



HIT Operational Plan Update

February 26, 2019

Agenda

- ONC and CMS Proposed Rules
- SUD-IMD related tasks
- Behavioral Health Provider Survey
- Use Cases for Smart Forms
- Master Person Index related tasks
- Multiple Methods of HIE
- SDOH: Call for Participation

ONC and CMS Proposed Rules

ONC and CMS Proposed Rules

- Health IT related rules recently released (officially released on March 4):
 - <https://www.cms.gov/Center/Special-Topic/Interoperability/CMS-9115-P.pdf>
 - <https://www.healthit.gov/sites/default/files/nprm/ONCCuresActNPRM.pdf>
- Comments due within 60 days (May 3)
- Highly recommend our partners submit comments to CMS and ONC
- If interested, also submit your comments to HCA, we will try to echo similar themes as our partners:
 - HealthIT@hca.wa.gov

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.

February Update:

An IAPD has been drafted and is currently being reviewed by HCA. The State is looking to either procure a new or enhance current PMP system, provide additional funding for technical assistance.

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 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

February Update:

Submitted in January, but HCA anticipates financial mapping will be an ongoing activity.

Registries

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

February Update:

Some initial guidance has been received and seeking guidance on the following:

- Provision of incentive dollars to help providers pay for EMR modules or updates for PMP integration.
- Should the IAPD include a FFY 2021 move to 90/10 MMIS.

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.

February Update:

DOH has integrated with RxCheck and is currently trading with UT, KY and IL. We anticipate more states becoming available as federal agencies have begun to make RxCheck a grant requirement. DOH is also evaluating the 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)

February Update:

Letters of support from Oregon and Idaho have been received to support our FMAP request

Enhancements to the PDMP will include:

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

February Update:

DoH will work 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;

Contingent on the availability of funds, HCA and DoH will:

- work with OHP to upgrade the HIE to comply w/ current standards (NCPDP SCRIPT V. 2017-071)
- work with current PDMP vendor to use current standards (NCPDP SCRIPT V. 2017-071)
- secure the state funds needed for DoH staff to support increased PDMP work (e.g., work with vendor, onboarding SUD providers)
- support providers ease of use of the PDMP by enabling access through the CDR portal (see Task 6-03).

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

Use Cases for Smart Forms

09-06 Smart Form Use Cases

- Discussion on smart-forms
- Where could smart-forms provide value?
- Provide suggestions to HIT team through HealthIT@hca.wa.gov by March 8th

Initial / Annual HAP Required Screenings			
SCREEN	DATE	SCORE / LEVEL	IF NOT COMPLETE, EXPLAIN
PAM	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
CAM	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
PPAM	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
Katz ADL	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHQ-9	<input type="text"/>	<input type="text"/>	<input type="text"/>
PSC-17	<input type="text"/>	<input type="text"/>	<input type="text"/>
BMI	<input type="text"/>	<input type="text"/>	<input type="text"/>
OPTIONAL SCREENING SCORES			
SCREEN	DATE	SCORE	
DAST	<input type="text"/>	<input type="text"/>	
GAD-7	<input type="text"/>	<input type="text"/>	
AUDIT	<input type="text"/>	<input type="text"/>	
FALLS RISK	<input type="text"/>	<input type="text"/>	
PAIN	<input type="text"/>	<input type="text"/>	
			<input type="checkbox"/> FLACC <input type="checkbox"/> FACES <input type="checkbox"/> NUMERIC
ADDITIONAL COMMENTS			
<input type="text"/>			

Behavioral Health Provider Survey

Update

2019 Behavioral Health Provider Survey

(As of 2/20/2019)

What record keeping system do you use?

	AGENCY TYPE				AGENCY SIZE			
	MH	SUD	MH-SUD	Total	Small <=10	Medium 11-74	Large >=75	Total
Paper	22 (20%)	13 (31%)	11 (8%)	46 (16%)	17 (16%)	18 (14%)	2 (11%)	37 (15%)
EHR	50 (45%)	23 (55%)	62 (47%)	135 (48%)	49 (46%)	69 (55%)	7 (37%)	125 (50%)
CEHR	39 (35%)	6 (14%)	58 (44%)	103 (36%)	40 (38%)	38 (30%)	10 (53%)	88 (35%)
TOTAL	111 (100%)	42 (100%)	131 (100%)	284 (100%)	106 (100%)	125 (100%)	19 (100%)	250 (100%)

- **Regardless of type and size, 85% of BH agencies use either an EHR or a Certified EHR (CEHR).**
- **About a third of SUD agencies (31%) reported using paper compared to 20% of MH and 8% of MH-SUD agencies.**
- **16% of small and 14% of medium sized agencies reported using paper compared to 11% of large agencies.**

Update

2019 Behavioral Health Provider Survey

(As of 2/20/2019)

Do you have plans to transition to an EHR?

