



Department of Health
2023-25 Regular Budget Session
Policy Level - IB - Master Persons Index Expansion

Agency Recommendation Summary

The Department of Health requests funds for staffing at DOH for onboarding new systems, maintenance, and operations of the Master Person Index (MPI) Initiative, and coordination with the HHS Coalition MPI Initiative. The Coalition MPI is an identity matching solution that analyses a minimal defined set of demographic data to provide a single common identifier across systems that carry the identifier. Without this funding DOH loses the ability to coordinate and simplify navigation of multiple programs for individuals, as well as losing the opportunity to gain efficiencies and cost savings through leveraging and aligning resources among programs.

Fiscal Summary

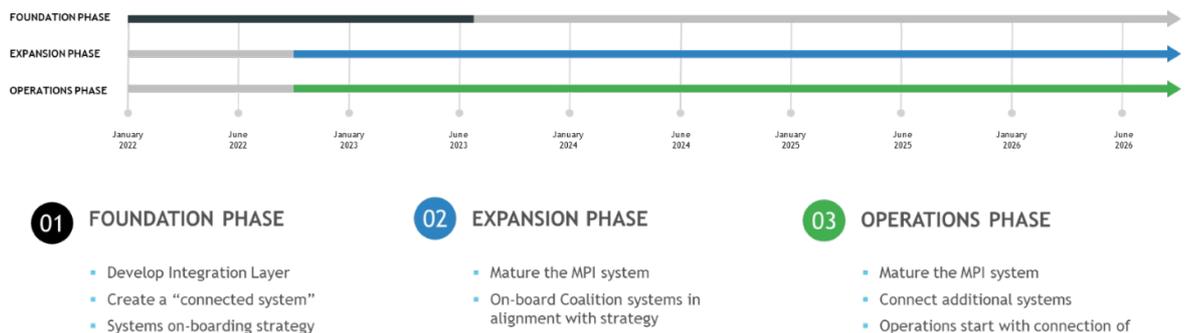
Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	10.1	10.0	10.05	10.0	10.0	10.0
Operating Expenditures						
Fund 001 - 1	\$1,652	\$1,339	\$2,991	\$1,339	\$1,339	\$2,678
Total Expenditures	\$1,652	\$1,339	\$2,991	\$1,339	\$1,339	\$2,678

Decision Package Description

Problem:

The HHS Coalition operates in a complex environment and administers numerous programs to support Washingtonians. Programs administered by the HHS Coalition agencies cover the entire population of Washington, and more than 2.8 million people are served by at least two HHS Coalition agencies. The complexity of program administration, management and coordination is further compounded by the reliance on dozens of disparate IT solutions. Each of these IT solutions store similar data about individuals with no centralized index to coordinate client information across programs or systems. The absence of a centralized index requires individuals to provide similar information to each program, agency, and system with which they interact, creating inconsistent data and undue burden, frustration, and barriers to service. A centralizing capability is essential for effective program planning, integrity, development, delivery, analysis, measurement, and the ability to capture an individual’s entire continuum of care.

In 2022, the Coalition launched the Master Person Index to create a shared unique identifier across Coalition systems. The Coalition began the foundation phase of the Master Person Index, where an integration layer was developed that will support multiple Coalition system connections. Initial health and human service systems have connected to the MPI, already yielding benefits in data deduplication, improved sharing data between systems, and facilitates cross system data analytics. During the next biennium, the MPI initiative will move into an expansion phase multiple systems are expected to connect to the MPI. The MPI initiative timeline is described below in Figure 1.



As a foundational technology, the MPI and its matching capability improves as more systems are connecting and capable of exchanging data using the shared MPI identifier. This MPI solution uses an agreed-upon set of unique data points and services coupled with systematic matching processes to establish unique identifiers to be associated with each individual who interacts or receives services across organization boundaries. The MPI will streamline these processes among agencies, potentially reducing unnecessary time for clients and improving outcomes for Washington residents. An MPI offers the opportunity to greatly enhance population health management by providing a more complete picture of clients served by multiple state programs, while managing costs by reducing the redundancy of services. It is foundational to achieving HHS Coalition goals and supports integrated eligibility objectives of a single intake and exchange of eligibility determinations, and enrollments for multiple programs. The MPI is expected to result in the following.

