

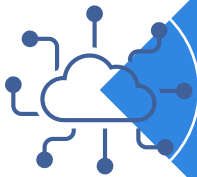
Health Care Authority Involved IT Projects - 2024

Connected systems

Background



The HHS Coalition includes the Department of Children Youth and Families (DCYF), the Department of Health (DOH), the Department of Social and Health Services (DSHS), the Health Care Authority (HCA), the Department of Corrections (DOC), WaTech, and the Health Benefit Exchange (HBE). OFM participates to provide guidance and input.



The coalition has several projects to modernize Washington's aging health technology infrastructure that will take time and coordination over several years.



Our vision for a modernized health technology infrastructure will connect a third of Washingtonians to more than 75 health and human services and allow more equitable access for all Washingtonians to these programs and services.

Overview of connected systems

Integrated Eligibility and Enrollment (IE&E)

- Connects multiple eligibility systems into one, allowing a person's application and enrollment to help them navigate over 75 health and human services.
 - **Example:** A person receiving multiple social services (Apple Health, SNAP, etc.), currently needs to enter their information each time they're accessing a different service. IE&E collects that info once, allowing them to access all the services they're currently receiving, but it also points them toward other services they may not have known they could also be receiving.
- There are several projects in scope, to include:
 - Automated Client Eligibility System (ACES) stabilization and modernization.
 - Human Centered Design related to the common client interface.
 - Development of a Customer Portal.

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988 Crisis Line

- This phone line allows people experiencing crises to receive services more readily, outside of the traditional 911 line, especially historically underserved and minority populations.
- Sends mobile response teams to people in crisis, particularly those in historically underserved populations, and identifies where they can receive relevant care in their region.
 - **Example:** A person experiencing a mental health crisis can call, text, or chat the 988 line. The crisis operator can dispatch a mobile crisis team or initiate a 911 response.
- Once fully implemented, Washington's expansion services will include:
 - Establishment of a state crisis hub, to work in conjunction with the existing National Suicide Prevention Lines (NSPLs).
 - Support for closed-loop referrals.
 - The ability to identify healthcare beds available for crisis inpatient care.
 - The ability to provide authorized data to the crisis responder to provide clients with appropriate crisis care.

Enterprise Electronic Health Records (EHR)

- A digital version of a patient's comprehensive medical history. Shared and updated over time, it securely maintains information across different healthcare providers, including physicians, specialists, and pharmacies. Ensures that both providers and individuals have access to a unified and real-time patient record.
- Washington can leverage federal funding for a statewide EHR license for state agencies, rural and small providers, Indian Health Care, Behavioral Health, and Long-Term Care providers.
 - **Example:** A person has negatively reacted to a common prescription medication. They switch providers and may not remember every detail of their personal medical history. The new provider doesn't have access to this person's history of medication, so they're prescribed the medication again.

Community Information Exchange (CIE)

- A CIE is an electronic tool used by cross-sector partners (physical and behavioral health, social services, Tribes, community organizations, etc.) to share and coordinate social services information and referrals.
- Through conversations with the Centers for Medicare and Medicaid Services (CMS), federal funds (no general fund-state dollars) were approved to support this program statewide.
 - **Example:** A person is signing up for food assistance through SNAP or has an appointment with a behavioral health service - the organization can connect to other services that person is receiving and, make a direct referral for transportation, housing, or other supports. Currently, those organizations do not necessarily have systems that are in conversation with one another.

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Table 1: A comparison across the programs

	IE&E	EHR	CIE	988
Funding Source	State + Federal	State + Federal	Local + Federal	State + Federal
Primary Users	Public	<ul style="list-style-type: none"> • Providers • DOC • DSHS • Public 	<ul style="list-style-type: none"> • Accountable communities of health (ACHs) • Social service providers • Managed care organizations (MCOs) 	Public
Connections	<ul style="list-style-type: none"> • Over 75 HHS benefits • Basic food • Cash assistance • Childcare subsidy • Medical coverage 	<ul style="list-style-type: none"> • Medical history • Medications • Vaccination records • Lab results • Care coordination • Case management • Patient access 	<ul style="list-style-type: none"> • Social services, including food, housing, and employment assistance 	<ul style="list-style-type: none"> • Mobile crisis response teams • 911 • Ambulance • Firefighters
Coalition Agencies	<ul style="list-style-type: none"> • HBE • HCA • DCYF • DSHS • WaTech • OFM 	<ul style="list-style-type: none"> • HCA • DSHS • DOC 	<ul style="list-style-type: none"> • HCA • DOH • DCFY 	<ul style="list-style-type: none"> • HCA • DOH