

Electronic Consent Management, Behavioral Health Provider Survey, State EHR, House Bill 1477

Health Information Technology Operational Plan Update

March 20, 2023

Agenda

- ▶ Welcome and Announcements
- ▶ Electronic Consent Management (ECM)
- ▶ Behavioral Health Provider Survey (BHPS)
- ▶ Statewide EHR
- ▶ House Bill 1477
- ▶ Closing

2023 Health IT Operational Plan Link

▶ <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.hca.wa.gov%2Fassets%2Fprogram%2F2023-HIT-Operational-Plan-Final.xlsx&wdOrigin=BROWSELINK>

- ▶ Statewide Electronic Health Record (EHR)
- ▶ Crisis Call Center and Related Activities
- ▶ Electronic Consent Management
- ▶ Mental Health IMD Waiver Health IT Requirements

TeleBehavioral Health Summit

- ▶ The TeleBehavioral Health Summit (TeleBH Summit)
- ▶ Free two day virtual conference, focusing on emerging topics in digital and TeleBehavioral health care.
 - ▶ Tuesday, May 9, from 10:00 a.m.– 3:30 p.m. (PDT)
 - ▶ Wednesday, May 10, from 10:00 a.m.– 3:30 p.m. (PDT)
- ▶ Registration required:
<https://bhinstitute.uw.edu/events/tbh-summit/>

