Washington State Health Care Authority

HIT Operational Plan Update
September 22, 2020

Please use the GotoWebinar audio via your computer or by dialing:

213-929-4232

Access code 276-910-015 #

Agenda

- Broadband
  - Broadband as a social determinant of health
  - Broadband map, funding sources/needs and subcommittee
  - Better Health Together funding of broadband access
- FCC Coordinated Care Pilot
- Clinical workflows/business processes in accessing the PMP
- Accessing and Integrating PMP Information Using FHIR
- Consent Management
- CDR Update
- 2020 Behavioral Health Provider Survey

Broadband as a Social Determinant of Health

Access to Broadband and health outcomes in WA state

Dr. Ofer Amram

Assistant Professor, Nutrition and Exercise Physiology
Adjunct Professor, Paul G. Allen School for Global Animal Health

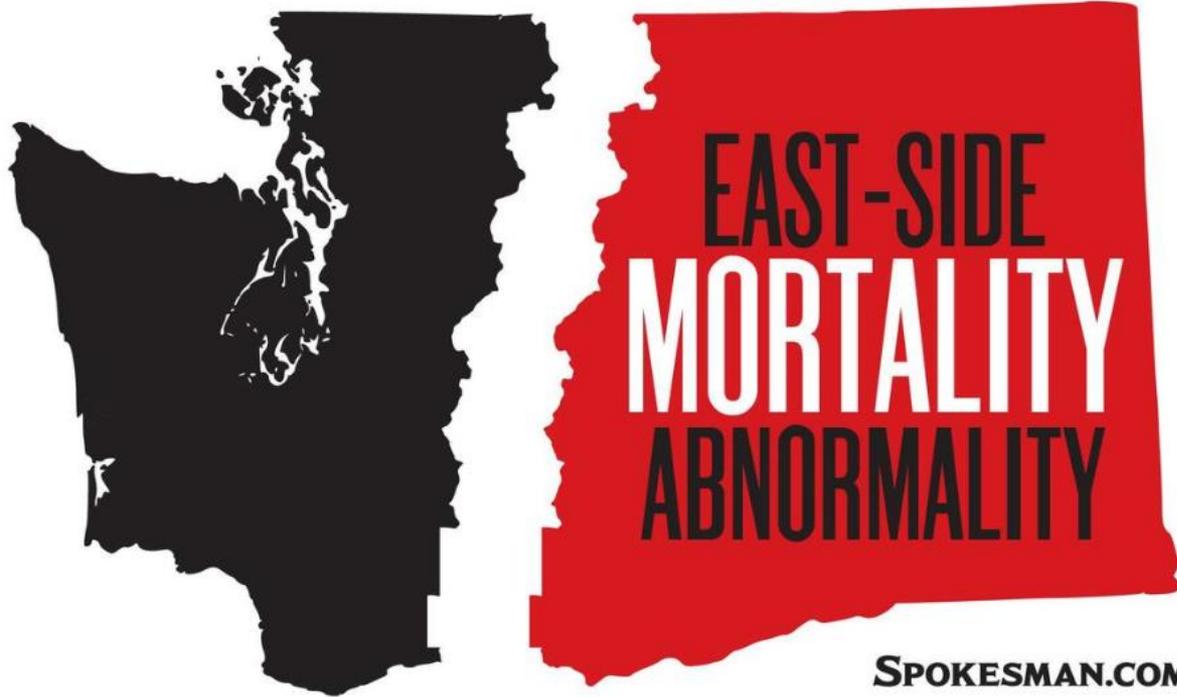Elson S. Floyd
College of Medicine
WASHINGTON STATE UNIVERSITY

CHaSE
Community Health and
Spatial Epidemiology Lab

Identifying Disparities in Health Outcomes

WSU study finds mortality rate higher in Eastern Washington

Wed., Jan. 30, 2019

EAST-SIDE MORTALITY ABNORMALITY

SPOKESMAN.COM

Identifying Disparities in Health Outcomes

EASTERN WASHINGTON HEALTH PROFILE - JANUARY 2019

Age-adjusted mortality rates for **the 10 leading causes of deaths in Washington were higher in eastern** Washington than western Washington.

For 6 out of the 10 leading causes of death (i.e., Alzheimer's disease, unintentional injuries, chronic lower respiratory diseases, diabetes, suicide, and chronic liver disease and cirrhosis) were **higher in eastern Washington when compared to the United States average rates.**

Preventable causes of deaths, such as **unintentional injuries, chronic lower respiratory diseases, and diabetes**, were higher in eastern Washington than western Washington, as well as when compared to the United States average rates.

CHaSE
Community Health and
Spatial Epidemiology Lab

Identifying Disparities in Health Outcomes

Age-adjusted mortality rates (per 100,000), both sexes, 2011-2015

Disease	Eastern WA	Western WA	WA	United States
All-causes	716.17	659.79	672.17	733.1
Cancer	158.98*	155.96	156.58	158.50
Heart Disease	146.93	134.50	137.23	168.50
Alzheimer's disease	44.76*	43.45*	43.75	29.40
Unintentional Injuries	45.18*	35.58	37.71	43.20
Chronic Lower Respiratory Diseases	46.65*	37.85	39.82	41.6o
Cerebrovascular diseases(Stroke)	37.57	33.40	34.36	37.60
Diabetes	24.53*	20.78	21.61	21.30
Suicide	15.27*	13.98*	14.24	13.30
Chronic liver disease and cirrhosis	13.44*	10.37	11.02	10.80
Flu - Pneumonia	10.97	9.60	9.91	17.80
Overdose	12.40	13.35	13.14	16.30

*Represents rates higher than the national average

CHaSE
Community Health and
Spatial Epidemiology Lab

Identifying Disparities in Health Outcomes

| U.S. Rate - Rank	Cause of death	ICD−10	Rural Urban (RUCA)			Socioeconomic Status(Singh Index)		
			Rural Rate	p-value	Significant	More Deprived	p-value	Significant
	All Causes of Deaths	ALL	Lower	0.052	No	Higher	<0.001	Yes
2	Cancer	C00−C97	Lower	0.01	Yes	Higher	<0.001	Yes
1	Heart Disease	I00−I09,I11,I13,I20−I51	Lower	0.783	No	Higher	<0.001	Yes
6	Alzheimer's disease	G30	Lower	<0.001	Yes	Lower	0.645	No
4	Unintentional Injuries	V01−X59,Y85−Y86	Higher	0.022	Yes	Higher	<0.001	Yes
3	Chronic Lower Respiratory Diseases	J40−J47	Higher	0.407	No	Higher	<0.001	Yes
5	Cerebrovascular diseases(Stroke)	I60−I69	Higher	0.918	No	Higher	<0.001	Yes
7	Diabetes	E10−E14	Lower	0.249	No	Higher	<0.001	Yes
8	Suicide	U03,X60−X84,Y87.0	Higher	0.005	Yes	Higher	<0.001	Yes
9	Chronic liver disease and cirrhosis	K70,K73−K74	Lower	0.732	No	Higher	<0.001	Yes
10	Flu - Pneumonia	J09−J18	Lower	0.865	No	Higher	<0.001	Yes
-	Overdose	X40−X44, X60−X64, X85, Y10−Y14	Lower	0.009	Yes	Higher	<0.001	Yes

CHaSE
Community Health and
Spatial Epidemiology Lab
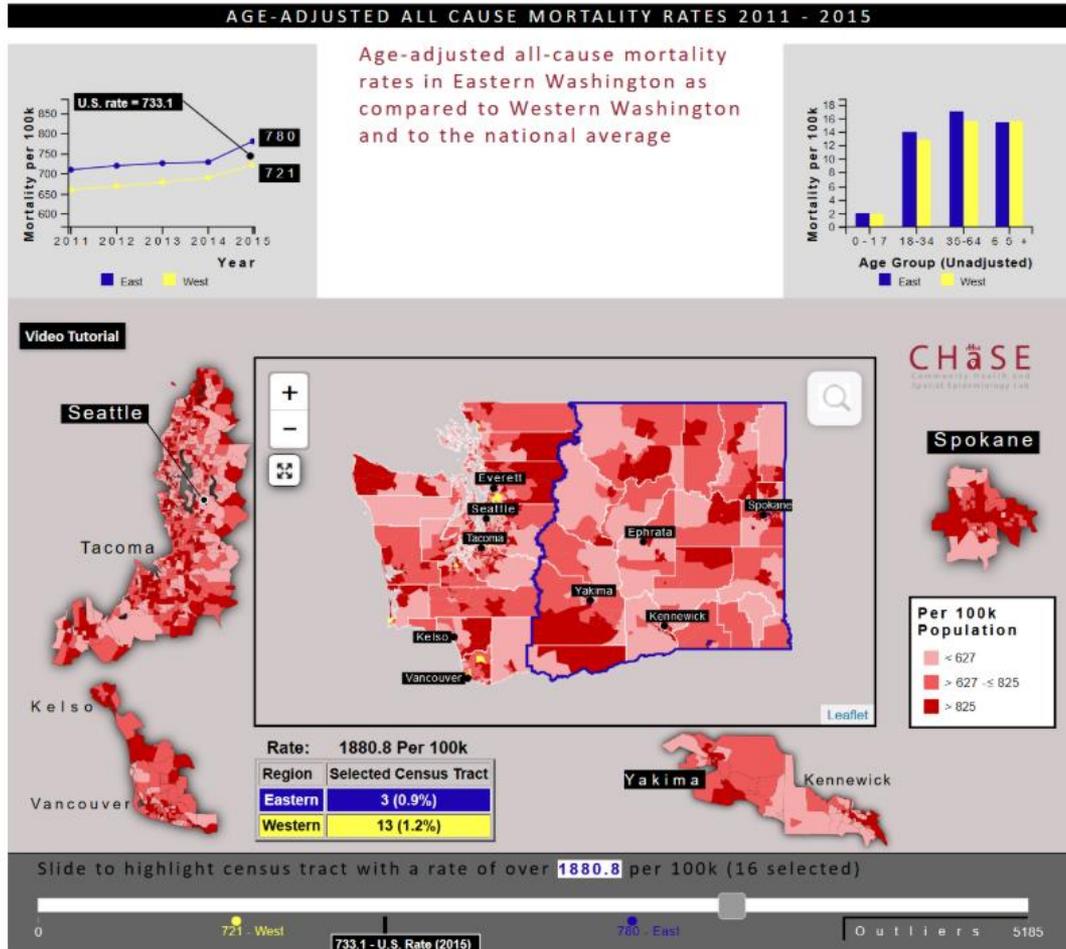
PATHS TO DISPARITY

