



ACH and Provider  
Training and Technical Assistance:

Acquisition and Use of Health IT/HIE Tools  
for the  
Medicaid Transformation Program

August 6, 2018

## Purpose of Presentation

- Provide guidance to ACH on planning for provider acquisition/upgrade and use of Health IT (HIT)/Electronic Health Records (EHRs)/Health information Exchange (HIE) tools and services for Medicaid Transformation Project (MTP) implementation.
- Provides a Powerpoint presentation that could be used/tailored as a training/technical assistance resource on Population Health Management Systems for traditional and non-traditional providers.

# Key Definitions

- Health IT/HIT: "the application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, health data, and knowledge for communication and decision making"<sup>1</sup>
- Health Information Exchange: Health information exchange can be both a noun and a verb<sup>2</sup>:
  - HIE the noun: An organization with agreed-upon operational and business rules that provides services to enable the electronic and secure sharing of health-related information. OneHealthPort (OHP) is an example of a HIE organization.
  - HIE the verb: The appropriate and confidential electronic exchange of clinical information among authorized organizations.

1. Brailer, D. (2004). The decade of health information technology. HHS Report, July, 21.  
2. <https://www.healthit.gov/faq/what-health-information-exchange>. Accessed July 26, 2018.

# Health IT/HIE Acquisition and Use in the MTP

## In General:

- Domain 1 addresses the core health system capacities to be developed or enhanced to transition the delivery system according to the MTP
- Population Health Management Systems (PHMS): one of the core health systems in Domain 1
- PHMS are to: leverage and expand interoperable health IT and HIE infrastructure and tools to capture, analyze, and share relevant data, including combining clinical and claims data to advance VBP models

## Health IT/HIE Acquisition and Use: HCA Roles and Responsibilities

- HCA is required to:
  - provide guidance to ACHs in assessing current population health management capacity
  - identify tools available for population health management
  - develop and promote an integrated health information systems that supports on-demand access to standard care summaries and medical records through clinical and claims data available through OneHealthPort (OHP) Clinical Data Repository (CDR)
  - coordinate with OHP to build and implement the infrastructure and develop tools and services that will support broader access and use of OHP services (including its HIE service and the CDR)
- The state's strategy for advancing sustainable HIE: Encourage provider use of:
  - OHP services, including its HIE and CDR services; and
  - Interoperable HIT products

## Health IT/HIE Acquisition and Use: ACH Roles and Responsibilities

- ACHs are required to address PHMS in their project implementation plans including:
  - Defining a path toward information exchange for community-based, integrated care
  - Tailoring transformation plans based on regional providers' current state of readiness and implementation strategies
  - Responding to needs and gaps identified in the current infrastructure
- ACHs can earn incentives by connecting providers to training and/or technical assistance offered (e.g., offered through HCA, ACHs, others)

## Health IT/HIE Acquisition and Use: ACH Roles and Responsibilities

- ACHs should consider how ACH investments for provider HIT/HIE use will be sustainable over time by aligning with the state's strategy to: (i) use services offered by OHP, including the CDR and HIE services, and (ii) support the use of interoperable HIT/HIE
- ACHs have assessed/are assessing providers' Health IT/HIE readiness/capacity and gaps in technology to implement targeted ACH priority projects
- ACHs may use MTP funds to support providers' acquisition, use, and upgrades of HIT/HIE tools for ACH priority projects

## Phases of Providers' Health IT Acquisition and Use

### ***Acquisition Phase***

- 1. Assessment*
- 2. Plan*
- 3. Evaluation*
- 4. Selection*

### ***Post-Acquisition Phase***

- 1. Implementation*
- 2. Maintain/Update Solution*
- 3. Optimize Use*

- As needed, ACHs should:
  - support their partnering providers in the HIT Acquisition and Post-Acquisition Phases; and
  - confirm providers involve representatives from all sections and levels of their organization in all HIT Acquisition and Post-Acquisition phases.
- See resources are available at the end of this presentation.



