



HIT Operational Plan Update

September 2018

Call in: 1-888-407-5039

PIN: 13888271

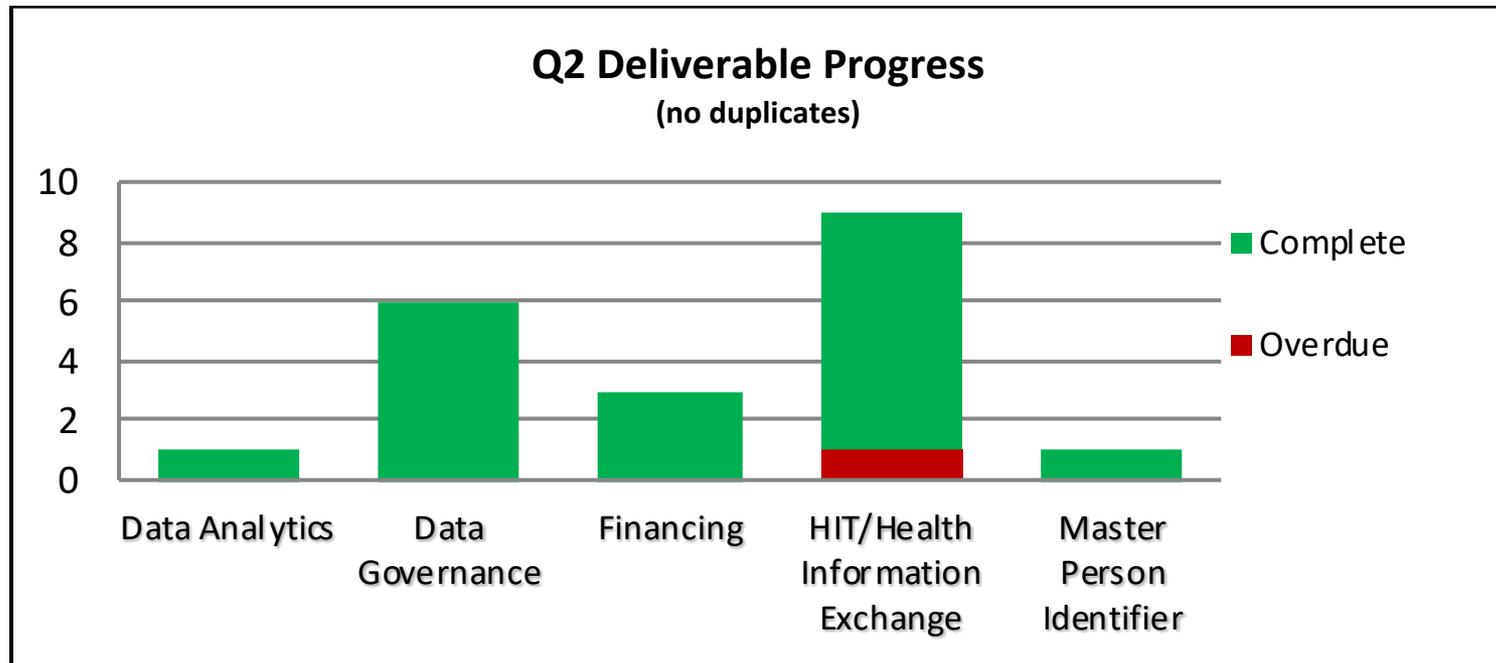
Agenda

- Introduction
- HIT Operational Plan Monthly Report Key Updates
 - Health IT Ops Plan 2nd Quarterly Report
 - SUD workgroup
 - IMD Waiver-HIT Plan
 - Master Patient Index
 - Provider Directory

2nd Quarterly Report

- Success Stories
 - Continued engagement with ACHs
 - SUD Consent Management Workgroup
 - Behavioral health data streamline project has launched
 - Approval of Implementation Advance Planning Document (IAPD)

