



Department of Health
2023-25 Regular Budget Session
Policy Level - HM - HELMS Project Continuation

Agency Recommendation Summary

The Department of Health requests movement of 2021-23 spending authority to the 2023-25 biennium to address the additional ten (10) months needed to complete the Health Care Enforcement and Licensing Management System (HELMS) project. This time will ensure proper configuration, testing, and implementation of the system by the newly appointed integrator.

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	9.5	0.0	4.75	0.0	0.0	0.0
Operating Expenditures						
Fund 447 - 6	\$3,422	\$0	\$3,422	\$0	\$0	\$0
Total Expenditures	\$3,422	\$0	\$3,422	\$0	\$0	\$0
Revenue						
001 - 9999	\$143	\$0	\$143	\$0	\$0	\$0
02G - 0299	\$3,247	\$0	\$3,247	\$0	\$0	\$0
202 - 0420	\$32	\$0	\$32	\$0	\$0	\$0
Total Revenue	\$3,422	\$0	\$3,422	\$0	\$0	\$0

Decision Package Description

The department is in the process of implementing a new IT solution to replace the current licensing and enforcement system, ILRS, with the Health Care Enforcement and Licensing Management System (HELMS). HELMS will transform licensing and enforcement processes, improve data security, support electronic records management, and improve access to information. The project is overseen by the state Office of Chief of Information Officer (OCIO) and the IT Investment Pool through gated funding.

In the fall of 2021, the HELMS project experienced some unanticipated issues that extended the overall project timeline by 10 months. The integration services vendor, responsible for configuring the Salesforce platform to meet the department's requirements, was failing to produce viable product. Analysis by the project's quality assurance contractor revealed the root causes of the vendor's performance issues to be high staff turnover, underestimation of the complexity of the work, ineffective agile project management, and insufficient project leadership.

The department responded by informing the prime contractor of the subcontractor's failure to meet performance expectations and requiring the prime to secure a new subcontractor to fulfill the contractual obligations. The process to resolve the contract issues with the prime contractor and to onboard the new integration services subcontractor took five months. Although the project is recovering quickly from the vendor transition and the new vendor has already produced a prototype, the five-month delay will shift the project schedule into the 2023-25 biennium.

The department is requesting to move spending authority from the 2021-23 biennium to the 2023-25 biennium. Under the re-baselined project schedule, HELMS will go live in late 2023 and the project close out will occur in the spring of 2024.

Approving the movement of spending authority into the next biennium supports the completion of the HELMS project. It will allow for the replacement of multiple outdated systems and deliver a wide array of benefits to regulators, licensees, their employers, and the public including:

1. Integrate all online transactions into a single system.
2. Modernize and consolidate the underlying systems that support healthcare enforcement and licensing.
3. Enable electronic notifications of credential expiration, status changes, disciplinary actions, and continuing education due dates.
4. Provide the public web access to facility inspection and investigation reports.
5. Enable patients and others who have filed complaints against practitioners and facilities to check complaint status online.

6. Allow consumers visibility to provider specializations and practice locations.
7. Allow the department to share confidential and restricted data securely with healthcare providers and appointed board/commission members.
8. Implement mobile-friendly work practices and enhance mobile device management.
9. Provide tools that will enable the department to analyze and mine data, find insights and patterns, and predict outcomes to support performance management and decision making.
10. Replace many ad hoc reporting needs.
11. Facilitate measurement of service timeliness.
 1. Reduce mail processing for renewal and other processes through online transactions.

The department expects to incur the following HELMS project costs in the 2023-25 biennium:

- \$1,653,000 DOH project staff time (salaries, benefits & related FTE costs)
- \$335,000 other contracted services (project director & external quality assurance)
- \$1,434,000 15% hold-back for system integration contract

Alternatives Considered

Alternative 1: Stop the project and continue using the existing system. This alternative would result in a loss of \$16 million investment, require licensees and facilities to pay for those costs without return in efficiencies, and the need to support manual process and other systems planned to be integrated into HELMS. The current system is legacy technology that is no longer supported by the vendor. Continuing to use it over time places continuity of operations at risk.

Alternative 2: Stop the project pursue a competitive procurement for a different software platform. This alternative would also result in a loss of investment, increase costs to licensees and facilities, and further delay the implementation timeline. Any previous investments would be lost, and implementation would move to late FY 2026.