PATHS TO DISPARITY
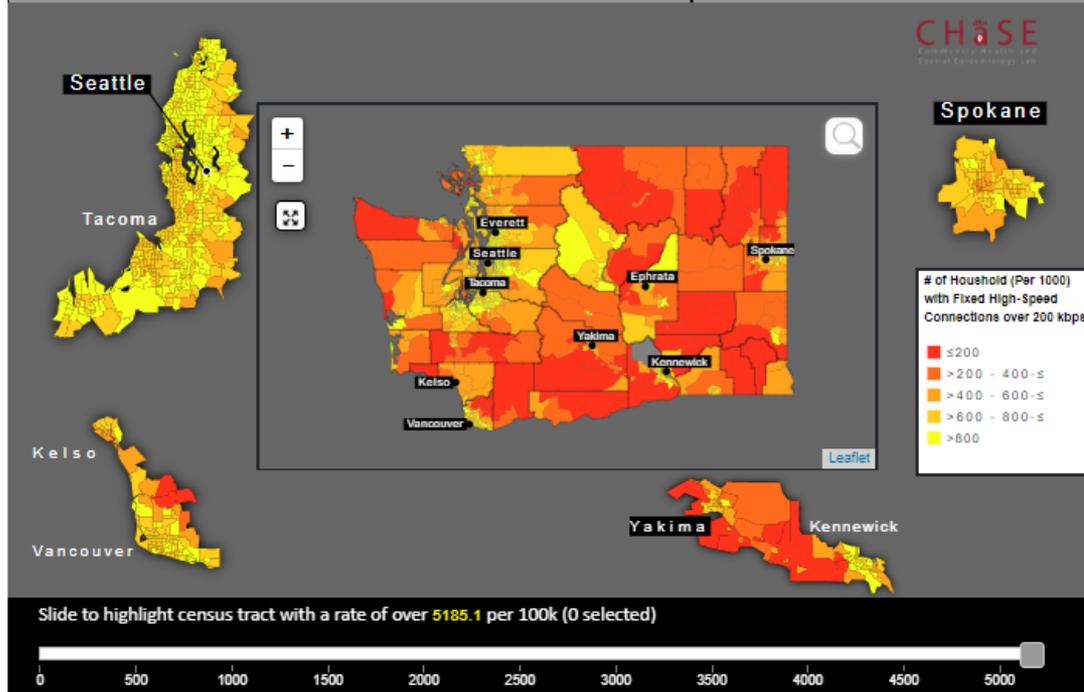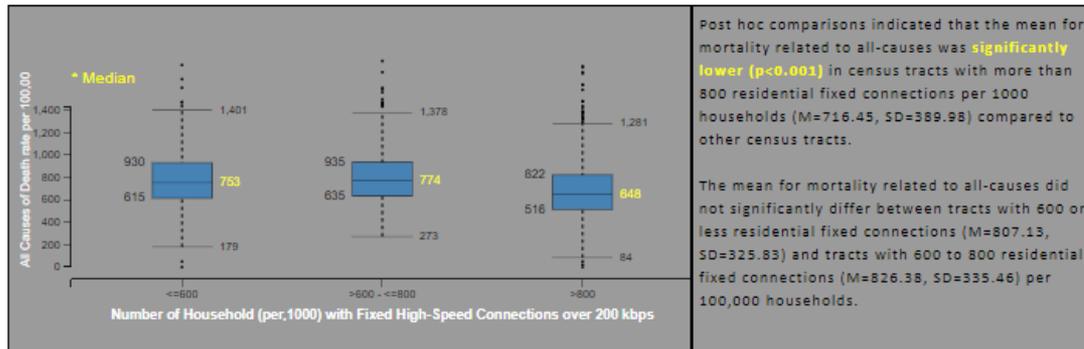
Access to Broadband

FCC data on Broadband: residential fixed high-speed connections with at least 10 Mbps downstream and at least 1 Mbps upstream per 1000 households

Census tracts were stratified into:
- 600 or less residential fixed connections (x<= 600)
- 600 to 800 residential fixed connections (600 < x <= 800)
- 800 or more residential fixed connections (x > 800)

CHaSE
Community Health and
Spatial Epidemiology Lab

Age Adjusted Mortality

Disease	Number of household with residential fixed connections over 200kps		
	<= 600	600 < x <= 800	> 800
All Causes of Death	753	774	**648**
Cancer	169	174	**155**
Heart Disease	157	152	**137**
Alzheimer Disease	**32**	39	39
Unintentional Injuries	47	41	**30**
Chronic Lower Respiratory Dise	47	45	**31**
Cerebrovascular Disease	38	37	**30**
Diabetes	23	25	**18**
Suicide	17	15	**12**
Liver Disease	13	12	**7**
Flu - Pneumonia	10	10	**7**
Overdose	14	14	**10**

CHaSE
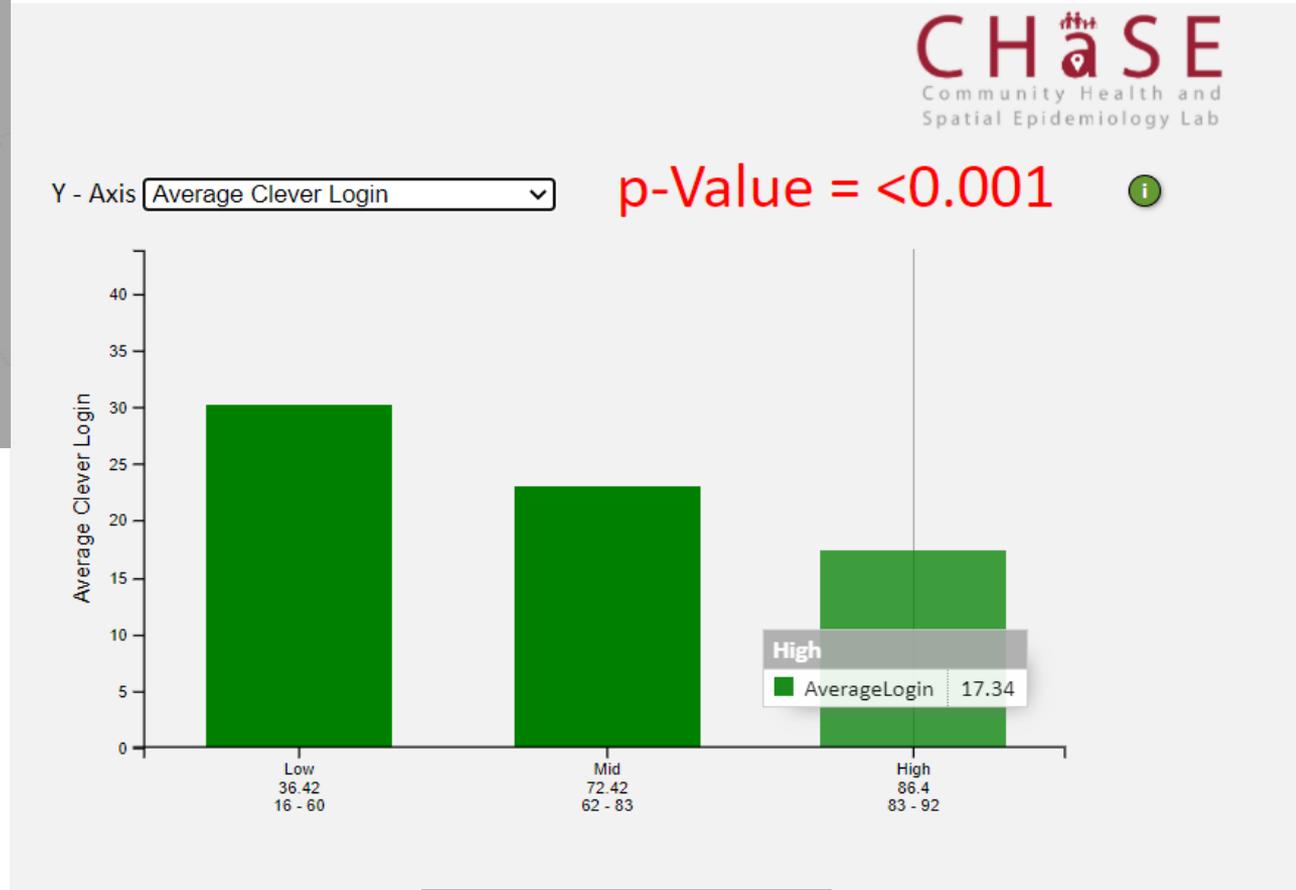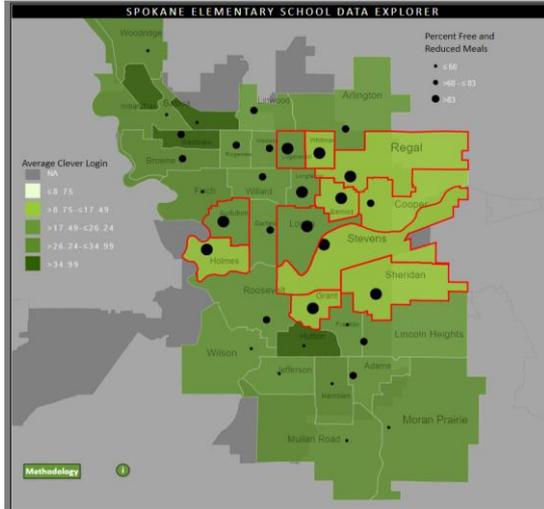Community Health and
Spatial Epidemiology Lab

