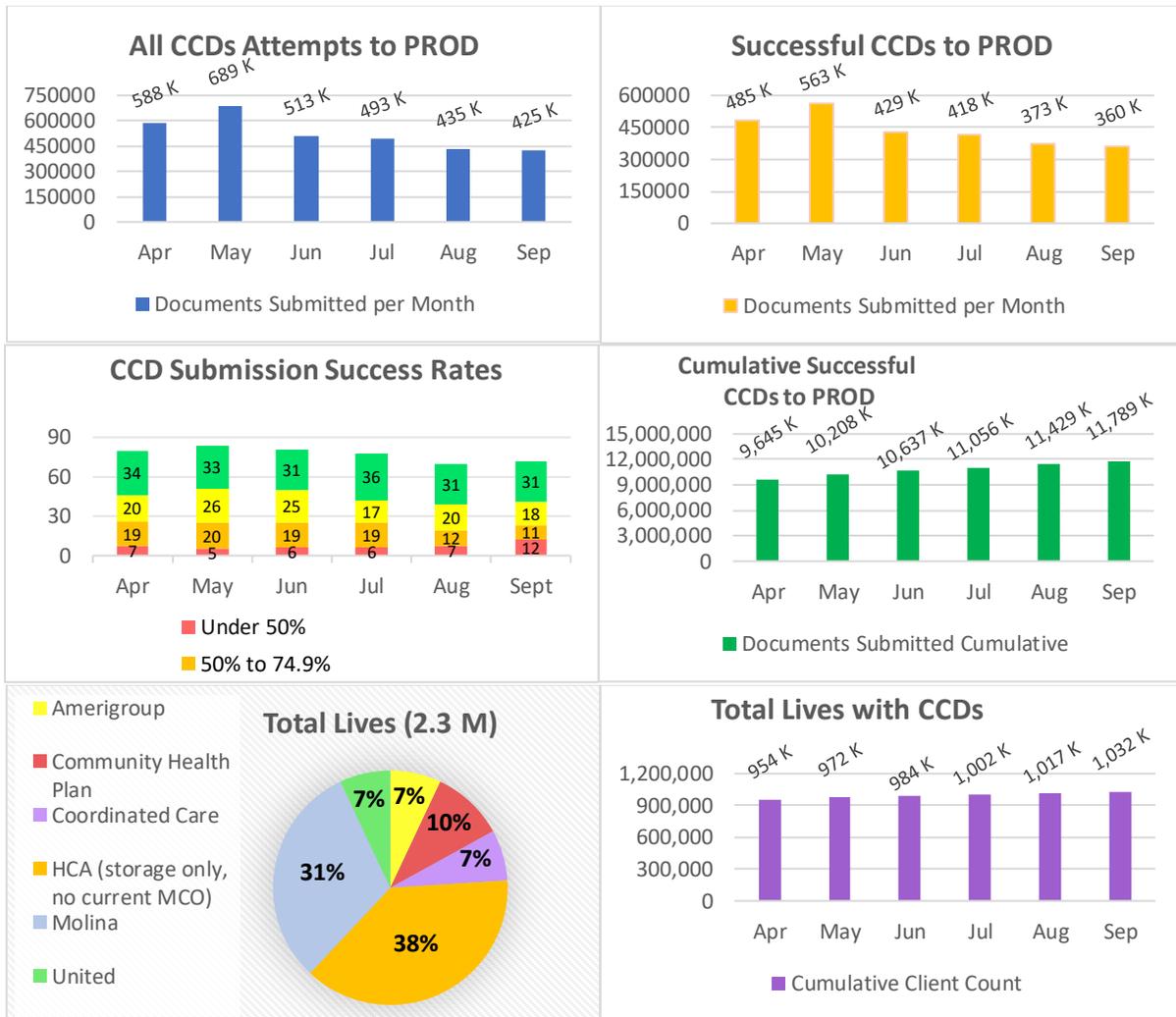
Task Number	Task	Comment
04-03	VBP Models and HIT/HIE	The due date for this task is being moved to 12/31/2019
04-05	Public/Private Partnerships	Due to difficulty navigating the ability for the state to accept funding from private sources, this task is being closed for the 2019 year.
08-03	1st responders/Community Paramedicine	HCA continues conversations with ACHs on advancing the use of an interoperable close-loop referral tool by clinical and community providers. The due date is being moved to 12/31/2019.
09-01	Update HIE Roadmap	The due date for this task is being moved to 12/31/2019
10-03	Support Tribal Adoption of CDR	Moving the due date to 12/31/2020 to allow for planning of pilot implementation.

