Washington State Health Care Authority

HIT Operational Plan Update

January 22, 2019

Washington State Health Care Authority

Agenda

- 2019 HIT OP – Overview
  - Submitted to CMS 1/3.
  - Available at: https://www.hca.wa.gov/assets/program/2019-hit-ops-plan.xlsx

Agenda (Continued)

- 2019 HIT OP – Overview
  - Data Governance
  - MPI and Provider Directory
  - Payment models and sources to incent/support HIE
  - Advancing HIE and enhancing CDR
  - Tribal Engagement
  - Behavioral Health Integration
  - Substance Use Disorder (SUD) HIT
  - SUD HIT Plan

Agenda (Continued)

- IMD Waiver and SUD HIT Plan:
  - Overview
  - SUD HIT Plan
- Task 1 Financial Map Report: delivered to CMS on January 17 and will be posted
- PHMS Inventory:
  - Available at: https://www.hca.wa.gov/assets/program/phm-inventory-december-2018.pdf
- Next Meeting-February 26, 3:30-5pm

Washington State Health Care Authority

Data and Governance

Data and Governance

HIT Ops Plan ID: 01-01
Start: Q1 2019
End: Q2 2019

Policies/guidance regarding clinical and claims data, including data in the CDR.

Description of task: 01-01

Develop/clarify needed policies/guidance/procedures for accessing, using, and complying w/ policies/procedures regarding HCA data assets (i.e., clinical and claims data (including data in the CDR)) in accordance with the Data Governance Process through the Data Utilization Committee (DUC).

Develop/identify and provide to ACHs guidelines/educational resources regarding HIPAA and access to PHI.

Data and Governance

HIT Ops Plan ID: 01-02
Start: Q1 2019
End: Q2 2019

Role-based access policies for clinical, social, and claims data

Description of task: 01-02

In collaboration with ACHs, (i) identify use cases involving ACHs and service providers and (ii) develop role-based access guidelines for accessing clinical, SDOH, Health Action Plans, and claims data. Guidance will provide clarity on data access by role and source of data (e.g., between CDR and CCS). Roles to be considered include roles for licensed health care providers (e.g., physicians, nurses, social workers, care managers, correctional health workers), non-licensed care providers (e.g., CHWs, personal care workers/aides) and organizations (e.g., care management organizations, community-based organizations, local public health agencies).

As appropriate, develop an MOU between HCA and OHP regarding these policies.

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Data and Governance

HIT Ops Plan ID: 01-03
Start: Q1 2019
End: Q4 2019

Enterprise Governance

Description of task: 01-03

HCA, through the Health and Human Services multi-agency Enterprise Governance (EG) process (involving HCA, DoH, DSHS, DCYF, HBE) will:

1. identify and select business cases that involve the exchange of HCA data assets;

2. consider for selected use cases: data governance policies and procedures regarding access, use, and exchange

3. integrate HIT/HIE (including the CDR) considerations into the selected use case; and

4. formalize the MITA connection to the business case (e.g., the PDMP connection to MMIS).

Data and Governance

HIT Ops Plan ID: 01-04
Start: Q1 2019
End Q3 2019

Develop process for incorporating successes from evaluation work (SIM, MTP, etc.)

Description of task: 01-04

Using the SIM evaluation and MTP Independent External Evaluation outcomes regarding data analysis and health information technology/HIE, develop routine communication methodologies to share successes for regular program improvement, including communications to ACHs for dissemination to providers and program/pilot implementation as applicable.

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Substance Use Disorder Health IT

HIT Ops Plan ID: 13-01
Start: Q1 2019
End: Q2 2019

Guidance on complying with 42 CFR Part 2

Description of task: 13-01

HCA will disseminate provider guidance on complying with 42 CFR Part 2 and consent form that could be used at the point of care to obtain patient consent to share information that is subject to 42 CFR Part 2.

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E-Consent Management

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Substance Use Disorder Health IT

HIT Ops Plan ID: 13-02
Start: Q2 2019
End: Q4 2021

eConsent Management Tool

Description of task: 13-02

Contingent on funding, develop and deploy an electronic consent management solution that can be used to support the exchange via the CDR of information subject to 42 CFR Part 2 and allow for the appropriate redisclosure of this information.

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Master Person Index and Provider Directory

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Master Person Index

HIT Ops Plan ID: 02-01
Start: Q1 2019
End: Q4 2019

Draft MPI White Paper and Implementation Plan for Enterprise Governance decision making

Description of task: 02-01

Draft an MPI White Paper for decision making for the Health and Human Services multi-agency Enterprise Governance (EG) process (involving HCA, DoH, DSHS, DCYF, HBE), The draft MPI White Paper will take into account need for MPI (e.g., use of an MPI in eligibility and enrollment and the PDMP (see Tasks 06-03 and 14-08)) and will take into account input from non-state entities selected by HCA for an advisory role given their work on similar MPI efforts.

Develop project implementation plan with key decision points.

Provider Directory

HIT Ops Plan ID: 03-01
Start: Q1 2019
End: Q4 2019

Draft Provider Directory white paper and implementation plan for Enterprise Governance decision making

Description of task: 03-01

Draft a Provider Directory White Paper for decision making for the Health and Human Services multi-agency Enterprise Governance (EG) process (involving HCA, DoH, DSHS, DCYF, HBE). The draft Provider Directory White Paper will take into account need for such directory (e.g., use of a Provider Directory in the PDMP (see Tasks 06-03 and 14-09)) and will take into account input from non-state entities selected by HCA for an advisory role given their work on similar provide directory efforts.

Develop project implementation plan with key decision points.

