Washington State Health Care Authority

HIT Operational Plan Update

May 28, 2019

Agenda

- Mental Health IMD Waiver Application
- 42 CFR Part 2 Guidance
- Data Governance Update
- Data Sovereignty
- ONC and CMS Proposed Rules
- Glossary of Key HIT terms
- Gravity Project

1115 MH IMD Waiver Application

1115 MH IMD Waiver Background

- Federal rules prohibit the use of Medicaid funds for services to individuals who reside in an Institution for Mental Disease (IMD) for more than 15 days during a calendar month.
- In 2016 CMS offered states the opportunity to apply for an 1115 demonstration waiver allowing Medicaid-funded treatment in SUD IMDs.
- In 2017 Washington State was granted an 1115 waiver amendment for SUD IMD facilities. The amendment application required the state to make changes to its SUD treatment system.
- A 2018 executive order allows 1115 waivers for MH IMD facilities.

1115 MH IMD Waiver Background

- Requirements similar to those under the SUD IMD 1115 Waiver:
  - States must meet milestones within two years.
  - Requires an average 30 day stay during the demonstration.
  - States will report quarterly on a common set of metrics.
  - Requires an approved implementation plan and updated HIT plan before state begins using Medicaid for MH IMDs.
- Requirements different than those under the SUD IMD Waiver:
  - Does not apply to individuals under age 21 unless they reside in certain IMD facilities (e.g. PRTF).
  - Maintenance of financial effort will be considered when reviewing applications, in order to ensure states continue to fund outpatient services.
  - Requires accredited facilities.
-

1115 MH IMD Waiver Timeline

- Washington began work on the 1115 MH IMD in early 2019.
- The target date for approval and implementation is July 1, 2020.
- The state is seeking technical assistance and further guidance from CMS regarding application requirements.

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MH IMD Waiver HIT Plan Tasks

- Required assurances:
  1. Sufficient HIT infrastructure/ecosystem to achieve the goals of the demonstration, and if not how that will be achieved and over what time period.
  2. SUD HIT Plan is aligned with the state's broader State Medicaid Health IT Plan (SMHP)
  3. On intent to include emerging national HIT standards in Medicaid Managed Care contracts (e.g., referrals, care plans, consent, privacy and security, data transport and encryption, notification, analytics and identity management)

MH IMD Waiver HIT Plan Tasks

- HIT tasks related to:
  - Closed Loop Referrals and e-Referrals
  - Create and use Electronic Care Plans
  - Medical Records Transition
  - E-consent
  - Interoperable Intake, Assessment, and Screening tools

MH IMD Waiver HIT Plan Tasks

- **HIT tasks related to:**
  - Telehealth technologies facilitates broader access to integrated MH care and primary care
  - Identify patients at risk for discontinuing /stopping treatment and notifying care teams
  - Care coordination workflow for patients experiencing first episode of psychosis

MH IMD Waiver HIT Plan Tasks

- **HIT tasks related to:**
  - Tagging/linking child and parents EHRs (for care coordination)
  - EHRs capture all episodes of care and linked to the correct patient

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42 CFR Part 2 Guidance

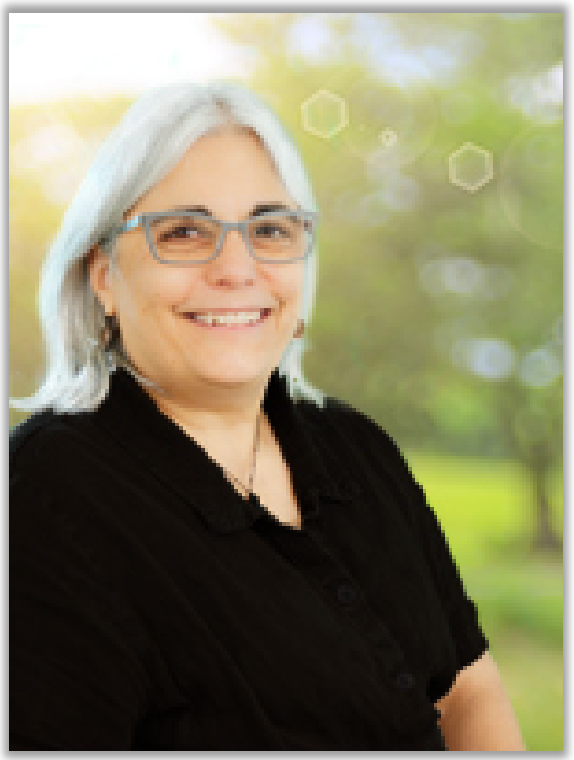
Sharing Substance Use Disorder Information

A GUIDE FOR WASHINGTON STATE

Launch Presentation

May 2019

Welcome



"It is more important than ever for health care providers to think about and address 'whole person' health."