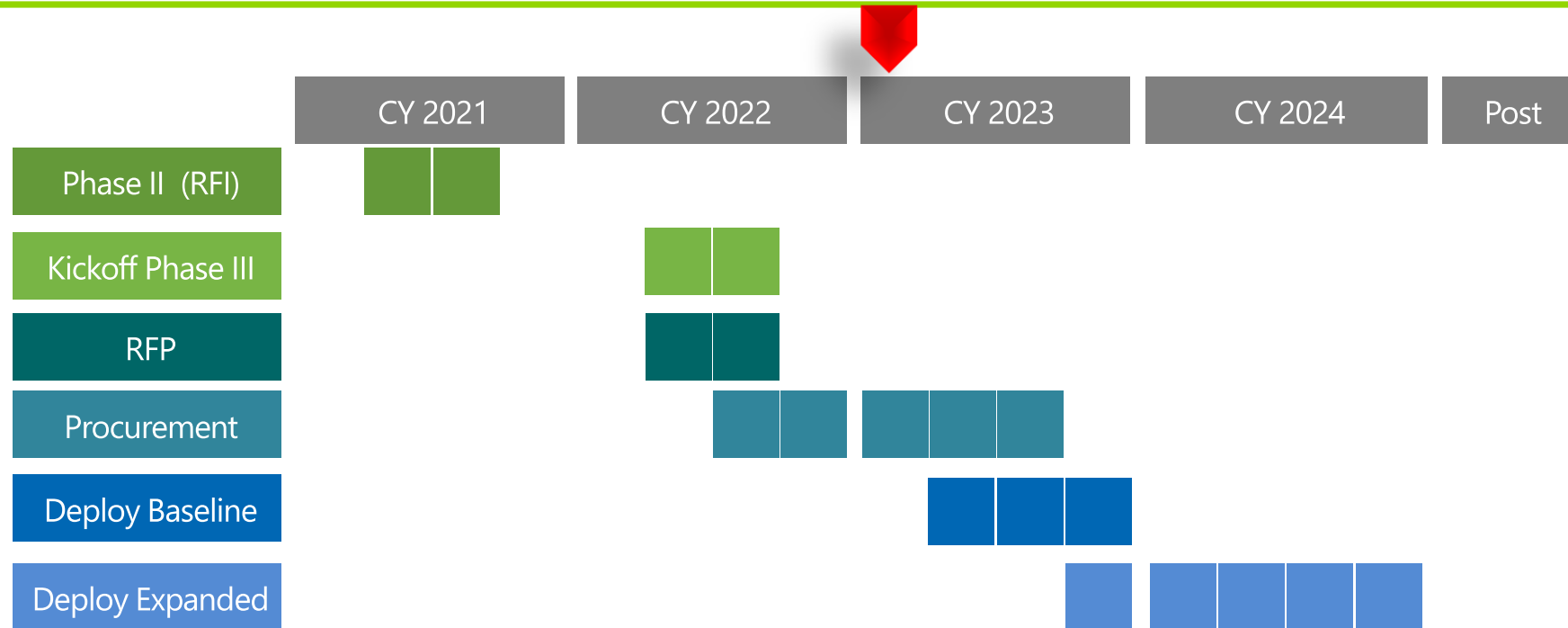
Electronic Consent Management

Jennifer Alvisurez

Purpose

- ▶ To define and deploy an electronic consent management solution that:
 - ▶ Facilitates patient-authorized exchange of sensitive data
 - ▶ Is scalable, secure, sustainable, and meets provider needs
- ▶ First use case
 - ▶ Consent to enable exchange of substance use disorder (SUD) data

Project overview and timeline



Approach

- ▶ Baseline solution
 - ▶ Deploy essential functionality such as creation, modification, and revocation of consents
 - ▶ Basic navigation, compliance with all applicable laws, alerts, tracking, dashboards, and reports
 - ▶ Deliver value to providers to enable SUD data exchange
 - ▶ Support for CMS certification

Approach (cont.)

- ▶ Expanded solution
 - ▶ Deploy a more complete solution to address:
 - ▶ Additional use cases
 - ▶ Client populations
 - ▶ Modes of system access
 - ▶ Interoperability with other systems or functional components
 - ▶ Determine priorities with providers, state agencies, solution vendor, partners, and other stakeholders

Essential technology

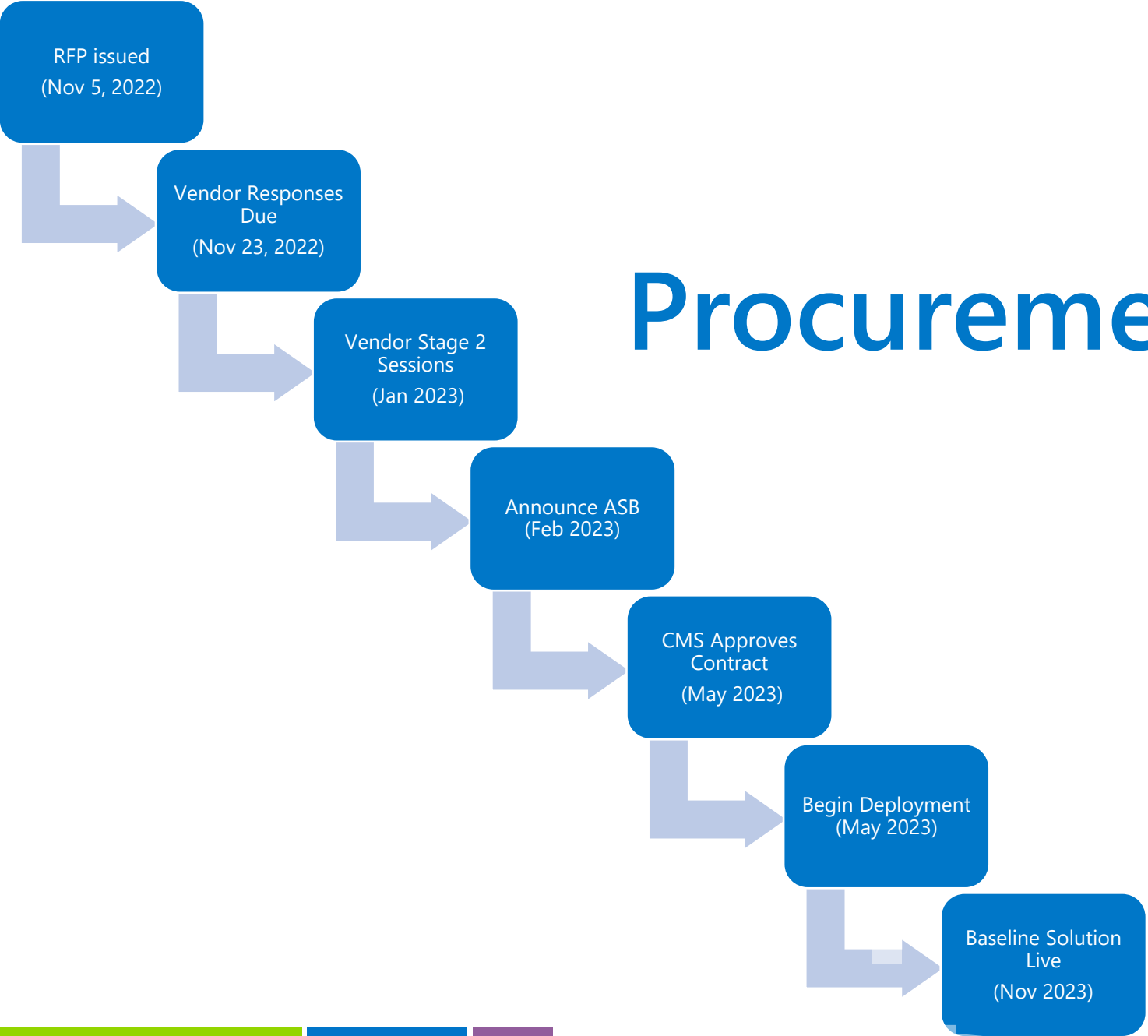
- ▶ A flexible architecture solution that is scalable and accommodates future state business needs
 - ▶ Cloud-based system
 - ▶ Support role-based access
 - ▶ Interoperable with many systems and solutions (e.g., EHR) using standards-based technology
 - ▶ Comply with all state, federal, and industry-standard security protocols and laws
 - ▶ Operational reporting and analytics