Provider Directory

HIT Ops Plan ID: 03-02
Start: Q3 2019
End: Q4 2019

Time and distance standards for provider networks

Description of task: 03-02

Identify time and distance standards for inclusion in MCO contracts. This will require the provider directory to allow geo-coding.

Payment Models and Sources

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Payment Models and Sources

HIT Ops Plan ID: 04-01
Start: Q3 2019
End: Q4 2019

Provider Assignment/Provider Attribution

Description of task: 04-01

Identify various patient /provider attribution methodologies used by MCOs to assign patients to providers.

Recommend patient/provider attribution/assignment methodology to support alternative payment models.

Develop an approach to align Medicaid attribution methodologies across MCOs and then align with PEB and SEB attribution methodologies.

Payment Models and Sources

HIT Ops Plan ID: 04-02
Start: Q2 2019
End: Q3 2019

MCO HIE incentives

Description of task: 04-02

HCA staff will work with CMS and ONC for contract language that could be included and if additional funding can be supplied as part of MCO rate determination.

HCA, in collaboration with ONC, CMS, and MCOs, will identify methods/mechanisms that are used/could be supported by MCOs to support the use of HIT/HIE by providers (e.g., to support prior authorization and integrated PH and BH care).

This task includes the identification of additional potential incentive and penalty policies for participation with the CDR.

Payment Models and Sources

HIT Ops Plan ID: 04-03
Start: Q1 2019
End: Q3 2019

VBP Models and HIT/HIE

Description of task: 04-03

Analyze for either global VBP system and/or project specific VBP models:

- Whether base year payment calculations take into account HIT/HIE costs for providers participating in VBP models; and
- VBP payment methods that create incentives for providers to use HIE technology to send/receive data (including to the CDR for identified use cases (e.g., transitions in care)).

HW/Payment Policy staff will submit to HCA policy leadership findings of analysis and take action as appropriate.

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Payment Models and Sources

HIT Ops Plan ID: 04-04
Start: Q1 2019
End: Q4 2019

Implement Payment Model 2-Rural Multi-payer Payment Model

Description of task: 04-04

Implement VBP incentives in Rural Multi-payer Payment Model that include incentives to use HIE technology to send/receive data to the CDR.

Payment Models and Sources

HIT Ops Plan ID: 04-05
Start: Q2 2019
End: Q3 2019

Public/Private Partnerships

Description of task: 04-04

Develop a white paper in collaboration with OFM to identify requirements for entering into public/private partnerships (e.g., any minimum private sector contribution, needed receipt and tracking mechanisms) and general guidelines for establishing such partnerships within HCA.

Implement needed policies/accounting systems to establish public/private partnerships.

Identify and pursue public/private partnership opportunities.

Health Information Exchange functionality, including enhancing the CDR

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Health Information Exchange functionality, including enhancing the CDR

HIT Ops Plan ID: 05-01
Start: Q1 2019
End: Ongoing

Identify and Synthesize Planned ACH and State HIT/HIE Investments

Description of task: 05-01

HCA, in collaboration with ACHs, will identify areas in which ACHs have/are planning to make HIT/HIE investments (including the provision of technical assistance), including: BH and social providers, care management tools, tools to support discharges and referrals in care, correctional health service providers, population health management tools, use of Health Commons, use of PreManage, tools to identify community/social service resources and capacity/availability.

HCA will identify those areas in which the state anticipates making investments (e.g., in implementing provisions in the Support Act (e.g., linking the PDMP data with EHRs and making available incentive payments to incent the adoption and use of CEHRT by BH providers).

Analysis will: identify gaps in needed interoperable HIT/HIE functionality, the need for TA (particularly for smaller providers) regarding the adoption and use of HIT/HIE (including certified EHRs), and inform HCA/ACH progress towards implementing needed HIT/HIE. Initial deliverable provided in Q2. Analysis will be updated over time. This information will inform the HIE Roadmap and updates to the Roadmap (see Task 09-01).

Adding CDR Functions/ Quality

HIT Ops Plan ID: 09-01
Start: Q1 2019
End: Q3 2019

Update HIE Roadmap

Description of task: 09-01

Update and disseminate the HIE Roadmap (vision statement) that depicts when:

(i) additional HIE functionality will be added (e.g., consent management solution, inter-state PDMP data sharing);

(ii) additional populations will be added to the CDR; and

(iii) multiple methods of HIE will be aligned. The HIE Roadmap will take into account (but is not limited) to HIE functionality required in the Support Act. The Roadmap will be updated every 6 months.

Health Information Exchange functionality, including enhancing the CDR

HIT Ops Plan ID: 05-02
Start: Q1 2019
End: Q2 2019

Multiple Methods of HIE

Description of task: 05-02

Develop a white paper describing the need/value and multiple methods of HIE (e.g., CDR, EDIE/PreManage, state HIE, local exchange mechanisms) and develop a strategy and timeline for aligning multiple methods of HIE to support care and population health management.

Information will be shared across ACHs.

See Task 09-01.

Health Information Exchange functionality, including enhancing the CDR

HIT Ops Plan ID: 05-03
Start: Q3 2019
End: Q4 2019

Closed Loop Referral and Population Health Management

Description of task: 05-03

In collaboration with ACHs and their partnering providers (e.g., acute care, primary care, BH, FQHC, jails) identify and produce written description of emerging / best practices across communities to provide HIT-enabled integrated person-level care. Describe practices and opportunities, including the use of technology to support close-loop referral processes, identify and stratify high risk patients, and support health information sharing.

Health Information Exchange functionality, including enhancing the CDR

HIT Ops Plan ID: 05-07
Start: Q1 2019
End: Q2 2019

Telehealth

Description of task: 05-07

HCA, in collaboration with ACHs, will identify barriers to the use of telehealth, including in remote areas of the state, and identify options and funding sources (including provisions in federal law (e.g., The Support Act)) to address these barriers.

