



District of Columbia Health Information Exchange Policy Board
 Monthly Meeting Minutes

February 20, 2013
 2:00 p.m. – 4:00 p.m.

Members present (11): Barbara Bazron, Ph.D., Angela Diop, N.D., Victor Freeman, M.D, Bernie Galla, R.N., Douglas M. Garland, Jr., MS, PharmD, Brenda King, R.N., Barry Lewis, M.D., Sonia Nagda, M.D., Robert B. Vowels, M.D., Arturo Weldon, and Cleveland Woodson.

Members present via teleconference (5): Jamal Chappelle, Julius W. Hobson, Jr., Brian R. Jacobs, M.D., Robin C. Newton, M.D., and Wayne McOwen

Members absent (5): David Bishop, James K. Costello (Nominee/DCPCA), Marina Havan, Machel Yingling Schraeder, and Raymond Tu, M.D.

DC-HIE Staff present (4): Jim Borda, Alessandra Klug, Esq., James Rachlin and Carmelita White

Guests present – District Government (2): Walter Faggett, M.D. (DYRS), Tony Pillai (OCTO)

Guests present – Public (4): Joyce Hunter (Vulcan Enterprises), Keli Page (Sprint), Donna Ramos-Johnson (DCPCA) and Alan Watson (HIT Consultant)

TOPIC	DISCUSSION
Call to Order	Cleveland Woodson (Chair) called the meeting to order at 2:07 pm. Carmelita White (Staff Assistant) recorded the minutes. A quorum of board members were present, and the meeting, having been duly convened, was ready to proceed with business.
Budget and Funding Considerations for DC HIE	Cleveland briefly explained the history of the grant and about the increase in the grant’s match requirement over the four years of the cooperative agreement. Cleveland then introduced Angelique rogers, OCFO budget officer for the DHCF. Angelique explained how the budget office works with program staff to determine needs in the annual budget development process. Once the overall needs are determined, the budget office determines the amount available on the grant as well as calculating the local match that the District needs to provide. She explained that the budget office reviews those figures again at the start of each fiscal year with the program staff to see if those projections match the current need so that any budget adjustments can be made. She added that as each invoice is paid throughout the year, the match formula is applied to them as they are paid. Cleveland then asked Angelique to clarify the current amount of spending. Of about \$650,000. Angelique confirmed the level of spending and clarified that most of that spending came

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	<p>in the second half of 2012. She explained that there were a couple of contractual obligations early in the grant for program planning, but most expenses have occurred since the PMO was staffed up and infrastructure built in 2012.</p> <p>Barry Lewis asked how the federal share of expenses is paid. Angelique explained that all grants are reimbursable, meaning that the District pays the expenses and then submits to the federal government for their share of the expenses. Angelique further explained that the request for federal reimbursement occurs after the invoice has been received, reviewed, and paid to the vendor. That process happens on a monthly basis. A board member asked what would happen if the federal government did not approve a particular expense. Angelique said that systems are in place to make sure that the District does not obligate expenses that are non-allowable, but if one made it through the system, the federal government would disallow it. Jamal Chappelle asked about pre-approved lists of contractors. Cleveland explained that some procurements can be done using sources such as the GSA supply schedule, but that most need to be bid publically through the District's procurement system. Angelique added that OCP is required to abide by federal contracting laws, as well as the District's. Dr. Faggett asked about the deadline for expending grant funds. Cleveland explained that ONC expects an extension to operate through February 2014. Members also asked about how sequestration might impact the OPNC cooperative agreement. Angelique explained that initial correspondence from the federal government indicates that none of the grants held by DHCF (including State HIE) would be impacted. She added that there could be an impact to the grant if the District needs to make overall adjustments based on the sequestration's total impact to the city. In that case, if the city needs to move money around for other programs, the local match might be reduced.</p>
<p>DC HIE Next Phase: Update on Procurement</p>	<p>Cleveland explained the rationale for the PMO to go ahead to make a large procurement for additional HIE services to maximize the available federal investments in the grant period. He explained that ONC has both indicated that DC should spend as much of its grant money as possible but should also not buy additional services without having adequate feedback and planning in place. Cleveland explained that the PMO recently conducted a voice of the customer survey and received significant feedback.</p> <p>Cleveland also updated the board about procurements that are in process, including one for updating the Strategic and Operating Plans and the Sustainability Plan. Cleveland stressed the importance on the Sustainability Plan. Cleveland briefly reviewed two documents, a Deloitte paper on HIE sustainability and California's Sustainability Plan, with the Board. He informed the Board that the proposals are due on March</p>

