



Advancing Clinical Data Exchange

Washington Integration Conference

November 8, 2016

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Background: Health Information Technology

2009: Federal Programs began: ARRA (American Recovery & Reinvestment Act) and **HITECH** (Health Information Technology for Economic and Clinical Health Act)

- WA State Legislature appointed the Health Care Authority (HCA) and OneHealthPort (OHP) to lead statewide coordination efforts

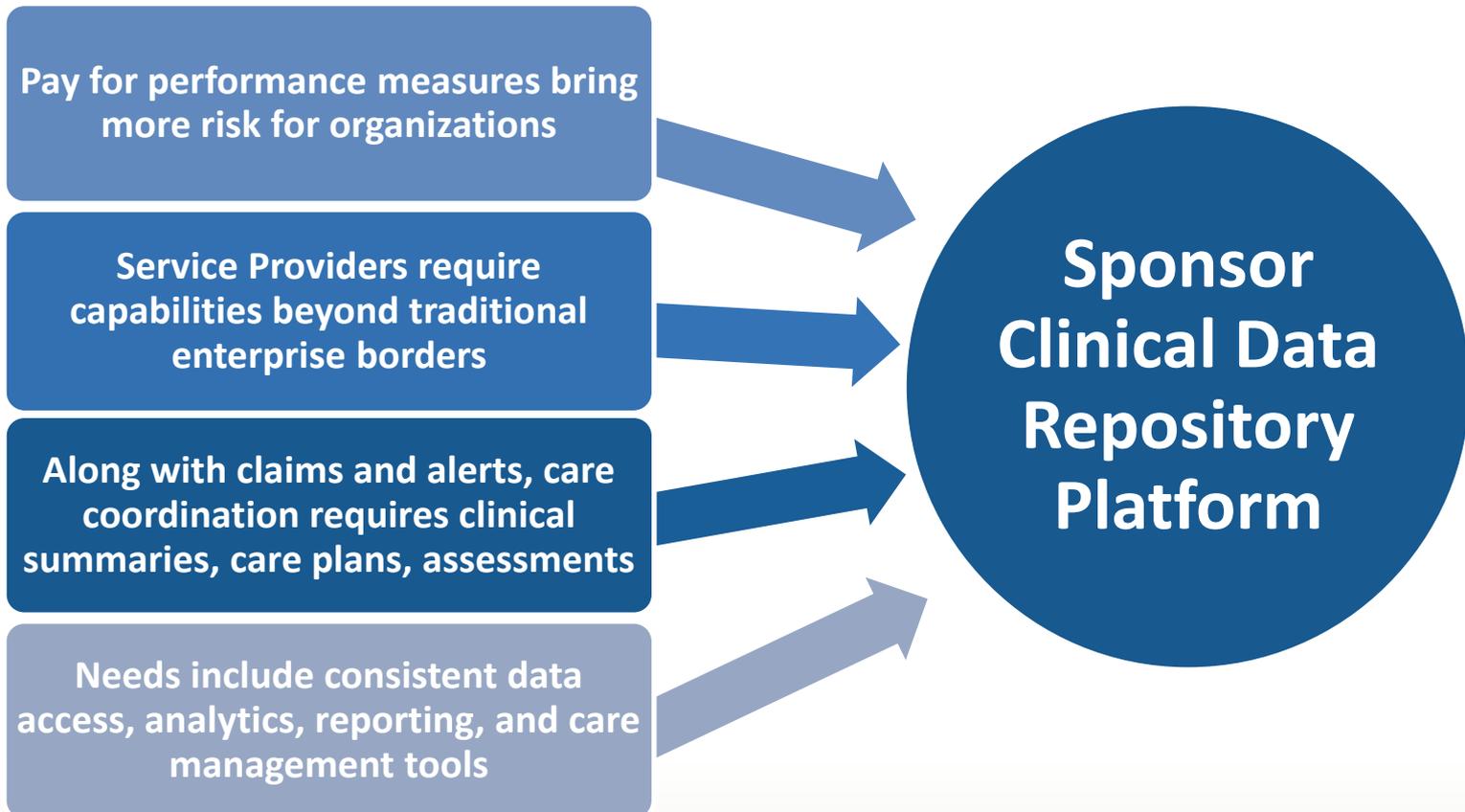
2011: WA ST Medicaid Electronic Health Records (ERH) Incentive Payment Program Began

- \$317 Million in EHR Incentive payments paid out to date
- Over \$200 million left for providers to claim as they move through Meaningful Use (MU)

Federal government has spearheaded important progress on the “standards” front.

- HCA will adhere to national standards and stay clear of one-off “local” standards

Meeting Emerging Needs



Strategic Decisions

- Avoid another data silo
 - Partner with OHP to evaluate, select, and bring tools for the state that can be made available to the broader care community
 - OHP makes CDR services available to HCA and others
- Take Action as a “first mover” and customer of the service
- HCA purchases services for nearly one-third of the state population and we are using that base to reach an early critical mass of clients
- Support the use of national standards that providers have invested in for Meaningful Use
- Multi-payer solution – other payers can subscribe to the CDR service (and already are!)