Health Information Exchange functionality, including enhancing the CDR

HIT Ops Plan ID: 05-06
Start: Q1 2019
End: Q2 2019

Security practices for HIT/HIE

Description of task: 05-06

HCA will disseminate an FAQ document that points to sites/sources for standards for best security practices for HIT/HIE. The document will be developed with input from MCO IT Security Officers and Office of Cyber Security. The paper will reference OHP and MCO security practices and other selected HIE services.

EHRs

HIT Ops Plan ID: 11-01
Start: Q1 2011
End: Q3 2023

Administer EHR Incentive Project

Description of task: 11-01

Continue to support HITECH EHR incentive payments to eligible hospitals and professionals. Support is expected to continue through the end of the designated audit funding period for HITECH.

Registries

HIT Ops Plan ID: 06-01
Start: Q2 2014
End: Q3 2021

Administer Public Health Registry Onboarding

Description of task: 06-01

Support providers in meeting the Promoting Interoperability requirement to contribute data to a state registry. Support will continue through the end of the designated administrative funding period for HITECH.

Registries

HIT Ops Plan ID: 06-05
Start: Q3 2019
End: Q3 2021

Integrate Other Public Health Registries

Description of task: 06-05

Integrate additional public health registries into the CDR (e.g., creating interfaces to existing databases or otherwise making available data from registries in the CDR). Potential registries include the immunization, cancer, and electronic lab reporting registries.

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Adding Clients to CDR

HIT Ops Plan ID: 07-01
Start: Q3 2019
End: Q2 2020

Enable Addition of FFS Clients to CDR

Description of task: 07-01

Currently, the CDR contains MCO enrolled clients, and not FFS clients. This project will require establishment of a client eligibility interface, updates to existing claims interfaces with OHP, and establishment of a sustainable funding mechanism. The addition of FFS client data will be coordinated in consultation with Tribal partners.

Adding CDR Functions/ Quality

HIT Ops Plan ID: 09-02
Start: Q4 2018
End: Q4 2019

Deploy Reporting Features in CDR

Description of task: 09-02

Identify (in collaboration with service providers) and deploy reporting capabilities in the CDR to provide mainstream, user-oriented reporting to providers, including summary reports of clinical data.

Adding CDR Functions/ Quality

HIT Ops Plan ID: 09-03
Start: Q4 2018
End: Q4 2019

Deploy Query and API functionality in CDR

Description of task: 09-03

Determine what system-to-system access is appropriate for clinical and claims content in the CDR and as appropriate, enable system-to-system access to CDR data through established data access standards. Task will identify (in consultation with service providers) and support prioritized query access (e.g., access to full C-CDA documents, portions of a clinical record through a FHIR API, and portions of the administrative data through a claims-based API).

Adding CDR Functions/ Quality

HIT Ops Plan ID: 09-04
Start: Q3 2018
End: Q4 2019

Data Quality Improvement Efforts

Description of task: 09-04

HCA and OHP will work to improve the quantity, quality, and standardization of data elements in the clinical documents submitted to the CDR.

Going forward, work will also include the identification and implementation of options to improve quality of MH and SUD data.

Adding CDR Functions/ Quality

HIT Ops Plan ID: 09-08
Start: Q3 2019
End: Q4 2020

Develop Standardized Shared Care Management Tools/Functions

Description of task: 09-08

In collaboration with ACHs and providers, HCA will using existing/available HIT standards, identify interoperable (i.e., linked to HIT standards) care management tools/functions that could be deployed in conjunction with the HIE and CDR (e.g., consider: shared care planning, post-discharge care management for patients recently discharged from inpatient mental health facilities).

Adding CDR Functions/ Quality

HIT Ops Plan ID: 09-09
Start: Q2 2018
End: Q2 2020

Develop Standardized Discharge Summary

Description of task: 09-09

Develop a Discharge Summary API (for use by providers with no/limited technology adoption) and guidance that conforms with the Discharge Summary C-CDA specifications adopted for the 2015 version of Certified EHRs. Guidance will consider issue of diagnosis (or chief complaint) inconsistency across hospitals.

Adding CDR Functions/ Quality

HIT Ops Plan ID: 09-10
Start: Q1 2019
End: Q4 2019

Medication Prior Authorization

Description of task: 09-10

Leveraging previous efforts and ONC Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs, develop white paper on:

(i) policies, and
(ii) processes

related to prior authorization in Medicaid fee-for-service and MMCOs, and options/opportunities and costs to standardize the prior authorization process across MMCOs and use health IT tools for the prior authorization process.

Adding CDR Functions/ Quality

HIT Ops Plan ID: 09-05
Start: Q2 2019
End: Q3 2019

PAMI+ (problems, allergies, medications, immunizations) Report for Healthcare Providers

Description of task: 09-05

HCA, in collaboration with OHP and clinical users, will determine the best method(s) for accessing and distributing CDR data (e.g., developing an interface for the CDR for BH/LTC providers and correctional health service providers (such as a PAMI+ report)

Adding CDR Users

HIT Ops Plan ID: 08-03
Start: Q1 2019
End: Q3 2019

1st responders/Community Paramedicine

Description of task: 08-03

HCA will collaborate with ACHs to identify opportunities to integrate 1st responders/Community Paramedicine in HIE activities.

Tribal Engagement

Washington State Health Care Authority

Tribal Engagement

HIT Ops Plan ID: 10-01
Start: Q2 2018
End: Q4 2019

Have conversations with Tribes about Exchanging Health Information

Description of task: 10-01

Continue conversation with Tribal partners on the value of HIE, the need to limit/protect access to tribal members health information, how the technical solution to be deployed for consent management could be extended to protect tribal members health information in the CDR, and solicit Tribal input on HIE use cases.