Primary solution requirements

- ▶ Consent creation, modification, revocation, and version history
- ▶ Electronic signature for client and third party, guardians, and parents if indicated
- ▶ Intuitive navigation, fourth grade reading level, interactive HELP, end user documentation
- ▶ Search capability based on multiple criteria
- ▶ Reports and dashboards for HCA and providers

Primary solution requirements (cont.)

- ▶ Alerts (e.g., consents expiring in the next month)
- ▶ Audit functionality (e.g., logins)
- ▶ Ability to pass OCIO security design review and CMS certification process
- ▶ Acceptable data retention policies
- ▶ Client consent self-management may be optional for baseline solution



Procurement



Part 2 NPRM feedback

- ▶ Notice of proposed rulemaking (NPRM) to revise 42 CFR Part 2 issued November 2022 by HHS/OCR and SAMHSA
- ▶ Comments to proposed rule due January 31, 2023
- ▶ NPRM would implement provisions of Section 3221 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act
 - ▶ Requires HHS to bring Part 2 in greater alignment with certain aspects of HIPAA

Part 2 NPRM resources

- ▶ NPRM: [federalregister.gov/documents/2022/12/02/2022-25784/confidentiality-of-substance-use-disorder-sud-patient-records](https://www.federalregister.gov/documents/2022/12/02/2022-25784/confidentiality-of-substance-use-disorder-sud-patient-records)
- ▶ Part 2 fact sheet: [hhs.gov/hipaa/for-professionals/regulatory-initiatives/hipaa-part-2/index.html](https://www.hhs.gov/hipaa/for-professionals/regulatory-initiatives/hipaa-part-2/index.html)

Provider, partner, and other stakeholder engagement

- ▶ ECM webpage
 - ▶ hca.wa.gov/about-hca/programs-and-initiatives/clinical-collaboration-and-initiatives/electronic-consent-management
- ▶ ECM email address
 - ▶ econsent@hca.wa.gov
- ▶ SUD consent management guide
 - ▶ hca.wa.gov/billers-providers-partners/program-information-providers/substance-use-disorder-sud-consent-management-guidance
- ▶ Communication preferences
- ▶ Questions or concerns about being an early system user

Early system user opportunity

- ▶ No cost to providers or other system users
- ▶ ECM solution will go live November 2023
- ▶ Training will be available all system users
- ▶ Providers will work with HCA and the solution vendor for staff access
- ▶ Contact econsent@hca.wa.gov for a 1:1 call
- ▶ Possible opportunity to help with final workflow discussion and training (TBD)



Questions?