Enable coordination of data about the same person, improving data quality, consistency, and accuracy

Enable effective case management, care coordination, program planning, and advanced analytics across HHS Coalition

programs

Support improving service delivery and client experience, reducing the need to enter the same data across multiple systems

Proposal:

This package was developed in partnership with HCA/HHS Coalition and is a companion to one submitted by the Health Care Authority on behalf of four Coalition agencies. Since DOH was requesting FTEs/staffing as part of this scope, HCA was not allowed to include that request in the HCA/Coalition package.

This funding package provides staffing that will support the onboarding of the DOH MPI datasets and support operational governance at the Department of Health.

DOH is expecting to establish their initial connection to the MPI integration layer in Q4 of 2022 and connect four of their disease surveillance systems during the next biennium in roughly 6-month intervals. The specific systems will be determined in alignment with DOH priorities and their strategic plan. These systems will be connected at the Identifier Stored level of the Coalition maturity pyramid, which supports receiving and storing the common MPI identifier for internal and cross HHS Coalition use.

Alternative:

The Department of Health will not be able to realize the benefits of the State’s initial investment in the MPI. The Department will not be able to improve customer experience and will continue to require the client to understand the nuances of multiple programs, including entering the same information multiple times and minimizing the State’s ability to view clients holistically. DOH has over fifty data sources that are planned to be onboarded to MPI over the next several years. By not funding the request, DOH and the Coalition will not have the information to facilitate access to other program services that would contribute to the individual or families’ overall health, well-being, and self-sufficiency. We also lose the ability to coordinate and simplify navigation of multiple programs for individuals, as well as losing the opportunity to gain efficiencies and cost savings through leveraging and aligning resources among programs. This may result in one-off solutions which inhibit achieving the vision and goals for MPI.

For staffing of the DOH MPI Initiative, the two options considered were hiring FTEs or using contract staff. Contractors were used in the initial implementation phase of the DOH instance of Verato. For the long-term MPI program, hiring internal capacity reduces staffing costs and develops internal expertise and skills for successful onboarding, maintenance and operations, and collaboration with the HHS Coalition. This option provides for long-term support as this core service is developed.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

These assumptions are based on a continuation of the current (FY23) funding level for FY24. This is a transition of work to new FTEs.

Detailed Assumptions and Calculations:

Non-FTE, one-time costs include \$271,680 for contractor technical support during the time that DOH onboards permanent technical support staff and completes their knowledge transfer for ongoing system support.

The cost estimates include the staffing need for next biennium and continuing support to onboard additional data in the coming years. The following list includes FTE information by job classification and salaries. Other staffing-related costs are reflected in the “Fiscal detail” above.

Job Classification	FTE	Salaries
IT BUSINESS ANALYST - JOURNEY	2.0	200,064
IT QUALITY ASSURANCE - JOURNEY	1.0	100,032
IT APPLICATION DEVELOPMENT - JOURNEY	2.0	200,064
IT SYSTEM ADMINISTRATION - SENIOR/SPECIALIST	1.0	110,292
MANAGEMENT ANALYST 4	1.0	82,895
IT PROJECT MANAGEMENT - JOURNEY	1.0	105,060

Staffing: Staffing need includes the following requirements in support of onboarding and maintenance for the DOH MPI implementation and supported datasets:

Readiness assessment (security, data quality, source system resource availability)

Data sharing agreements

Development, testing and support for one-time data extract for load into Verato.

Analysis and reconciliation of matched data results from Verato.

Requirements and design work for connection to the DOH enterprise data integration layer (EDIL).

For operational use case (de-duplication) systems; develop the business logic for onboarding and offboarding the source system data to the MPI data flow, in addition to implementation of the API connections to the coalition integration layer for linkages. Revise and train on any updated business processes.