Tribal Engagement

HIT Ops Plan ID: 10-02
Start: Q2 2018
End: Q2 2019

Assist Tribes exploring EHR replacement and system integration

Description of task: 10-02

Provide technical assistance to Tribes exploring EHR replacement and system integration

Washington State Health Care Authority

Tribal Engagement

HIT Ops Plan ID: 10-03
Start: Q3 2019
End: Q4 2019

Support Tribal Adoption of CDR

Description of task: 10-03

This project will work with our Tribal Government partners to identify potential use cases for integrating Tribal populations into the CDR.

Behavioral Health Integration

Adding CDR Users

HIT Ops Plan ID: 08-01
Start: Q3 2019
End: Q4 2019

CDR onboarding

Description of task: 08-01

Offer CDR onboarding incentives and technical assistance to BH and LTC providers, contingent on funding.

- We have identified these needs and continue to look for funds to support these activities.

Adding CDR Functions/ Quality

HIT Ops Plan ID: 09-06
Start: Q2 2019
End: Q3 2019

Design/Develop Smart Form Use Cases.

Description of task: 09-06

Design and develop four use cases for providers/entities with limited HIT/EHR technology to create and transmit and/or download information to/from the CDR.

Adding CDR Functions/ Quality

HIT Ops Plan ID: 09-11
Start: Q3 2018
End: Q2 2019

Increase DDA Client Data in CDR

Description of task: 09-11

Explore how to increase/improve data available in the CDR on DDA clients (e.g., adding claims data from ProviderOne) and if feasible, implement improvements.

Adding CDR Functions/ Quality

HIT Ops Plan ID: 09-07
Start: Q2 2019
End: Q3 2019

SDOH data and CDR

Description of task: 09-07

Review options for collaborating with external vendors for a statewide SDOH template. Develop a standard template for transmitting a subset of SDOH data elements (that have already been linked to HIT vocabularies) and a CDR interface to receive this content.

Washington State Health Care Authority

Adding CDR Users

HIT Ops Plan ID: 08-02
Start: Q3 2019
End: Q4 2019

Jail Transition Services

Description of task: 08-02

Leveraging guidance produced under Task 1-02 and information gathered in Task 5-01, HCA in collaboration with Department of Corrections and partnering providers in ACHs, will identify tools and opportunities/ barriers to provide: (i) jail medical staff access to health information for persons who become incarcerated and (ii) community-based health providers/care managers/ payers access to health information for persons released from incarceration.

Tools to be considered include: providers' EMRs, EDIE/PreManage, CDR. Barriers and opportunities include technology, policies, and workflow.

Behavioral Health Integration

HIT Ops Plan ID: 12-01
Start: Q1 2019
End: Q1 2019

BH providers' EHR/CEHRT adoption

Description of task: 12-01

Support a survey of BH providers adoption/use of EHR/CEHRT.

Behavioral Health Integration

HIT Ops Plan ID: 12-05
Start: Q2 2019
End: Q2 2019

Streamline SAMHSA Reporting

Description of task: 12-05

As required under the SAMHSA Corrective Action Plan (CAP) to develop standardized definitions and formats of the required data set that, in addition to minimizing the data burden on behavioral health providers, will meet health information technology interoperability goals.

Ensure streamlined data set identified for SAMHSA BH Reporting includes data elements required for other required reporting activities (e.g., legislative reporting, involuntary commitment reporting, ASO reporting)

Washington State Health Care Authority

Behavioral Health Integration

HIT Ops Plan ID: 12-03
Start: Q2 2019
End: Q4 2019

Technical Assistance to BH Providers on CEHRT adoption and use

Description of task: 12-03

Leveraging ACH HIT/HIE investments and in collaboration with ACHs, HCA will identify the need for and provide additional technical assistance to BH providers to support the:

(i) adoption and use of Certified EHR Technology (CEHRT); and

(ii) use of the PDMP.

Behavioral Health Integration

HIT Ops Plan ID: 12-04
Start: Q1 2019
End: Ongoing

Develop and Maintain a Financial Map of Funds for BH HIT/HIE

Description of task: 12-04

Develop a process within HCA and DoH to identify and maintain a map of financial resources (e.g., HITECH, MMIS, The Support Act, CDC grants, MTP funds) that will be used to advance health information exchange between behavioral health and other providers. The Financial Map will be revised/updated on an ongoing basis to reflect additional funding sources.

IMD Waiver

- IMD Waiver approved July 17, 2018
- WA State MTP was amended to include the IMD Waiver
- IMD Waiver permits Medicaid coverage of SUD services in “IMDs” with 16 or more beds
- The MTP/IMD Waiver requires:
  - reporting milestones; and
  - SUD HIT Plan

The Support Act

- Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act
  - Signed into law October 24, 2018
- Key provisions include:
  - Incentive payments to Behavioral Health providers for the adoption and use of certified EHR technology (Section 6001)
  - "Qualified PDMP" (Section 5042)
  - CDC funding to implement, maintain and improve PDMP (Sections 7162)

https://www.congress.gov/bill/115th-congress/house-bill/6/text#toc-H332DF82BFDE94DAB85210F4D2222CBF8

Behavioral Health Integration

HIT Ops Plan ID: 12-02
Start: Q1 2019
End: Q1 2019

SUPPORT Act: EHR Incentive Payments to BH providers

Description of task: 12-02

If CMS implements authority under **Section 6001 of the Support Act**, HCA will pursue CMS 1115 waiver authority to make available EHR incentive payments to BH providers including: Medicare/Medicaid State psychiatric hospitals, Medicare Community Mental Health Centers, Medicaid treatment facilities, Medicaid MH or SUD providers, Medicare clinical psychologists, Medicare NPs, and Medicare CSWs.