Progress of Q2 Deliverables

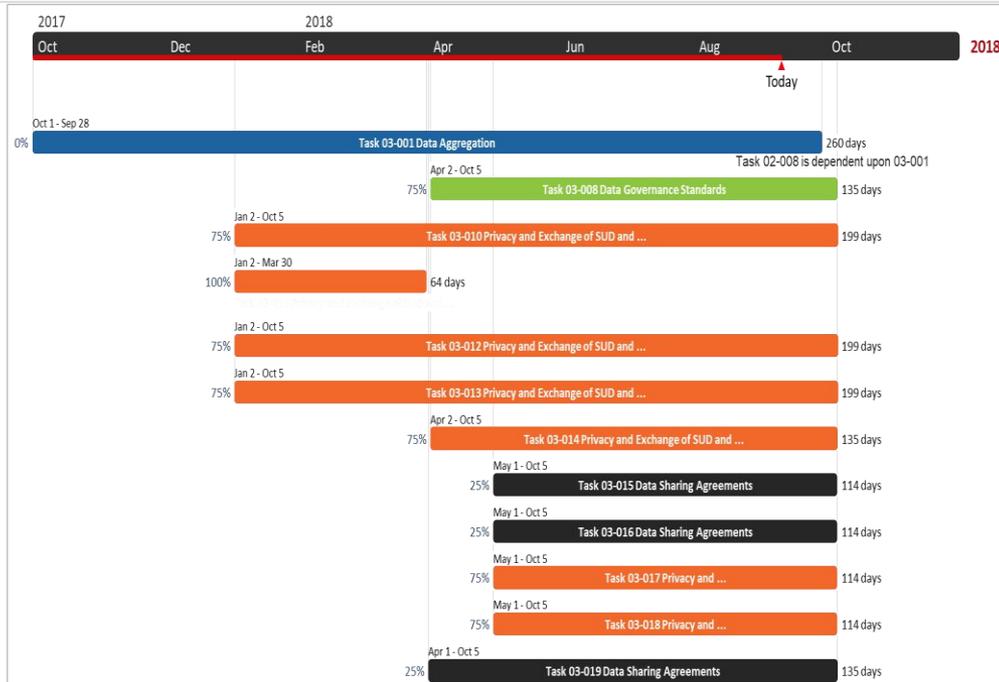


2nd Quarter Challenges

- One item is past due
 - HCA and ACHs will identify:
 - shared HIT/health (information exchange/care coordination tools
 - funding for shared HIT/health information exchange tools
 - shared HIT/health information exchange contracts/contracting language
- HCA is working to address this task by:
 - Engaging in conversations with ACH about shared HIE needs
 - Developing a 24 month HIE/CDR roadmap
 - Considering how to address in 2019 HIT Ops Plan

Data Governance for Transformation – HIT Ops Task Updates

Since the last report: The team continues to make progress on HCA HIT Ops Plans tasks related to the Data Governance for Transformation project. We have completed the second review cycle of the 42 CFR Part 2 guidance documents with both our Internal and Stage 1 External reviewer groups. Invitations to our Stage 2 External Reviewers will be distributed the week of 9/10 so that they can participate in the Guidance review cycle over the coming weeks. The project team is shifting toward developing tailored patient and provider educational materials during the month of September. Lastly, the high level design for the consent management tool continues to evolve and a read out to HCA and other partner agencies is targeted for early October.



Task Status

Data Governance Guidelines

- Task 03-008 Started drafting guidelines for SUD information and data exchange. Reviewing CA Guidelines and working through Part 2 Program interpretation. **Estimated completion: early October 2018**

Privacy and Exchange of SUD information

Estimated completion: early October 2018

- Task 03-012 HCA participating in the SUD Affinity Group.
- Task 03-013 Through the SUD Workgroup, agencies are collaborating and sharing information to support the exchange, re-use and consent management of SUD information.
- Task 03-016 ONC will provide more information about the 21st Century Cures Act via the SUD Affinity Group
- Task 03-010 Ongoing interpretation of 42 CFR Part 2 in progress
- Task 03-019 Team reviewing documentation related to continuity of care for released individuals

Data and Sharing Agreements + Privacy and Exchange of SUD information

- Task 03-014, 03-015, 03-017 Tasks and milestones to facilitate exchange of SUD information are beginning to be documented. **Estimated completion: early October 2018**

Completed Task

- Task 03-011 HCA collaborated with ONC in the implementation of an ONC-convened SUD Affinity Group

