



HIT Operational Plan Update

March 26, 2019

Agenda

- SUD-IMD related tasks
- Behavioral Health Data Project
- Tribes and IHCPs
- Behavioral Health Provider Survey
- Mental Health IMD Waiver Application

SUD-IMD Related Tasks

Registries

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

SUPPORT Act: PDMP 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).

March Update:

DOH pieces of the IAPD drafted and submitted to HCA. HCA is incorporating Medicaid pieces.

Registries

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

Support Access to PDMP through CDR 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.

March Update:

PDMP to HIE interface already built. OHP/HCA/DOH need to build connection into the CDR from the HIE.

Registries

HIT Ops Plan ID:
06-04
Start: Q4 2018
End: Q2 2019

Support Act: PDMP Guidance 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).

March Update:

Call held on 3/14 with CMS and guidance was obtained. PMP System replacement and technical assistance for EMR integration is allowed.

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 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.

March Update:

DOH has connected to the RxCheck Hub and can exchange with UT, IL & KY. Recent DOJ & CDC grants require RxCheck connection. DOH also evaluating PMPi Hub.

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 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)

March Update:

DOH plans to use funding to enhance the PDMP. SSO from OHP needs security review for PDMP use. DOH will ensure an enhanced system follows the ONC ISA for NCPDP updates or other future standards.

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)**

March Update:

1. **DOH will work to reintroduce legislation (ESHB 2489) during the 2019 legislative session.**

SB 5380 passed the Senate on March 7th. It is now in the House Health Care & Wellness Committee and scheduled for executive session on 3/27.

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;**

FMAP proposal would allow for this.

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).

Current vendor is aware of the ISA changes and is looking to address them as is OHP. HITECH & FMAP being used to ensure DOH PDMP staffing is sufficient. See CDR update above.

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 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).

March Update:

Quarterly reports to individual prescribers are sent out. CMO reports have been drafted and a dissemination schedule and method are still being determined.

Behavioral Health Data Project

Behavioral Health Data Project

- Collaboration with BHOs, MCOs, BH-ASOs and community behavioral health providers
- Recent meetings with a small subset of selected BH community providers identified the following themes:
 - Most providers in the meetings are continuing to collect native transaction data elements
 - Providers expressed concern about varying formats and data set requirements for multiple MCOs
 - The native transaction data elements collected are used by providers to inform the provision and coordination of whole-person care
 - Several providers reported new EHR system implementations, with time and cost requirements for system configuration
 - Providers are waiting for HCA direction for collection and submission of native transaction data elements
- Recently received a comprehensive report from Milliman which will be used to inform the development of a long-term data and system strategy

Tribes and Indian Health Care Providers

Tribes and IHCPs

- IHCPs are looking to invest in new electronic health record systems.
- With the copious amount of work happening currently with HIT/HIE, IHCPs are working to prioritize different functionality and interoperability with seemingly ever moving targets.
- HCA and the American Indian Health Commission are working on bringing together IHCPs in attempts to minimize duplicative work in research, procuring and implementing new EHRs.

Behavioral Health Provider Survey

Update

2019 Behavioral Health Provider Survey

(As of 3/13/2019)

What record keeping system do you use?

	AGENCY TYPE			
	MH	SUD	MH-SUD	Total
Paper	23 (19%)	14 (33%)	11 (8%)	48 (16%)
EHR	56 (48%)	23 (53%)	66 (49%)	145 (49%)
CEHR	39 (33%)	6 (14%)	59 (43%)	104 (35%)
TOTAL	118 (100%)	43 (100%)	136 (100%)	297 (100%)

- Overall, 84% of BH agencies reported using an EHR or a certified EHR (CEHR).

Analysis of EHR and CEHR Responses

- Most BH respondents reported using an EHR or Certified EHR
- Respondents reporting use of CEHR technology typically did not provide sufficient information to:
 - validate whether the reported product is on the ONC Certified Health IT Product List (CHPL); and
 - determine the edition of certification criteria to which the product has been certified

ONC CHPL

The Office of the National Coordinator for Health Information Technology (ONC) created and maintains the Certified Health IT Product List (CHPL)
(<https://chpl.healthit.gov/#/search>)

The CHPL provides:

- (i) a listing of CEHRs and certified HIT modules (e.g., labs, prescribing, syndromic surveillance);
- (ii) the edition of certification criteria to which the EHR/HIT module is certified;
- (iii) the developer (vendor) name, product name and version; and
- (iv) certification date and status (i.e., active, inactive, decertified, withdrawn). CHPL also identifies banned products