Qualified PDMP

- Significant overlap between the requirements of:
  - the IMD Waiver/SUD HIT Plan tasks; and
  - A “Qualified PDMP” in the Support Act.

Qualified PDMP

1. Facilitates access to the:
   - prescription drug history of a covered individual with respect to controlled substances
   - number and type of controlled substances prescribed to and filled for the covered individual during at least the most recent 12-month period
   - name, location, contact information of each covered provider who prescribed a controlled substance to the covered individual during the most recent 12-month period.

2. Facilitates integration of information into the workflow of a covered provider, which may include the electronic system the covered provider uses to prescribe controlled substances

Qualified PDMP (cont'd)

- The Support Act makes available 100% FMAP for expenditures related to a Qualified PDMP during FFY 2019 and 2020 if the State has agreements with all contiguous states (i.e., ID and OR) that enable covered providers in all such contiguous States to access, through the PDMP, the information that is described in (1).

Registries

HIT Ops Plan ID: 06-02
Start: Q4 2018
End: Q2 2019

SUPPORT Act: PDMP

Description of task: 06-02

Explore the feasibility of using 100% FMAP (added to Sec. 1944(f) in Sec. 5042 of The Support Act) to design, develop, or implement enhancements for a ***Qualified PDMP.***

Clarify availability of MMIS enhanced funds for Maintenance and Operation costs of a "qualified PDMP" required in Medicaid (through the Support Act).

As appropriate and needed, advance IAPD.

Identify, prioritize and implement PDMP enhancements required in The Support Act, including: those to support the SUD HIT Plan in the IMD Waiver, including integrating information into the workflow of a covered provider, which may include the electronic system used by the covered provider (such as an EHR).

Registries

HIT Ops Plan ID: 06-03
Start: Q4 2018
End: Q2 2019

Support Access to PDMP through CDR

Description of task: 06-03

Contingent on the availability of funds, develop a function to allow providers within the CDR clinical portal to access the DOH-operated PDMP, including enabling the integration of PDMP data into providers' EHRs. This will involve efforts to establish patient/provider matching and shared user authentication across the systems. In addition, this will require development of (i) an interface between the CDR and the HIE/PDMP and (ii) an open-source interface between the CDR and CEHRTs. See related tasks: 02-01, 03-01, 14-07.

Registries

HIT Ops Plan ID: 06-04
Start: Q4 2018
End: Q4 2019

Support Act: PDMP Guidance

Description of task: 06-04

HCA, in collaboration with DoH, shall pursue/obtain guidance/support from CMS, CDC, and ONC for PDMP provisions in the Support Act, including guidance/support on provisions under Sections 7162 and 5042 (and other provisions) of the Support Act (e.g., provisions related to: ensuring the highest level of ease in use of and access to PDMP; integrating PDMPs within EHRs and HIT infrastructure; linking PDMP data to other data systems within the State; improving the interstate interoperability of PDMPs; improving the ability to include treatment availability resources and referral capabilities within the PDMP; quality measures and reporting requirements).

SUD HIT Plan and PDMP Enhancements

HIT Ops Plan ID: 14-01
Start: Q4 2018
End: Q1 2019

A. Financial map for SUD HIT Plan

Description of task: 14-01

HCA in collaboration with DoH will develop a financial map that identifies sources of funds (e.g., The Support Act, MMIS, CDC grants, DoH Budget) to execute the activities in this SUD HIT Plan in the IMD Waiver.

Note: Timeline reflects when deliverable is due to CMS. HCA anticipates financial mapping will be an ongoing activity.

Washington State Health Care Authority

SUD HIT Plan and PDMP Enhancements

HIT Ops Plan ID: 14-02
Start: Q2 2019
End: Q2 2020

B. Enhanced interstate data sharing in order to better track patient specific prescription data

Description of task: 14-02

DoH will integrate PDMP data w/ the Federal RxCheck Hub.

As required in Section 5042 of the Support Act, HCA and DoH will enter into a process to establish agreements with contiguous states (OR and ID) to support the sharing of data through a qualified PDMP.

Washington State Health Care Authority

SUD HIT Plan and PDMP Enhancements

HIT Ops Plan ID: 14-03
Start: Q3 2019
End: Q2 2030

C. Enhanced "ease of use" for prescribers and other state and federal stakeholders

Description of task: 14-03

Contingent on the availability of funds, HCA and DoH will support the "ease of use" of the PDMP by:

(i) enhancing the usability of the PDMP web portal (e.g., reduce the number of clicks, improve navigation, show patients at risk (e.g., those with concurrent opioid and sedative prescriptions)); and

(ii) entering into the process to establish interstate PDMP data sharing agreements.

Enhancements to the PDMP will include:

- o Using SSO (in lieu of SAW)
- o Upgrading current and new PDMP to support the use of new standards (i.e., NCPDP SCRIPT standards)

Washington State Health Care Authority

SUD HIT Plan and PDMP Enhancements

HIT Ops Plan ID: 14-04
Start: Q3 2019
End: Q2 2020

D. Enhanced connectivity between the state's PDMP and any statewide, regional or local health information exchange (Timeline 24+ months)

Description of task: 14-04

1. DOH will work to reintroduce legislation (ESHB 2489) during the 2019 legislative session.
2. DoH will solicit proposals and secure new vendor to develop an API (that meets required HIT standards (NCPDP SCRIPT V. 2017-071)) for PDMP / HIE connections, including interstate data sharing of PDMP data;
3. Contingent on the availability of funds, HCA and DoH will:
    - o work with OHP to upgrade the HIE to comply w/ current standards (NCPDP SCRIPT V. 2017-071)
    - o work with current PDMP vendor to use current standards (NCPDP SCRIPT V. 2017-071)
    - o secure the state funds needed for DoH staff to support increased PDMP work (e.g., work with vendor, onboarding SUD providers)
    - o support providers ease of use of the PDMP by enabling access through the CDR portal (see Task 6-03).
4. DoH and HCA will estimate the cost of, and secure and deploy funding for onboarding SUD providers with EMRs to use the OHP/HIE and the PMP .