Alternative 3: Reduce project scope. This alternative presents high risk of business operations becoming less efficient and effective because of a less capable system. The current legacy system has complex business logic and integrated parts that cannot be removed to have a functioning system.

The major consequence of not funding this proposal include:

- The integration services vendor could pull out of the contract and bring the project to a halt.
- Stakeholders would not see the benefits of the new system.
- DOH would continue using an aging legacy system that does not meet business needs and limits cost-effective changes required by the legislature.
- There could be cost over-runs later in the project due to change orders, additional schedule delays, and reduced system functionality would be imminent.
- IT market conditions change often and it's likely the prices would increase from those negotiated in the current vendor contracts.

In addition to the loss of \$16 million already invested, total project cost to start over with another RFP would be an estimated \$50 million (total project cost if the decision package is funded will be \$3.4 million)

Assumptions and Calculations

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

N/A

Detailed Assumptions and Calculations:

In fiscal year 2024, one-time costs include staffing, associated costs, and contractors necessary to close out the project and transition to maintenance and operations (M&O).

DOH project staff time: one-time costs include salaries, benefits, and related FTE costs such as rent, phones, supplies and training for the additional 10 months needed to complete the project and implement HELMS.

Other contracted services: one-time costs include extending the existing contracts for the project director and external quality assurance. No other changes are proposed.

Continuing the 15% hold-back for system integration contract: the amount represents the original 15% hold-back required but moves it into the new fiscal period to accommodate the project close-out schedule.

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.

Workforce Assumptions:

Workforce Assumptions FY24 Projections Only

FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs
0.8	IT PROJECT MANAGEMENT - SENIOR/SPECIALIST	\$96,000.00	\$33,000.00	\$0.00	\$6,000.00
0.5	IT DATA MANAGEMENT - JOURNEY	\$47,000.00	\$17,000.00	\$0.00	\$3,000.00
0.8	IT SYSTEM ADMINISTRATION - JOURNEY	\$85,000.00	\$30,000.00	\$0.00	\$6,000.00
0.6	IT QUALITY ASSURANCE - JOURNEY	\$56,000.00	\$20,000.00	\$0.00	\$4,000.00
0.5	IT QUALITY ASSURANCE - ENTRY	\$47,000.00	\$18,000.00	\$0.00	\$4,000.00
1.6	IT BUSINESS ANALYST - JOURNEY	\$164,000.00	\$59,000.00	\$0.00	\$12,000.00
0.8	WMS02	\$95,000.00	\$32,000.00	\$0.00	\$6,000.00
2.8	HEALTH SERVICES CONSULTANT 4	\$228,000.00	\$88,000.00	\$0.00	\$21,000.00
1.1	HEALTH SERVICES CONSULTANT 3	\$83,000.00	\$34,000.00	\$0.00	\$8,000.00
9.5		\$901,000.00	\$331,000.00	\$0.00	\$70,000.00

Strategic and Performance Outcomes

Strategic Framework:

Results Washington

This proposal supports the Governor's Results Washington goal areas of Health Care & Human Services and Efficient Government. The proposal does this by ensuring we complete HELMS and realize our objectives of:

- better access to inspection and enforcement data to ensure we are keeping patients safe;
- increased data collection to help us better understand access to care issues, and
- data informed policy decisions that address health inequities and disparities.

Department of Health Transformational Plan

This proposal supports the department's Transformational Plan priority II Health Systems and Workforce Transformation that all Washingtonians are well served by a health ecosystem that is robust and responsive, while promoting transparency, equity, and trust. The HELMS project also supports the agency and division goals of equity, innovation, engagement, access to care, and patient safety by delivering needed improvements to the agency's licensing system, making it easier for health care professionals and facilities, boards and commissions, and the public to access and share information with the department. HELMS will provide licensees and employees better service, increase work efficiencies, and provide greater access to data on the health care system.

Performance Outcomes:

HELMS will improve public access to health care provider information, improve efficiency for health care providers, improve data security, and allow the department to utilize and disseminate information more efficiently in response to public records requests.