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	<p>8 and that he expects the new plans to be ready by summer. He emphasized that the planning documents would help build DC's case to ONC for moving forward to expand HIE services. Cleveland also introduced the PMO's new technical project manager, James Rachlin, and explained that his role would be to facilitate the expansion OF Phase II services.</p> <p>James presented the results of the survey. He reviewed the breadth of the respondents to the survey. He explained that the largest groups of respondents were from large hospitals, FQHC and large group practices. He reviewed that the number of respondents were 91% clinical, but the largest single group of respondents were nurses. He also indicated that most of the respondents did not show interest in Direct and that the PMO is considering modifying messages and outreach regarding Direct in response. James explained that the survey showed respondents placed most value on hospital discharge summaries, medication history and disease management. James stated that Orion could potentially enable many of the services preferred by respondents. James also stated that most respondents preferred subscription type fees for accessing potential DC HIE services. Cleveland said that the PMO will share the survey results with the contractor who will write DC HIE's Sustainability Plan.</p> <p>Dr. Jacobs suggested resources that could help with Sustainability, such as the eHealth Collaborative. Cleveland said he would see if they could come to a future meeting to discuss sustainability.</p> <p>Angela Diop suggested that the PMO also get feedback from payors, as they will be critical partners in sustainability. Dr. Vowels added that there was a variety of organizations represented in the survey respondents. A board member asked if the data was segregated by different types of respondents. Cleveland said that the PMO would do additional drilldown on the data. Dr. Faggett asked clarifying questions about the different types of subscription fees that were presented in the survey. Cleveland also asked James to present the survey instrument to the board members. Cleveland reviewed the individual survey questions for the members. Cleveland stressed that ONC is strongly emphasizing continued implementation of Direct. He reviewed the efforts of the PMO to date to drive adoption of direct including marketing campaigns, the webinar, and active follow up with. He asked board members to help get staff in front of the professional groups. He added that the PMO could do boots-on-the-ground. Victor Freeman volunteered to lead the development of outreach efforts. He added that getting people signed up is not enough and that DC HIE needs to build value for participants. Cleveland and James also reviewed the number and type of subscribers to Direct. Cleveland recalled the plans for the rebate program for doctors who get their license</p>

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	<p>renewed and sign up for and use Direct. He shared that the PMO finally received approval from ONC's Office of Grants Management to do the rebate program. Cleveland shared that he felt this was a good strategy to both help spend remaining grant funds and drive both adoption and use of Direct.</p> <p>Dr. Garland asked a question about whether the survey asked the respondents about the number of times that providers trade information. He suggested that a good question for analysis would be to identify what profession or group of respondents say they transmit information frequently and follow up with them about Direct and in future marketing efforts.</p> <p>Cleveland and Arturo Weldon provided an update on the efforts to procure additional infrastructure to enable HIE services. Arturo said that DOH is still pursuing enhancements to their infrastructure. Arturo expressed his interest in reviewing survey results that showed respondents were interested in discharge data. Arturo asked board members to partner with DOH to obtain discharge. Arturo stressed that DOH is deploying services for emergency preparedness. He said that if ONC allows, he will add an option or modification to add the rest of the HIE stack. He said that much of the information will be the backbone of future expansion of HIE. Dr. Faggett asked if hospitals have changed their willingness to share discharge data. Bernie Galla said that hospitals have made progress, but that hospitals still have some concerns and barriers. He added that Meaningful use is a strong incentive. Arturo also added that there is significant work to build on from the DC RHIO.</p>
<p>Reports</p>	<p>Cleveland then called for updates from each of the subcommittee chairs.</p> <p><u>Governance:</u> Cleveland gave an update in the absence of Dr. Bazron. Sonia Nagda has been approved by the EOM for her seat on the board representing the Deputy Mayor for Health and Human Services. Jim Costello, DCPCA is still in the process of being approved.</p> <p><u>Finance:</u> Dr. Lewis shared that most of the information about the finance committee call has already been shared, especially related to procurements and grant spending.</p> <p><u>Business and Technical Operations:</u> Angela Diop said that most topics had already been covered in the meeting but added they also discussed incentivizing early adopters. Continue to advertise Direct periodically. Have a monthly communication.</p>

TOPIC	DISCUSSION
	<p>Board members had a brief discussion of use cases and value proposition for Direct and HIE. Barbara Bazron added that many of her constituents have questions about how HIE ties into other systems. The board also discussed some of the barriers to Direct Adoption. Board member suggestions included strongly tying phase I to phase II services and identifying champions for HIE to agencies and large organizations. Dr. Bazron also encouraged conducting a resource mapping exercise to understand what systems are currently in use by potential HIE users.</p> <p>Finally, Dr. Freeman suggested that there be more communication between meetings. The PMO staff suggested a Google group to facilitate communication.</p>
Next Board Meeting	March 20, 2013 from 2:00-4:00 pm.
Adjournment	Mr. Woodson adjourned the meeting at 3:41 p.m.

Approval of Minutes:

Cleveland Woodson, Chair, DC HIE Policy Board

Date