SUD HIT Plan and PDMP Enhancements

HIT Ops Plan ID: 14-05
Start: Q3 2019
End: Q2 2020

E. Enhance identification of long-term opioid use correlated to clinician prescribing patterns

Description of task: 14-05

On a quarterly basis, DoH will provide reports to CMOs of group practices on the opioid prescribing practices for all subordinates. The reports are intended to support quality improvements and drive adoption of prescribing guidelines. Reports include comparative information on each prescriber's opioid prescribing practice in comparison to prescribing practice in their specialty (e.g. percent of patients with chronic opioid prescriptions, percent of patients with high dose chronic opioid prescriptions).

See sample:

- Individual prescriber report (at the end); and
- CMO report. 
- Point of Contact: prescriptionmonitoring@doh.wa.gov

SUD HIT Plan and PDMP Enhancements

HIT Ops Plan ID: 14-06
Start: Q1 2019
End: Q3 2019

G. Develop enhanced provider workflow / business processes to better support clinicians' access to the PDMP prior to prescribing an opioid or other controlled substance (Timeline: 12 months)

Description of task: 14-06

Contingent on the availability of funds, HCA and DoH will convene a clinical workgroup of EMR users (including PH and BH/SUD providers) to describe the desired workflow for accessing the PDMP via the CDR prior to prescribing opioids/other controlled substances. See related tasks: 02-01, 03-01, 6-03, 14-07.

Washington State Health Care Authority

SUD HIT Plan and PDMP Enhancements

HIT Ops Plan ID: 14-07
Start: Q1 2020
End: Q4 2020

H: Develop enhanced supports for clinician review of the patients' history of controlled substance prescriptions through the PMP— prior to the issuance of an opioid prescription (Timeline: 24+ months)

Description of task: 14-07

Contingent on the availability of funds, HCA and DoH will develop a function to allow providers within the CDR clinical portal to access the DOH-operated PDMP, including enabling the integration of PDMP data into providers' EHRs. This will involve efforts to establish patient/provider matching and shared user authentication across the systems. In addition, this will require development of (i) an interface between the CDR and the HIE/PDMP and (ii) an open-source interface between the CDR and CEHRTs. See related tasks: 02-01, 03-01, 6-03, 14-06.

SUD HIT Plan and PDMP Enhancements

HIT Ops Plan ID: 14-08
Start: Q3 2019
End: Q2 2020

F. Facilitate the state's ability to properly match patients receiving opioid prescriptions with patients in the PDMP (i.e. the state's master patient index (MPI) strategy with regard to PDMP query)

I. Enhance MPI (or master data management service, etc.) in support of SUD care delivery

Description of task: 14-08

Contingent on the availability of funds, in 2019, work with Health and Human Services multi-agency Enterprise Governance (EG) process (e.g., HCA, DoH, DSHS, DCYF, HBE) to:

- Q1: draft a project scope that facilitates patient/provider matching.
- Q2: Present draft scope to EG Exec. Sponsors
- Q 3: Upon project completion (and contingent on funding) proceed w/ implementation

Washington State Health Care Authority

SUD HIT Plan and PDMP Enhancements

HIT Ops Plan ID: 14-09
Start: Q3 2019
End: Q2 2020

I: Enhance MPI (or master data management service, etc.) in support of SUD care delivery