Email: econsent@hca.wa.gov

Behavioral Health Provider Survey

Felix Rodriguez

Update

2023 Behavioral Health Provider Survey

- Web survey was launched on February 13, 2023.
- Population: DoH licensed, community-based mental health (MH) and substance use disorder (SUD) treatment agencies providing publicly funded services in Washington state (original n=760).
- Survey invitation was sent to agency administrators or directors by first-class mail with link to the survey and unique secure PIN.
- As of March 14, 2023: 133 completed and 26 partially completed surveys with raw response rate of 23.1% (159/689).
- Link to the survey: www.opinion.wsu.edu/ProviderSurvey2023

Survey Disposition

as of March 14, 2023

Disposition	Number
Fresh cases	500
Partially completed web surveys	26
Web completes	133
Returned to sender	29
Refusals	1
Ineligible (not in business/not operating/closed/no clinical services)	118
Other (consolidated sites)	53
Starting sample size	760
Raw response rate (%)	23.1

Which of the following best describes your client record system?

Response	Frequency	%
Primarily use paper record keeping	10	6.8
Primarily use an EHR system	137	93.2

EHRs Reported

Survey Item Q18a

Please indicate the name of this facility's health information technology (HIT) or electronic health record system. *(Mark all that apply.)*

*Qualifacts as used in the survey refers to the entity that designs a range of health information technology solutions, including CareLogic, its EHR offering. Qualifacts is included as another response choice (separate from CareLogic as an EHR) for agencies that may be using Qualifacts' financial and other software applications.

EHR Names	Frequency	%
Epic	38	26.6
Credible Behavioral Health	18	12.6
CareLogic	11	7.7
Qualifacts (including CareLogic)*	6	4.2
Netsmart/Avatar	4	2.8
Netsmart	3	2.1
Collective Medical	3	2.1
Cerner	2	1.4
UniteUS	2	1.4
Other	56	39.2

Top 5 EHRs Reported in the Last Two Surveys

2020 BHPS (Apr – Sep 2020)

EHR Name	# of agencies	% of total
Credible Behavioral Health	64	18.5
Epic	38	11.0
Netsmart (including Avatar/Evolv)	34	9.8
Cerner	31	9.0
Qualifacts (including CareLogic)	30	8.7

2021/2022 BHPS (Dec 2021 – Apr 2022)

EHR Name	# of agencies	% of total
Credible Behavioral Health	42	20.7
Epic	41	20.2
CareLogic	26	12.8
Netsmart/Avatar	14	6.9
Qualifacts (including CareLogic)*	13	6.4

*Qualifacts as used in the survey refers to the entity that designs a range of health information technology solutions, including CareLogic, its EHR offering. Qualifacts is included as another response choice (separate from CareLogic as an EHR) for agencies that may be using Qualifacts' financial and other software applications.

How would you rate your willingness to implement an HCA-sponsored EHR?

Introduction to the Question

Contingent on funding, the Washington State Health Care Authority (HCA) plans to offer licenses for a certified electronic health record (EHR) system to be used statewide by behavioral health (BH) agencies, Indian healthcare providers, long-term care (LTC), and rural health agencies. HCA intends to make the EHR system available to these targeted providers with minimal cost-sharing. This would include implementation support, training, standard workflow configuration, and technical support.

Response	Frequency	%
Very willing	33	24.1
Somewhat willing	23	16.8
Neutral	50	36.5
Somewhat unwilling	18	13.1
Not willing at all	13	9.5
TOTAL	137	100.0

State EHR

Jerry Britcher and Chatrina Pitsch

State EHR

- Health Care Authority's (HCA) primary goal with this effort is to improve care coordination is support of whole person care
- HCA is undertaking an effort to provide an electronic health record (EHR) to:
 - Behavioral Health Care Providers
 - Rural Health Care Agencies
 - Tribal Health Care Providers
 - Long-Term Care Providers

Approach

- HCA will procure a Lead Organization (LO) to offer, on behalf of Washington, an Electronic Health Record as a Service:
 - Use of a certified EHR system to be available for targeted providers
 - Functionality: Ambulatory, Patient Experience, Revenue Cycle, Population Health, and Analytics
 - No charge for targeted providers
 - Training materials to support use of the EHR