Next Steps

Washington State continues to implement the 2019 Health IT Operational Plan. The State is also working to develop the Health IT Operational Plan for 2020. This includes documenting the tasks from the planned Mental Health IMD Waiver and aligning the Health IT Operational Plan activities with the State Medicaid Health IT Plan.

Clinical Data Repository Sponsor Dashboard

(prepared for Executive Sponsors – October 8, 2019)



Top 20 Organizations by total successful CCD submissions

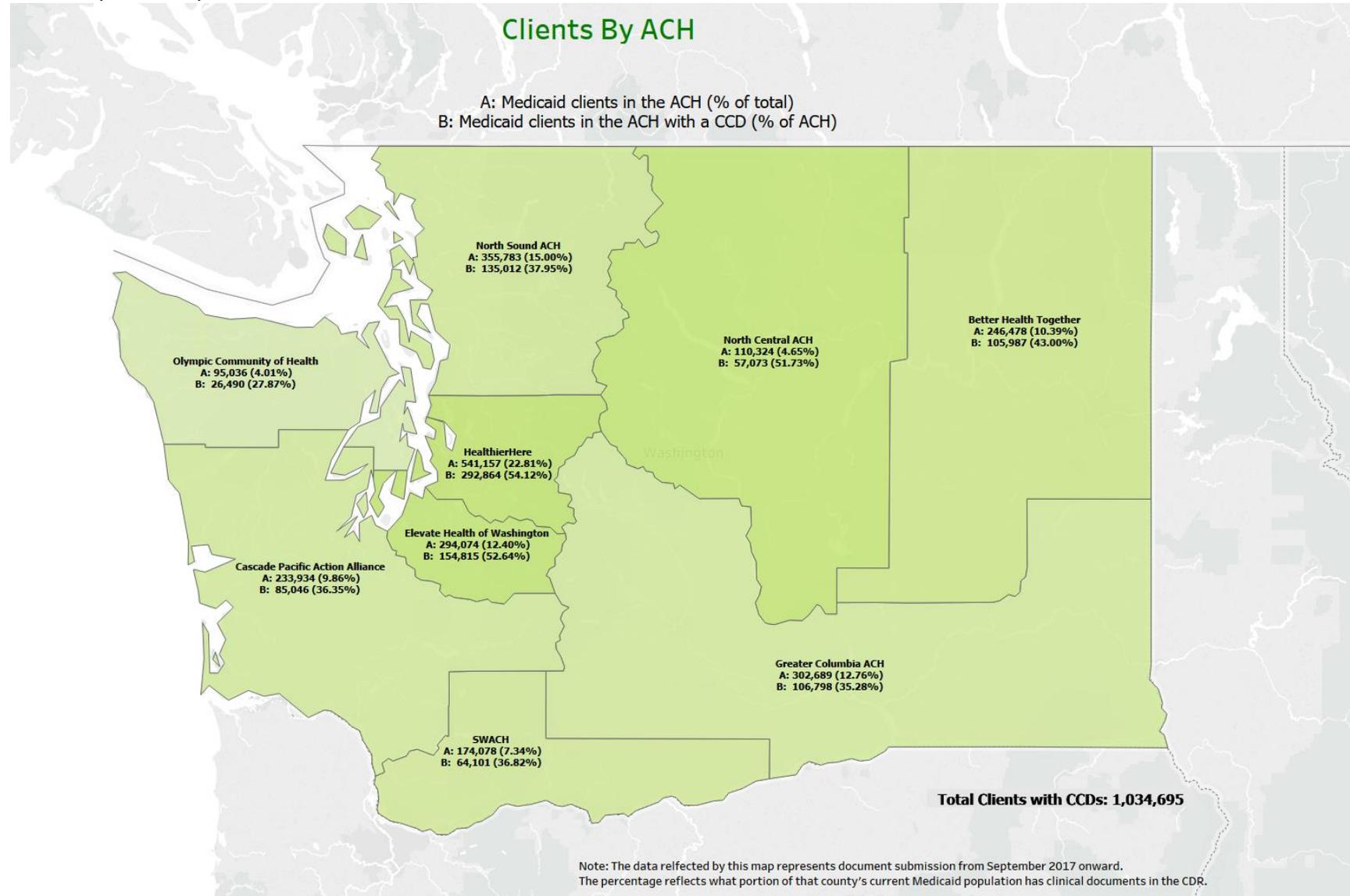
Rank	Org Name	CCD Count	Rank	Org Name	CCD Count
1.	University of Washington	90,436	11.	Providene Health and Services	9,778
2.	Multicare	77,356	12.	Valley View Health Center	5,894
3.	Health Point CHC	25,109	13.	Tri-Cities Community Health	5,889
4.	Confluence Health	23,453	14.	Moses Lake Community Health Center	4,411
5.	Neighborcare Health	20,084	15.	The Polyclinic	3,354
6.	PeaceHealth	15,625	16.	Pediatrics Northwest PS	3,159
7.	Seattle Childrens	13,759	17.	Samaritan Healthcare	2,957
8.	The Vancouver Clinic	13,655	18.	Evergreen Healthcare	2,115
9.	Yakima Neighborhood Health Services	12,429	19.	Valley Medical Center	1,960
10.	Community Health Care	12,222	20.	Harboerview Medical Center	1,683