## HIT/HIE Acquisition Phase Provider HIT/HIE Assessment

- ACHs support assessments of providers' Health IT/HIE readiness/capacity and gaps to implement targeted ACH priority projects
- ACHs may support providers in the acquisition and use of needed HIT/HIE tools
- ACHs may use MTP funds to support investments (consistent with state guidance) for providers' acquisition, use, and upgrades of HIT/HIE to implement ACH priority projects

## HIT/HIE Acquisition: Assessment

Engaging representatives from all sections and levels of a provider's organization in the Acquisition Phase and Post-Acquisition Phase is needed for complete consideration of:

- What health information does the provider and their trading partners need to create, send, and receive to support the ACH priority project?
- What HIT/HIE tools does the provider need to enable the creation, transmission, and receipt of needed health information?
- What HIT/HIE tools does the provider have to enable the creation, transmission, and receipt of needed health information?

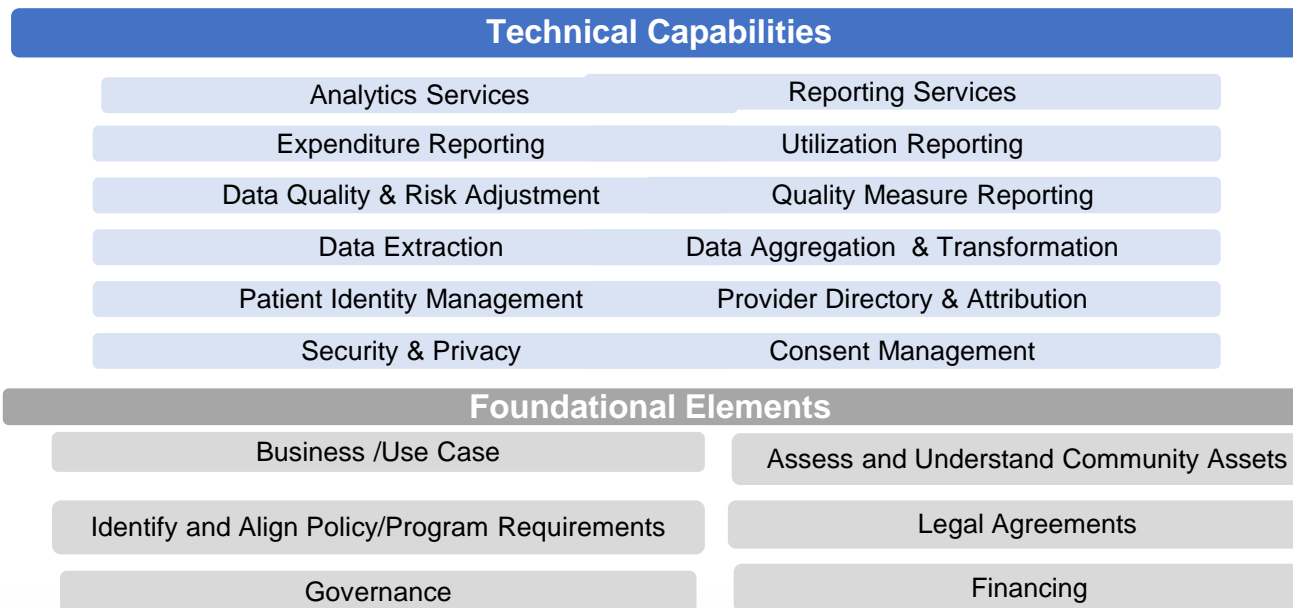
## Assessing the Provider's HIT/HIE Capacity/Needs

- Where to Start:
  - For each of the ACH identified project areas, focus on:
    - The targeted populations served/treated by the targeted providers
    - The targeted providers who need to create, send, and receive needed data
    - The specific physical health, behavioral health, and social service data that needs to be exchanged for each project
- Conduct an assessment of partnering providers to learn:
  - Where HIT/HIE capacities exist; and
  - The gaps in HIT/HIE capacity that need to be filled to transform service delivery

# HIT/HIE Acquisition: Planning

## Foundational HIE Elements & Technical Capabilities

In the HIT/HIE acquisition phase providers should consider the:  
(1) Foundational Elements and (2) Technical Capabilities needed to support the ACH identified priority projects (see Resources at end of presentation).



