Attachment A: **TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS**

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**. Please email completed templates by **January 15, 2016,** to MedicaidTransformation@hca.wa.gov with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	*Identify point person, telephone number, e-mail address:* **Shawnie Haas, Executive Director, SignalHealth, (509) 249-5046, shawniehaas@signalhealthwa.com** *Which organizations were involved in developing this project suggestion?* **Greater Columbia Accountable Community of Health**
Project Title	*Title of the project/intervention:* **Interoperable health information technology (HIT) infrastructure for providers of Medicaid and dual eligible beneficiaries**
Rationale for the Project	

Include:

- *Problem statement – why this project is needed.* **The Office of the National Coordinator of Health Information Technology states "the vision [for interoperability] is a learning health system where individuals are at the center of their care; where providers have a seamless ability to securely access and use health information from different sources; where an individual's health information is not limited to what is stored in electronic health records (EHRs), but includes information from many different sources (including technologies that individuals use) and portrays a longitudinal picture of their health, not just episodes of care; where diagnostic tests are only repeated when necessary, because the information is readily available; and where public health agencies and researchers can rapidly learn, develop, and deliver cutting edge treatments."[1] Signal Health, the only Clinically Integrated Network in central Washington, is developing an interoperable HIT infrastructure for approximately 450 primary, specialty, and tertiary care members.**

- *Supporting research (evidence-based and promising practices) for the value of the proposed project.* **After a two-year study, the RAND Health Information Technology Project team concluded that "effective [EHR] implementation and networking could eventually save [the nation] more than $81 billion annually—by improving health care efficiency and safety—and that HIT-enabled prevention and management of chronic disease could eventually double those savings while increasing health and other social benefits."[2]**

- *Relationship to federal objectives for Medicaid with particular attention to how this project benefits Medicaid beneficiaries.* **The project will: 1) increase and strengthen coverage of low-income individuals as it will provide interoperable HIT infrastructure for providers of Medicaid and dual eligible beneficiaries; 2) increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations as it will provide interoperable HIT infrastructure across providers for Medicaid and dual eligible beneficiaries; 3) improve health outcomes for Medicaid and low-income populations as interoperable HIT infrastructure could increase preventive services and chronic disease management, thus reducing workdays and school days missed/lost, bed days, and deaths; and improving life-years gained;[2] and 4) increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks as interoperable HIT infrastructure could reduce hospital lengths-of-stay, nurses' administrative time, drug usage in hospitals, drug and radiology usage in the outpatient setting, adverse drug events in inpatient and ambulatory settings, and hospital outpatient visits.[2]**

[1] The Office of the National Coordinator of Health Information Technology. *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap.* Washington, D.C.: The Office of the National Coordinator of Health Information Technology.

[2] Hillestad R, Bigelow J, Bower A, Girosi F, Meili R, Scoville R, Taylor R. Can electronic medical record systems transform health care? Potential health benefits, savings, and costs. *Health Aff. 2005;24(5):1103-1117.*

Project Description

Which Medicaid Transformation Goals are supported by this project/intervention? Check box(es)

☑   **Reduce avoidable use of intensive services**
☑☐ **Improve population health, focused on prevention**
☑☐ **Accelerate transition to value-based payment**
☑☐ **Ensure Medicaid per-capita growth is below national trends**

Which Transformation Project Domain(s) are involved? Check box(es)

☑☐ **Health Systems Capacity Building**
☑☐ **Care Delivery Redesign**
☑☐ **Population Health Improvement – prevention activities**

Describe:

- *Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders).* **The project will impact Medicaid and dual eligible beneficiaries in Kittitas and Yakima Counties.**

- *Relationship to Washington's Medicaid Transformation goals.* **The project will: 1) Reduce avoidable use of intensive services and settings as interoperable HIT infrastructure could reduce hospital lengths-of-stay, adverse drug events in inpatient and ambulatory settings, and hospital outpatient visits;[2] 2) Improve population health as interoperable HIT infrastructure could increase preventive services and chronic disease management;[2] 3) Accelerate the transition to value-based payment (payment model 2, encounter-based to value-based) as SignalHealth Federally Qualified Health Center, Rural Health Clinic, and/or Critical Access Hospital members will use interoperable HIT infrastructure; and 4) Ensure that Medicaid per-capita cost growth is two percentage points below national trends as interoperable HIT infrastructure could reduce hospital lengths-of-stay, nurses' administrative time, drug usage in hospitals, drug and radiology usage in the outpatient setting, adverse drug events in inpatient and ambulatory settings, and hospital outpatient visits.[2]**

- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity/reducing health disparities.* **The project goal is to provide interoperable HIT infrastructure for providers of Medicaid and dual eligible beneficiaries in Kittitas and Yakima Counties. SignalHealth will develop a health information exchange (HIE) with the following features: clinical lab and pathology results delivery, imaging reports delivery, patient encounter summary information, pharmacy data, support of medication reconciliation/alerts/contraindications, community-wide peer-to-peer secure communication, provider portal, data analytics, and case management platform capability. In addition, SignalHealth will develop a referral system that creates a common platform where clinical staff can initiate, track, review, prioritize, and close the referral process for both outbound and incoming referrals; reduces the time required to initiate and process referrals by automating the completion of required referral information; integrates existing EHRs with the referral system to eliminate duplicate data entry but still allow for the tracking, review, and prioritization of referrals; allows providers and staff the ability to review referral performance; and streamlines the insurance pre-authorization process. Because interoperable HIT infrastructure could increase preventive services and chronic disease management and reduce hospital lengths-of-stay, nurses' administrative time, drug usage in hospitals, drug and radiology usage in the outpatient setting, adverse drug events in inpatient and ambulatory settings, and hospital outpatient visits, expected project outcomes include an improvement or reduction, as applicable, in the 52 prevention, chronic, acute measures listed in the *Washington State Common Measure Set for Health Care Quality and Cost;* and the 20 health/wellness, utilization, and disparities measures listed in the *Report to the Legislature: Service Coordination Organizations – Accountability Measures Implementation Status*. Compared to privately-insured White patients, Hispanic or Latino Medicaid patients are less likely to have primary care providers who use EHRs.[3]**

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[3] Hing E, Burt C. Are there patient disparities when electronic health records are adopted? *J Health Care Poor Underserved. 2009;20:473-488.*

- *Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.* **Although Washington State operates the OneHealthPort HIE, it is not a data warehouse.**
- *Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project.* **The project will engage business, community- and faith-based, consumer, education, food system, health care provider, hospital, housing, local government, philanthropy, public health, social services, transportation, and tribal organizations in Kittitas and Yakima Counties.**

Core Investment Components

Describe:

- *Proposed activities and cost estimates ("order of magnitude") for the project.* **Given page limitations, please see above for proposed activities. WSIPP cost results are not available for interoperable HIT infrastructure. However, the American Hospital Association estimates annual costs for intra-system EHR interoperability and linking to an HIE for an Accountable Care Organization with 250 primary care physicians and 500 specialists to be $400,000 per year.[4]**
- *Best estimate (or ballpark if unknown) for:*
  - How many people you expect to serve, on a monthly or annual basis, when fully implemented. **SignalHealth members will serve an estimated 37,373 Medicaid and dual eligible beneficiaries per year.**
  - How much you expect the program to cost per person served, on a monthly or annual basis. **At an annual cost of $400,000, the program will cost $11 per participant per year.**
- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.* **The project is already operating in the region.**
- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.* **WSIPP benefit-cost results are not available for interoperable HIT infrastructure. Hillestad et al. estimate that the ROI for interoperable HIT infrastructure is 445%.[2]**

Project Metrics

The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.

Wherever possible describe:

- *Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application* http://www.hca.wa.gov/hw/Documents/waiverappl.pdf *pages 46-47.* **Process measures will include the number of SignalHealth members in Kittitas and Yakima Counties who use interoperable HIT infrastructure. Outcome measures will include the 52 prevention, chronic, acute measures listed in the** *Washington State Common Measure Set for Health Care Quality and Cost;* **and the 20 health/wellness, utilization, and disparities measures listed in the** *Report to the Legislature: Service Coordination Organizations – Accountability Measures Implementation Status***.**
- *If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation*? **County-level benchmark performance data are available for the** *Washington State Common Measure Set for Health Care Quality and Cost.*

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[4] American Hospital Association. *The Work Ahead: Activities and Costs to Develop an Accountable Care Organization.* Chicago, IL: American Hospital Association, 2011.