Number of Provider Organizations in UAT in last month: 8
 CDR Tickets at HCA:4 and CDR Tickets at OHP: 113

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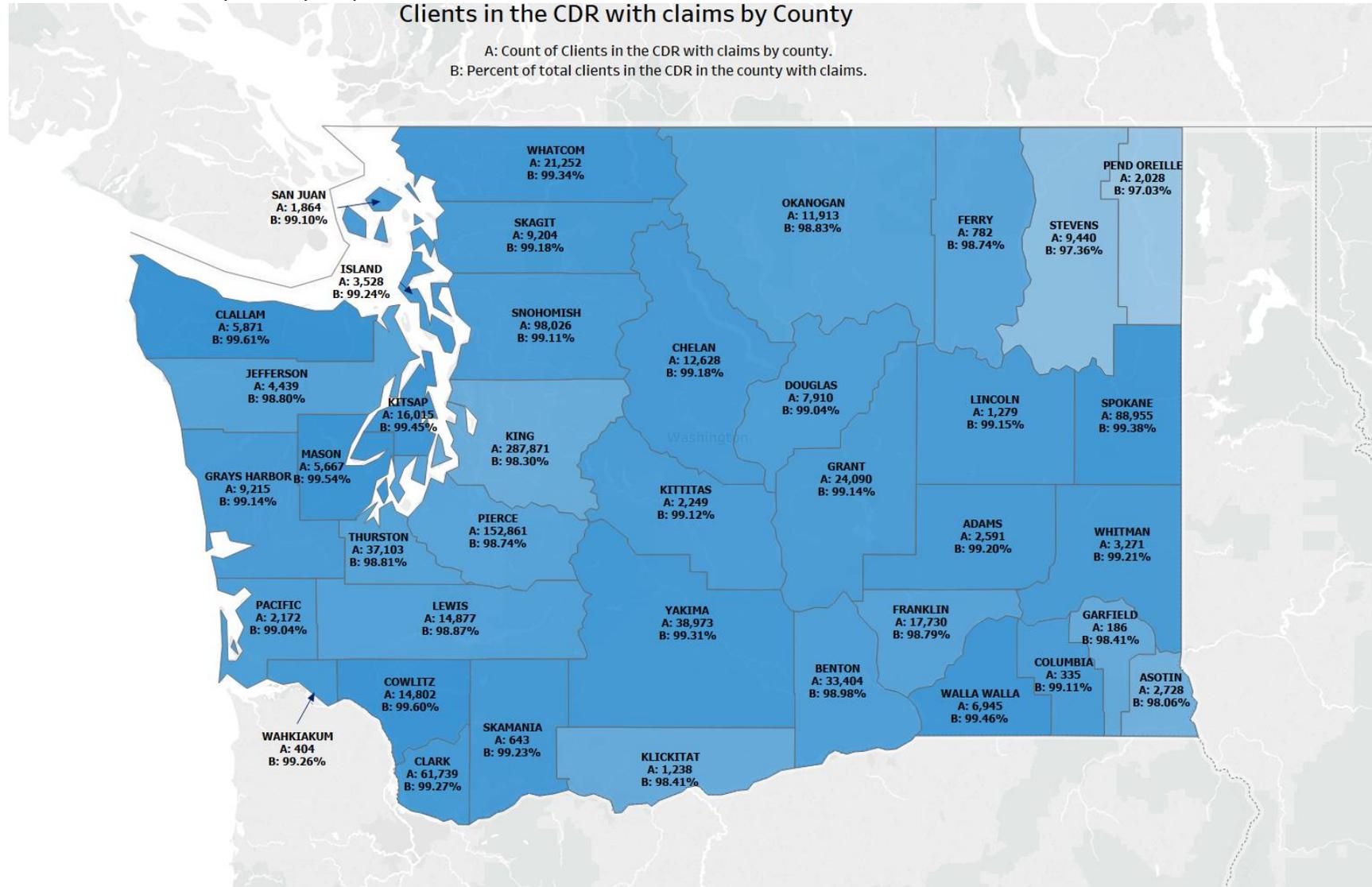
Clients by ACH Map