- DR. CHARISSA FOTINOS

Play video

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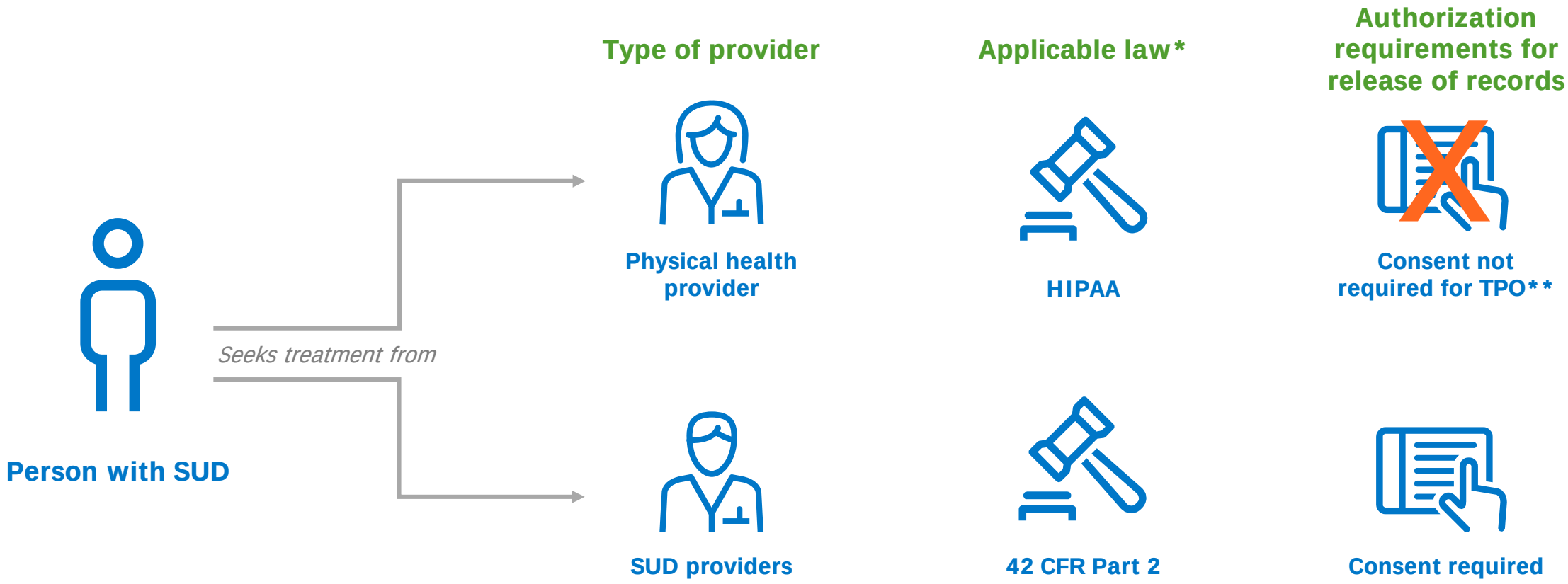
The need for consent care coordination



42 CFR Part 2 (also known as *Confidentiality of Alcohol and Drug Abuse Patient Records*) – A federal statute that governs confidentiality for people seeking treatment for substance use disorders from federally assisted programs. This law generally requires a federally assisted substance use program to have a patient's consent before releasing information to others. It encourages people to seek treatment and reassures patient privacy. Additional information found here: https://www.samhsa.gov/health-information-technology/laws-regulations-guidelines

* RCW 70.02 – Medical Records – Health Information Access and Disclosure is presumed to still apply. RCW 70.02