PATHS TO DISPARITY

Access to Broadband in
Washington State - A Brief Report

- **Mortality related to most of the ten leading causes is much lower (statistically significant) in locations with higher access to broadband** (800 residential fixed connections per 1000 households).

- *However, the Federal Communications Commission data on access to broadband is likely to overestimate access.*

- Report: **https://www.chaselab.net/BroadbandCT/BroadbandCT.htm**

CHaSE
Community Health and
Spatial Epidemiology Lab

PATHS TO DISPARITY

CHaSE Lab: www.chaselab.net

- **Research related to space, place, and health**
  - **Social determinants of health and health equity**
  - **Access to health and other services**
- **Big data**
- **Visualization**

CHaSE
Community Health and
Spatial Epidemiology Lab

Questions

Broadband map, funding sources/needs and subcommittee

Washington State Broadband Office

Health IT Operational Plan Update

Russ Elliott

DIRECTOR, WASHINGTON STATE BROADBAND OFFICE

SEPTEMBER 22, 2020

We strengthen communities
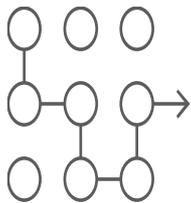
HOUSING HOMELESSNESS
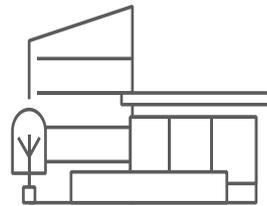
INFRASTRUCTURE

BUSINESS ASSISTANCE

ENERGY

PLANNING

COMMUNITY FACILITIES

CRIME VICTIMS & PUBLIC SAFETY

COMMUNITY SERVICES

Washington State Goals

SB 5511

- By 2024, all businesses and residences have access to 25 Mbps download and 3 Mbps upload

- By 2026, all communities have access to 1 Gbps symmetrical service at anchor institutions

- By 2028, all businesses and residents have access to 150 Mbps symmetrical service from at least one provider

- Suggest policies to achieve these goals with collaboration from State Broadband Strategic Planning Group

Citizens and Businesses
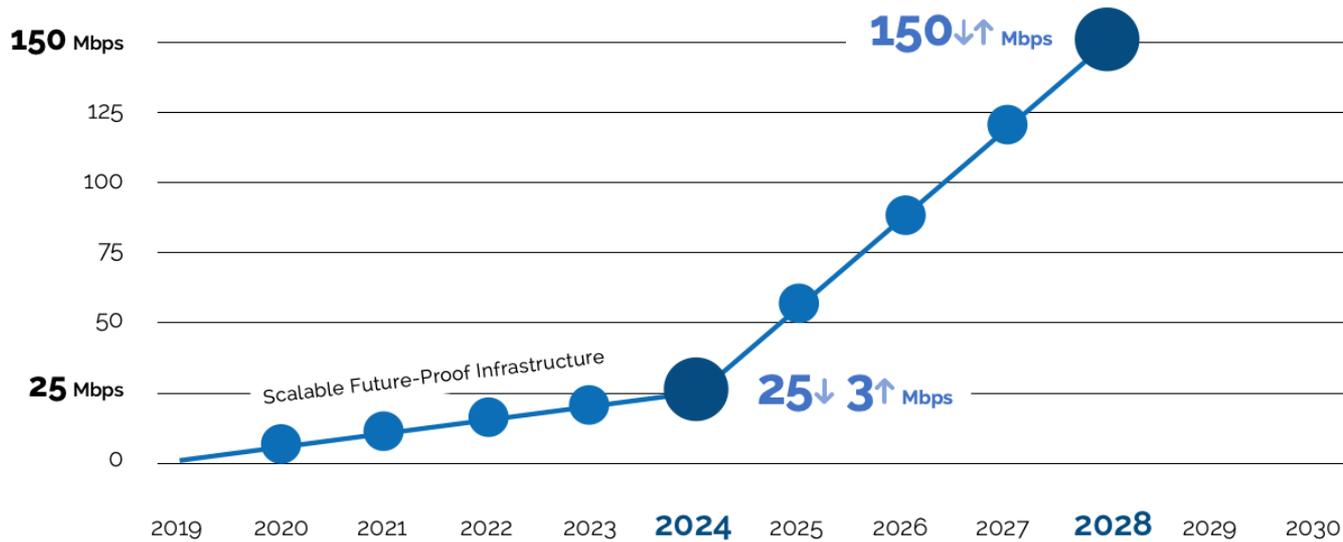
- 884,000 homes without fiber Est. $2.5+B
- WSBO Plan, Policy
- PWB Programs
- UTC Evaluation

Anchor Institutions
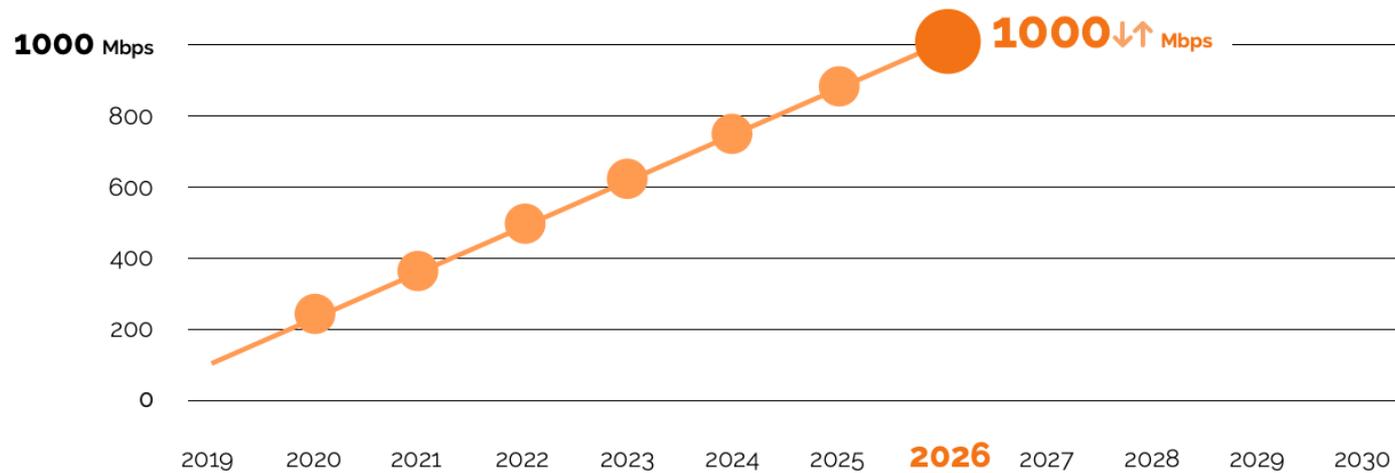
- Schools
- Libraries
- Health Care
- Public Safety
- Essential Services
- Industries
- Government

Broadband: What We Already Know

Demand for growth

- User choice is best service if available/affordable

- Skills/tools are important

- Education, healthcare, and workforce increasingly dependent on broadband

- We no longer require studies to reiterate these facts

Funding

- Current map data is inaccurate and prohibitive to funding

- Shovel ready feasibility studies must include specific build costs, performance, gaps filled, sustainable metrics