Clinical Data Repository Sponsor Dashboard

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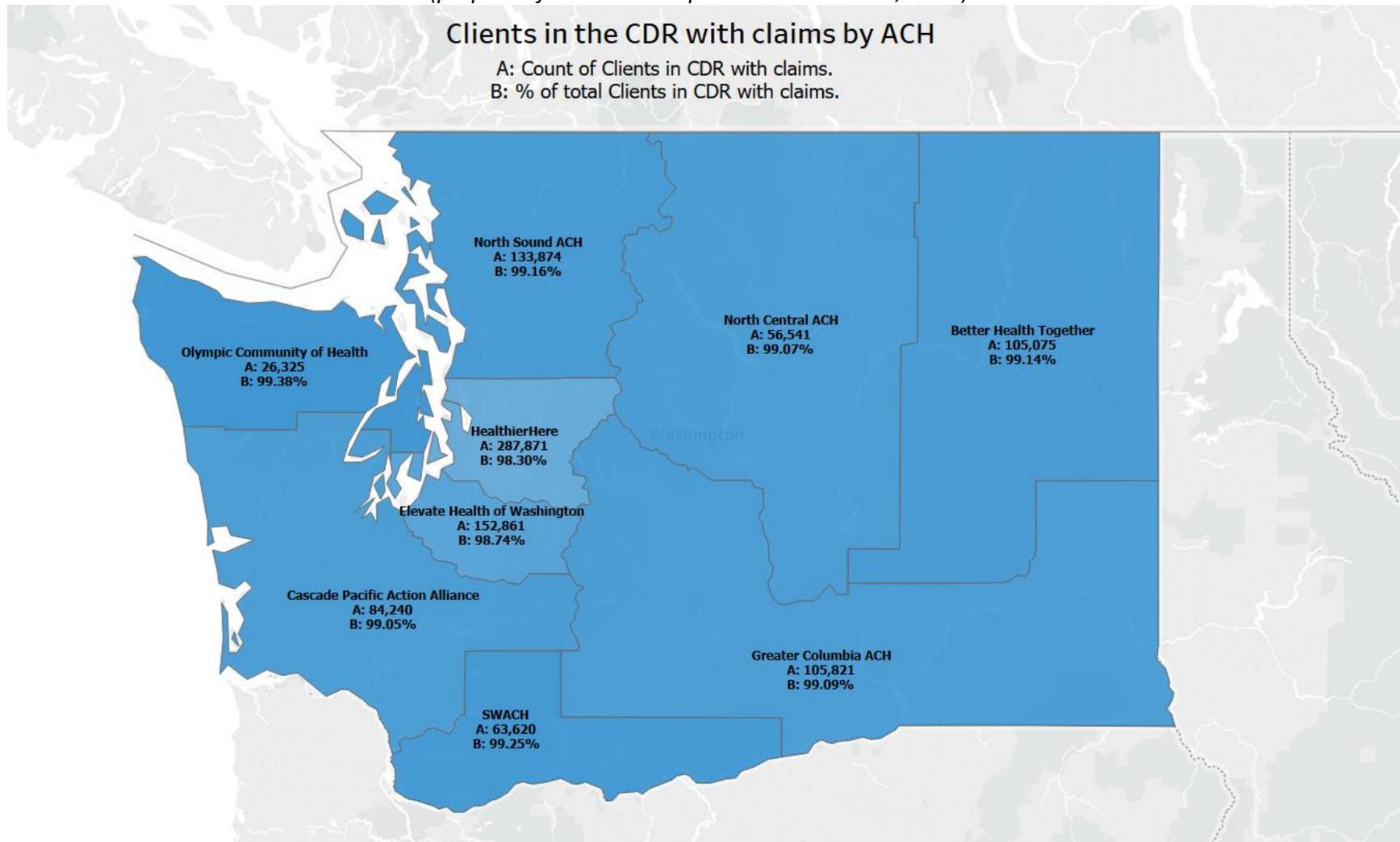
Clients with Claims by County Map