For analytical use case systems, implement the API connections to the coalition integration layer for linkages.

Quality Assurance and User Acceptance Testing.

Adding new data sources to the MPI DOH enterprise data integration layer.

Collaboration with the coalition agencies for onboarding other coalition agency data sources; at a minimum, validation and regression testing for DOH data.

Link stewardship coordination; within DOH and representing to the coalition.

Project management for onboarding each new data source.

Scrum Master management of the backlog of requests and work for the technical team.

Management analysis for facilitating link stewardship and record merging, internal to DOH and in collaboration with the HHS Coalition.

Workforce Assumptions:

Workforce Assumptions FY24 Projections Only

FIE	Job Classification	Salary	Benefits	Startup Costs	FIE Related Costs
2.0	IT BUSINESS ANALYST - JOURNEY	\$200,000.00	\$72,000.00	\$8,000.00	\$15,000.00
1.0	IT QUALITY ASSURANCE - JOURNEY	\$100,000.00	\$36,000.00	\$4,000.00	\$8,000.00
2.0	IT APPLICATION DEVELOPMENT - JOURNEY	\$200,000.00	\$72,000.00	\$8,000.00	\$15,000.00
1.0	IT SYSTEM ADMINISTRATION - SENIOR/SPECIALIST	\$110,000.00	\$38,000.00	\$4,000.00	\$8,000.00
1.0	MANAGEMENT ANALYST 4	\$83,000.00	\$32,000.00	\$4,000.00	\$8,000.00
1.0	IT PROJECT MANAGEMENT - JOURNEY	\$105,000.00	\$37,000.00	\$4,000.00	\$8,000.00
2.1	FISCAL ANALYST 2	\$111,000.00	\$54,000.00	\$0.00	\$0.00
10.1		\$909,000.00	\$341,000.00	\$32,000.00	\$62,000.00

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.

Strategic and Performance Outcomes

Strategic Framework:

Programs administered by the health and human service agencies cover the entire population of Washington and more than 2.8 million people are served by at least two agencies. The complexity of program administration, management and coordination is further exacerbated by the reliance on dozens of disparate information technology solutions. Each of these information technology solutions store similar data about individuals with no centralized index to coordinate client information across programs or systems. Once these systems are connected to the MPI, programs can recognize the same person across systems, improving data quality, consistency, and accuracy. Additionally, the MPI improves the ability to coordinate services across Coalition organizations and can enable more effective case management, care coordination, and program planning.

This project will substantially impact two of the Governor's Results Washington goal areas:

Healthy and Safe Communities

Health and human service agencies have not been able to easily align and coordinate services for individuals served by the same program. This issue was acutely realized during the beginning of the COVID public health emergency, when agencies had limited ability to target those diagnosed as COVID-positive or those at high risk. Analysis that previously took weeks of matching individuals across programs will take hours.

Effective, Efficient, and Accountable Government?

The MPI solution will enable systems connections to better coordinate State services for residents of Washington State. This will result in more effective and efficient programs and a better understanding of the needs of Washingtonians

This proposal supports the Dept. of Health's **Transformational Plan Priority I. Health and Wellness, II. Health Systems and Workforce Transformation** in that all Washingtonians have an opportunity to attain their full potential of physical, mental, and social health and well-being, and that all Washingtonians are well served by a health ecosystem that is robust and responsive, while promoting transparency, equity, and trust. This proposal achieves this priority by innovation: MPI supports timely and locally relevant data, metrics, and analytics – collecting data from multiple sources and quickly analyzing these data for real-time public health decision-making. Data is used to understand and measure inequities and address those inequities.

Also, the department's data strategy is in development, seeking to modernize and integrate public health systems in alignment with the national public health Data Modernization Initiative. The department is an active participant in the Washington Health and Human Services (HHS) Coalition, collaborating with partner agencies and the OCIO on shared goals and investments for maximum efficiency and service delivery.