6

SUD Consent Management Workgroup – Phased Timeline

DG for Transformation - High Level Schedule for Deliverables																
SUD Consent Management Workgroup Meetings (Change to As-Needed after 10/8)																
High Level Focus	May		June		July			August		September		October	November	December	2019 (Dates TBD)	
	7-May	21-May	4-Jun	18-Jun	2-Jul	16-Jul	30-Jul	13-Aug	27-Aug	10-Sep	24-Sep	8-Oct				
Phase 1 -Provide 42 CFR Part 2 Guidance -Develop Standard Consent Form(s) -Create provider education materials -Release Guidance, Consent Form(s) and Provider Materials -Execute communications around Guidance and Consent form(s)			♦ Initial Evaluation of Consent Models		♦ SUD User Stories by Department ♦ Draft			Review process ♦ Draft		Review ♦ Draft		♦ Approved CFR Part 2 Guidance ♦ Approved Consent Management Standard Consent ♦ Approved Consent Management Provider Education		♦ Consent Management Provider Communication and sharing of Guidance, Consent Form and Educational		
Phase 2 - Identify technical solution for consent management - Coordinate with partner agencies - Obtain inputs for decision package					♦ HCA Technical Meeting					♦ DATE TBD - Inter-Agency Technical Meeting ♦ Technical deliverables: Personas, user stories, security recommendation, data management and stewardship guidelines supporting design of technical						
Phase 3										♦ Seek funding for technical solution		♦ DATE TBD - Start technical implementation				

Key	
	Primary work effort
	Ongoing monitoring
	Completed Deliverable
	In progress/Future Deliverable

Deliverable Review Timeline for Internal and External Reviewers

Anticipated Schedule for Topic Review - WA State Guidance on Sharing Substance Use Disorder (SUD) Information														
Review Groups	Week of July 30	Week of Aug 6	Week of Aug 13	Week of Aug 20	Week of Aug 27	Week of Sept 3	Week of Sept 10	Week of Sept 17	Week of Sept 24	Week of Oct 1	Week of Oct 8	Week of Oct 15	Week of Oct 22	Week of Oct 29
Workgroup Members/other Internal Reviewers	Review Topic Group 1 MATERIALS <i>SENT Mon 7/30</i>	Review Topic Group 1 FEEDBACK <i>DUE Wed 8/8</i>	Review Topic Group 2 MATERIALS SENT <i>Mon 8/13</i>	Review Topic Group 2 FEEDBACK <i>DUE Wed 8/22</i>	Review Topic Group 3 MATERIALS <i>SENT Fri 8/31</i>	Review Topic Group 3 FEEDBACK <i>DUE Thurs 9/14</i>	Review Topic Group 4 FEEDBACK <i>SENT Fri 9/21</i>	Review Topic Group 4 FEEDBACK <i>DUE Fri 10/5</i>	<i>Final Updates</i>		<i>Final Updates</i>			
Stage 1 External Reviewers			Review Topic Group 1 MATERIALS <i>SENT wk of 8/17</i>	Review Topic Group 1 FEEDBACK <i>DUE Fri 8/31</i>	Nothing to be sent to External Reviewers as we are merging Cycles 2 & 3			Review Topic Group 2&3 FEEDBACK <i>SENT Fri 9/21</i>	Review Topic Group 2&3 FEEDBACK <i>DUE Fri 10/5</i>	Review Topic Group 4 MATERIALS <i>SENT Mon 10/8</i>	Review Topic Group 4 FEEDBACK <i>DUE Fri 10/19</i>	<i>Final Updates</i>		
Stage 2 External Reviewers													<i>Stage 2 External Reviewers will have a response period in which to review final draft documents. Exact dates TBD.</i>	
	Review Group 1 Topics: 1) Definitions 2) Introduction 3) Generally Applicable Guidance 4) Who is Subject to 42 C.F.R. Part 2 - Confidentiality of SUD Patient Records? 5) Summary of Primary Laws		Review Group 2 Topics: 1) Definitions 2) Updated Group 1 sections. <i>PLUS</i> 3) Authorization Form Requirements		Review Group 3 Topics: 1) Definitions 2) Updated Group 2 sections. <i>PLUS</i> 3) Guidance for Specific Scenarios 4) Consent Form 5) Summary Table of Key Laws			Review Group 4 Topics: 1) Definitions 2) Updated Group 3 sections. <i>PLUS</i> 3) WA State Consent Model 4) Resources – Provider and Patient Educational Materials 5) Executive Summary 6) Guidance for Specific Scenarios						