Description of task: 14-09

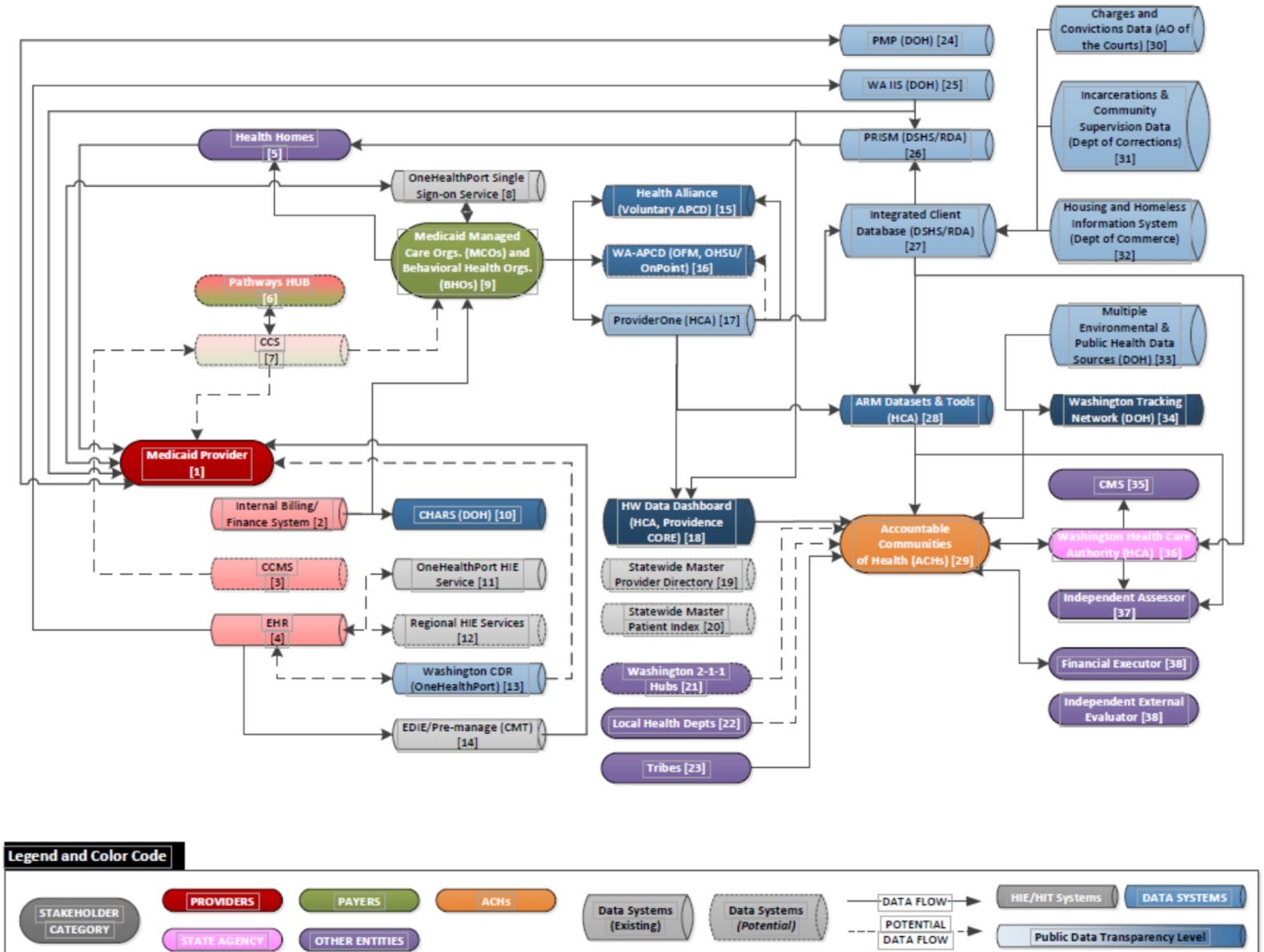
Contingent on the availability of funds, in 2019, work with Health and Human Services multi-agency Enterprise Governance (EG) process (involving HCA, DoH, DSHS, DCYF, HBE) to:

- Q1: draft a project scope that facilitates patient/provider matching.
- Q2: Present draft scope to EG Exec. Sponsors
- Q3: Upon project completion (and contingent on funding) proceed w/ implementation

Population Health Management System Inventory

- Updated December 2018
- Available at: https://www.hca.wa.gov/assets/program/phm-inventory-december-2018.pdf

PHM System Interactions



Monthly HIT Operational Plan Meetings

- 4th Tues. of every month
- 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. Link TBD.

Jennie Harvell,

Health IT Section

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Other/Related Tasks

Health Information Exchange functionality, including enhancing the CDR

HIT Ops Plan ID: 05-04
Start: Q1 2019
End: Ongoing

Strategy for Community/Provider Engagement on HIE, including the CDR

Description of task: 05-04

Develop a communication strategy to inform and engage providers (in collaboration with ACHs) in health information exchange, including awareness and uses of the Clinical Data Repository (e.g., include real time demonstrations of CDR functionality). Include methods for demonstrations as new HIE/CDR functionality is added.

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Health Information Exchange functionality, including enhancing the CDR

HIT Ops Plan ID: 05-05
Start: Q1 2019
End: Q2 2019

Strategy for Community/Consumer Engagement on HIE, including the CDR

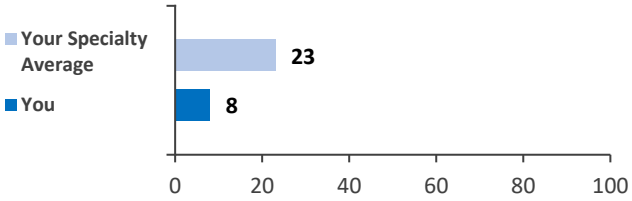
Description of task: 05-05

Develop a communication strategy to inform and engage patients/clients/consumers in health information exchange, including awareness and uses of the Clinical Data Repository

Prescriber Name:
Specialty:
NPI #:
No. of patients aged ≤20 years:
No. of patients aged ≥21 years:
Reporting Period: 04/2018–07/2018

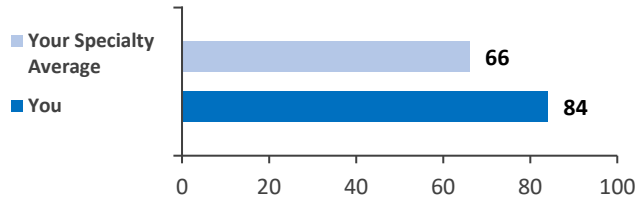
Washington State Opioid Prescriber Feedback Report

You are receiving this feedback report from the Washington State Department of Health because at least one of your prescribing metrics lies at or above the 95th percentile of all prescribers within your specialty. Metrics are based on the Bree Collaborative (aligned with Washington State Agency Medical Directors Group and CDC Guidelines) and the Washington State Health Care Authority opioid clinical policy for safe prescribing. See resources listed on page 2. This educational report is authorized by Engrossed Substitute House Bill 1427, and in partnership with the Washington State Hospital Association, the Washington State Medical Association, and the Washington State Health Care Authority. The purpose of this report is to self-assess your opioid prescribing practices compared to those of your peers. Please review the following metrics based on your prescribing data in the Prescription Monitoring Program (PMP), and see recommendations for improving care on page 2.



