Project Title	Health Information Exchange
Nomination Category	Digital Government: Government to Business
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Agency	Department of Labor and Industries
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I. EXECUTIVE SUMMARY

The Department of Labor & Industries' (L&I) Health Information Exchange project made it possible for health care providers to share clinical data with the department. This is a major step forward in managing the treatment of injuries and illnesses among Washington's workers. For the large medical clinics that treat most of our injured workers, this project represents the beginning of the end for paper forms and the many frustrations connected with them.

Until now, health care providers have been faxing or mailing more than 7.4 million pages of medical information to the department. Storing, interpreting, and correcting these documents has sometimes delayed medical treatment, which delays injured workers from healing and returning to their jobs. By enabling data sharing, this project will speed up claim decisions, helping workers recover faster and reducing costs for their employers. The department projects savings of $4.1 million savings during the first four years following implementation.

This project focused on one key medical form used in the treatment of injured workers—the Activity Prescription Form (APF). The project also put in place everything needed to share other clinical information in the future.

The Department of Labor and Industries partnered with OneHealthPort to enable secure transmission of data from providers to the department and back. Thus, this project strategically built on the state's investment in OneHealthPort and its health-information exchange. The project also leverages recent federal investments that gave grants to health care providers for creating or improving their electronic medical records.

Washington State has been a national leader in creating the infrastructure needed to provide online services. By reducing the use of paper and freeing staff and health care partners from repetitive communications to gather missing information, this L&I project continues the state's record of innovation to increase administrative efficiency. This project also continues L&I's record for leadership and innovation in caring for our state's workers.

II. CONCEPT

Public agencies often rely on paper forms to gather customer information; unfortunately, customers frequently enter information incompletely or illegibly, greatly hampering the ability of public agency staff to provide services quickly and efficiently.

The Department of Labor and Industries is one of the many agencies that struggles with this challenge of gathering accurate and timely information from paper forms: each year, health care providers fax or mail more than 7.4 million pages of medical treatment information to the department. Once received, the documents are imaged. Because it's not possible to capture

data from imaged documents, the department's claim managers must read, or at least skim, the documents to glean the information they need to make decisions.

It's easy to miss notifications such as a doctor's "release to work" or a note that the worker has "reached maximum medical improvement." Either because they can't find information, or the documents are incomplete or illegible, claim managers often call or write to request information, even though the provider may feel they have already sent it to the department.

The confusion hampers decision-making, which delays injured workers in healing and getting back to their jobs. It also puts an additional burden on providers and reduces their willingness to treat Washington workers.

Why the Department of Labor and Industries chose this project
The department's strategic goals include: 1) helping injured workers heal and return to work, and 2) making it easier to do business with the agency. Because the department's reliance on paper forms has created significant barriers to both of these goals, this project was selected— making it possible for health care providers to better share clinical data.

The agency deals with a wide range of health care providers, and as such, supports multiple methods of information delivery: manual process (paper forms), direct entry, and data sharing. The model will be fully integrated with billing processes. For clinical information, which is far more complex than billing data, the department is not as far along.

In 2011, the department launched an online direct entry claim-filing system (FileFast), a major step forward at the time. Some health care providers were willing to key in information because it speeds up claim confirmation and processing. However, when providers have already keyed the information into their own electronic medical records system, they refused to re-key information. For large providers that treat thousands of workers each year, the duplication is a major issue—they want to share data with the department directly from their Electronic Medical Record systems.

The new Health Information Exchange (HIE) process makes that possible. With minimal configuration on the provider side, they can now send information directly to the department without having to copy and paste into a different system.[1]

Having OneHealthPort as a partner meant that the department did not need to create its own secure exchange protocol—a project that would have required a major IT investment over

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[1] Many health-care offices, especially small offices or clinics that deal with L&I infrequently, will want to continue completing paper forms and faxing or mailing them because they do not maintain the technology resources to complete technical projects.

successive years—to support multiple health-information exchange formats. Instead, the department chose to build on the state's investment in OneHealthPort, which Washington has designated as the statewide health-information exchange.

How information is shared and kept secure
To enable data transmission from providers to the department and back, the agency partnered with OneHealthPort, which allows health care organizations to securely exchange health care information. The exchange creates a technical protocol that allows the system to accept data from multiple formats, letting a wide range of partners to easily share both business and clinical information. Many Washington providers already use it to share confidential medical information between different facilities. The messaging protocol is set by Health Level Seven International, a critical international standard for transmitting health care data.

Description of the project
The department completed successful pilots of the new data exchange for the Activity Prescription Form with two leading health organizations, MultiCare Health System and Proliance Surgeons, and supported them by: 1) helping prepare strong business cases so that they could prioritize resources; 2) producing a robust implementation guide; and 3) regularly working with their business leaders and technical teams to answer their technical, business work flow, and usability questions.

Because this was new work to all parties, the department's team used a skeleton of standard implementation tasks and weekly check-ins to ensure continuing progress. At the same time, the project team worked with internal technology teams to set up an internal structure that supports enterprise-wide adoption of this technology. The department created robust, centralized data repositories and designed business rules through the IBM business engine so that information can flow to care coordinators and other users. Throughout the pilot, the team created documentation to support continued expansion of this technology.

Communicating with partners to encourage wider use
The department now is inviting other organizations to implement the electronic data exchange for this key form and also is developing implementation guides for the Report of Accident, care coordination chart notes, and standardized claim information exchange.

A communication plan is in place that includes publishing articles on the department's medical listserv, sharing news through regular outreach and training with health care providers, contacting the state's large health care and medical management associations directly, and building a website that explains the data exchange and encourages adoption by more organizations.