Internal Reviewers:
Includes SUD workgroup members and other department representatives in the roles of:

- AAG
- Privacy Officer
- Program Manager/Specialist



Stage 1 External Reviewers:
Includes representatives from highly impacted stakeholder groups:

- WSHA
- WSMA
- Comprehensive Behavioral Health
- King County BHO/ASO
- WA Council on Behavioral Health
- Kitsap Mental Health
- WA Association of Sheriffs and Police Chiefs
- Tribes
- AIM Center @ UW
- Qualis



Stage 2 External Reviewers:
Includes additional representation from highly impacted stakeholder groups:

- MCOs
- BHOs/ASOs
- ACHs
- Qualis

Consent form

Consent to Coordinate Care and Treatment

Purpose of this form:

Our goal is to provide you with the best and safest care possible. To achieve that goal, the health care professionals who provide services to you may need to communicate and work together. Sharing information about your care puts you at the center of any care coordination and addresses the full range of physical, emotional, mental, social, and environmental influences that affect your health.

We need your permission to receive and share information about your substance use disorder in order to coordinate your care and services.

(Maggie: placeholder to insert w

Your treatment records are stored as "42 CFR Part 2" that are intended for your treatment and are subject to special consequences. These requirements prohibit unauthorized disclosure of your treatment records and prohibits unauthorized use of your information with substance use disorder at a

Who will my information be shared with? You can provide a general description of the entities that I have a past, current, or future treating provider relationship with. Or, you can list the names of individuals or entities that you currently have a treating provider relationship with.

Definitions

"Treating provider relationship" means a relationship in which a provider receives, or are legally required to receive, information from an individual or entity who has a substance use disorder for the purpose of providing treatment.

Past provider relationship – a relationship in which a provider has previously received, or was previously legally required to receive, information from an individual or entity who has a substance use disorder for the purpose of providing treatment.

PERSONAL INFORMATION

First Name	Middle Initial	Last Name	Date of Birth (MM/DD/YYYY)	Zip Code

SECTION 1: Who has my past or current SUD information?

Please select one of the following options:

Option 1: I give my permission to share my substance use disorder treatment information with all individual(s) or organization(s) that I have a past, current and future treating provider relationship with and the Washington State HIE.

or,

Option 2: I give my permission to share my substance use disorder treatment information with individual(s) or organization(s) with whom I have a past, current and future treating provider relationship.

Name of the individual(s) and/or healthcare organization(s) with whom I have (or had) a treating provider relationship with:

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Note: If filling this form out electronically, add the treating provider contact information.

SECTION 3: What information am I agreeing to share?

I give my permission to share the following information (please select one or both):

- Substance Use Disorder (SUD) treatment history (to include medications, lab test results, clinic visits)
- Claims data related to SUD treatment

SECTION 4: Consent Expiration

I understand that my permission will end: (please select one only)

- On this date:
- One year from the date of my signature, or
- Upon my death.

I also understand that I can take back or cancel my permission to share my information at any time, except where someone already relied on my permission to release my information.

SECTION 5: Signature:

I also understand that I can cancel or change my permission to share my information at any time, except where someone already relied on my permission to release my information.

...	Date (MM/DD/YYYY)
Print the name of person giving consent or legal representative	...
Signature of person giving consent or legal representative	
Relationship to Individual	
<input type="checkbox"/> Self	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Authorized Representative

High Level Table of Contents – Guidance



Washington State Guidance on Sharing Substance Use Disorder (SUD) Information

Contents

Introduction Letter – Dr. Fotinos	4
Executive Summary.....	5
Generally Applicable Guidance.....	6
Who is Subject to 42 CFR Part 2?.....	9
Scope and Summary of Privacy Laws.....	13
Authorization Form Requirements	16
Disclosures with patient consent.....	16
Scenarios and Guidance for SUD Data Exchange	0
Summary Table of Key Laws	0
WA State Consent Model.....	1
Appendix 1 – Consent Forms	2
Appendix 2 – Provider and Patient Educational Materials.....	3
Appendix 3 – Definitions.....	4
Appendix 4 – Acronyms	5