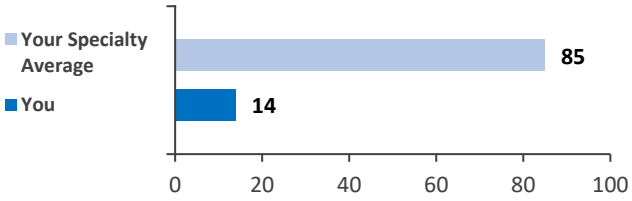
% ACUTE OPIOID PRESCRIPTIONS >18 DOSES FOR PEDIATRIC PATIENTS

Number of acute (<60 days' supply) opioid prescriptions for pediatric patients (≤20 years) containing >18 doses divided by the total number of acute opioid prescriptions for pediatric patients containing any dose in the current quarter



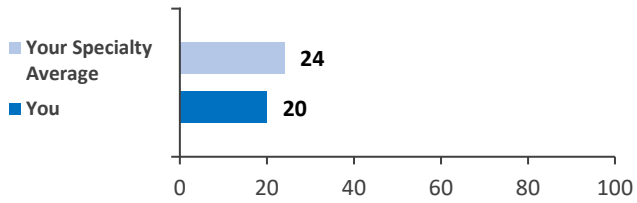
% ACUTE OPIOID PRESCRIPTIONS >42 DOSES FOR ADULT PATIENTS

Number of acute (<60 days' supply) opioid prescriptions for adult patients (≥21 years) containing >42 doses divided by the total number of acute opioid prescriptions for adults containing any dose in the current quarter



% NEW PATIENTS WITH >7 DAYS' SUPPLY OF OPIOIDS

Number of patients (adult and pediatric) with a new (no opioid prescription in the previous quarter) opioid prescription with >7 days' supply (but less than 60) in the current quarter divided by the total number of patients (adult and pediatric) with a new opioid prescription in the current quarter



% PATIENTS WITH CONCURRENT OPIOID AND SEDATIVE PRESCRIPTIONS

Number of patients (adult and pediatric) who receive ≥1 day(s) of overlapping opioid and sedative prescriptions from the same prescriber in the current quarter divided by the total number of patients (adult and pediatric) with an opioid prescription in the current quarter

You can connect your EHR for seamless access – www.doh.wa.gov/healthit

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Prescriber Name:
Specialty:
NPI #:
Reporting Period: 04/2018–07/2018

Washington State Opioid Prescriber Feedback Report

Recommendations for Prescribing Opioids (AMDG & CDC Guidelines)

- If needed for acute pain, prescribe the lowest effective dose of immediate-release opioids for the shortest duration of time. More than a 7 days' supply is rarely needed
- Track function and pain at each prescribing visit
- Use validated assessment tools and best practices to monitor for adverse outcomes and compliance on treatment regimen
- Avoid prescribing chronic opioids for non-specific pain (such as fibromyalgia, headache, or back pain)
- Taper back down or discontinue if an opioid dose increase does not result in clinically meaningful improvement in function
- Avoid exceeding 90 MME/day, and for patients with one or more risk factors (e.g., tobacco use, mental health disorder), do not exceed 50 MME/day
- Consider prescribing take-home naloxone for patients with one or more risk factors. For mandated co-prescribing, see rules: www.doh.wa.gov/opioidprescribing
- Avoid combining opioids with benzodiazepines, sedative-hypnotics, or Carisoprodol. Consider tapering off/discontinuing the combination and consider non-scheduled alternatives if needed

Data Sources and Limitations

- The Washington State Prescription Monitoring Program, collects dispensing records for controlled substances (i.e., schedule II–V drugs) in the State
- Data submission requirements do not apply to:
    - A licensed wholesale distributor or manufacturer
    - Prescriptions days' supply of < 24hrs or directly administered
    - Prescriptions provided to patients receiving inpatient care at hospitals
    - Pharmacies operated by the Department of Corrections
    - Veterans Affairs, Department of Defense, or other federally operated pharmacies
    - Opioid Treatment Programs (42CFR)
    - Out of state pharmacies not licensed to dispense into Washington State
- Metrics based on Bree Collaborative opioid prescribing metrics - http://www.breecollaborative.org/topic-areas/opioid/ and the HCA Opioid Clinical Policy—Medicaid – https://www.hca.wa.gov/assets/billers-and-providers/opioid-policy.pdf
- Specialties are defined according to the primary taxonomies listed in the National Provider Identifier index
- Percentages of patients under your care are being compared to the percentages of patients cared for by providers in your same specialty area, as defined in each metric
- Results presented in this report exclude buprenorphine prescriptions
- Sedatives include: Alprazolam, Midazolam, Secobarbital, Chlordiazepoxide, Oxazepam, Carisoprodol, Clonazepam, Quazepam, Chloral Hydrate, Clorazepate, Temazepam, Eszopiclone, Diazepam, Triazolam, Meprobamate, Estazolam, Butabarbital, Suvorexant, Flumazenil, Butalbital, Zaleplon, Flurazepam, Mephobarbital, Zolpidem, Lorazepam, and Phenobarbital

Additional Resources/Recommendations

- CDC Guideline for Prescribing Opioids – https://www.cdc.gov/drugoverdose/prescribing/guideline.html
- AMDG Opioid Prescribing Guidelines – http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf
- Dental Guideline on Prescribing Opioids for Acute Pain Management – http://www.breecollaborative.org/wp-content/uploads/Dental-Opioid-Recommendations-Final-2017.pdf
- UW Chronic Pain CME – http://www.coperems.org/
- UW TelePain Calls – https://depts.washington.edu/anesth/care/pain/telepain/
- UW Pain Hotline – 1-844-520-PAIN (7246)
- WA Prescription Monitoring Program registration – www.doh.wa.gov/pmp
- PMP EHR Integration – www.doh.wa.gov/healthit
- Naloxone Information – www.stopoverdose.org

Washington State Department of Health | Prescription Monitoring Program
www.doh.wa.gov/pmp | prescriptionmonitoring@doh.wa.gov

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