Planning and Implementation

- HCA will
 - Solicit proposals for and select a Lead Organization
 - Review proposals from and select eligible providers to provide access to the EHR
- The LO will
 - On-board providers approved to use the EHR
 - Work with selected providers to configure systems and workflow
 - Arrange for the provision of training materials for providers regarding the use of the EHR

Next Steps

- Resources for Planning under the \$500,000 threshold
- Current approved P-APD for development of the Lead Organization RFP
 - Draft proposed RFP
 - Submit RFP for review by CMS
- Develop
 - Governance
 - Establish criteria for prioritizing and selecting providers
 - Identifying interested provider groups and agencies

House Bill 1477

Jennie Harvell and Maddy Cope

Speaking Points

Overview of 988 and 1477

Crisis Call Centers in Washington

Technical and Operational Plan

Overview of RFI

RFP process

988 and 1477 Overview

The Federal Government passed legislation designating 988 as the number to call to reach the National Suicide Prevention Lifeline (NSPL) and access assistance. 988 went live July 16th, 2022.

The Washington State legislature passed the “Crisis Call Center and Services Act” (E2SHB 1477) related to the implementation of the national 988 system and to enhance and expand behavioral health crisis response and suicide prevention services statewide.

Crisis Call Centers in Washington State

There are three National Suicide Prevention Lifeline call centers (NSPLs) in Washington State

- DOH holds the contracts for the three NSPL Crisis Call Center Hubs in the State:
- Crisis Connections – Serving King County
 - Frontier Behavioral Health – Serving Greater Spokane Region (six counties in Eastern Washington)
 - Volunteers of America (VOA) of Western Washington – Serving the remaining 32 counties of the State.
- The National Act requires that 988 call centers be NSPL accredited call centers.
- Each NSPL in the State is accredited by Vibrant.
 - Accreditation by Vibrant takes approximately two years to secure.

Regional Crisis Call Systems are operated by the BH-ASOs with in-house staff or in partnership with local behavioral health providers

- BH-ASOs are responsible for providing regional crisis call services for Washington State's ten integrated managed care regions.
- Eight out of ten BH-ASOs contract with a call center that operates an NSPL call center to provide their regional crisis line.
- Two BH-ASOs operate their own Regional Crisis Call Systems (instead of contracting with Crisis Call Centers in the NSPL network)
 - Thurston-Mason
 - Great Rivers

The Washington Indian Behavioral Health Hub (Indian BH Hub)

- Located in the Volunteers of America (VOA) NSPL call center in Everett, is operated independently and serves indigenous and Tribal affiliated individuals with culturally appropriate care
- Tribal Crisis call line went live July 2022

