

Health Information Exchange

FY2022 Request: \$4,080,908

Reference No: 63218

AP/AL: Appropriation

Project Type: Information Technology / Systems / Communication

Category: Health/Human Services

Recipient: Various

Location: Statewide

House District: Statewide (HD 1-40)

Impact House District: Statewide (HD 1-40)

Contact: Amy Burke

Estimated Project Dates: 07/01/2021 - 06/30/2026

Contact Phone: (907)465-1624

Brief Summary and Statement of Need:

The department requests federal authorization and state match in order to make use of the final year of federal Health Information Technology for Economic and Clinical Health Act (HITECH) funding. Without this funding, the State's Health Information Exchange (HIE) cannot successfully transition to the operations phase (at a 75%/25% federal to state match), the underlying infrastructure will not be supported, and many of the projects underway to closeout will not be completed.

Funding:	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	Total
1002 Fed Rcpts	\$3,600,801						\$3,600,801
1004 Gen Fund	\$480,107						\$480,107
Total:	\$4,080,908	\$0	\$0	\$0	\$0	\$0	\$4,080,908

<input type="checkbox"/> State Match Required	<input checked="" type="checkbox"/> One-Time Project	<input type="checkbox"/> Phased - new	<input type="checkbox"/> Phased - underway	<input type="checkbox"/> Ongoing
0% = Minimum State Match % Required		<input type="checkbox"/> Amendment	<input type="checkbox"/> Mental Health Bill	

Operating & Maintenance Costs:

	<u>Amount</u>	<u>Staff</u>
Project Development:	0	0
Ongoing Operating:	0	0
One-Time Startup:	0	0
Totals:	0	0

Prior Funding History / Additional Information:

This request is associated with several prior requests relating to the State's Health Information Exchange (HIE) and Health Information Infrastructure.

Project Description/Justification:

The department requests capital federal authorization and state match for the final year of federal HITECH funding. Without this funding, the Health Information Exchange (HIE) cannot successfully transition to the operations phase (at a 75%/25% federal to state match), the underlying infrastructure will not be supported, and many of the projects underway to closeout will not be completed. This funding is crucial to many COVID and behavioral health electronic reporting projects meant to eliminate faxing, manual processes, and duplicate data entry. These projects reduce reporting burden on providers, increase the speed of patient data exchange, and streamline public health reporting.

What is the purpose of the project?

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Since 2011, the HIE has been supported at a rate of 90% federal financial participation with a 10% state match. The federal funding source, HITECH, sunsets at the end of Federal Fiscal Year 2021 (September 2021). The department is in the process of transitioning this project to traditional Medicaid funding (MMIS) for Federal Fiscal Year 2022 (beginning October 2021). The project history is as follows:

- 2010: \$26,675,000 appropriated for SB133 Health Information Exchange and Health Information Infrastructure.
- 2013: \$3,277,260 appropriated for the Health Information Gateway. NOTE: This appropriation is pending a scope change submission for language clean up in order to access funds.
- 2014: \$2,000,000 appropriated for the Health Information Exchange.
- 2017: \$2,863,000 appropriated for Health Information Infrastructure and connections to the HIE, including:
 - Pharmacies
 - Prescription Drug Monitoring Program Health Information Infrastructure
 - Alaska Psychiatric Institute and behavioral health providers
- 2018: \$7,628,548 appropriated for the Health Information Exchange and Health Information Infrastructure.

The Health Information Exchange (HIE) was established in 2010 under SB 133 and is codified in AS 18.23.300. The HIE connects Alaska hospital and provider Electronic Health Record (EHR) systems in order to provide optimal care to patients across the state’s health care system. Additionally, the HIE provides electronic reporting capabilities to the divisions of Public and Behavioral Health, reducing provider burden and increasing timeliness of these important health data. Without the HIE, patients and providers do not have access to a comprehensive health record, which can result in increased health care costs and duplicative service delivery.

Is this a new systems development project? Or, an upgrade or enhancement to existing department capabilities?

This project is continued development of an existing system.

Specifically, what hardware, software, consulting services, or other items will be purchased with this funding? Include a line item breakdown.

Breakdown of SFY 2022 Total Costs

State Personnel, including benefits	State Support	\$185,088
Contractor Costs	Contracted Service	\$3,815,802
Capital Funds Administration	Capital Improvement Project	\$80,018
Total		\$4,080,908
Total Federal Financial Participation		\$3,600,801
Total General Funds		\$480,107

How will service to the public be measurably improved if this project is funded?