**Treatment, Payment, and Health Care Operations

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Recent history

1972
Underlying legislation passed

1975
Part 2 finalized

1987
Part 2 updated

2017
Part 2 updated

2018
Part 2 updated

2019
Notice of proposed rulemaking expected march 2019

1970

PRESENT

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Issues with implementing 42 CFR Part 2

Current Situation:

- 42 CFR Part 2 confusing to providers
- Over exclusion of SUD information by providers
- No consistent mechanism for sharing
- Burdensome requirements dissuading providers from asking for consent

Gaps

People:

- Inconsistent understanding of 42 CFR Part 2
- Adverse outcomes due to lack of sharing information for patient care (lack of full integration)

Policy & Process:

- Lack of statewide guidance regarding 42 CFR Part 2
- Need for a consent form allowing for HIE designation

Technology:

- Need for HIE to leverage recent SAMSHA updates
- Partner agencies/providers utilize numerous systems

How the toolkit fills in the gaps

People:

Inconsistent understanding of 42 CFR Part 2

Adverse outcomes due to lack of sharing information for patient care (lack of full integration)

Policy & Process:

Lack of statewide guidance regarding 42 CFR Part 2

Need for a consent form allowing for HIE designation

Technology:

Need for HIE to leverage recent SAMSHA updates

Partner agencies/providers utilize numerous systems

Resources in the guidance document

Legal guidance

Real world scenarios

Provider consent script

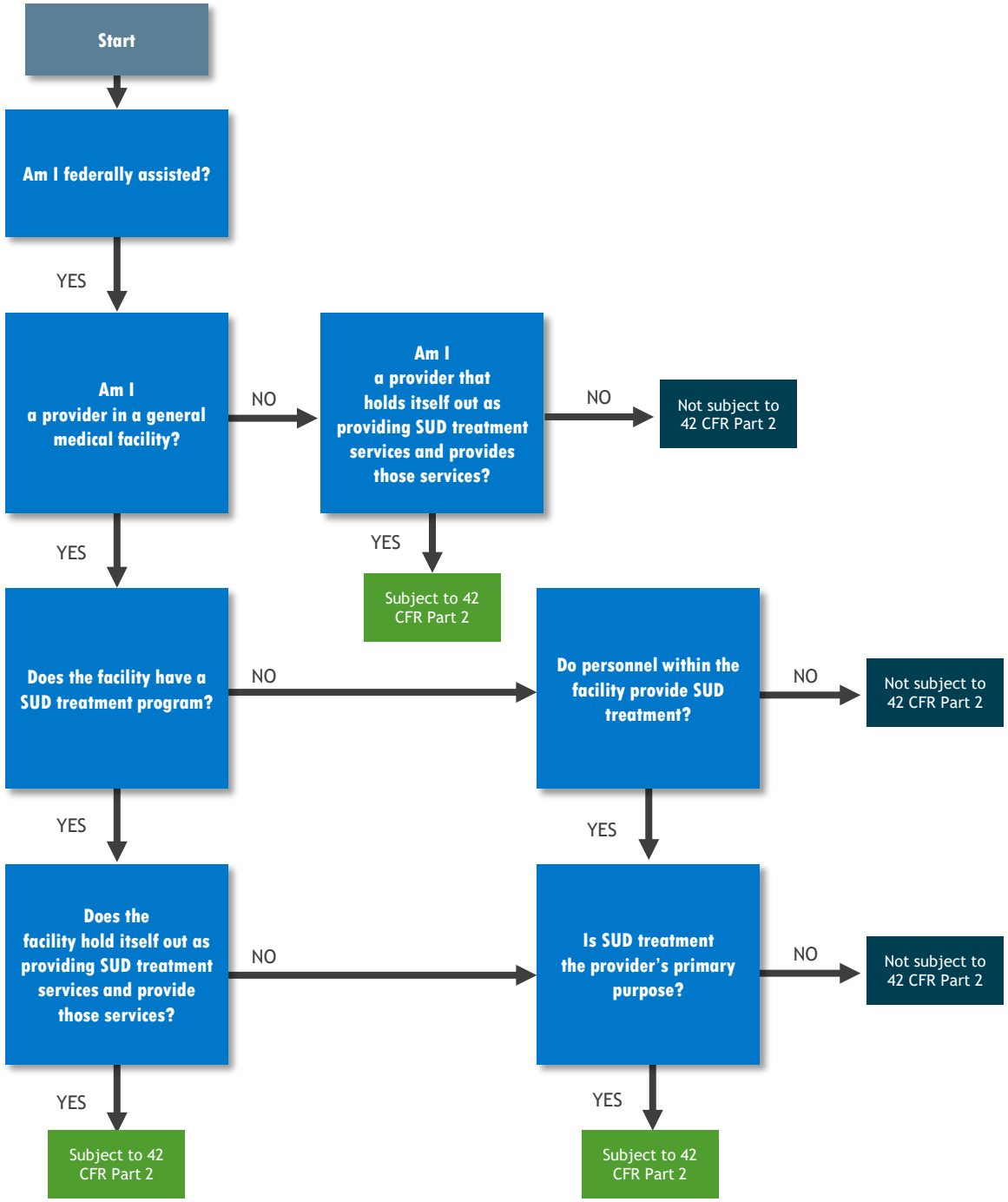
Patient informational brochure

Part 2 compliant consent form that accommodates HIE

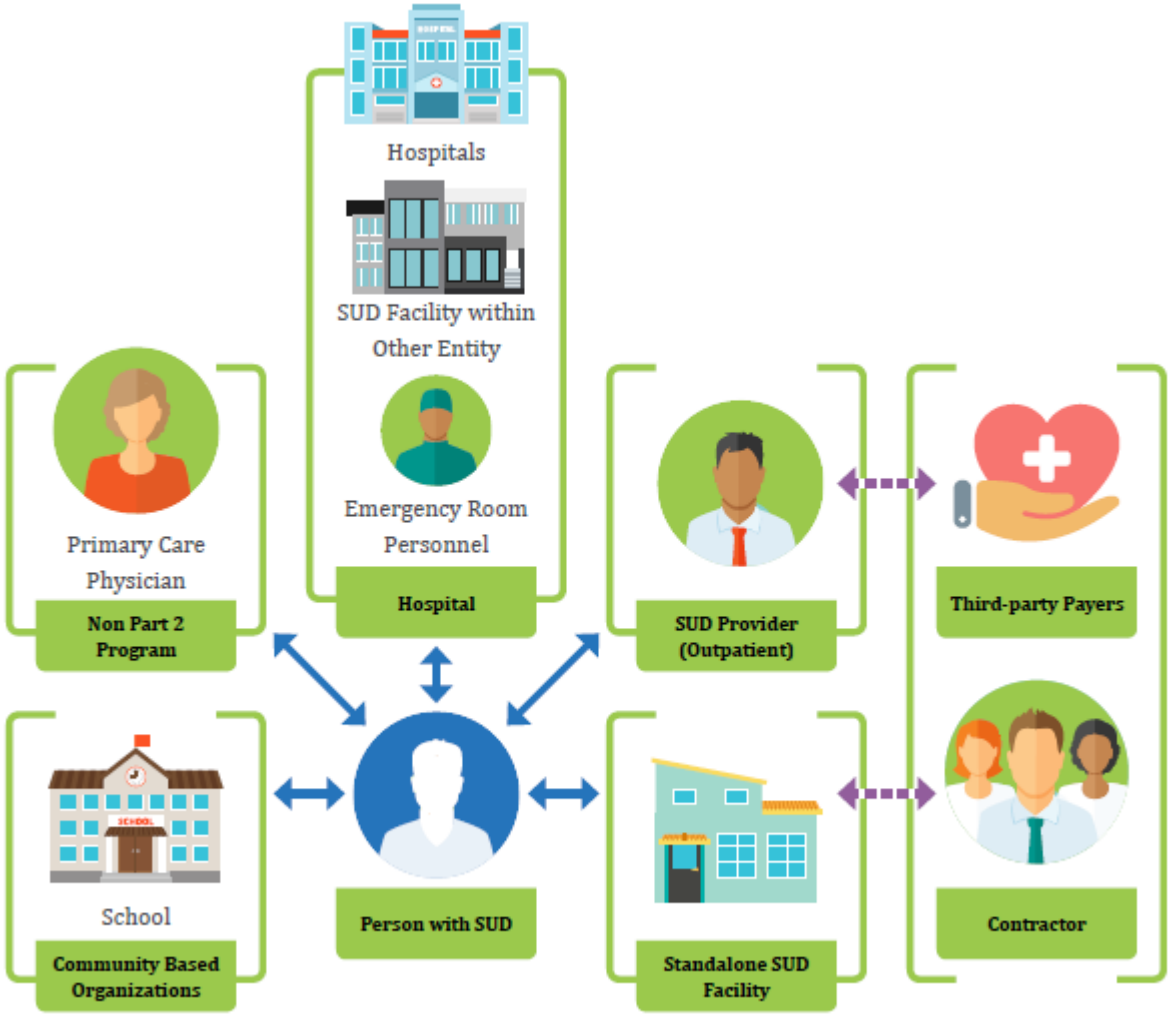
Overview videos offering introduction to Guidance document