HCA Classification Efforts

- Providers requested that HCA develop consistent guidance on applicable privacy laws, at both the state and federal level.
- Two workgroups were formed with the Department of Social and Health Services (DSHS) and the Department of Health (DOH)
 - The Privacy workgroup focused on the legal aspects of privacy and data sharing
 - The Classification workgroup focused on the coding and segmentation of data to be shared
- Data inclusion and classification white paper available, showing HCA's determinations
- Privacy and Security webinar with findings on November 8th

Confidential Data Classification

- Required on every transaction with the CDR
 - Required by HL7 for C-CDA header
 - Required during manual document uploads (once available)
 - Required on administrative data loaded by HCA
- Shared responsibility – HCA and Providers
- HCA is undergoing classification efforts to ensure that HCA-submitted data is classified appropriately
- Proper classification supports role based access control

CDR Roles and Responsibilities

Sponsor

- Via our partners, pays for the cost of lives in the CDR
- Controls access to CDR data
- **HCA is the first sponsor, MCOs are sub-sponsors**

Trading Partner

- Sends data to the CDR, draws data from the CDR
- Must be a Participant in the OneHealthPort HIE
- **Hospitals, practices and other providers**

HIE/CDR Operator

- Manages HIE and deploys the CDR based on policies defined in contractual framework and by Sponsor
- **OneHealthPort**

Vendor

- Ensure C-CDA file format meets national standard
- Sets triggers for data submission per Sponsor spec's
- Automate C-CDA data submission process to CDR
- **EHR Vendors**

How are we paying for this?

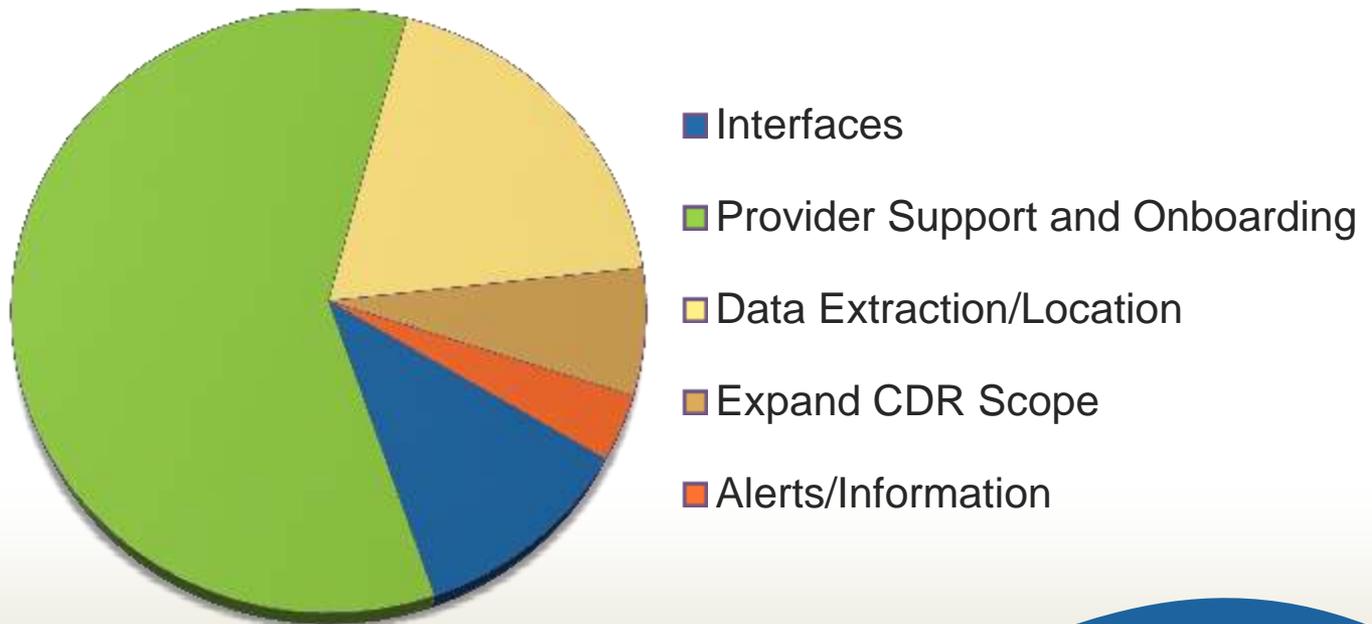
- MCOs, HCA and State HIE conduct a multi-year statewide project to establish CDR service for Medicaid Consumers
- MCOs and subcontractors are collaborating to enable the contribution and sharing of clinical data
- Partnership includes a shared cost model:
 - MMIS funding used to subscribe to CDR service and configure to our access and control policies.
 - CDR serves as a component of enterprise MMIS to collect clinical information needed for treatment and operations
 - MCO pays PMPY to OneHealthPort to manage patient record – based on client counts

HITECH Investment Roadmap

- Leverage Health IT contract and state match to analyze gaps in both care and technology
- Consult with groups of stakeholders that play a role in interoperability (outlined in ONC Nationwide Interoperability Roadmap)
- Identify areas for investment:
 - Re-usable interfaces to support data sharing
 - Technical assistance for provider onboarding and workflow changes
 - Acquire data extraction and record locator tools
 - Expand available clients and data sets
 - Develop alerting tools for care coordination

HITECH Investment Allocation

- Additional HITECH funds available to support HIT and Meaningful Use
- HCA requesting \$40M, at 90% federal match, for this one-time opportunity



One big benefit – Behavioral Health Integration

- Investments in this budget request directly impact BH providers
- Two assessments done in the last year to assess community needs directly with Providers via OTB Solutions
- We know that the BH Data Store is a short term solution
- HCA and DSHS working together on a long-term data solution that is administratively easier for providers and the Plans to operationalize
- Workgroup is starting up to identify systems and data issues to solve during organizational integration

Questions?

More Information:
[HealthIT Website](#)

Or email our team at:
healthit@hca.wa.gov