## HIT/HIE Acquisition: Planning

- Planning addresses both the initial and ongoing effects that HIT/EHR/HIE implementation will have on the provider's clinical practice.
- Are personnel eager/ready to use HIT?
  - Is there someone to champion the cause?
  - Are there staff who perceive HIT/EHRs/HIE as useful?
  - Are there representatives from across the organization who can work as a team to identify the need for HIT/EHR/HIE and support implementation?
- Obtaining staff input in the planning and implementation phases is critical to success

## HIT/HIE Acquisition: Planning

- Where in the clinical workflow will the provider use the HIT/HIE tools to support the ACH project priority?
- How will HIT/HIE implementation support workflow improvements for the providers? Are there unnecessary steps in targeted clinical workflows that could be streamlined with the deployment of a technology solution?
- How will HIT/HIE implementation support targeted quality of care and care coordination improvements, and efficiency gains for the provider?

# HIT/HIE Acquisition: Planning

- What HIT/EHR products are needed/available to support the clinical workflow for the ACH priority project area?
  - Are Certified HIT modules/EHRs available to support the focus of the ACH priority project area?
  - Certified Health IT modules/ EHRs are listed on the ONC Certified Health IT Product List (CHPL): <https://chpl.healthit.gov/#/search>
- Using Certified Health IT:
  - improves care coordination through the electronic exchange of clinical-care documents;
  - provides a baseline assurance that the technology will perform clinical-care and data-exchange functions in accordance with interoperability standards and user-centered design; and
  - may support transmission of information to the statewide health information exchange organization, OneHealthPort (OHP) and the Clinical Data Repository (CDR)

## HIT/HIE Acquisition: Planning

- What OHP services are/ will be available and when to support ACH priority projects?
- How can the OHP/Health Information Exchange (HIE) service be used by providers? For example:
  - Do providers use the OHP/HIE service to access the PDMP?
  - What supports do providers need to access the PDMP via OHP/HIE?
  - Are there PDMP enhancements that could be used by providers to support ACH Priority projects? What supports will providers require to leverage these enhancements?



## HIT/HIE Acquisition: Planning

What OHP CDR services are/ will be available and when to support ACH priority projects?

- HCA is working with OneHealthPort to identify and prioritize enhancements for the CDR
- This list and schedule will be broadly communicated to ACHs and providers

## OHP CDR Services

- New content to OHP CDR services under consideration includes (but not limited to):
  - Discharge Summaries
  - Care Plans
  - Care Management
  - PDMP Enhancements
  - Substance Use Disorder (SUD) HIE and e-Consent management

# HIT/HIE Acquisition: Planning and Evaluation

HIT/HIE Acquisition Planning and Evaluation takes time.

In planning for what HIT/ HIE technology is needed for each ACH project area, providers should identify in as much detail as possible:

- ACH Project requirements
- Functional, Technical and Vendor Requirements

- The greater the specificity the more complete product comparisons will be.

Functional Requirements (some examples)		Technical Requirements (some examples)	
<ul style="list-style-type: none"> <li>- data needed and to be exchanged</li> <li>- Frequency of exchange</li> <li>- privacy and security requirements</li> <li>- method(s) and format of exchange</li> <li>- Data migration from legacy systems</li> </ul>	<ul style="list-style-type: none"> <li>- partners/recipients in exchange</li> <li>- EHR certification and regulatory/contract requirements (e.g., HIPAA, 42 CFR Part, HIE requirements in MCO contracts)</li> </ul>	<ul style="list-style-type: none"> <li>- System requirements (network, wireless vs hard wired, workstations)</li> <li>- Data input tools (tablets, smart phones, laptops)</li> <li>- interoperability needed with internal and external information systems,</li> <li>- needed interfaces</li> <li>- Expectations if vendor stops supporting the product or provider acquires new product</li> </ul>	<ul style="list-style-type: none"> <li>- Security requirements</li> <li>- Data ownership</li> <li>- Certified EHR</li> <li>- Whether/when OHP services (e.g. the HIE service and/or the CDR) are/will be available and actions that will be needed to connect the provider/provider's HIT vendor to the OHP service</li> </ul>