The new system is expected to achieve the following outcomes:

1. Modernize IT services, processes, and capabilities that support business solutions aligned with public health.
2. Integrate all online transactions into a single system.
3. Modernize and consolidate the underlying systems that support healthcare enforcement and licensing.
4. Provide the public electronic access to facility inspection and investigation reports.
5. Allow consumers visibility to provider specializations and practice locations.
6. Allow the department to share confidential and restricted data securely with healthcare providers and appointed board/commission members with more robust security.
7. Implement mobile-friendly work practices and enhance mobile device management.
8. Provide tools that will enable the department to analyze and mine data, find insights and patterns, and predict outcomes to improve healthcare analytics and support decision making.
9. Replace many ad hoc reporting needs.
10. Help measure service timeliness and may help with other measurements not yet anticipated.
11. Enable patients and others who have filed complaints against practitioners and facilities to check complaint status online.
12. Reduce mail processing for renewal and other processes through online transactions.
13. Improve processing and renewal timeframes

Enabling electronic notifications of credential expiration, status changes, disciplinary actions, and continuing education due dates.

Equity Impacts

Community outreach and engagement:

The department has been engaging with stakeholder groups that represent the health care providers that will be impacted through fees to support the cost of the system throughout this and past DP requests. As the system is implemented, we will reach out to target populations and communities to engage in work to collect important demographic data that will help better understand how health care providers do or don't serve marginalized and disproportionality impacted populations, including by race, gender, sexual orientation, etc.

Disproportional Impact Considerations:

This project will benefit health care providers and will assist in providing data to make better informed policy decisions about health care workforce in areas of marginalized and disproportionality impacted populations.

Target Populations or Communities:

This proposal supports completion of a licensing system with better data analytics capabilities. This, in combination with potential policy changes (e.g., requiring provision of demographic data for licensure), would result in the department having better data available on the demographics of the health care workforce. This, in turn, could lead to policy changes that promote health equity and reduce disparities.

HELMS will improve public access to health care provider information, improve efficiency for health care providers, improve data security, and allow the department to utilize and disseminate information more efficiently in response to public records requests. The new system is expected to achieve the following outcomes:

- Modernize IT services, processes, and capabilities that support business solutions aligned with public health.
- Integrate all online transactions into a single system.
- Modernize and consolidate the underlying systems that support healthcare enforcement and licensing.
- Allow the department to share confidential and restricted data securely with healthcare providers and appointed board/commission members with more robust security.
- Implement mobile-friendly work practices and enhance mobile device management. This will benefit employees who work in remote locations, such as field-based investigators and inspectors.
- Provide tools that will enable the department to analyze and mine data, find insights and patterns, and predict outcomes to improve healthcare analytics and support decision making.
- Replace many ad hoc reporting needs.
- Help measure service timeliness and may help with other measurements not yet anticipated.

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

One expected benefit for our governmental partners will be the ability to share electronic records related to disciplinary cases securely and efficiently with health profession regulatory boards and commissions. Improved access to records will better support these partners in protecting patient safety.

HELMS will maintain the current data interfaces with DSHS, WSP, L&I, OFM, HCA (e.g., an export of actively licensed health care providers to HCA's Provider One system and exchanges with WSP for background checks).

HELMS will also expand data sharing with national and state entities via future data exchanges requested by the department, boards, and commissions. These will include an interface with a national system for reporting disciplinary actions taken against nurses and an interface with the Open Data Pipeline to enable data on health care provider credentials to be accessed on the Washington State Open Data Portal.

Stakeholder Response:

The proposal will benefit health care providers and their employers through a number of improvements described above. Associations that represent health care professionals and facilities support the proposal, especially since the department is not proposing any impact to licensing fees. The department has engaged with these stakeholders throughout the project, including a demonstration of a prototype in July 2022.

State Facilities Impacts:

N/A

Changes from Current Law:

N/A

Legal or Administrative Mandates:

N/A

Reference Documents

[2023-25 Appendix5ITaddendum.docx](#)

[HELMS Project Completion_2023-25PrioritizationWorksheetIT.xlsx](#)

[HELMS Project Continuation_2023-25_FNCal_updated.docx.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	\$1,109	\$0	\$1,109	\$0	\$0	\$0
Obj. B	\$431	\$0	\$431	\$0	\$0	\$0
Obj. C	\$1,751	\$0	\$1,751	\$0	\$0	\$0
Obj. E	\$59	\$0	\$59	\$0	\$0	\$0
Obj. T	\$72	\$0	\$72	\$0	\$0	\$0

Agency Contact Information

Kristin Bettridge
 (360) 236-4126
 kristin.bettridge@doh.wa.gov