



The Office of the National Coordinator for Health Information Technology

Health Information Exchange Strategic and Operational Plan Profile

Overview

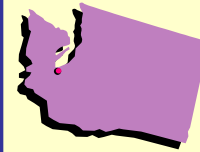
Washington has a variety of Health Information Technology (HIT) and Health Information Exchange (HIE) initiatives in communities and organizations across the state. Medicaid, Public Health, the Regional Extension Center, the Beacon Community grantee and the Community College Consortia are all collaborating with the HIE under the leadership of Richard Onizuka, Ph.D., State HIT Coordinator and Director of Policy at the Washington State Health Care Authority (HCA). HIT programs are closely aligned and coordinated through the Washington State eHealth Collaborative Enterprise (eHCE) Project Team. This organization coordinates the activities of several initiatives related to Substitute Senate Bill (SB 5501) and ARRA/HITECH. In April of 2009, SSB 5501 was passed by the Washington State Legislature. The Bill was designed to accelerate the secure exchange of high value data sets and directs HCA to designate a private sector organization to lead implementation of the bill. The HCA decided to extend the Lead Organization model to also support the ARRA HIE work and designated OneHealthPort as the Lead HIE organization for Washington State.

Model and Services

The proposed Washington State HIE architecture is a “thin-layer” model built to harness and leverage the existing HIT/HIE capabilities in the state. At the heart of the thin layer HIE is “the Hub”. The Hub will be a message routing engine for clinical and business transactions used to meet core business requirements of the market and to support Meaningful Use options for interested parties. The Hub will have the capacity to send messages to other HIEs, labs, and provider hubs. Additionally, limited data transformation capabilities will be offered to accelerate adoption and permit small organizations to connect in the first phase of the Hub implementation.

To connect interested parties to each other through the Hub, a self-administered registration tool will be included as a component of the HIE. Participating organizations sign up, declare what they are ready to send and receive from others, and maintain their technical profile over time. For interested parties that do not have clinical systems to send and receive messages, they are able to register through a browser tool to create a profile on what they are able to send and which trading partners they would like to connect with through the Hub. Once registered, users must test the transactions they plan to send to trading partners to certify they meet the community standards. By testing and correcting missing data, the community has cleaner messages from all participants. The new trading partner must be certified before they can begin trading a specific transaction. The limited data transformation that is offered will allow the sender to use one method of sharing data

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State Health Information Exchange Cooperative Agreement Program
HealthIT.hhs.gov



State:
Washington

HIT Coordinator:
Richard Onizuka
Health Care Authority

Award Amount:
\$11,300,000

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Website:
<http://www.hca.wa.gov/arra/hie.html>
<http://www.onehealthport.com/HIE/index.php>

Other Related ONC funding in Washington:

Health Information Technology
Regional Extension Centers (RECs)
\$12,846,482

Beacon Community of the Inland
Northwest (Spokane, WA)
\$12,749,740

Regional Community College Consortia
Bellevue College
\$3,364,798



such as uploading a file using File Transport Protocol (FTP) while another trading partner receives or sends their data to the Hub using a totally different protocol, such as web services to actively send and receive in a more real time fashion. The role of the Hub is to allow “any-to-any” translation so the sender and the receiver don’t have to use the same message protocol to trade messages. The mapping and translation services will be priced based on use since many organizations are capable of managing their own mapping and translation. The Hub requires all participants to meet a standard before sending message to trading partners; this service assists in meeting the standard and re-mapping from the standard back to the internal systems if needed.

Highlights

- **Provider Directory:** WA has proposed a two phase approach to a provider directory. The initial focus will be on the Hub’s capability to connect trading partners together through the Hub. The self-registration component will allow users to enter information about their organization, the data it has available and is willing to trade, the format it sends and the contact person for follow-up or questions. The Hub directory has the ability for one organization already registered with the Hub to invite another organization to sign up. Finally, the Hub directory can also track the progress of campaigns to enroll organizations. The second phase of the directory development will complement the work legislated by Washington State Substitute Senate Bill (SSB) 5346 that requires that all payers and hospitals use a common electronic system to collect the provider data required for credentialing and privileging. This means that all licensed practitioners in the state will ultimately reside in this very robust provider directory called the Provider Data Service (PDS). There is no requirement for PDS customers to be customers of the HIE. The PDS will provide equal access to all interested, qualified users in the State of Washington on a non-discriminatory and uniform basis. A strategy will be developed in 2011 to integrate the Hub directory with the PDS and blend its data with transaction oriented information in the Hub data base.
- **Hub Pricing:** The Hub pricing model will include an incentive built around Meaningful Use in 2011 by heavily subsidizing participation of key content suppliers (Labs, Pharmacies, etc) and providers who are trying to attain Meaningful Use in 2011.
- **Public Health:** Washington has the ability to receive all three electronically coded messages that meet the 2011 Meaningful Use criteria, and is currently looking to expand its capability to handle the increased volume of electronic reporting that is expected to occur. The statewide HIE will simplify connectivity and standardization of the data the Department of Health will be receiving. Adopting the HIE model will allow the DOH access to timely and consistent data that is not currently available through standard reporting practices.
- **Repository Population:** The proposed HIE Hub will have the ability to globally set rules for repository population (ie. registries, syndromic surveillance and other community assets or programs). This ability will allow the HIE Hub to route a copy of all documents from participating practices to the Beacon HIE based on specific events defined to monitor for diabetic patients captured for the Diabetic Care Management project.