Decision tree

Here is an example of decision tree in used in the guidance document



People involved



A person receiving substance use disorder treatment may have many people involved in their care. For example, the person may see physical health providers, receive outpatient services from a substance use disorder provider, and receive other community based services. The person benefits when *all* the people involved in their care can communicate with each other.

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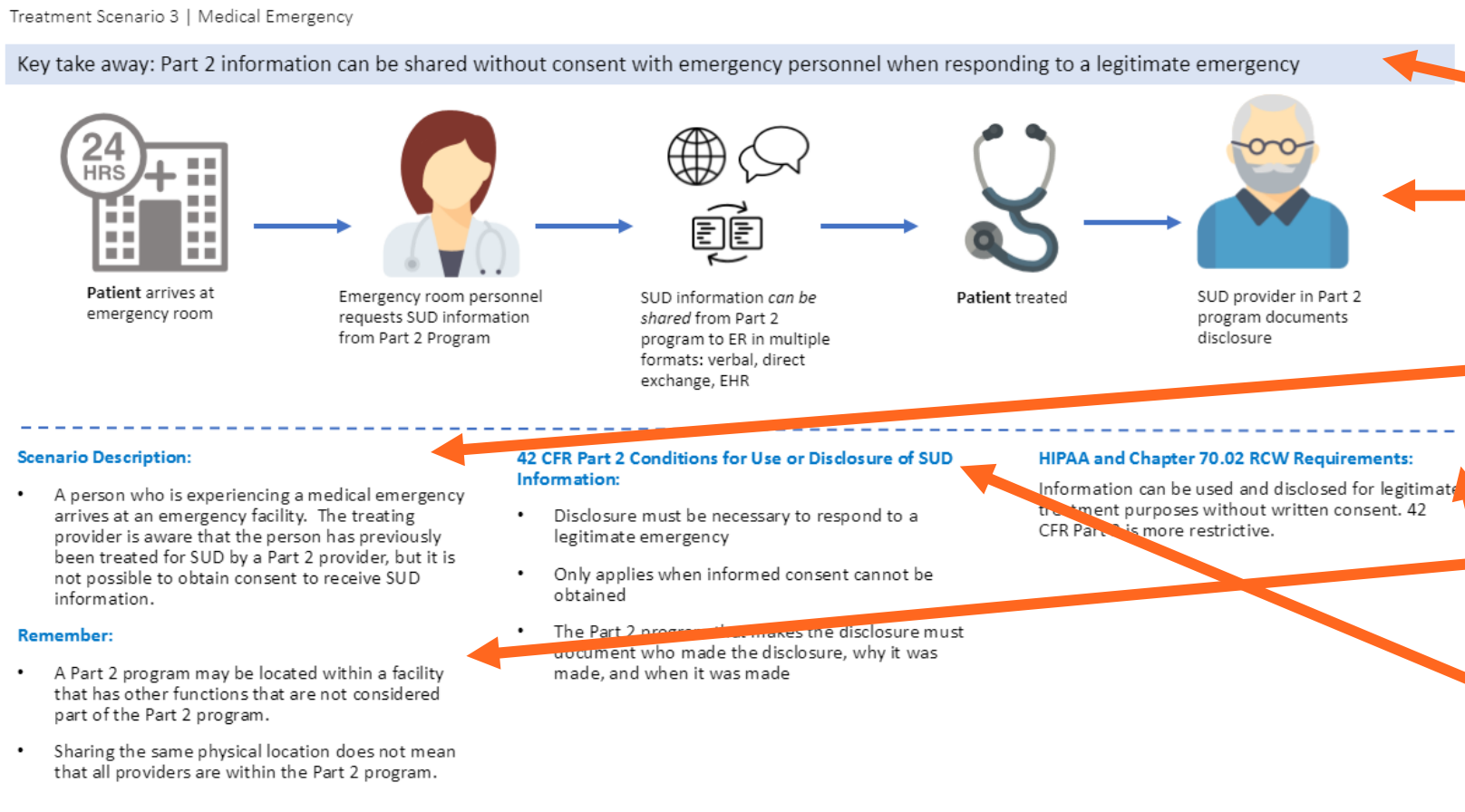
Scenarios