Performance Outcomes:

The MPI, when fully implemented, will minimize the necessary information clients will need to submit when applying for various State services offered by HHS Coalition agencies. Additionally, the State has set ambitious goals to transition the purchase of health care to value based purchasing; and Washington has many cross-agency coordination initiatives – from opioid use disorder reduction to protecting the welfare of children that could benefit from having a consistent identifier for clients who receive services in multiple program areas. Finally, the MPI is foundational to the State's eligibility system modernization, by enabling cross system identification and minimizing the need for clients to enter duplicate information.

The MPI also will support analytic use cases, allowing agencies to better understand the individuals served by multiple HHS Coalition programs. This will allow better targeting of services, program improvements and eliminating inefficiencies.

An MPI priority for DOH is support for onboarding datasets to advance the opioid response plan. By adding this data to the MPI solution it expands the analytical capability to conduct a more comprehensive analysis. This can help drive policy decisions or problem solving. The addition of opioid datasets to the MPI solution would enable several initiatives in understanding data that allow us to:

- Evaluate prescribing practices

- Understand location of occurrence of overdose cases

- Associating Emergency Management Services trip records with definitive diagnoses for quality assurance and improvement in the use of naloxone and identification of opioid overdose cases

- Support of dashboards with data needed by both internal and external stakeholders

Equity Impacts

Community outreach and engagement:

Community Outreach and Engagement:

By providing a more complete picture of a person's data across the HHS and DOH public health data systems, public health inequities become easier to identify. MPI supports timely and locally relevant data, metrics, and analytics – collecting data from multiple sources and quickly analyzing these data for real-time public health decision-making. Data is used to understand and measure inequities and address those inequities.

Disproportional Impact Considerations:

Disproportional Impact Considerations:

Implementation of the HHS Coalition MPI and the DOH connection to the MPI, enables information about individuals to be securely matched across HHS Coalition systems and allows a variety of HHS Coalition programs to collaboratively enroll and care for clients that navigate complex eligibility and healthcare. This will ultimately increase access to care and reduce health and social disparities across communities served by the HHS Coalition.

Target Populations or Communities:

Target Populations and Communities:

This proposal funds the staffing for MPI efforts for connection of additional DOH systems. The MPI will affect all client-supporting systems across all HHS Coalition programs and assisting in the reduction of barriers to clients' enrollment into programs, especially the disproportionate impact on marginalized communities and their ability to navigate multiple complex enrollment processes, by reducing the number of interactions individuals will need to have with HHS Coalition systems.

Other Collateral Connections

Puget Sound Recovery:

NA

State Workforce Impacts:

There are no known workforce impacts for this project.

Intergovernmental:

There are no known impacts to regional county or city governments for the MPI Project. The MPI Project team is just beginning to engage with Tribal Liaison staff to understand Tribal government perspectives. As the project continues, the MPI Project team will meet with tribal representatives as appropriate to discuss the project and address concerns, should they arise.

Stakeholder Response:

There are no known stakeholders that would be impacted by this project.

State Facilities Impacts:

There may be some need to find workplace for the staff included in this project, but with the current work from home policies that may not be necessary.

Changes from Current Law:

There are no current changes that necessitate this project.

Legal or Administrative Mandates:

There is no current legal or administrative mandate for this project.

Reference Documents

[2023-25PrioritizationWorksheetIT - MPI 8-8-22.xlsx](#)

[ITaddendum_Standard_Language_23 - MPI.docx](#)

[Master Person Index FNCaI 08082022 \(1\) \(1\).xlsm](#)

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

Yes

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	\$909	\$905	\$1,814	\$905	\$905	\$1,810
Obj. B	\$340	\$337	\$677	\$337	\$337	\$674
Obj. C	\$272	\$0	\$272	\$0	\$0	\$0
Obj. E	\$38	\$37	\$75	\$37	\$37	\$74
Obj. J	\$33	\$0	\$33	\$0	\$0	\$0
Obj. T	\$60	\$60	\$120	\$60	\$60	\$120

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