If this project is funded, service to the public will be measurably improved in the following ways:

- Public Health (PH) will be able to receive and send health information electronically, decreasing lag between reportable events and provider intervention to more effectively protect public health statewide.
 - Testing. The HIE is connecting Public Health Labs and the Section of Epidemiology in order to provide integrated lab ordering, results, and reporting to significantly reduce faxing and duplicative data entry. In practice, this means that COVID-19 and other reportable condition tests can be ordered through a hospital/provider's electronic health record system, be sent to the PH Labs, and the results sent back to the provider's EHR as soon as the result is completed. For those tests not ordered through the PH Labs, reportable test results can be sent electronically to Epidemiology, without the need for faxing and data entry by both the provider and the epidemiologists. This will allow patients to receive their lab results more quickly and reduce duplicative testing/health care costs.
 - Immunization. The HIE is connecting the immunization registry, VacTrAK, in a bidirectional manner so that a provider can send immunization records to Epidemiology and view a patient's immunization history. This includes COVID-19 vaccination information when a vaccine becomes available.
 - Reporting. Additional registries are targeted for connection to the HIE in order to move to integrated, electronic reporting as in the above examples. These registries include Vital Statistics, Emergency Management Services (EMS) databases, Physicians Orders for Life Sustaining Treatment (POLST)/advanced directives, and others identified as a priority.
- Medicaid. Connect Medicaid claims so they are available for provider lookup and to comply with the Office of the National Coordinator (ONC) Interoperability Rule, effective July 1, 2021. This rule requires that patients are able to view their insurance claims on agnostic platforms of their choosing.
- Behavioral Health. Providers will be able to view and share patient health information consistent with 42 CFR Part 2 to coordinate care among this population subset and in line with the 1115 Waiver.
 - Onboarding Behavioral Health providers. In conjunction with Alaskan emergency departments, behavioral health providers are being onboarded to the HIE to make patient data available to the many levels of care these patients make seek. This improves care coordination and quality, safeguarding this vulnerable population with the goal of reducing emergency department visits and providing appropriate levels of care.
 - Connect important behavioral health agencies. Two agencies of specific interest to the behavioral health system and emergency departments are Alaska Psychiatric Institute and Department of Corrections. These two agencies are key to the Alaska behavioral health system and without this data, emergency departments and behavioral health providers are missing a big amount of information on their patients' care and conditions.

Will the project affect the way in which other public agencies conduct their business?

If this proposal is not enacted, the department will be out of statutory compliance with AS 18.23.300. Additionally, there are many operational consequences for the department as well as the state health care system:

- Electronic COVID-19 test reporting will be disrupted (Electronic Lab Reporting, Public Health Labs requisition/resulting, planned contact tracing work, and private lab reporting).

- Behavioral Health providers will not have an efficient means to connect to the Administrative Services Organization under the 1115 behavioral health waiver.
- Work underway to connect the following systems will halt:
 - Medicaid claims connection (MMIS)
 - Immunizations
 - Department of Corrections (for emergency departments, behavioral health providers to access patient records)
 - Alaska Psychiatric Institute (for emergency departments, behavioral health providers to access patient records)
 - Vital Statistics (for birth/death information on patients)
 - Emergency Management Services (EMS) (related to behavioral health crises)
 - Various public health registries (for centralized, electronic reporting to Public Health)

What are the potential out-year cost implications if this project is approved? (Bandwidth requirements, etc.)

The potential out-year cost implications if this project is approved are comparatively minimal. DHSS expects a minimum 15% decrease in enhanced Federal Funding Participation (FFP) from 90% state match to 75% state match per the Centers for Medicare and Medicaid Services (CMS) guidelines. This decrease in FFP is due to the fact that the HITECH funding (90%/10% CMS enhanced FFP) sunsets in September 2021. At that time, the Health Information Exchange (HIE), which has been singularly funded through HITECH, will move from development into operations. While the operations enhanced FFP is 75%/25%, the overall costs for the HIE should be less as the system moves into this phase. HIE enhancements and other “new” projects will still be matched at the 90%/10% FFP rate. This is because the HIE funding will move from HITECH to MMIS/MES funding with the sunset of HITECH. The HIE continues to explore alternative funding opportunities for the state match and to cover operations, such as grants and participation fees, in order to meet the statutory requirement that it become self-sustaining.

What will happen if the project is not approved?

If this proposal is not enacted, the department will be out of statutory compliance with AS 18.23.300. Additionally, there are many operational consequences for the department as well as the state health care system:

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