III. SIGNIFICANCE

This project benefits workers, their employers, health care providers, and department staff.
The Health Information Exchange project signals the beginning of the end for the paper forms used as part of the treatment for injured workers, as well as the inefficiencies and frustrations paper forms cause. The project took a major first step toward having clinical data available throughout the life of an injured worker's claim.

About 70 percent of the department's injured workers are treated by 10–20 percent of the providers in the medical network; many of these providers have already invested in their electronic medical records. Establishing the department's connection with Washington's statewide health information exchange means that health care providers can send selected documents, and the department receives complete and accurate information more quickly.

This project improves response times for authorizing medical treatment, beginning other services (such as vocational support), and making decisions related to claims. Ultimately, the project helps workers heal and return to work more quickly, a far better outcome for them than delay on claims that contributes to disability.

The project will save money for employers whose insurance premiums support the workers' compensation system. **Savings of $4.1 million** are projected during the first 4 years following implementation.

The project improves provider satisfaction in working with the department and should increase willingness to treat workers. For participating health care providers, this project reduces the major headaches of managing paper forms, which includes ensuring forms are sent in a timely manner, imaging forms into their electronic systems, and duplicating the information that is available in their electronic medical records. These headaches caused delayed authorizations and repeated requests for information.

How the Health Information Exchange project supports strategic goals
The department's strategic goals include helping injured workers heal and return to work (Goal 2) and making it easier to do business with the agency (Goal 3). Under these goals, the project was selected to make it possible for health care providers to share clinical data with the agency.
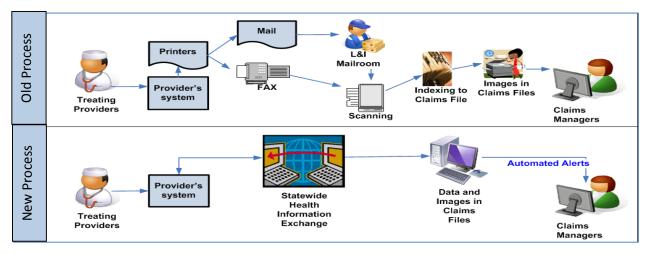
The project is aligned with the Centers for Medicare and Medicaid's "Meaningful Use" program, which promotes the use of electronic health records and electronic sharing of medical information.

Finally, the Health Information Exchange project contributes to the goals of the Governor's Results Washington plan: Healthy and Safe Communities (Goal 4), and Efficient, Effective, and Accountable Government (Goal 5).

IV. IMPACT

The Health Information Exchange project enabled data sharing for the most complex of our forms associated with medical treatment of injured workers. The project immediately produced results, with 8 percent of these forms now being communicated as data. On claims where we have the data, our claim managers can focus on understanding each claim's complexities rather than searching for missing information. Medical treatment can be authorized more quickly, supporting services can be triggered more quickly, and workers are going back to work as soon as they are safely able to do so.

The following illustration highlights the simplicity of the new process compared to the old one.

Comparing impacts of the old and new processes for sharing medical information
The following table provides a more detailed look at the ways in which paper forms create delay, and how the new Health Information Exchange (HIE) improves efficiency.

Stakeholder	Impact without HIE (Previous State)	Impact with HIE (Changed State)
Injured workers	▪ Delays in information from providers can delay basic decisions about claims which in turn can delay payment of wage-replacement benefits. ▪ Delays in treatment. ▪ Delayed return to health and jobs.	▪ Faster decisions regarding their claims. ▪ Faster approval for medical treatment. ▪ Faster healing and return to work.
Health care Providers	▪ Use paper forms to communicate with the department, making it hard to provide complete and legible information.	▪ Information is keyed in, eliminating illegibility and confusion.

Stakeholder	Impact without HIE (Previous State), cont.	Impact with HIE (Changed State), cont.
Health care Providers, cont.	- When forms are incomplete or illegible, providers must take time to resubmit corrected information. - Forms are submitted by fax or mail, which involves costs. - If a fax transmission fails, providers must take time to resubmit.	- Missing data is highlighted; system will signal completeness. - Can focus their time on treatment issues rather than on paperwork and duplicative requests for information. - Improves performance measures for completeness and accuracy that are associated with payment incentives. - Providers will be more satisfied treating injured workers. In surveys, paperwork is the main cause of dissatisfaction with treating workers.
Claim managers	- Spend a significant amount of time searching scanned forms for information. - No search function for key words. - Providers' handwriting on forms is often illegible and the forms are often incomplete. This creates circular, frustrating communications with health care providers.	- Frees up claim managers' time so they can focus on managing claims. - Can review data rather than needing to interpret hand-written forms. - Reduces need to search for critical information in imaged documents. - Reduces need for calls and letters to and from health care providers for missing information.
Employers	- Their injured employees are off work longer because of delays in medical care and recovery. - Reduced productivity due to vacant positions. - Pay higher insurance premiums due to longer periods of medical treatment and wage-replacement.	- Can bring workers back sooner because "release to work" information is available faster. - Projected $4.1 million savings to the workers' compensation system during the first 4 years following implementation. - Lower insurance premiums.

Future State – Next steps after the project

The move to electronic sharing of clinical information is not stopping with one form. The department relies heavily on other medical treatment forms that could be processed through the Health Information Exchange and is working with health care partners to decide which form or forms should be enabled next. With faster and more accurate information and thanks to data sharing, both medical providers and the Department of Labor and Industries can partner to provide faster and more effective services that help workers heal and return to work.