- Our duty to invest in scalable, future-proof networks to meet 15+ year demands

- Acknowledge substantial existing private and public investment

Infrastructure

- Need to be technology agnostic

- Economics of broadband infrastructure

- Desire is for fiber, fiber capacity grows exponentially each year

- Disruptive technologies continue to emerge

Supporting the Broadband Delivery Lifecycle

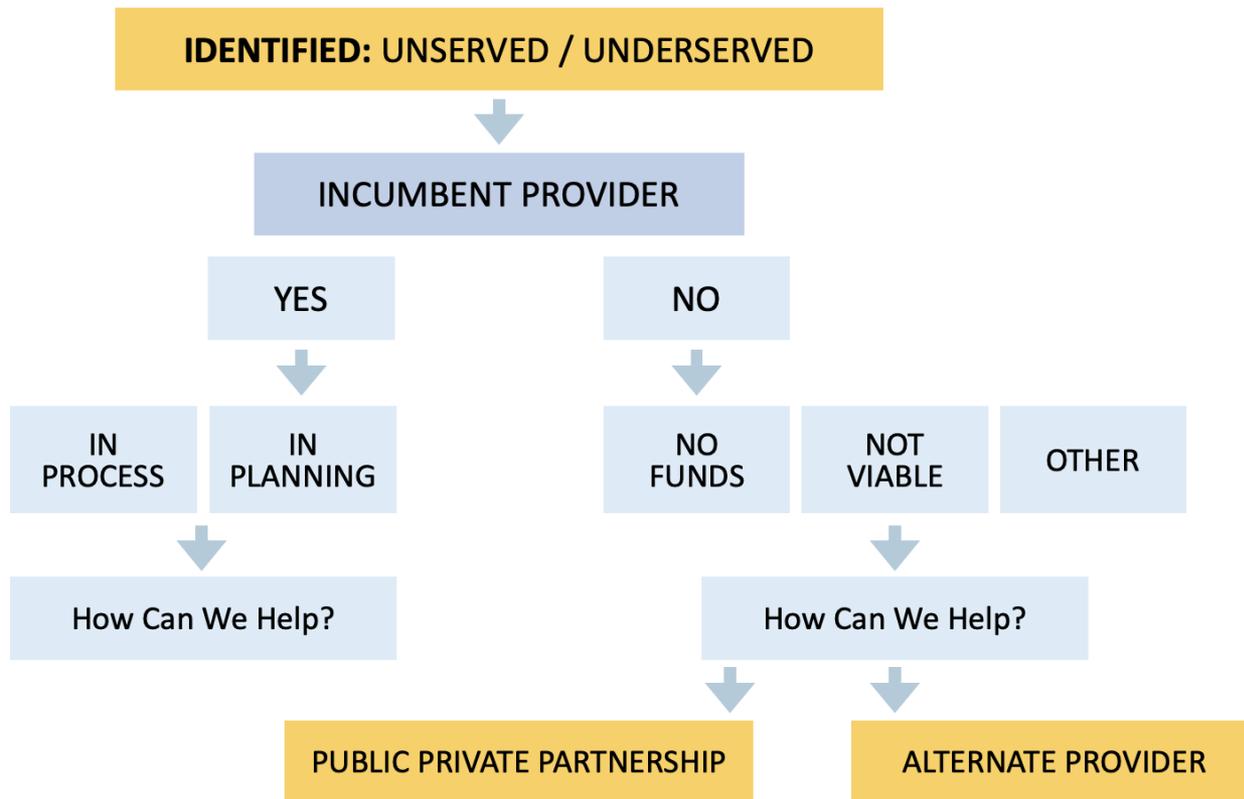| 1 PLANNING	2 IDENTIFYING	3 FUNDING	4 DELIVERING	5 SERVICING - FUNDING
Coordinate statewide planning, stakeholder collaboration, inform policy	Maintain comprehensive state mapping data and feasibility	Facilitate access to all available funding opportunities	Ensure future-proof networks to meet state goals	Support sustainable operational programs and digital equity

PLANNING: Current Collaborations

- Broadband Action Teams

- Counties

- Department of Commerce, Public Works Board, Utilities and Transportation Commission

- Digital Equity, I-ACT

- Emerging Technologies *(Amazon - Kuiper, Microsoft - Airband, SpaceX - Starlink)*

- Emergency Support Fund #2

- FCC Precision Ag Task Force

- Healthcare - OCHIN/FCC Healthcare Connect Fund, Behavioral Health Institute

- Higher Education, WSUE

- Incumbent/Rural Providers

- Information Technology Disaster Resource Center

- Municipalities

- Nonprofit, Northwest Open Access Network, Avista Foundation

- Office of the Chief Information Officer, Washington Technology Solutions

- Office of Superintendent of Public Instruction

- Port Districts

- Public Utility Districts

- School Districts

- Schools, Health and Libraries Broadband Coalition

- WA State Library, Division of the Office of the Secretary of State

- Washington Tribes

- United States Department of Agriculture

- Washington Independent Telephone Association

- Washington State Department of Transportation

- Best Practice - State Broadband Leaders Network, National Telecommunications and Information Administration, Pew Research Center

IDENTIFYING: Statewide Mapping Project

- Crowdsource speed test data capture

- MLabs data

- FCC 477 data

- CAF II Award areas

- RDOF opportunity areas

- Incumbent Provider service territories

- Other Provider coverage areas

- Fiber infrastructure state of Washington

- State of Washington assets

- Federal assets

- EDA Zones

- Opportunity Zones

- Broadband funding awarded areas

- Type of infrastructure for last mile service

- WISPs and coverage areas

- PUD networks

- Port networks

- Rural Electric Authority

- State legislative districts

- Congressional districts

- Anchor institutions

- Tribal areas

- 2028 areas served at 150/150 Mbps

- NTIA mapping

- *Additional data categories as available*

IDENTIFIED: UNSERVED / UNDERSERVED

INCUMBENT PROVIDER

YES — NO

IN PROCESS — IN PLANNING

NO FUNDS — NOT VIABLE — OTHER

How Can We Help?

How Can We Help?

PUBLIC PRIVATE PARTNERSHIP

ALTERNATE PROVIDER

FUNDING: Feasibility/Construction/Services

- Become #1 State in the nation for receipt of federal funding

- 2020 federal funding windows closing

- FCC Rural Digital Opportunity Fund (*RDOF*) $16B, $4.4B

- USDA Rural Development Broadband *ReConnect* Loan and Grant Program $550, $600M

- Pending Stimulus

- FCC 2.5GHz Rural Tribal Window

- PWB Construction Cycle $16+M

- USDA Distance Learning and Telemedicine $50K-$1M

- USDA Community Connect

- State Universal Service Fund

- Private / Undiscovered

- PWB Feasibility awarded $50K

- 2019 PWB Feasibility awarded $450K

Federal Funds Awarded

- **Mason Public Utility District 3**
  $2.4M
  USDA ReConnect Round 1
  High-speed broadband to 250 households and home-based businesses in unserved Grapeview community. Three Fingers Rural Broadband Fiber Project provides middle- and last-mile fiber-optic service to each premises located within the targeted area

- **Hood Canal Communications**
  $2.3M
  USDA Rural Utilities Service Community Connect Grant
  Lake Cushman, fiber to the home project, speeds up to 1 Gig/second, cable TV, phone service to the area

Current WSBO Project Support

- Bellingham
- Bullman Beach
- Clallam County
- Clark County
- Ferry County
- Stevens County BAT
- Pend Oreille County
- Counties without access to RDOF
- First Washington

- Island County
- Jefferson County
- King County
- Kittitas County
- Lewis County
- Pacific County
- Pierce County
- Lummi Tribe
- Makah Tribe

- Colville Reservation
- Spokane Tribe
- Hoh Tribe
- WA Drive-In WiFi Hotspots COVID-19 emergency response collaboration
- 2.5GHz Rural Tribal Window
- Connect Whatcom!
- Daily introductions to new projects

Budget - Infrastructure

- Not enough state dollars to address infrastructure needs

- State fiscal contribution will support awarding of federal funds

- Continue to support ongoing private investment in networks where possible and feasible

- Anticipate strong push from private partners to double down on infrastructure concurrent with state directive

Next Steps

- How you can help: Take the One Minute Washington State Broadband Access and Speed Survey:

  - Search on: WA state broadband

  - Takes you to: https://www.commerce.wa.gov/building-infrastructure/washington-statewide-broadband-act/speedtestsurvey/

- Be ready for funding opportunities:

  - Shovel Ready Projects Identified and brought to the attention of WSBO

"What gets measured gets done!"
Thank you.

Washington State Department of Commerce

www.commerce.wa.gov

DIRECTOR, WASHINGTON STATE BROADBAND
Russ Elliott

Russ.Elliott@commerce.wa.gov

564.999.0326

Better Health Together funding of broadband access

better **health** together

Mission: To radically improve the health of the region.

2013
Established as a 501(c)(3) with a Board comprised of community leaders from across the region

100+
6 County-based Collaboratives with over 100 partners

12,082
Square miles

$57M
in Medicaid Waiver funds earned for the region

93%
of eastern Washington residents have health care coverage

~175,00
Medicaid recipients

FERRY STEVENS PEND OREILLE

KALISPEL TRIBE

COLVILLE CONFEDERATED TRIBES

SPOKANE TRIBE

LINCOLN SPOKANE

ADAMS

Increasing Behavioral Health Access

Goal: Utilize $5,236,872 in remaining Integrated Managed Care Funds to increase behavioral health access in the region.

The funds should:

- Support health equity
- Be targeted, not spread, for maximum impact
- Utilize data to drive community decision-making
- Target the population(s) most likely to show improved health outcomes and cost savings
- Have a multi-sector impact and promote multi-sector engagement
- Leverage other funds and investors
- Have an impact that outlasts the dollars and moves transformation forward

Maximizing Broadband Competitiveness

- Work with county and Tribal Broadband Action Team to identify projects/areas of need
- Join forces with WA Broadband Office, GEO Partners LLC, an expert in network and financial modeling, and Learn Design Apply Inc (LDAI), an expert in grant consulting and proposal writing.
  - > Identify projects. Using the State's broadband mapping system, and input from communities, utilize GEO's grant filtering tool, each potential project will be evaluated for Reconnect and RDOF points
  - > Prepare preliminary modeling to show the cost range of a proposed broadband implementation
  - > State will rank in order of the most likely to succeed in a competitive grant environment.
  - > Successful projects will then undergo GEO's detailed design study and various options and cost models will be generated which provide sufficient detail to move into the actual grant writing phase.
  - > Grant applications will be written in conjunction with the communities by LDAI to produce and submit.