Scenario information:

Key take away

Summarized interpretation of the scenario

Description of why the information is being exchanged

Suggested things to keep in mind

42 CFR Part 2 Requirements

HIPPA & 70.02 requirements

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Nine elements of the consent form

Administrative information

1. Name of the patient
2. An explanation of the right to revoke consent
3. When the consent expires
4. The patient's signature
5. The date the consent is signed

Who can exchange information

6. Who may make the disclosure
7. Who can receive the information

What information is exchanged and why

8. What information may be disclosed
9. Why the information is being disclosed

Provider script

When introducing patients to the concept of consent management and its purpose, the following three discussion components are recommended:

- Providing a patient consent conference in a non-judgmental environment.
- Setting the clear intention for improved patient care experience.
- Supporting the patient in self-directed decision making around consent and being in control of that decision.

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Informational brochure

Benefits of the brochure:

Clear language explaining the benefits and describing patient protections

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Data Governance Update

Data Governance Update

- Finalizing CDR Data governance charter
- Had a first data governance meeting
- Discussing improving access to data within the CDR
- Discussing expanding data contained in the CDR

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Data Sovereignty

Disclaimer

- I am non-Native.
- I am not a data/HIT/HIE expert.
- I happen to sit at the intersection of the Office of Tribal Affairs and Medicaid Transformation.
- My intention with this slide deck is to raise awareness and spur discussion.

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Objectives

- Answer the question, “What is data sovereignty?”
- Spur discussion on why this topic comes up for Medicaid Transformation and the work of the Health Care Authority
- Consider next steps

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Data Sovereignty, one definition

"**Data sovereignty** is the concept that information which has been converted and stored in binary digital form is subject to the laws of the country in which it is located."

- https://whatis.techtarget.com/definition/data-sovereignty

Data Sovereignty, a different definition

"**Data sovereignty** explains the process by which American Indian tribes regulate all aspects of tribal data, including access, collection, management, analysis and reporting…For too long, tribes have relied on external data sources for tribal decision-making...The necessity to ground data within a tribal sovereignty framework is critical given that the information tribes need to support their own conceptions of development is not being produced by colonial administrative systems. Tribal data are perhaps the most valuable tools of self-determination because they drive tribal nation building by tribes for tribes."

- Desi Rodriguez-Lonebear
Indigenous Data Sovereignty: Toward an Agenda, 2016
Chapter 14: Building a data revolution in Indian Country

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Why data sovereignty?

- Data from whom?
  - Who collects it?
  - How do they collect it?
  - Who do they give the data to?
  - What value are they gaining from collecting the data?
- Data about what and for what?
  - What data are collected?
  - What are the data used for?
  - What analysis do the collectors do?
  - How do the collectors present the data?

Data Sovereignty, Medicaid Transformation and ACHs

- Instances where we (HCA) need to consider data sovereignty
  - Health Information Exchange (HIE)
  - Clinical Data Repository (CDR)
- Instances where you (ACHs) need to consider data sovereignty
  - Pathways Community HUB
  - Data Commons/Exchanges
  - Electronic Health Record acquisition

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Where does this leave us?

Is a data solution that does not work for everyone really a solution at all?

vs.

Targeted universalism, where we are all going to the same place, but get there different ways?