HCA Small Numbers Standard – Launched August 2018

- Chartered workgroup formed in March 2018
- Draft standard and is in the process of review and formal approval
- Engaging OCM consultants to help with communications for standard
- This and other standards will be referenced in the formal Data Sharing Policy
- Hosted an inter-agency Small Numbers collaborative meeting on July 30 to hear how other agencies are dealing with this subject
- HCA Small Numbers Workgroup decided to align with CMS' standard

IMD Waiver

- On July 17, 2018 CMS approved the HCA request for an IMD Waiver

<https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/wa/wa-medicaid-transformation-ca.pdf>

- The IMD Waiver permits Medicaid funding for SUD services delivered in Institutions for Mental Diseases (IMDs).
- The IMD Waiver:
 - Is a part of the Medicaid Transformation Project; and
 - Includes certain requirements that must be met.
 - The SUD HIT Plan is one requirement

SUD HIT Plan

- The SUD HIT Plan is primarily focused on PMP (Prescription Monitoring Program).
- SUD HIT Plan tasks include:
 - Develop and implement a financial mapping tool to identify funding sources to implement the SUD HIT Plan
 - Enhance patient matching between the PMP and other data sources
 - Develop and implement a strategy to improve accuracy of matching patients receiving opioid prescriptions with patients in the PMP
 - Enhance connectivity between the state's PMP and statewide health information exchange

SUD HIT Plan

- SUD HIT Plan tasks include:
 - Enhance interstate data sharing to better track patient prescription data
 - Enhance “ease of PMP use” for prescribers and state and federal stakeholders
 - Enhance identification of long-term opioid use and clinician prescribing patterns
 - Develop enhanced provider workflow / business processes to support clinicians in accessing the PMP prior to prescribing an opioid/ other controlled substances
 - 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)

SUD HIT Plan

- HCA leadership is seeking to identify funding sources that could be used to support the SUD HIT Plan.
- We anticipate that:
 - HCA and DoH leadership will discuss the SUD HIT Plan; and
 - HCA and DoH staff will work together on the SUD HIT Plan.

Master Patient Index

- HCA has initiated a cross-agency workgroup to discuss and resolve:
 - Scope of the master patient index (Medicaid or all providers)
 - Potential data sources/systems that could be leveraged
 - Requirements for any systems enhancements or builds to have a usable provider directory
 - Use cases for robust Master Patient Index

Provider Directory

- HCA has initiated a multi-agency workgroup to advance Provider Directory discussions
- This group includes DOH, DSHS, OFM and will expand as work progresses
- Developing on technical requirements to advance the work

Discussion/Questions?

More Information:

Links to the HIT Operational Plan updates:

<https://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation-resources>

Select the “General” accordion tab to see the HIT section with links to the plan and updates.

Jennie Harvell,
Health IT Section
jennie.harvell@hca.wa.gov

September 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: 02-001
Start date: 10/1/2017
End Date: 6/30/2018

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).
- Planning completed.

- **Upcoming deliverables/key dates**

- AIM team to familiarize RDAs measure decomposition files report. (6/30).
- Surveying ACHs beyond what AIM data product provided to ACHs.

- **Related Tasks**

HIT Ops Plan ID: 02-002
Start date: 10/1/2017
End Date: 12/31/2018

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.
- Reviewed with RDA to identify Low-Med resources required and prioritize data products for development.

- **Upcoming deliverables/key dates**

- Continue partnership with RDA to identify Low-Med resources required and prioritize data products for development. (4/30).
- Review description of this HIT Ops Plan for actionable deliverable. (4/30).

- **Related Tasks**

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

HIT Ops Plan ID: 02-008
Start date: 1/1/2018
End Date: 6/30/2018

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.
- Scheduled internal HCA meeting to discuss provider attribution/member assignment

- **Upcoming deliverables/key dates**

- Revisit after internal discussion to determine if task should be closed

- **Related Tasks**

Data Analytics Overview of Key Tasks

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

HIT Ops Plan ID: 03-006
Start date: 8/1/2017
End Date: 12/31/2018

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**

- Continuing to review final quality score calculation. (6/30).
- Continue meeting with Payment Model 2 program lead to discuss AIM commitment post SIM grant. (6/30).
- AIM team work completed; HCA to transmit data

- **Related Tasks**

HIT Ops Plan ID: 03-011
Start date: 8/1/2017
End Date: 6/30/2018

Description of task: HCA will collaborate with ONC in establishing an ONC-convened state learning collaborative (e.g., webinars) through which States could share practices, raise questions/concerns, and seek guidance on the exchange, re-use, and consent management of sensitive/SUD information.