Cost per project = $11,500

Background

Medicaid 1115 Waiver

In 2017, CMS granted the state of Washington a Waiver on how they spend up to $1.5 Billion Medicaid funds.

The Waiver is divided into 3 key sections:
- Health System Transformation through Accountable Communities of Health (ACH)
- Long Term Supports and Services
- Supportive housing and supportive employment

Transformation work through ACHs focuses on:
- Build health systems capacity
- Integrated physical & behavioral health services
- Coordinate care management to serve the whole person

What is an ACH?

- Each ACH, through community partners are taking on a locally established portfolio of projects.

- ACH's regionally manages Medicaid Waiver funds as they achieve milestones and show improvement in key health outcomes.

- Projects require collaboration across multiple sectors in order to be successful.

Investment Strategy

- ✓ **Behavioral Health Access Data**: Completed region-wide [Behavioral Health Inventory](#)

- ✓ **Telehealth:** Investments incapacity to help clients access services via Telehealth.

- ✓ **Multi-Sector Criminal Justice Pilot**: Launched $2.5M to support community alternatives to incarceration

- ✓ **Workforce Development**: Provide financing support to Behavioral Health providers for SUDP Certification Program

IMC Allocation	$5,236,8972
Strategy 1: Behavioral Health Access Data	$100,000
Strategy 2: Telemedicine	$750,000
Strategy 3: Multi-Sector Criminal Justice Pilot (Rural)	$500,000
Strategy 3: Multi-Sector Criminal Justice Pilot (Spokane)	$2,000,000
Workforce Development	**$40,000**
TOTAL	**$3,390,000**

Broadband Background

- Broadband has been a long recognized need in rural Washington

- COVID pandemic made things worse

- Washington state does not have good data for demonstrating the lack of coverage though common knowledge of need

- In July of 2020 launched a statewide testing mechanism to provide real time data for connectivity

- State broadband strategy includes maximizing competitiveness in federal funds via USDA and FCC funding strategies

Next Steps

1. Work with Broadband Action Teams in each rural county to identify projects

2. Map projects

3. Apply for funds

4. Fix Broadband in rural communities!

FCC Coordinated Care Pilot

Funding Opportunity:
Connected Care Pilot Program

- FCC will soon request applications for the 3 year $100M Connected Care Pilot Program to provide connected care services:
  - to respond to a public health epidemic, or
  - for opioid dependency, high-risk pregnancy/maternal mortality, mental health conditions (e.g., substance abuse, depression, anxiety disorders, schizophrenia, eating disorders, and addictive behavior), or other chronic conditions.
- Focus on improving telehealth access for low-income Americans and veterans

Eligible Providers

Located in rural or non-rural areas and include	
Post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools	Community health centers or health centers providing health care to migrants
Local health departments or agencies	Community mental health centers
Not-for-profit hospitals	Rural health clinics
Skilled nursing facilities	Consortia of health care providers consisting of one or more entities in the first seven categories

Purpose of Funding

- 85% of the cost of eligible services and network equipment, which include:

  (1) patient broadband internet access services,

  (2) health care provider broadband data connections,

  (3) other connected care information services, and

  (4) certain network equipment (e.g., equipment necessary to make a supported broadband service function such as routers).

Background/Resources

- Complete the FCC Form 460 found at: https://www.usac.org/rural-health-care/resources/forms/

- FCC Fights COVID-19 with $200M; Adopts Long-Term Connected Care Study: https://www.fcc.gov/document/fcc-fights-covid-19-200m-adopts-long-term-connected-care-study

- FCC Proposal for Connected Care Pilot: https://www.federalregister.gov/documents/2019/07/30/2019-16077/promoting-telehealth-for-low-income-consumers

- Search for:
  - **the six-page document** does lay out the ground rules for who's eligible and how to apply for three-year grants for pilot projects.
  - *See Promoting Telehealth for Low-Income Consumers*; *COVID-19 Telehealth Program*, Report and Order, 35 FCC Rcd 3366, 3402-04, paras. 65-66 (2020) (*Report and Order*).

Clinical workflows/ business processes in accessing the PMP

UW School of Public Health and Comagine Health SUPPORT ACT PROJECT

Project Goals

Exand PMP integration statewide

▷ Enroll **60-80 small/medium practices** and provide technical assistance

▷ Evaluate **practice facilitation** for integration process

▷ Evaluate **sustainability** of PMP integration

Explore the value of the PMP

▷ Examine PMP integration at the **dispenser level**

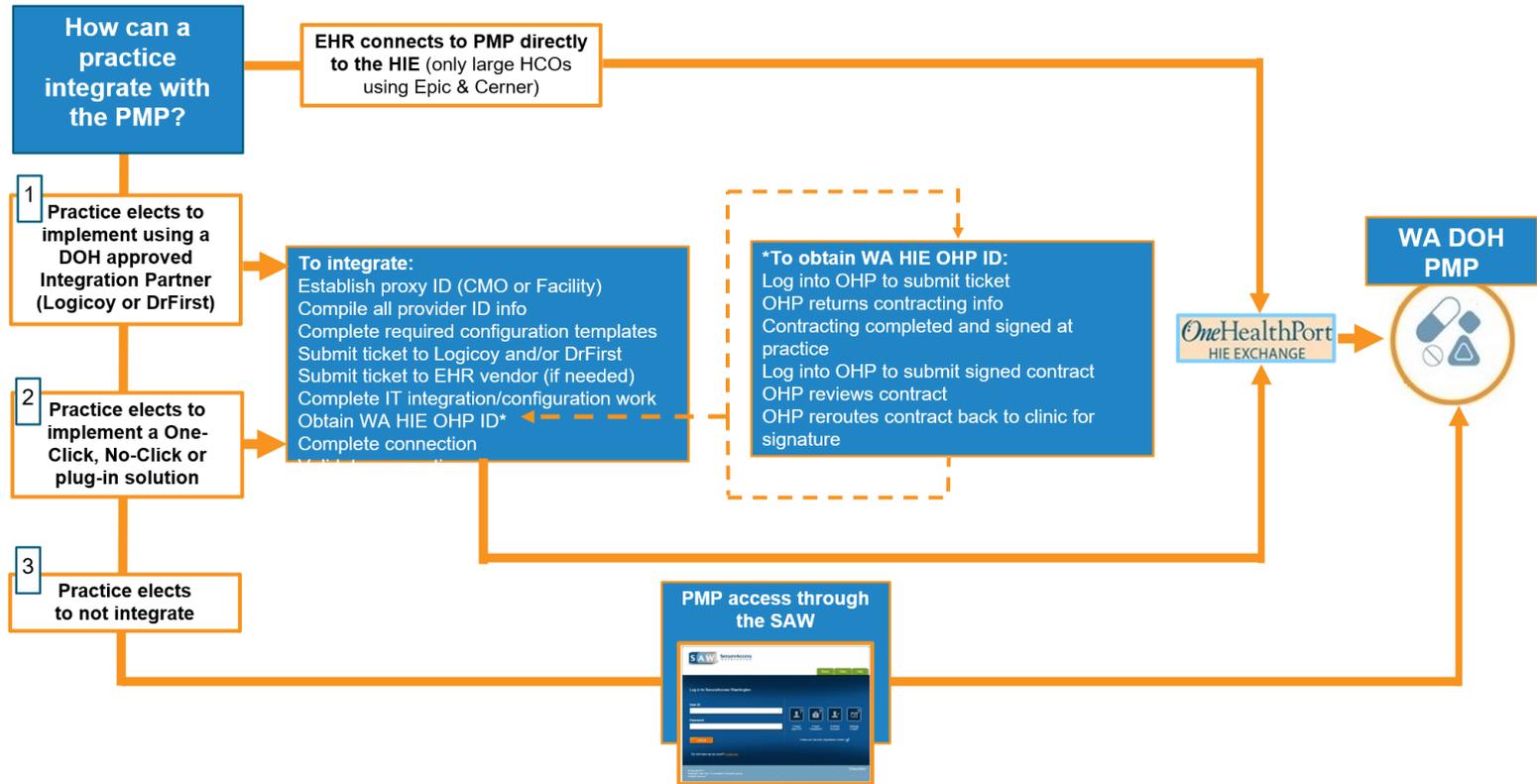▷ Assess utility of PMP integration and data to **communities**

Incorporate lessons from other state PMP systems

▷ **Comparator evaluation** of 6-7 state PMPs to generate recommendations

1.
PMP Integration and Practice Level Evaluation

PMP Integration Process

How can a practice integrate with the PMP?