Meaningful Use

<u>E-Prescribing</u>	<u>Landscape</u>	<u>Strategy</u>
	<p>81% of pharmacies in Washington State accept electronic prescribing and refill, with 8% of pharmacies in rural areas of the eastern half of the state and the remaining 11% in the Tacoma/Seattle Metros areas.</p> <p>Barriers to Washington pharmacies participating in e-Prescribing include:</p> <ul style="list-style-type: none"> • Currently, pharmacies pay the transaction fee for E-prescribing at \$.25 per prescription, while prescribing providers pay nothing. • Prescription information sent via E-prescribing software omits critical information required to properly fill the prescription, particularly diagnosis information. This requires pharmacists to call the prescribing provider to obtain necessary information. This additional process interferes with work flow. • Although SureScripts provides good data exchange for eligibility, formulary information, and prescription history, they offer no customer support function for pharmacies who may want to link-in with an E-prescribing work flow. 	<p>To encourage pharmacy registration in the Hub, Washington will be developing an e-Prescribing Focus Group with 12 Pharmacists and the Washington State Pharmacy Association to explore outreach methods to enroll pharmacies. The Focus Group of 12 pharmacies has 50% participation from small independent pharmacies. Additionally, a webpage will be offered for use by the Washington Pharmacy Association to encourage Pharmacies to enroll in the Hub, enter their information in the statewide provider database for use by the HIE and follow the HIE news for next steps.</p> <p>The HIE project is also considering a subscription to SureScripts Medication History, and offering it to pharmacies using E-prescribing.</p>



Structured Lab Results

Over 80% of labs are able to produce and deliver structured data results. This capacity is a result of significant consolidation of labs in Washington State over the past several years that has created a smaller number of technologically sophisticated organizations. Approximately 20% of labs are able to receive orders electronically. This number is expected to reach 60% within the next 6-12 months with labs working closely with vendors to increase the capability. The gap in lab exchange lies with the adoption of EHRs among providers and having the capacity to receive lab information. 25% of providers receiving structured lab results and 35-40% of lab results are being delivered electronically.

Washington will offer the use of the Hub to all labs and providers in the state. The Hub allows labs to deliver the results in almost any format as long as certain basic standards are followed. The Hub provides a way for trading partners to test their data to see if they meet the standards. Additionally, the hub provides basic mapping and translation services to allow participants to meet the required standards if they don't already do so.

In Washington State, three large reference labs split 90% of the lab market and the rest of the small labs tend to be small hospitals or large group practices running their own labs.

Patient Care Summary

According to the informational HIT Adoption Survey of providers, less than 30% of the eligible professionals who responded provided their patients with an electronic copy of their health information and less than 15% of the eligible professionals who responded provide their patients with clinical summaries of each office visit. For transition of care, 35% of eligible professionals provide summary care records for each transaction of care and referral and less than 50% of hospitals reported providing summary care records for their patients.

Provider directory allows providers to sign in, register their preferences for sharing information and helps each find desired providers with contact information.

Washington will offer the Hub to all providers in the state. It will also establish a way to connect to the states' other data exchange activities. It allows providers to share information in almost any format as long as certain basic standards are followed. Additionally, the hub provides basic mapping and translation services to allow participants to meet the required standards.



HIE Inventory

Standards		Quality Improvement	
Nationwide Health Information Network Exchange Specifications		Care Coordination	
Nationwide Health Information Network CONNECT		Quality Reporting	
Nationwide Health Information Network DIRECT		Behavioral Health Information Exchange	
Plans to exchange with federal agencies or other states via Nationwide Health Information specifications		Lab Strategy	
Public Health		Translation services	X
Electronic lab reporting of notifiable conditions	X	EHR interface	
Syndromic surveillance	X	Policy strategy	
Immunization data to an immunization registry	X	Order Compendium	
Patient Engagement		Bi-Directional	
Patient Access/PHR			
Blue Button			
Patient Outreach		E-Prescribing	
Privacy and Security		Alignment with CLIA	
Privacy and Security Framework based on FIPS		Medication History	
Individual choice (Opt In/Opt Out/hybrid)		Incentive or grants to independents	
Authentication Services	X	Plan for controlled substance	
Audit Log		Set goal for 100% participation	
Administrative Simplification		Controlled substance strategy	
Electronic eligibility verification	X	Care Summaries	
Electronic claims transactions	X	Translation services	X
Vendor		CCD/CCR Repository	
Planning		Directories	
Core Services	Axway	Provider Directory	X
		Master Patient Index	
		Record Locator Services	
		Health Plan Directory	
		Directory of licensed clinical laboratories	

Information for this profile was obtained from the approved Operational and Strategic Plan submitted to the National Coordinator for Health Information Technology as a condition of the Health Information Exchange Cooperative Agreement. The complete plan can be downloaded at: www.statehieresources.org.



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