- **Progress to date**

- HCA is participating in the ONC-sponsored SUD Affinity Group.
- The May Affinity Group meeting focused on a discussion of the CMS IMD waiver opportunity. The IMD waiver permits Medicaid payment for SUD services provided in facilities with more than 16 beds.
- HCA submitted its waiver application to CMS.
- States requesting an IMD waiver must also submit an SUD HIT Plan that describes how the PDMP will be used to support service delivery in these facilities. The state submitted its SUD HIT Plan.
- The next SUD Affinity Group meeting is on June 13. Agenda TBD.

- **Upcoming deliverables/key dates**

- SUD Affinity Group meeting is Wed. May 9th and will focus on a discussion of state privacy policies related to the exchange of SUD information

- **Related Tasks**

HIT Ops Plan ID 03-016
Start date: 1/1/2018
End Date: 6/30/2018

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.
- Completed
- **Upcoming deliverables/key dates:**
- No additional Tasks at this time

- **Related Tasks:** N/A

HIT Ops Plan ID: 03-019
Start date: 8/1/2017
End Date: 9/30/2018

Description of task: HCA will encourage ACHs to partner with local jails and corrections to coordinate release of individuals with community-based health care providers.

- **Progress to date**

- HCA will coordinate with DBHR and DoC/jail staff to identify barriers and potential solutions to the exchange of information for persons who are incarcerated / released from incarceration. Conversation with DBHR will include a focus on requirements to transfer certain documents when an individual is transferred to another provider (e.g., the creation and exchange of discharge summaries and continuing care plans).
- **Upcoming deliverables/key dates**
- Schedule date of TA session

- **Related Tasks**

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 05-002
Start date: 10/1/2017
End Date: 12/31/2018

Description of task: Determine the scope and results of recent HIT/HIE assessments of providers within ACHs and whether updated assessments are needed

- **Progress to date:**
- HCA conducted one on ones with ACHs from mid-March through mid-April 2018 to gain a better understanding of how each ACH has/will be integrating HIT/HIE into project implementation plans, and identify where/how the state can support ACHs in advancing real-time information exchange by providers.
- A synthesis of these discussions is attached.
- **Upcoming deliverables/key dates:**
 - Schedule appropriate TA sessions to meet ACH needs
- **Related Tasks:**
 - 01-023 Monthly TA Webinars
 - 05-005 HIT/HIE Solutions

HIT Ops Plan ID 05-005
Start date: 1/1/2018
End Date: 12/31/2018

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

- **Progress to date:**

- HCA is facilitating and convening conversations with state agency staff, and representatives from ACHs and the Pathways and HCA programs (Health Homes, Maternity Support Services/Infant Case Management, Chemical Using Pregnant Women, Interpreter and Transportation services) to align understanding/awareness of programs and discuss options to coordinate programs in Pathways planning and implementation. HCA will work with ACH's to identify follow-up opportunities, including options for health IT alignment in Pathways program implementation in and across ACH's and linkages with OHP services.

- **Upcoming deliverables/key dates:**

- Continue to identify and disseminate opportunities for health IT/HIE solutions that could be used for ACH projects.

- **Related Tasks:**

01-023 Monthly TA Webinars

05-004 HIT/HIE Solutions

HIT Ops Plan ID 05-015

Start date: 4/1/2018

End Date: 12/31/2018

Description of task: HCA, in collaboration with OHP, will design and disseminate a quarterly report by provider and MCO that shows progress in who is using the CDR.

To the extent feasible, reports will (i) take into account information needs of ACHs and MCOs, and (ii) describe whether/how those information needs are being addressed.