EHR connects to PMP directly to the HIE (only large HCOs using Epic & Cerner)

1 **Practice elects to implement using a DOH approved Integration Partner (Logicoy or DrFirst)**

2 **Practice elects to implement a One-Click, No-Click or plug-in solution**

3 **Practice elects to not integrate**

To integrate:
Establish proxy ID (CMO or Facility)
Compile all provider ID info
Complete required configuration templates
Submit ticket to Logicoy and/or DrFirst
Submit ticket to EHR vendor (if needed)
Complete IT integration/configuration work
Obtain WA HIE OHP ID*
Complete connection

***To obtain WA HIE OHP ID:**
Log into OHP to submit ticket
OHP returns contracting info
Contracting completed and signed at practice
Log into OHP to submit signed contract
OHP reviews contract
OHP reroutes contract back to clinic for signature

OneHealthPort
HIE EXCHANGE

WA DOH PMP

PMP access through the SAW

Pilot Program

▷ Pilot intervention between DOH, UW, Comagine

▷ **24 practices** with 17 different EHRs

▷ **7 practices** fully integrated

▷ Identify **challenges** and generate **lessons learned** for this expansion

Getting integrated with Comagine

Developing a customized plan based on practice

Acting as a trusted advisor

Providing "plain language" interpretation of legislation

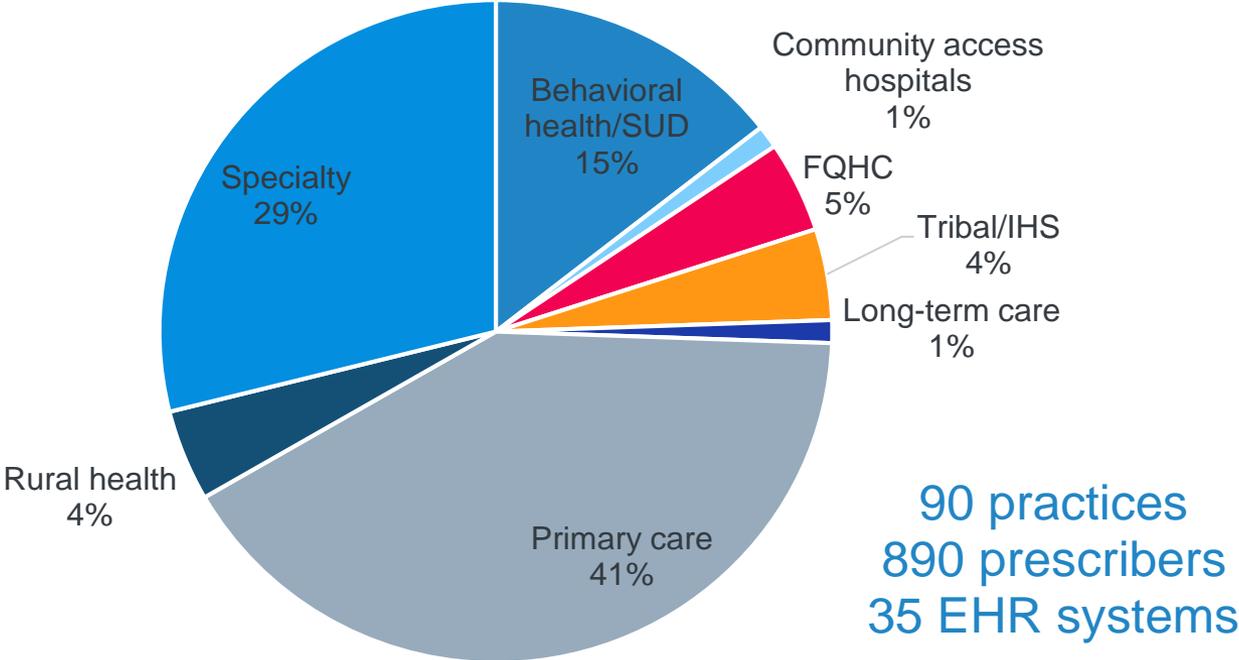**Acting as a liason between practices, EHRs, HIE, and 3rd party integrators**

Providing project management support

Working with IT personnel, leadership, and prescribers at each practice

Practice Enrollment

90 practices
890 prescribers
35 EHR systems

56

Practice Integration Results

Integration outcomes

▷ **28 practices integrated** by project end (8/20/20)

▷ **387 prescribers** with access

▷ **42 practices** on track to be integrated

Barriers to integration

▷ 12/16 dropout practices cited **cost** as main barrier

▷ Other barriers:

- ○ Lack of **cross-border access**
- ○ COVID-19 impact
- ○ Vendor delays

New PMP challenges

▷ Integrator issues

▷ DOH "proxy" ID

▷ Non-provider PMP access

▷ Athena Health-specific issues

Evaluation Process

Enrollment	Baseline Survey	TA	KII	Post-Survey
Comagine enrolls practice into project	UW team conducts baseline survey	Practice receives technical assistance from CM	Practice completes key informant interview (optional)	Practice completes post-implementation survey
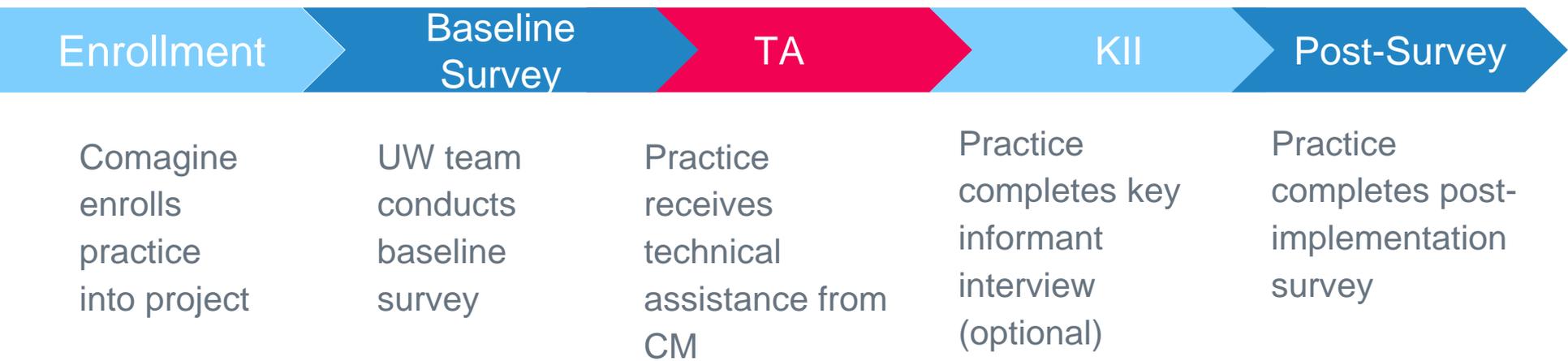
Coaching and Integration

Survey Participation

▷ Overall **83% survey** response rate

▷ **89 respondents** in either baseline or post

KII Participation

▷ **14 interviews** with 11 practices

Baseline Prescribing/PMP Use

▷ Majority of respondents **prescribe opioids** every day/week

▷ Majority reported **checking PMP** every day/week

▷ Many **perceived benefits** of PMP integration

Coaching Support

▷ >70% reported being **very satisfied/satisfied** with coaching

▷ Most helpful with **vendor communication**, keeping organization focused on project

PMP Adoption and Utilization

	Facilitators	Barriers
PMP Adoption	Coaching Ability to see proof of prescriber use Align with state regulatory requirements	Cost EHR vendors Slow process Regulatory burden/risks
PMP Utilization	Integration with EHR Increased work efficiency State reports of patterns of misuse Ability to generate multi-patient reports	Lack of integration Technical issues State's regulatory burden Missing data Problems with care coordination

Lessons Learned

▷ **Coaching** can effectively support policy implementation

▷ Current integration process is burdensome

    ○ **Cost** is #1 barrier

    ○ EHR vendors difficult to work with

▷ Future policy work

    ○ Integration process needs to be **streamlined**

    ○ Address lack of confidence in PMP data

    ○ Mitigating costs

    ○ Increased awareness and education

2.

PMP Integration on the Dispenser Level

Interview Findings

Most PMS integrate through Appriss and/or Logicoy

Biggest barriers to increased utilization: cost of queries, lack of standards

Legislative requirement to query PMP increases utilization

Interoperability between states is beneficial

Lack of marketing and communication between pharmacies, state, and developers

Working with individual state HIE would be very cumbersome

3.

PMP Integration on the Community Level

How can we make PMP data useful for community stakeholders?

▷ Incorporate PMP data into hospital **health improvement** efforts

▷ **Alternate views of data** for prescriber peer comparison

▷ Increased **dashboard usability (**timeliness, granularity)

▷ Training and **outreach** on PMP resources/dashboards

▷ Including **Opioid Treatment Program** data

▷ Include **diverse stakeholder** perspectives in conversations about PMP

4.

PMP Integration Sustainability

Outcomes

▷ Adoption, utilization, integration perceived as **straightforward**

▷ **High satisfaction**/confidence in data

▷ Practices view PMP as **helpful clinical tool**

▷ Some **issues** include

○ Data delays

○ Lack of communication surrounding system upgrades

○ Inaccurate MME calculations

5.

PMP Integration on the State Level

Considerations for WA State

▷ Consider **collaboration with other states** for evaluation

▷ Explore methods of implementing automatic **border state searches**

▷ Explore uses of PMP data beyond prescriber/dispenser system use

▷ **Add value** for clinical and pharmacy users

▷ WA HIE is **unique** from other HIE-centric PMP states

Thanks!

Questions?