Clients with Claims by ACH Map

Clinical Data Repository Sponsor Dashboard

(prepared for Executive Sponsors – October 8, 2019)



Task Number	% Complete	Start Date	Due Date	Name	Year/Quarter End Date	Status	Category
1-01	75	1/2/19	12/31/19	Policies/guidance regarding clinical and claims data, including data in the CDR.	Q2	Complete	Data and Governance
1-02	25	1/2/19	12/31/19	Role-based access policies for clinical, social, and claims data	Q2	On Track	Data and Governance
1-03	100	12/31/19	12/31/19	Build out Enterprise Governance structure	Q4	Complete	Data and Governance
1-04	100	1/2/19	9/30/19	Develop process for incorporating successes from evaluation work (SIM, MTP, etc.)	Q3	Complete	Data and Governance
2-01	100	1/2/19	12/31/19	Draft MPI White Paper and Implementation Plan for Enterprise Governance decision making	Q4	Complete	Master Person Index
3-01	0	1/2/19	12/31/19	Draft Provider Directory white paper and implementation plan for Enterprise Governance decision making	Q4	On Track	Provider Directory
3-02	50	7/1/19	12/31/19	Time and distance standards for provider networks	Q4	On Track	Provider Directory
4-01	25	7/1/19	12/31/19	Provider Assignment/Provider Attribution	Q4	On Track	Payment Models and Sources
4-02	100	4/1/19	9/30/19	MCO HIE incentives	Q3	Complete	Payment Models and Sources
4-03	50	1/2/19	12/31/19	VBP Models and HIT/HIE	Q3	Re-planned	Payment Models and Sources
4-04	0	1/2/19	12/31/19	Implement Payment Model 2-Rural Multipayer Payment Model	Q4	On Track	Payment Models and Sources
4-05	0	4/1/19	9/30/19	Public/Private Partnerships	Q3	Canceled	Payment Models and Sources
5-01	0	1/2/19	12/31/20	Identify and Synthesize Planned ACH and State HIT/HIE Investments	2020	On Track	Health Information Exchange functionality, including enhancing the CDR

Task Number	% Complete	Start Date	Due Date	Name	Year/Quarter End Date	Status	Category
5-02	100	1/2/19	6/28/19	Multiple Methods of HIE	Q2	Complete	Health Information Exchange functionality, including enhancing the CDR
5-03	0	7/1/19	12/31/19	Closed loop referral and Population Health Management	Q4	On Track	Health Information Exchange functionality, including enhancing the CDR
5-04	50	1/2/19	12/31/20	Strategy for Community/Provider Engagement on HIE, including the CDR	2020	On Track	Health Information Exchange functionality, including enhancing the CDR
5-05	50	1/2/19	12/31/19	Strategy for Community/Consumer Engagement on HIE, including the CDR	Q2	On Track	Health Information Exchange functionality, including enhancing the CDR
5-06	25	1/2/19	12/31/19	Security practices for HIT/HIE	Q2	On Track	Health Information Exchange functionality, including enhancing the CDR

Task Number	% Complete	Start Date	Due Date	Name	Year/Quarter End Date	Status	Category
5-07	0	1/2/19	9/30/19	Telehealth	Q2	On Track	Health Information Exchange functionality, including enhancing the CDR
6-01	50	7/1/14	9/30/21	Administer Public Health Registry Onboarding	2021	On Track	Registries
6-02	100	10/1/18	6/28/19	SUPPORT Act: PDMP	Q2	Complete	Registries
6-03	100	10/1/18	6/28/19	Support Access to PDMP through CDR	Q2	Complete	Registries
6-04	25	10/1/18	12/31/19	Support Act: PDMP Guidance	Q4	On Track	Registries
6-05	0	7/1/19	9/30/21	Integrate Other Public Health Registries	2021	On Track	Registries
7-01	25	7/1/19	6/30/20	Enable Addition of FFS Clients to CDR	2020	On Track	Adding Clients to CDR
8-01	50	7/1/19	12/31/19	CDR onboarding	Q4	On Track	Adding CDR Users
8-02	25	7/1/19	12/31/19	Jail Transition Services	Q4	On Track	Adding CDR Users
8-03	0	8/1/19	12/31/19	1st responders/Community Paramedicine	Q3	Re-planned	Adding CDR Users
9-01	0	1/2/19	11/30/19	Update HIE Roadmap	Q3	Re-planned	Adding CDR Functions/Quality
9-02	50	10/1/18	12/31/19	Deploy Reporting Features in CDR	Q4	On Track	Adding CDR Functions/Quality
9-03	25	10/1/18	12/31/19	Deploy Query and API functionality in CDR	Q4	On Track	Adding CDR Functions/Quality
9-04	25	7/2/18	12/31/19	Data Quality Improvement Efforts	Q4	On Track	Adding CDR Functions/Quality
9-05	100	4/1/19	6/28/19	PAMI+ Report for Healthcare Providers	Q3	Complete	Adding CDR Functions/Quality