ONC EHR/HIT Certification Criteria

- ONC updates the EHR/HIT certification criteria (i.e., 2011, 2014, 2015. March 2019: Proposed update).
- The 2015 edition of the certification criteria included criteria to support EHRs and HIT modules. Criteria include:
 - interoperability and information exchange
 - exchange across the care continuum (including BH, long-term/post-acute care, pediatrics)
 - exchange of SDOH data
 - Data Segmentation for Privacy (DS4P)

BH Provider Responses of CEHR USE¹

Products referenced in the ONC CHPL	MH	SUD	MH-SUD	Total
Cerner- Anasazi ²	4		3	7
CREDIBLE ³	11	1	7	19
EPIC ²	5	1	3	9
NetSmart (includes responses that also referenced: Avatar, myEvolv, evolv) ³	5	2	14	21
Qualifacts/Carelogic EHR ⁵	3	2	9	14
RAINTREE ⁴	3		5	8
RPMS ³ (IHS)			1	
VSS Medical Technologies/Sigmund ³	1		3	4
Streamline Healthcare Solutions SmartCare ³ , Welligent ⁴ , Greenway/Intergy ³ , ICANotes ³ , Insync ³ , TriMed Technologies- e-Medsys ³ , EMRConnect/Profiler ⁴	4		5	9

ONC Certified Health IT Products List (CHPL):

1. Counted all responses that could potentially be matched to ONC CHPL (Note: responses most often missing product name and certification edition)
2. Products certified to 2015: Cerner, EPIC (Note: Anything prior to 2015 Edition has been withdrawn by developer and is no longer certified)
3. Products certified to 2014 and 2015 edition: CREDIBLE, NetSmart, RPMS, Sigmund, ICANotes, Streamline Healthcare Solutions SmartCare, Greenway/Intergy, myAvatar, and myEvolv
4. Products certified to 2014 edition: RAINTREE, Welligent,
5. Product certified to 2015 edition: Carelogic

BH Provider Responses of CEHR Use

Products NOT found in the ONC CHPL	MH	SUD	MH-SUD	Total
EPIC Community Health			1	1
Harris CCP	1		1	2
KeyNotes			1	1
QuickMar	1			1
SMART, SAMMS			6	6

BH Provider Responses of EHR USE (not certified)

Products referenced in the ONC CHPL	MH	SUD	MH-SUD	Total
Cerner	14	3	12	29
Avail Health	0	4	9	13
Credible Behavioral Health	5	1	7	13
NetSmart	2	2	6	10
CareLogic	3	0	2	5
PsychConsult	4	0	1	5
Raintree	4	0	1	5
ReliaTrax	0	5	0	5
ClientTracker	0	1	4	5
Smartcare	1	0	3	4
Insync	0	1	3	4
Sigmund, v.3.8.717	3	0	1	4
Profiler	2	0	2	4
Sano	0	3	0	3
Methasoft	0	1	2	3
CentralReach	2	0	0	2
NextGen	0	0	2	2
EPIC	1	1	0	2
ICANotes	0	0	2	2
Agency, AMD, Athenahealth, Best Notes, CIS, Client Services System, CPRS, Ensoftek DrCloud, ERMA, extendedReach, Foothold AWARDS, IHS, Lola, Meditech, MyEvolv, Point Clint Care, Practice Suite, Social Solution ETO, Sorian Clinicals, Techcare, Theranest, Valand, Welligent	13	2	9	24

Even though respondents reported use of EHRs (not Certified EHRs) 23 of these developers have certified products in the CHPL. Given gaps in information provided by respondents, it was not possible to determine if perhaps the reported product is on the ONC Certified Health IT Product List (CHPL).

Recommendation

- BH providers determine:
 - What EHR/Certified EHR Technology they are using:
 - Vendor/developer name
 - Product name
 - Version Number
- BH providers should go to the ONC CHPL and determine if their technology is certified and if so, to which edition of the certification criteria

Recommendation

- BH providers considering upgrading or acquiring technology consider products certified to the most recent ONC certification criteria
- ONC certification of EHRs/HIT modules is intended to assist providers in understanding the functionality and capabilities of the technology.
- ONC provides materials that providers may find useful when acquiring / upgrading technology (e.g., contracting terms and conditions)

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.
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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.

Monthly HIT Operational Plan Meetings

- 4th Tues. of every month-Next meeting April 23
- 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.

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