1477 Technical and Operational Plan

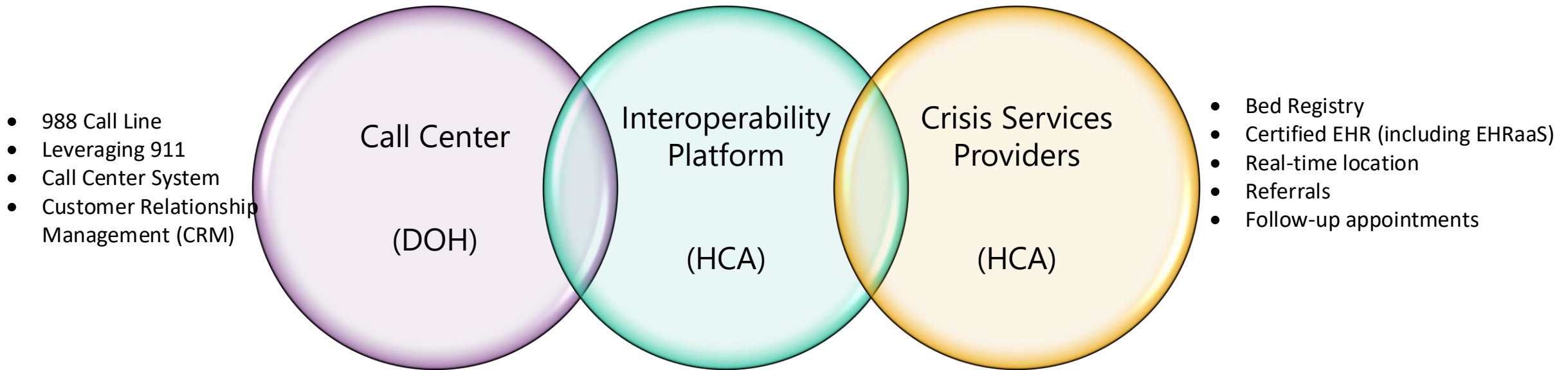
Submitted to legislature in Fall 2022

Final Technical and Operational Plan:

<https://www.hca.wa.gov/assets/program/final-technical-and-operational-plan-988.pdf>

Explored the environment, identified needed technology solutions (including Vibrant), and made recommendations

Technical and Operational Plan Recommendation: Explore technical tools and functionality



Enabling Interoperability Between:

- 988 Crisis Call Centers
- Regional Crisis Lines
- Crisis Providers
- Behavioral Health/Other Providers

Technical and Operational Plan Recommendation: Create an RFI

Scope

- Broad request for information

Reviewers:

- Internal HCA/DOH teams
- State 911 coordinator
- Users: RCLs, NSPLs, MCRs, BH-ASOs
- Tribes
- Gov's office
- OCIO
- HCA AAG
- Technology Subcommittee

Publication Date

- 03/23/2023

Focus of RFI: Functional Requirements

Call Center Platform

Responder Dispatching

Resource Directory

Provider Portal

Referrals and Appointments

Manage Consent

Electronic Documents

Bed Registry

Reporting

Questions Asked – Call Center Platform

RFI Questions Section I:

- 1.1. Describe how your system supports each of the following:
 - 1.1.1 Encounter Intake (Call/SMS/Chat);
 - 1.1.2 Telephony/IVR/CTI Integration;
 - 1.1.3 In-state Call Routing;
 - 1.1.4 GPS location of caller;
 - 1.1.5 Caller history information;
 - 1.1.6 Crisis alerts;
 - 1.1.7 Referrals;
 - 1.1.8 Follow-up;
 - 1.1.9 Provider Integration; and
 - 1.1.10 Workforce Management.
- 1.2. Describe the standards that are applicable and used in each of your systems/tools for each of the functions listed above (Section I.1.1.) to support interoperable exchange, re-use, and access, including the standards identified in the Technical Requirements below.
- 1.3. Describe how your system will support in-state call routing while aligning with national call center efforts.
- 1.4. Describe the issues associated with using geolocation of crisis callers and how your system(s) does (or will) address or mitigate these concerns (upon FCC approval).
- 1.5. Describe the issues associated with sending, receiving, retrieving, and using electronic information from providers and how your system(s) does (or will) address or mitigate these concerns.
- 1.6. Describe how you engage, support, and manage stakeholder implementation of systems/tools in Section I.1.1.
- 1.7. Tell us anything else that you would like us to know regarding functionality needed for the Call Center Platform.

Summary of Tech Requirements

Tech requirements: requirements that will need to be addressed by all vendors regardless of what piece of the functional requirements they answer, key principles

- Privacy
- Security requirements
- Standards

RFI Timeline



Technical and Operational Plan Recommendation: Publish an RFP

Process not final

- Dates subject to change

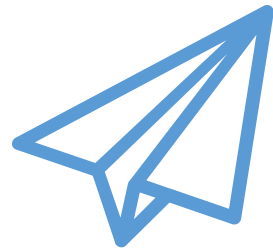
Purpose

- To acquire prioritized technical solutions and tools to support the enhanced crisis call and response system

Many details reliant on:

- RFI results
- HCA/DOH leadership
- Vibrant's timeline and future technology
- Stakeholder needs

Questions?



Madeline (Maddy) Cope

madeline.cope@hca.wa.gov



Jennie Harvell

jennie.harvell@hca.wa.gov

Closing

- Discussion/Questions
- Next Health IT Operational Plan Update:
 - **Tuesday April 18, 2023 3:30 – 5 PM**