- **Progress to date:**
- Working on updating the data sources needed to support this request.
- **Upcoming deliverables/key dates:**
- Targeting June for first release
- **Related Tasks:**

HIT Ops Plan ID 05-019
Start date: Q1 2018
End Date: Q3 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:**
- Initial draft of strategic direction on provider types and future services/transactions developed.
- The FHCQ and PHII are clarifying priority use cases.
- Working on refining this document after two detailed meetings with OHP
- **Upcoming deliverables/key dates:**
- HCA has discussion with OHP planned for May to work on this draft and determine timelines for these additions.
- **Related Tasks:**

HIT Ops Plan ID 05-020

Start date: 1/1/2018

End Date: 9/30/2018

Description of task: HCA will work with OHP to launch the CDR provider portal

- **Progress to date:**
- Currently Addressing Multifactor authentication issue
- **Upcoming deliverables/key dates:**
- Targeting July 1 for launch
- **Related Tasks:**

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
- Targeting launch Summer 2018
- **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 08-002
Start date: Q4 2017
End Date: Q2 2018

Description of task: HCA will collaborate with DOH to consider enhancements to the current provider license interface with ProviderOne that would be of value in assessing provider directory options.

- **Progress to date:**
 - The DOH licensure replacement was not funded by the legislature.
- **Upcoming deliverables/key dates:**
 - Discuss provider directory needs related to Public employee benefits.
- **Related Tasks:**
 - 08-001 DOH Provider Licensure Interface
 - 08-003 Consider whether more effective provider directory solutions are needed

HIT Ops Plan ID: 08-003
Start date: 1/1/2018
End Date: 6/30/2018

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.
- Procuring list of primary providers.
- Determined resources to complete the tasks.

- **Upcoming deliverables/key dates**

- Developing understanding of what is available in the Master Data Management. (6/30).

- **Related Tasks**

HIT Ops Plan ID: 10-001
Start date: 10/1/2017
End Date: 4/23/2018

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.
- RFP selection process completed.
- Execution of Contract Completed

- **Upcoming deliverables/key dates**

Beginning work

- **Related Tasks**

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: 02-004
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: 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**

—

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

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: 10/1/2017
End Date: 9/30/2018

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
- HCA plans to release updated HIT system inventory by May 1
- **Related Tasks**
 - 03-017 HCA will develop a common DSA at the point of care (Q2 2018)

HIT Ops Plan ID: 03-002
Start date: 10/1/2017
End Date: 9/30/2018

Description of task: APCD – build (2017) and buy products (2017-2018)

- **Progress to date:**
 - Application complete AIM team access to APCD analytical enclave
- **Upcoming deliverables/key dates**
 - Awaiting APCD application approval
- **Related Tasks**
 -

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**

–

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: 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: 04-001
Start date: 11/1/2017
End Date: 6/30/2018

Description of task: HCA, in response to requests from ACHs, will work to advance providers' use of HIT/HIE by supporting ACH HIT strategies and increasing ACH HIT maturity and awareness. HCA anticipates that activities will include a focus on: (i) Population Health Management Systems, (ii) gaps in systems, and (iii) options for addressing/resolving gaps needed to support functions for care management/population health management.

- **Progress to date**
 - Updated this task in the HIT Operational Plan and reported the change to CMS
- **Upcoming deliverables/key dates**
- **Related Tasks**

HIT Ops Plan ID: 04-002
Start date: 1/1/2018
End Date: 12/31/2018

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)).
- Transmitted category 2 Machine-readable data product

- **Upcoming deliverables/key dates**

- Completed task

- **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 05-003

Start date: 1/1/2018

End Date: 12/31/2018

Description of task: HCA will introduce ACHs, providers, and other stakeholders to the CMS “Health Information Sharing” (HIS) assessment of functions, capabilities, and dimensions as a way to start the conversation as to the need for an assessment of providers' HIS capabilities (e.g., the discussion could focus on prioritized functions/capabilities/dimensions related to Bi-Directional Integration of Physical and Behavioral Health or addressing the Opioid Use public health crisis)

- **Progress to date:**
- Completed Task
- **Upcoming deliverables/key dates:**
- No additional deliverables at this time

- **Related Tasks:**

HIT Ops Plan ID 05-004
Start date: 1/1/2018
End Date: 12/31/2018

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: 05-006
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: 05-007
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 05-013

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 05-020
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: 05-024
Start date: 1/1/2018
End Date: 12/31/2018

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 20, focused on health information sharing at the national level
- **Upcoming deliverables/key dates:**
 - The next Health IT TA webinar will be April 17 on Care Management
- **Related Tasks**
 - 05-023 HCA will establish, host, and support a monthly virtual TA meeting venue.

HIT Ops Plan ID: 05-026
Start date: 1/1/2018
End Date: 6/30/2018

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 TA webinars on March 5 and March 20.
 - 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 April 17 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

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**