Task Number	% Complete	Start Date	Due Date	Name	Year/Quarter End Date	Status	Category
9-07	25	4/1/19	9/30/19	SDOH data and CDR	Q3	On Track	Adding CDR Functions/ Quality
9-08	0	7/1/19	12/31/20	Develop Standardized Shared Care Management Tools/Functions	2020	On Track	Adding CDR Functions/ Quality
9-09	25	4/2/18	6/30/20	Develop Standardized Discharge Summary	2020	On Track	Adding CDR Functions/ Quality
9-10	0	1/2/19	12/31/19	Medication Prior Authorization	Q4	On Track	Adding CDR Functions/ Quality
9-11	100	7/2/18	9/30/19	Increase DDA Client Data in CDR	Q2	Complete	Adding CDR Functions/ Quality
10-01	100	4/2/18	12/31/19	Have conversations with Tribes about Exchanging Health Information	Q4	Complete	Tribal Engagement
10-02	75	4/2/18	12/31/19	Assist Tribes exploring EHR replacement and system integration	Q2	On Track	Tribal Engagement
10-03	0	7/1/19	12/31/20	Support Tribal Adoption of CDR	Q4	Re-planned	Tribal Engagement
11-01	50	1/3/11	9/29/23	Administer EHR Incentive Project	2023	On Track	EHRs
12-01	100	1/2/19	3/29/19	BH providers' EHR/CEHRT adoption	Q1	Complete	Behavioral Health Integration
12-03	25	4/1/19	12/31/19	Technical Assistance to BH Providers on CEHRT adoption and use	Q4	On Track	Behavioral Health Integration
12-04	50	1/2/19	12/31/20	Develop and Maintain a Financial Map of Funds for BH HIT/HIE	2020	On Track	Behavioral Health Integration
12-05	75	4/1/19	11/30/19	Streamline SAMHSA Reporting	Q2	On Track	Behavioral Health Integration
13-01	100	1/2/19	6/28/19	Guidance on complying with 42 CFR Part 2	Q2	Complete	Substance Use Disorder Health IT

Task Number	% Complete	Start Date	Due Date	Name	Year/Quarter End Date	Status	Category
13-02	0	4/1/19	12/31/21	eConsent Management Tool	2021	On Track	Substance Use Disorder Health IT
14-01	100	10/1/18	3/31/19	A. Financial map for SUD HIT Plan	2019	Complete	SUD HIT Plan and PDMP Enhancements
14-02	100	4/1/19	6/30/20	B. Enhanced interstate data sharing in order to better track patient specific prescription data	2019	Complete	SUD HIT Plan and PDMP Enhancements
14-03		7/1/19	6/30/20	C. Enhanced “ease of use” for prescribers and other state and federal stakeholders	2019	On Track	SUD HIT Plan and PDMP Enhancements
14-04		7/1/19	6/30/21	D. Enhanced connectivity between the state’s PDMP and any statewide, regional or local health information exchange (Timeline 24+ months)	2019	On Track	SUD HIT Plan and PDMP Enhancements
14-05		7/1/19	6/30/20	E. Enhance identification of long-term opioid use correlated to clinician prescribing patterns	2019	On Track	SUD HIT Plan and PDMP Enhancements
14-06	100	1/1/19	12/31/19	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)	2019	Complete	SUD HIT Plan and PDMP Enhancements
14-07		1/1/20	12/31/21	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)	2020	On Track	SUD HIT Plan and PDMP Enhancements
14-08		7/1/19	6/30/20	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)	2019	On Track	SUD HIT Plan and PDMP Enhancements
14-09		7/1/19	6/30/20	I: Enhance MPI (or master data management service, etc.) in support of SUD care delivery	2019	On Track	SUD HIT Plan and PDMP Enhancements