## HIT/HIE Acquisition: Planning and Evaluation (cont'd)

- Providers should identify in as much detail as possible:
  - Implementation planning (e.g., identify what will be implemented, when and by whom; identify and plan for training needs (pre and post-acquisition), manage the clinical, administrative, and operational workflow during initial implementation of/transition to technology)
  - Number and skill set of technology users, where users will be located, where technology will be located (including in relationship to user location)
  - Budget/financial resources needed and available
  - Staffing/shared resources to maintain/support the tool(s)
  - Vendor expectations (e.g., will the vendor be used to maintain the tool, trouble shoot/problem solve, develop new/additional reporting capabilities (or will staff support these functions))
  - Timing of product deployment
  - Costs of acquisition and post-acquisition costs (e.g., technology costs: licensing, maintenance, and support fees; clinical and administrative operational costs during transition)
  - Development of a Requirements Document of functional, technical, and vendor requirements
- Specifying requirements in as much detail as possible will support the identification and comparison of needed technology tools and vendors and implementation

## HIT/HIE Acquisition: Planning and Evaluation (cont'd)

- Solicit proposals/bids from vendors to meet specified requirements
- Narrow down the list of candidate HIT products by obtaining input from other providers (e.g., on how well the product performs in specified functional areas, adequacy of/problems encountered with/costs of vendor support)
- Request and check vendor references
- Request live product demonstrations to support use cases that the provider identifies based on: ACH project requirements, and needed functional and technical requirements
- Prior to product demonstrations:
  - Identify staff from across agency to participate in the demonstration
  - Develop evaluation checklists
  - Develop questions that could be asked during/following the demonstration

## HIT/HIE Post-Acquisition Phase

- Even with strong pre-acquisition implementation planning be prepared for an adjustment period while transitioning to the new system.
- Leverage and implement the post-acquisition implementation planning materials developed prior to acquisition.
  - Implement staff training (for clinical and administrative staff)
  - Execute plans to support clinical, administrative, and operational activities post-acquisition and during initial implementation. For example:
    - Use identified HIT champion and HIT team to support staff and implementation,
    - Coordinate discussions with staff and vendor to discuss needed workflow improvements and HIT functionality
    - Use temporary staff while employees are trained and learn the system
    - Implement revised workflows to achieve efficiencies
    - Obtain and respond to staff feedback

# Questions?

Contact:

# RESOURCES



# Resources

- **ONC Health IT Playbook:** <https://www.healthit.gov/playbook/> includes the following resources:
  - **EHRs** (<https://www.healthit.gov/playbook/electronic-health-records/>) includes:
    - [Understand EHR contracts and products](#)
    - [Select an EHR](#) that's a good fit for your practice
    - Plan for [adoption and implementation of your EHR](#)
    - Apply lessons learned so you can [optimize workflow](#)
    - [Migrate your data](#) from the old system to the new system
  - **The Value Proposition of Health Information Exchange** (<https://www.healthit.gov/playbook/health-information-exchange/>) includes:
    - General Fact Sheet
    - Behavioral Health
    - EMS
    - Long-term/Post-Acute Care

# Resources

- See the ONC downloadable EHR Contract Guide (<https://www.healthit.gov/playbook/electronic-health-records/>)
- Topics include:

Types of EHR products and service models	Researching and comparing EHR products and vendors
Identifying and prioritizing your EHR's technical and operational requirements	Due Diligence: Finding the best EHR for your needs
Understanding certification and regulatory requirements	Procurement strategy, planning, and resourcing

## Resources

ONC HIT Playbook includes guidance for providers on selecting HIT/EHR:

Select and optimize technology for your practice ( <a href="#">Section 1</a> and <a href="#">Section 2</a> )	Deliver quality care that protects patient safety ( <a href="#">Section 8</a> )
Share health information securely ( <a href="#">Section 3</a> )	Identify health IT solutions that meet the needs of unique care settings (e.g., behavioral health) and specialists ( <a href="#">Section 9</a> and <a href="#">Section 11</a> )
Engage patients in their care ( <a href="#">Section 5</a> )	Align health IT with quality measures and reporting ( <a href="#">Section 8</a> and <a href="#">Section 10</a> )
Reconfigure payments to incentivize value ( <a href="#">Section 6</a> )	Find technical support for transforming your practice ( <a href="#">Section 12</a> )
Ensure privacy and security of personal health information ( <a href="#">Section 7</a> )	

# Hub Tools: Guidance for BHAs in Planning for, Acquiring, and Implementing HIT

- Billing and Information Technology: A Toolkit for Behavioral Health Agencies (Qualis, Practice Transformation Support Hub/Healthier Washington)
  - This toolkit can help providers navigate and prepare for upcoming billing changes in IMC. With a user-friendly guide and six comprehensive tools, this toolkit is designed to assist BHAs in Washington State to assess their current state and gaps, create a transition plan and timeline to accomplish transition milestones, and prepare for a billing and IT transition.
- Available here: <http://www.waportal.org/resources/billing-and-information-technology-toolkit-behavioral-health-agencies>

## Resources

- Stratis Health HIT toolkits and documents for acute care hospitals, physicians, and post-acute/long-term care providers:

<https://www.stratishealth.org/expertise/healthit/behavioralhealth/#overview>

# BHA HIT toolkit and documents for new HIT implementation or replacement/upgrades

(Source: <https://www.stratishealth.org/expertise/healthit/behavioralhealth/#overview>)

Toolkit Sections	
<b>Assess</b>	Provides tools to start using the HIT Toolkit and kick off e-health planning process. Includes: surveys, inventories, or assessments of provider staff's current attitudes toward information technology, computer skills, technical infrastructure, and readiness of potential HIE partners to exchange health information
<b>Plan</b>	Emphasizes the importance of planning by the provider. Steps include creating a communication plan. Project management tools will help engage provider staff in visioning, goal setting, managing change, specifying requirements, and prioritizing projects.
<b>Select</b>	Helps the provider understand the HIT marketplace and conduct vendor selection and contracting.
<b>Implement</b>	Tools help address tactical issues (e.g., sample project plans, issues logs, training plans, testing plans, chart conversion techniques). Tools stress the importance of adopting technical, terminology, and process standards needed for HIE, and ultimately, coordination of care.
<b>Maintain</b>	Tools that help the provider keep their HIT running smoothly. (i.e., kept current—with software updates, security patches, new drug updates, and other best practice information). Maintenance also includes monitoring use of the technology to ensure value is achieved from EHR and HIE.
<b>Optimize</b>	Tools designed to help the provider focus on specific functionality within EHR and HIE in order to gain optimal value. Over time, users will want to improve/refine their use of the EHR and HIE.

## Resources

- Certified Health IT modules/ EHRs are listed on the ONC Certified Health IT Product List (CHPL): <https://chpl.healthit.gov/#/search>

## Certified EHRs/HIT

"[Certification] gives assurance to purchasers and other users that an EHR system or module offers the necessary technological capability, functionality, and security to help them meet the meaningful use criteria.

Certification also helps health care providers and patients be confident that the electronic health IT products and systems they use are secure, can maintain data confidentially, and can work with other systems to share information."

Note: Having Certified technology does not guarantee that the vendor can deliver to the granularity required. Be sure to check vendor references and request demonstration

Source: [Certified EHR Technology \(CEHRT\)](#)