	AGENCY TYPE				AGENCY SIZE			
	MH	SUD	MH-SUD	Total	Small <=10	Medium 11-74	Large >=75	Total
Yes	14 (64%)	8 (62%)	11 (100%)	33 (72%)	9 (53%)	18 (100%)	1 (50%)	28 (76%)
Thinking	5 (23%)	5 (39%)	0 (0%)	10 (22%)	6 (35%)	0 (0%)	1 (50%)	7 (19%)
No	3 (14%)	0 (0%)	0 (0%)	3 (6%)	2 (12%)	0 (0%)	0 (0%)	2 (5%)
TOTAL	22 (100%)	13 (100%)	11 (100%)	46 (100%)	17 (100%)	18 (100%)	2 (100%)	37 (100%)

- **Almost all agencies using paper, regardless of type and size, reported having plans or are thinking of transitioning to EHR except for 14% of MH and 12% of small agencies.**

Update

2019 Behavioral Health Provider Survey

(As of 2/20/2019)

When do you plan to transition to an EHR?

	AGENCY TYPE				AGENCY SIZE			
	MH	SUD	MH-SUD	Total	Small <=10	Medium 11-74	Large >=75	Total
Next 6 mos.	8 (42%)	10 (77%)	7 (64%)	25 (58%)	6 (40%)	13 (72%)	2 (100%)	21 (60%)
Next year	5 (26%)	1 (8%)	2 (18%)	8 (19%)	4 (27%)	3 (17%)	0 (0%)	7 (20%)
2 years	3 (16%)	1 (8%)	2 (18%)	6 (14%)	2 (13%)	2 (11%)	0 (0%)	4 (11%)
Other	3 (16%)	1 (8%)	0 (0%)	4 (9%)	3 (20%)	0 (0%)	0 (0%)	3 (9%)
TOTAL	19 (100%)	13 (100%)	11 (100%)	43 (100%)	15 (100%)	18 (100%)	2 (100%)	35 (100%)

- **Regardless of type and size, 60% of agencies planning or are thinking of transitioning to an EHR reported they will do so in the next 6 months.**

Master Person Index Related Tasks

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 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.

February Update:

Documented more than 13 detailed use cases with system diagram flows
Working to refine those use cases to reflect data and process flows
Identified numerous state initiatives and conducting informational interviews to identify lessons learned

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

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

February Update:

Currently one Use Case that focuses on MPI in support of SUD care delivery, these will be built out to fully document use case

Multiple Methods of HIE

Health Information Exchange functionality, including enhancing the CDR

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

Multiple Methods of HIE.

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.

February Update

HCA spoke with a couple of ACHs to better understand the HIE needs and methods of exchange in their regions. Those conversations will help frame a conversation with all ACHs.

Conversation with all ACHs to be scheduled in March.

HCA will consider the need to develop a scope of work to develop a Strategic Plan to Align Multiple Methods of Health Information Exchange.

SDOH and A Call for Participation

Adding CDR Functions/ Quality

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

SDOH data and CDR

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.

February Update

SIREN (Social Interventions Research and Evaluation Network) has led work related to SDOH and integration in clinical care.

SIREN found that while many “social” codes exist (i.e., LOINC, SNOMED, ICD-10, CPT) for: Screening, Assessment/diagnosis, Treatment and referral) the ability to use codes is limited (e.g., too many codes and no clarity about which is the most appropriate to use)

SIREN will convene the **Social Determinants of Health Coding Collaborative (SDHCC)** a multi-stakeholder group through an open, public process to develop value sets that reflect clinical activities related to SDoH. Providers, vendors, payers, researchers, others may participate.

Adding CDR Functions/ Quality

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

SDOH data and CDR

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.

February Update (cont'd)

SDHCC will: 1) develop a use case to support social risk documentation across clinical screening, diagnosis, and treatment activities within EHR and related systems; 2) identify common data elements and their associated value sets for the uses cases; 3) develop a consensus-based set of recommendations on how to capture and group these data elements for interoperable electronic exchange and aggregation; and 4) develop an HL7 FHIR Implementation Guide based on the defined use cases and associated data sets.

Initial focus: Housing, Nutrition, and Transportation

Interested in learning more: Contact jennie.harvell@hca.wa.gov

Interested in participating? Contact: evelyn.gallego@emiadvisors.net and lynette.elliott@emiadvisors.net

Monthly HIT Operational Plan Meetings

- 4th Tues. of every month-Next meeting March 26
- 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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