Accessing and integrating PMP information using FHIR

COSRI
Clinical Opioid Summary
with Rx Integration

University of Washington
2020

COSRI

https://project.cosri.app

CLINICAL INFORMATICS RESEARCH GROUP
UNIVERSITY *of* WASHINGTON

THE COSRI TEAM
Bill Lober, Jenney Lee, Jan Flowers, Donna Berry, Maggie Dorr, Ivan Cvitkovic, Justin McReynolds, Paul Bugni, Amy Chen, John Howe, colleagues at WA DOH Informatics and PMP programs, & OHP

Washington State Department of
Health

- Brief reminder of project motivation/goals
- Project journey this quarter
  - EA feedback and iterative development
  - FHIR conference & dissemination
- COSRI App improvements
- Implementation plans (& sustainability)
  - Free-standing version – 2 underserved clinics willing
  - Epic version – Prov Epic site pilots(?)
- Impact/Lessons Learned
  - COSRI potential impact for WA clinicians/DOH
  - Re-use of FHIR interfaces, Smart on FHIR apps
  - 21st Century Cures Act
- Feedback/Discussion

WA STATE RESPONSE PLAN

Goal 4:
Use data to monitor & evaluate

↓

Optimize and expand data sources

- WA State Opioid Response Plan: **To use data to detect opioid misuse.**

- WA State PMP database houses **statewide dispensing records** for Schedule II, III, IV and V drugs.

- 2019 UW survey of providers found low adoption of PMP data use due to **cost and integration barriers**. (Baseman, UW SPH)

- 2019 WA State Legislature Report calls for **enhanced decision support.**

Why Needed: Guidelines and Rules

CDC GUIDELINES

Focus on chronic pain patients

1. **Opioids are not first-line therapy**
2. Establish goals for pain and function
3. **Discuss risks and benefits**
4. Use immediate-release opioids when starting
5. **Use the lowest effective dose**
6. Prescribe short durations for acute pain
7. Evaluate benefits and harms frequently
8. **Use strategies to mitigate risk**
9. *Review PDMP data*
10. **Use urine drug testing**
11. **Avoid concurrent opioid and benzodiazepine prescribing**
12. Offer treatment for opioid use disorder

WA REGULATION & RULES

More nuanced with complexities and slight variations –

- Focus on phases of pain, not just chronic

- Focus on ambulatory care is the same, but with a slightly different patient exclusion criteria

- Co-prescribing rules in WA include more than just benzodiazepines – also barbiturates, Soma, and other sedative-hypnotics (CDC #11)

- PMP Access requires more specific steps and documentation in WA (CDC #9)

- For chronic pain patients, WA rules allow a higher MED than the CDC guidelines (120 vs. 90)

- Required screening for prior overdoses, which comes from the EHR data

WA House Bill 1427 (2017), WA Senate Bill 5380 (2019)

WHO & WHY

Overarching funding to improve PMP usage comes from the **CMS Support ACT** through the **Washington Healthcare Authority**.

As part of that WHA project, **Washington State Department of Health (DOH)** has partnered with **UW CIRG** to ease access and improve health impact of the information in the PMP.

WHAT

Integrated application for accessing PMP.

Provides **decision support** based on WA rules and CDC guidelines, and **decreases overhead and cost barriers** associated with vendor-based EHR-integrated applications.

Open source, **freely distributable**.
COSRI extends and contextualizes software from CDSConnect project, led by AHRQ

Why us…?   Interesting & complex problem (technical, content, organizational), support public health, university mission

CAPACITY DEVELOPMENT	Support FHIR technical capacity in FHIR in government, academic and private stakeholders
SOFTWARE FOR PMP ACCESS	Standards-based interoperable software to improve access to and utility of WA PMP (COSRI, using FHIR)
LOOK NATIONALLY	Disseminate and evaluate strategies in context of national initiatives and standards activities
ACT LOCALLY	Evaluate software tools and implementation strategies within WA State context/disseminate
DASHBOARD	Develop approaches to support WA Opioid Dashboard work in conjunction w/ DOH staff

UNIVERSITY of
WASHINGTON

Q4 HIGHLIGHTS FOR DISSEMINATION, EARLY ADOPTERS, CAPACITY, FUTURE

2019 — Provider Survey

HIMSS (MAR) — Prototype with Epic Integration

NACCHO (JUL) — Public Health Free-standing demo

MAY - AUG
Early Adopters
Engaging early adopters to help us identify priorities for the first release
Implementers
Developing plans

AUG - SEPT
Initial EA Release
Software release supporting EA clinical workflows. Feature mods. Security approval. Epic app store/testing
UW FHIR Conference
HL7 Connectathon

FUTURE
EA Implementation
Iterative prioritized improvements identified by early adopters. MVP
Dissemination
WSPHA presentations (incl. dashboard), further work w/ sites, and OHP

Busy 4th quarter…

2020 UW FHIR® Conference

University of Washington, Seattle

Hosted remotely via Zoom

September 11 - 12, 2020

Conference and FHIR Workshops

View Agenda **View Materials** **View Updates** **Submit Feedback**

Getting FHIRed Up: Welcome and Opening Remarks

Bill

Br

CDS Connect - AHRQ Pain Management Summary

Chris Moesel MITRE

FI **Clinical Opioids Summary with Rx Integration (COSRI)** ectives

Bill Lober University of Washington

FI Jenney Lee University of Washington h for population health.

M **ONC an** **eCR and COVID Reporting** **ation Project**

Emily John Loonsk Johns Hopkins University al Services

Kensal **StayHome.app - a patient-centered, FHIR-native, COVID-19 app**

UW Me Hannah Burkhardt University of Washington ment

Kevin Swank UW MEDICINE IT SERVICES

Bryn Rhodes Database Consulting Group

Jan Flowers University of Washington

Barriers to Adoption

Laura Marcial RTI

PH – Opioids – Summary

- Goal: Test w/ EHR in HL7 Connectathon context
  - IHE x 10 years, this app for HIMSS, NACCHO. Testing technical blocker; we have two highly motivated WA sites. Always want to learn from others.
- Participants – U of Washington, WA State DOH, and Epic, plus Tech Asst
- Achievements from Connectathon
  - Fixed SoF app launch, issues will translate to production deployments
  - More learning about R4 variation, Epic and other implementations
  - Developed fix configurable in React app using our containerized SoF hosting (hard)
- Next Steps to supporting our early adopters, and standalone SoF launch
  - Phase 1 testing completed. Functional testing pushed to Phase 2

Imagine you are with a patient, medical record is open in your EHR…

Test Jackson, M, 51

Mr. Jackson is a general contractor who has serious chronic back pain from a work-related injury years ago. He also experiences intense anxiety at times. His primary health goal is to keep his pain and anxiety under control so that he can continue to work. He has tried physical therapy and other treatments, but continues to come to the clinic for pain control.

WA State rules require providers review PMP data when prescribing

COSRI

! LIMITATIONS ›

📈 Patient Risk Overview ›

📄 State PMP Prescriptions(38) ⌄

Drug Description ⇕	Quantity ⇕	Written Date ▲	Dispensed ⇕	Prescriber ⇕	Pharmacy ⇕
TRAMADOL HCL 50 MG TABLET	1	2017-May-06	2017-May-06	TEST TEST	TEST, DOCTOR
LORAZEPAM 1 MG TABLET	1	2018-May-06	2018-May-06	TEST TEST	TEST, DOCTOR
ZOLPIDEM TARTRATE 10 MG TABLET	10	2018-Sep-19	2018-Sep-19	TEST PRESCRIBER	TEST, DOCTOR
ZOLPIDEM TARTRATE 10 MG TABLET	10	2018-Sep-20	2018-Sep-20	HID TEST PRESCRIBER	TEST, DOCTOR
ZOLPIDEM TARTRATE 10 MG TABLET	10	2019-Jan-01	2019-Jan-01	HID PRESCRIBER	TEST, DOCTOR
ZOLPIDEM TARTRATE 10 MG TABLET	5	2019-Feb-24	2019-Feb-24	HID PRESCRIBER	TEST, DOCTOR
ZOLPIDEM TARTRATE 10 MG TABLET	30	2019-Mar-01	2019-Mar-01	TEST PRESCRIBER	TEST, DOCTOR
METHADONE HCL 10 MG TABLET	1	2019-Apr-01	2019-Apr-01	TEST TEST	TEST, DOCTOR
METHADONE HCL 10 MG TABLET	1	2019-Apr-15	2019-Apr-15	TEST TEST	TEST, DOCTOR
ZOLPIDEM TARTRATE 10 MG TABLET	10	2019-Apr-25	2019-Apr-25	HID PRESCRIBER	TEST, DOCTOR

Previous   Page [1] of 4   10 rows   Next

The query was last executed at May 20th 2020, 10:20:14 am. [see additional data quality information]

Sidebar navigation:

📈 Patient Risk Overview
- Patient Risk Overview

📄 State PMP Prescriptions (38)
- EHR Opioid and Related Medications (7) !

📋 Pertinent Medical History (2) !

Non-Pharmacologic Treatments !

⚠ Risk Considerations (2) !