## Certified HIT

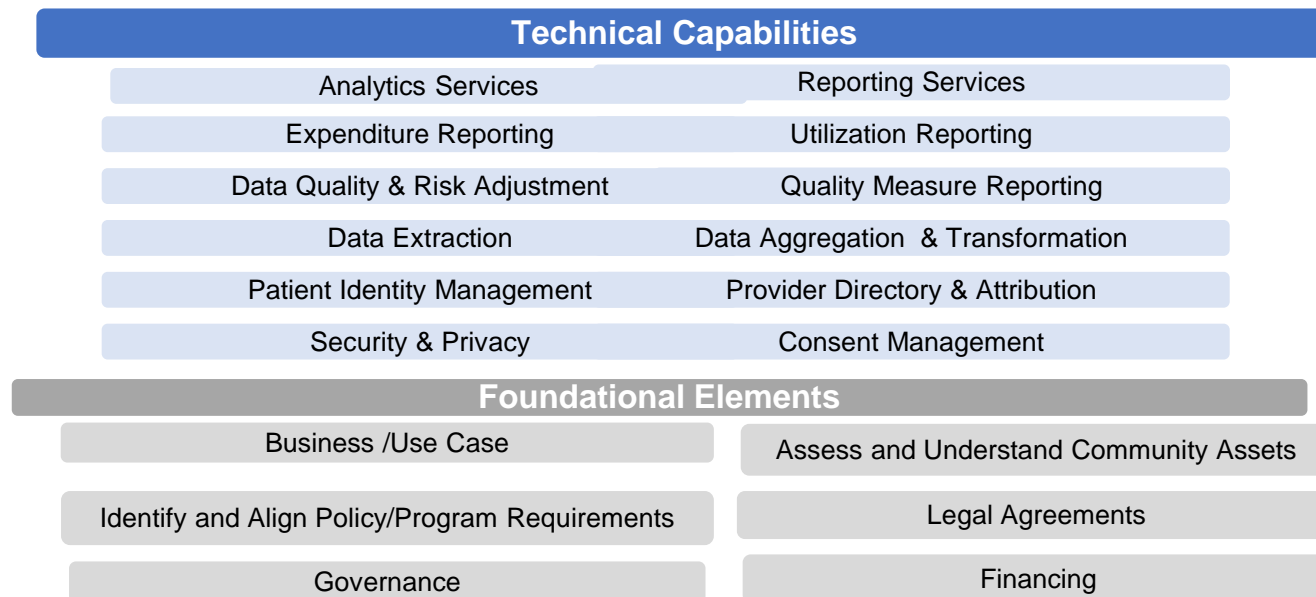
- The ONC has published Health IT certification Criteria including:
  - the 2015 Edition (builds upon the 2014 Edition). [Read more about the 2015 Edition Health IT Certification Criteria.](#)
- Certification criterion: defines specific functions that the health IT (including functionalities within an EHR) will perform. Criterion sometimes requires use of a specific standard.
- 2015 Edition Final Rule: Expanding Electronic Health Information Access and Exchange: Expanded ONC Certification Program to support health IT for other providers (e.g., long-term post-acute care (LTPAC), behavioral health (BH), and pediatrics)

# HIT Certification Criteria

Criteria Categories	2015 Edition
Clinical	X
Care coordination	X
Clinical quality measures	X
Privacy and security	X
Patient engagement	X
Public health	X
Utilization	
Design and performance	X
Transport methods and other protocols	X

# Foundational HIE Elements & Technical Capabilities

In the HIT/HIE acquisition phase providers should consider the: (1) Foundational Elements and (2) Technical Capabilities needed to support the ACH identified priority projects.



# Getting Back to HIT/HIE Basics: Applying the Foundational Elements

## Identify the Business Case/Use Case

### In general, providers should:

1. Identify the clinical focus of the ACH project
2. Identify providers' clinical data needed for the project, how, for whom and what purpose(s)
  - a. Interoperable HIT/HIE is needed to support information exchange and re-use at the point of care between providers participating in the project (e.g., physical health and behavioral health (mental health and substance use disorder providers)
  - b. Understand when, how, who and for what purpose(s) OHP services (i.e., the CDR and the HIE services) will be leveraged
  - c. Need to monitor the clinical and cost effectiveness of the project.