ONC and CMS Proposed Rules

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ONC and CMS Proposed Rules

- Health IT related rules recently released (officially released on March 4):
  - https://www.cms.gov/Center/Special-Topic/Interoperability/CMS-9115-P.pdf
  - https://www.healthit.gov/sites/default/files/nprm/ONCCuresActNPRM.pdf
  - Comments due June 3
- ONC's rules on TEFCA:
  - https://www.healthit.gov/topic/interoperability/trusted-exchange-framework-and-common-agreement
  - Comments due June 17
- Highly recommend our partners submit comments to CMS and ONC

ONC Proposed Rules

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ONC Rule Comments

- HCA supports improving interoperability
- ONC proposed rules should improve provider usage of CEHRT
- General privacy concerns
  - Consider how State agencies and institutions are impacted
  - Create consistency between these requirements and existing law
- Concerns with rapid push to FHIR
  - Lack of mature processes and support for FHIR
  - Impact to existing systems based on other technologies
  - Small and rural provider workflow concerns
- Patient matching: HCA recommends an open, competitive, and transparent forum for patient matching solutions

CMS Proposed Rules

HCA Comments CMS Proposed Rules

- Support: improving data sharing and availability; offer comments on interoperability for CMS/CMMI
- Recommend: adopt the HIT standards for interoperable functional status data elements (DEs) used in LTPAC. Encourage but do not require use of these DEs by physicians and hospitals
- Recommend: Adopt and encourage use of interoperable DEs and exchange standard emerging from the SDOH Gravity Project

HCA Comments CMS Proposed Rules

- Recommend CMS, SAMHSA, and ONC collaborate to:
  - link SAMHSA required TEDS DEs with HIT standards and encourage use
  - identify functional status domains and DEs applicable to persons with BH conditions and IDD, and encourage use
  - set aside of a minimum percentage of SAMHSA Block Grant funds for HIT/HIE investments
  - align 42 CFR Part 2 with HIPAA

HCA Comments CMS Proposed Rules

Recommend:

- Incentivize adoption and use of interoperable HIT systems / data by BH providers
- Implement competitive grant programs to test interoperable HIE with and by BH providers/others (focusing on adolescents and young adults with SUDs; CAPTA)

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Glossary of Key HIT Terms

Glossary of Key HIT Terms

- Developing a glossary to ensure consistent understanding of Health information technology terms
- Examples:
  - *CEHRT-Certified Electronic Health Record Technology:* electronic health record technology that is certified by the Office of the National Coordination for Health Information Technology to meet designated requirements of the Health IT Certification Program (Program). These standards are articulated in various editions (currently edition is the 2015 edition)
- Please send email to Brad at brad.Finnegan@hca.wa.gov if you have specific HIT terms to be included

Gravity Project

Gravity Project (SDOH)

- The Social Interventions Research and Evaluation Network (SIREN) received funding from RWJF.
- Public collaboration on SDOH domains of: food security, housing stability/quality, and transportation access.
- Steering Committee includes:
  - Federal Government: CMS, ONC, AHRQ, CDC, VA
  - Associations: NCQA, Academy Health, AMA, AHA, NACHC
  - Payers: UnitedHealth Care, Blue Cross/Blue Shield, Kaiser Permanente