👤 Patient Education Materials

EHR Opioid and Related Medications(7) ❶

Patient Risk Overview

State PMP Prescriptions (38)

EHR Opioid and Related Medications (7) ❶
- Opioid Medications
- Non-Opioid Medications
- Stool Softeners and Laxatives

Pertinent Medical History (2) ❶

Non-Pharmacologic Treatments ❶

Risk Considerations ❶

Patient Education Materials

Opioid Medications   more info

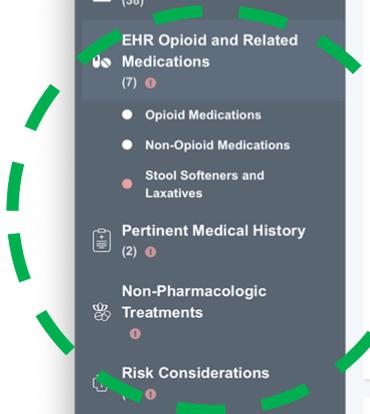| Drug Description ⇅	Quantity	Written Date ⇅	Dispensed ⇅	Prescriber	Pharmacy
Methadone Hydrochloride 10 MG Oral Tablet		2019-Dec-01	2019-Dec-14		
Methadone Hydrochloride 10 MG Oral Tablet		2019-Nov-15	2019-Nov-29		
Methadone Hydrochloride 10 MG Oral Tablet		2019-Nov-01	2019-Nov-14		
tramadol hydrochloride 50 MG Oral Tablet		2019-Oct-25	2019-Nov-28		
Morphine Sulfate 10 MG Oral Tablet		2019-Oct-25	2019-Nov-28		
Methadone Hydrochloride 10 MG Oral Tablet		2019-Oct-15	2019-Oct-29		

Non-Opioid Medications   more info

Drug Description ⇅	Quantity	Written Date ⇅	Dispensed ⇅	Prescriber	Pharmacy
Carisoprodol 250 MG Oral Tablet		2019-Dec-01	2019-Dec-30		

Stool Softeners and Laxatives   more info

no entries found

❶ Absence of stool softeners/laxative with presence of at least one opioid medication.
❶ CDC Guideline #3: To prevent constipation associated with opioid use, advise patients to increase hydration and fiber intake and to maintain or increase physical activity. Stool softeners or laxatives might be needed.

The query was last executed at May 20th 2020, 10:22:59 am.

⟨⟨

Risk Considerations(2) ⓘ ⌄

- 📈 Patient Risk Overview
- 📄 State PMP Prescriptions (38)
- 💊 EHR Opioid and Related Medications (7) ⓘ
- 📋 Pertinent Medical History (2) ⓘ
- ⚕ Non-Pharmacologic Treatments ⓘ
- ⚠ Risk Considerations (2) ⓘ
  - ● Most Recent MED
  - ● Urine Drug Screens
  - ● Benzodiazepine Medications
  - ● Carisoprodol Medications
  - ● Naloxone Medications
- 👤 Patient Education Materials

Most Recent MED   more info

no entries found
⚠ *CDC Guideline #5: Use lowest effective dose.*

Urine Drug Screens   more info

no entries found
❗ *Absence of urine drug screen and at least one opioid medication.*
⚠ *CDC Guideline #10: Use urine drug testing.*

Benzodiazepine Medications   more info

Drug Description ⇕	Quantity	Written Date ⇕	Dispensed ⇕	Prescriber	Pharmacy
❗ Lorazepam 1 MG Oral Tablet		2018-May-06	2019-May-06		

Carisoprodol Medications   more info

Drug Description ⇕		Written Date ⇕	Dispensed ⇕	Prescriber	Pharmacy
❗ Carisoprodol 250 MG Oral Tablet		2019-Dec-01	2019-Dec-30		

Naloxone Medications   more info

no entries found
⚠ *CDC Guideline #8: Use strategies to mitigate risk.*

⚠ *CDC Guideline #8: Use strategies to mitigate risk.*

The query was last executed at May 20th 2020, 10:26:07 am.

👤 Patient Education Materials ⌄

Resources

Chronic Pain Patient

Surgical Pain Patient

Acute Pain Patient

Sub-Acute Patient

Naloxone Patient / Public

Clarification of Opioid Prescribing Rules

Patient / Public ▸

Visit the rest of the DOH toolkit

The query was last executed at May 20th 2020, 10:26:07 am.

🟧 CDC guidelines in accordance with Washington State guideline
🟥 Washington State guideline exclusively

Please see the **CDC Guideline for Prescribing Opioids for Chronic Pain** for additional information and prescribing guidance.

COSRI incorporates the Clinical Pain Management Summary application, released as open-source software by CDS Connect project at the Agency for Healthcare Research and Quality (AHRQ). We have extended ARHQ's work to provide enhanced security, improved decision support, integration with state Prescription Drug Monitoring Program databases, standalone operation, and other features. For a description of our open source release, contact **info@cosri.app** . Support for the development of COSRI was provided by the Washington State Department of Health and the Washington State Health Care Authority through the CMS Support Act.

Development Tools **[show/hide]**
These development tools are for troubleshooting issues and intended to be used by technical support.

Sidebar

📈 Patient Risk Overview

📄 State PMP Prescriptions (38)

💊 EHR Opioid and Related Medications (7) ⚠

📋 Pertinent Medical History (2) ⚠

🎗 Non-Pharmacologic Treatments ⚠

⚠ Risk Considerations (2) ⚠
  ● Most Recent MED
  ● Urine Drug Screens
  ● Benzodiazepine Medications
  ● Carisoprodol Medications
  ● Naloxone Medications

👤 Patient Education Materials

- Implementation plans
  - Free-standing version – 2 underserved clinics eager, all set w/ HIE
  - Epic version – Prov Epic site pilots(?)
- Sustainability
  - Grant funded research to support implementations (pilot data)
  - License to a vendor needing Decision Support product
  - Value add to HIE clinical data repository, as it develops
- Impact/Lessons Learned
  - COSRI potential for WA clinicians/DOH
  - WA Dissemination – WSPHA and OHP
  - Re-use of FHIR interfaces, Smart on FHIR apps for CDR use, Birth Defects Reporting, other PH applications
  - 21st Century Cures Act opportunities and challanges
- Feedback/Discussion

Questions? Comments?

lober@uw.edu

jenrlee@uw.edu

https://project.cosri.app

Consent Management

Navigating Patient Consent

- HCA led a substance use (SUD) work group last year
  - Published guidance for interpreting 42 CFR Part 2:
    Sharing Substance Use Disorder in Washington State
- Project Phases
  - Phase 1: requirements, WPC sessions, IT Investment Plan
  - Phase 2: request for information (RFI), benchmarking, Part 2 legal and impact analysis
  - Phase 3: request for proposal (RFP), procurement, and initial deployment

SUD Provider Sessions
(with Comagine Health)

- Requirements
  - Six (6) Zoom sessions with SUD provider cohorts
  - Residential, IOP, OP, FQHC, methadone clinic, detox, jail, EMS
  - Decision: deploy baseline solution with modular buildout

- Care Coordination Toolkit
  - Twelve (12) Zoom sessions with SUD providers
  - Looked at data exchanges, barriers, available resources
  - Follow-up: develop care coordination toolkit and webinars

CDR Updates

Clinical Data Repository (CDR) update

1. Working toward onboarding Athena EHR
    – Adapting longitudinal CCD data

2. Working with OHP to develop use cases for DUC approval
    – DUC recently approve HEDIS for MCOs

3. Early stages of developing APCD-like enclave environment for CDR data
    – Mindful of upcoming interoperability rule

4. Pursuing governance modifications for expanding participants, sponsors, and submitters
    – Trust framework agreement, etc.

2020 Behavioral Health Provider Survey

2020 Behavioral Health Provider Survey
Preview of HIT/HIE Findings

Survey profile

- **Target population:** DoH-certified, community-based mental health (MH) and substance use disorder (SUD) treatment agencies providing publicly funded services in Washington state

- **Mode:** secure web (PIN specific), designed and hosted by WSU's Social and Economic Sciences Research Center (SESRC), with follow-up reminders

- **Link to the survey:** www.opinion.wsu.edu/ProviderSurvey2020, includes copy of survey PDF

- **Questionnaire:** includes 16 main questions on HIT/HIE and 21 questions on EHR functionalities, adopted from SAMHSA and ONC, and meet some expectations of the MH IMD waiver

- **Data collection:** April 17 – August 14, 2020

- **Response rate:** 61.1% (355/581)

2020 Behavioral Health Provider Survey
Preview of HIT/HIE Findings

Preliminary highlights

- **93% of responding BH agencies use an EHR**

- **Of the 10 EHRs listed in the survey, agencies report using Credible Behavioral Health (20%), Epic (12%), Netsmart, including Avatar/Evolv (11%), Cerner (10%), Qualifacts, including Care Logic (9%); 41% use other EHRs**

- **72% use a certified EHR**

- **43% report their EHR miss functionalities that would be useful to serve their clients**

- **Only about a third of agencies report that their EHR allow clients to exchange secure messages with their clinicians, counselors, or other medical staff**

- **72% report being very or somewhat satisfied with their EHR**

- **93% use telehealth technology**

2020 Behavioral Health Provider Survey
Preview of HIT/HIE Findings

What's coming up?

- **A meeting will be scheduled to provide a more in-depth look at the HIT/HIE findings for BH providers**

- **Date: TBD**

Bi-Monthly HIT Operational Plan Meetings

- 4th Tues. of every other month.

- Next meeting: November 24

- Same webinar, phone number, meeting room.   Available at:

  https://attendee.gotowebinar.com/register/6533460124218503425

Questions?

More Information:

Bi-monthly updates will be posted on HCA Transformation website.

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

Jennie Harvell,

Health IT Section

jennie.harvell@hca.wa.gov