## Getting Back to HIT/HIE Basics: Applying the Foundational Elements

### **Assess and understand community assets (technical & organizational)**

In the context of a particular Use Case:

- What services are provided by targeted providers?
- What are the service delivery priorities of targeted providers? And how is progress towards priorities measured/monitored/evaluated?
- What organizational policies support/hinder HIE?
- What HIT/HIE tools are needed, by which providers to support the use case, and what functions will the technology support (e.g., alerts and notifications, create/send/retrieve documents, support analytics)?
- Which vendors (by provider type) are in your community?
- What are the barriers to the use of HIT and exchange of information?

# Getting Back to HIT/HIE Basics: Applying the Foundational Elements

## Policy Requirements and Transformation Program Objectives/ Measures for the ACH Selected Project

### Overview:

1. Use PHMS to support caregiving, quality improvement, and evaluation
2. Use PDMP, EDIE, and EHRs
3. Increase use of PDMP and EHR interoperability
4. Use data to monitor and evaluate
5. Identify/apply/use metrics to assess

# Getting Back to HIT/HIE Basics: Applying the Foundational Elements

## Identify and Align Policy Requirements and Program Objectives and Measures

### Policy Requirements

**Summary:** ACH projects support at the point of care:

- Use PHMS for caregiving, QI and evaluation.
- Use PDMP, EDIE, and EHRs.
- Increase use of PDMP and interoperability.
- Use data monitor and evaluate.

“Population Health Management Systems/HIT: Adoption of technology with the capability to support identification of persons at high-risk for opioid overdose, notifications to health care providers of opioid overdose events, monitoring of prescribing practices, and implementation of quality improvement processes; a plan to build enhancements in EHRs and other systems to support clinical decisions in accordance with guidelines; an assessment of the current level of use of the Prescription Drug Monitoring Program (PDMP) and the Emergency Department Information Exchange; and strategies to increase use of PDMP and interoperability with EHRs. Overall...,develop a plan to use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.”  
[Source: Transformation Toolkit]

## Getting Back to HIT/HIE Basics: Applying the Foundational Elements

### **Establish Legal Agreements:**

- What Business and Data Sharing and Use Agreements are needed (between whom and for what purposes)?
  - How will compliance with HIPAA and 42 CFR Part 2 be ensured?
  - What is the purpose of data sharing and use (e.g., treatment, payment, operations, public health reporting, research)?
  - How will security requirements be addressed?
- What HIT/HIE requirements need to be included as part of these agreements/contracts (e.g., in terms of data use and quality, security requirements, breach notifications)
- How will Business and Data Sharing/ Use Agreements and contracts be monitored and enforced?



## Getting Back to HIT/HIE Basics: Applying the Foundational Elements

### **Governance: Identify, convene and engage cross-sector stakeholders**

- **Governance topics include:**

- What role does each stakeholder play in: preventing and treating opioid misuse/abuse, preventing overdose, and supporting long-term stabilization/whole-person care?
- What data does each stakeholder have and need: (i) at the point of care and (ii) to monitor effectiveness?
- Under what conditions can data be shared and with whom?
- How are data quality requirements identified and monitored, and how are data quality issues addressed?
- How is data shared between stakeholders determined accurate? How are corrections and updates made?
- Who is responsible for managing data sharing and ensuring data quality (including managing shared care plans)?

## Getting Back to HIT/HIE Basics: Applying the Foundational Elements

### Financing

- What are the costs of and how will the HIT/HIE acquisition and implementation be paid for and sustained?
- Are financial and/or non-financial incentives available to support the costs of acquisition and use of HIT/HIE? If so, from whom (e.g., the ACH, state, other payers), for what purposes, and how long?
- Are there opportunities to share technology and costs across providers?
- Will technology costs be financed? If so, what are the terms?
- Will the use of technology impact billing? If so, what will be the impact on revenue?