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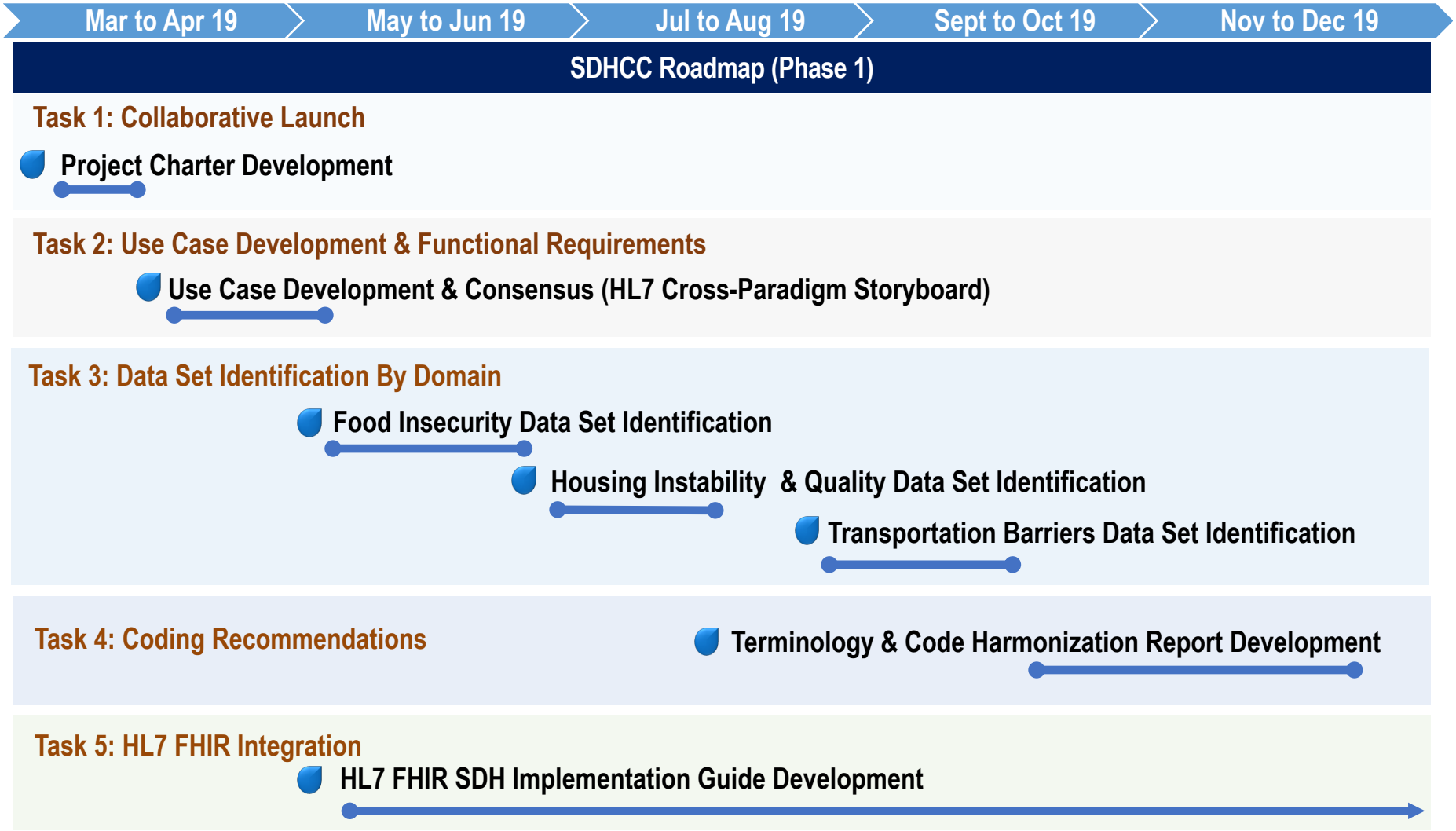
Gravity Project (SDOH)

Goals:

- Develop use cases for: screening, diagnosis, treatment/intervention, and planning within EHRs/ related systems
- Identify data elements (DEs) and value sets
- Develop consensus-based recommendations on DEs for interoperable exchange and aggregation
- Start development of an HL7® FHIR Implementation Guide

Gravity Project Timeline



Source:
https://drive.google.com/file/d/1QVAp6ETtbwLF0ERocauNDAzojdk5JoOH/view

Gravity Project (SDOH)

- Submitted to Gravity Project:
  - Foundational Community Supports:
    - Fact Sheet
    - Supported Housing Assessments data elements
  - Housing Management Information System:
    - https://www.hudexchange.info/resource/3824/hmis-data-dictionary/

Gravity Project (SDOH)

- Home page:

  https://confluence.hl7.org/display/PC/The+Gravity+Project+Home

- Join:

  https://confluence.hl7.org/display/PC/Join+the+Gravity+Project

Monthly HIT Operational Plan Meetings

- 4th Tues. of every month-Next meeting June 25
- Same webinar, phone number, meeting room. Available at: https://register.gotowebinar.com/register/4052018503263997185

Questions?

More Information:

We anticipate that monthly reports will be posted on HCA Transformation website.

https://www.hca.wa.gov/about-hca/health-information-technology/washington-state-medicaid-hit-plan

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