## Getting Back to HIT/HIE Basics: Technical Capabilities

### Data Sources and PHMS

- The specific HIT/HIE Technical Capabilities that will be needed will depend on the Use Case
- The Use Case will determine the:
  - data needs; and
  - data sources and Population Health Management Systems (PHMSs) that can be usefully leveraged
- The Use Case will shape data needs for the following services:

- Analytics Services
- Expenditure Reporting
- Data Quality & Risk Adjustment
- Data Extraction

- Reporting Services
- Utilization Reporting
- Data Aggregation & Transformation

# Getting Back to HIT/HIE Basics: Technical Capabilities

## Privacy

- The specific Privacy Capabilities that will be needed depend on the Use Case
- A Use Cases may invoke HIPAA or 42 CFR Part 2
- The exchange of all health information is subject to HIPAA
- The exchange of Mental Health and Sexually Transmitted Infection (STI) information are subject to greater protections in state law

### HIPAA

HIPAA generally permits disclosure of protected health information for certain purposes without patient authorization, including Treatment, Payment and Operations

## Getting Back to HIT/HIE Basics: Technical Capabilities

### Privacy (cont'd)

The exchange of SUD data (may) invoke 42 CFR Part 2.

#### 42 CFR Part 2

Part 2 protects the confidentiality of SUD patient records by restricting the circumstances under which Part 2 Programs or other lawful holders can disclose such records. Part 2 Programs are federally assisted programs.

In general, Part 2 Programs are prohibited from disclosing any information that would identify a person as having or having had a SUD unless that person provides written consent. Part 2 specifies a set of requirements for consent forms, including but not limited to the name of the patient, the names of individuals/entities that are permitted to disclose or receive patient identifying information, the amount and kind of the information being disclosed, and the purpose of the disclosure

Source: SAMHSA/ONC Fact Sheets. <https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs>. May 2018

## Getting Back to HIT/HIE Basics: Technical Capabilities

### **Consent Management for SUD Information Exchange**

Implementation of 42 CFR Part 2 effectively requires HIT/HIE systems with additional capabilities (compared to systems used to exchange physical health and mental health information)

#### 42 CFR Part 2:

- effectively requires segregation of SUD information (that is subject to these requirements) until the individual consents to sharing the SUD information and identifies the individuals/entities with whom information can be shared;
- places limits on re-disclosure; and
- requires the ability to account for disclosures

## Getting Back to HIT/HIE Basics: Technical Capabilities

### Consent Management for SUD Information Exchange (cont'd)

- HCA is:
  - Developing educational resources regarding 42 CFR Part 2
  - Developing a standard consent form that could be used in either paper or electronic environments
  - Exploring consent management models/solutions for the electronic exchange of information subject to 42 CFR Part 2
- The CDR will support the exchange of SUD information subject to 42 CFR Part 2

## Getting Back to HIT/HIE Basics: Technical Capabilities

### Security

- Use of state data and data sources are subject to OCIO review, oversight, and standards
- OCIO sets standards for securing IT assets:  
<https://ocio.wa.gov/policy/securing-information-technology-assets-standards>
- Ensure HIT solutions address, and document how they address:

ePHI encryption (at rest and in transit)	User account management	Passwords and authentication
Auditing and accounting of access	Role and user-based account control	Emergency and break-the-glass access
Physical and network security	Backup and recovery	Threat detection and incident response



# Getting Back to HIT/HIE Basics: Technical Capabilities

## **Patient Identity Management & Provider Directory & Attribution**

- Many Information Systems and Data Sources use different patient and provider identifiers.
- Use of different patient and provider identifiers creates challenges with:
  - accurate patient and provider identification across systems/data sources; and
  - Patient/provider attribution
- HCA is obtaining input from stakeholders on the patient and provider identifiers used across programs, and whether and if so, how to address the challenges of multiple identifiers

# Technical Capabilities: Data, Aggregation, Analytics, and Reporting

## **Data Extraction, Data Aggregation & Transformation Analytics Services, Reporting Services, Expenditure Reporting, Utilization Reporting, Data Quality & Risk Adjustment, Quality Measure Reporting**

- For purposes of the identified Use Cases determine whether HIT/HIE tools will:
  - Generate data needed to construct quality/performance measures
  - Create metrics required for the use case
  - Support needed analytics and reports, including:
    - Risk stratification
    - Patient/provider attribution
    - needed expenditure, utilization, and quality measure reports
    - Other needed reports