



District of Columbia Health Information Exchange Policy Board
Meeting Minutes

July 13, 2015
2:00 p.m. – 3:00 p.m.

Members present (6): Barbara Bazron, Ph.D. (DC Department of Behavioral Health), Christian Barrera (Office of the Deputy Mayor for Health and Human Services), Brenda King, R.N (District of Columbia Nursing Association), Arturo Weldon (DC Department of Health), James K. Costello (DC Primary Care Association), and Shelly Ten Napel (Department of Health Care Finance).

Members present via teleconference (7): Brian Jacobs, MD (Children’s National Medical Center), Angela Diop, NP (Unity Health Care), Victor Freeman, MD (Nuance Communications), Bernie Galla (Connect Care Consulting), Marina Havan (Department of Human Services), Barry Lewis (Washington Hospital Center), and Justin Palmer, MPA (DC Hospital Association)

Members absent (3): Jamal Chappelle (The Chappelle Group), Douglas Garland (DMG Scientific), and Raymond Tu, MD (Progressive Radiology Washington Imaging Associates)

DHCF Staff present (7): Wayne Turnage, DHCF, Michael Tietjen (HIE/HIT), Joe Weissfeld, DHCF, Jim Borda, DHCF, LaRah Payne, DHCF, Alla Abdulla, DHCF, and William Morgan, DHCF

Guests: Rebecca Morgan, DMHHS, Donna Ramos-Johnson, DCPCA

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Call to Order	Shelly Ten Napel (Chair) called the meeting to order at 2:00pm. Alla Abdulla recorded the minutes.
Approval of the Minutes of the Previous Meeting and Road Map	Ms. Ten Napel called to vote (with discussion) on the minutes from the previous meeting. Dr. Freeman recommended edits to be made to bullet points in the sentence beginning in with “some of the factors board members cited in supporting a public benefit corporation model are:” The board approved the minutes with the recommended edits with one abstention (Victor Freeman). Additionally, the “District of Columbia Health Information Exchange Strategic Road Map” with majority and minority opinions was passed by voice vote (one abstention, Marina Havan and one no vote, Victor Freeman).
HIE General Road Map Discussion with	Prior to the arrival of Director Turnage, the Board received an update from Donna Ramos-Johnson on a current project underway between DHCF, DBH, and Capital Partners in Care (CPC). This project aims to

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Director Turnage	<p>leverage funding from CMS via the Implementation Advanced Planning Document (IAPD) to build connectivity between the CPC HIE and iCAMS (the EMR for DBH). Through this project, patient records will be available in iCAMS with a goal of transmitting the care plan to iCAMS as well.</p> <p>Director Turnage discussed his anticipated process for reviewing and making recommendations on the HIE Road Map. He indicated that he will submit his recommendations to the Deputy Mayor and was looking forward to hearing about the majority and minority point of views. Before the discussion occurred, Dr. Bazron commented that she has been involved in five HIE projects and that there is an overarching concern to whether this HIE will be the hub for organizing activities and if not, how future activities will be coordinated. Director Turnage asked if the Road Map address the concern raised by Dr. Bazron. One Board Member indicated that the Road Map does address this concern by including a guiding principle that any efforts to expand HIE must coordinate with existing HIE programs within the District. Mr. Weldon further clarified this aim of the Road Map. Ms. Ten Napel emphasized the HIE Policy Board’s role is to establish guiding principles and a coordinated strategy to facilitate the building of HIE connections and functions. The District’s HIE infrastructure will continue to strengthen as these incremental functions and connections are built.</p> <p>Director Turnage then asked the Board to briefly describe the Road Map, guiding principles, and any takeaways. One Board Member suggested that the Road Map seek to coordinate the various HIEs in the District while setting policies and technical strategies on how they interface and communicate with each to move towards interoperability. Further, the Road Map establishes ground rules for the various HIEs that exist. Director Turnage asked if the Road Map prescribes a particular HIE system or approach. LaRah Payne suggested that it might be helpful to think of HIE as a verb, where the District helps facilitate the exchange of health information and not as a noun, where the District establishes one hub that handles the exchange of all health information in the District.</p> <p>Director Turnage asked how the Board envisions, either through the majority or minority opinion, interoperability. He asked if the Board will mandate HIE participation as part of a central system. Mr. Weldon suggested that the Board’s governance recommendations recognize that many HIE are or have been developed. Recognizing these investments, the Board wants to bring a representative of each HIE to the</p>

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	<p>table and build off of the existing infrastructure.</p> <p>Director Turnage asked for a further clarification of integration in the HIE sector. Specifically, he asked what it means integrate from an operational point, where everyone is expected to have a standard procedure to communicate to other HIEs. Mr. Weldon emphasized there is a distinction part between an operational procedure and policy, further, a policy allows stakeholders to create a procedure to comply with the policy. Dr. Bazron added that we are a policy making board and to think of it as a board of directors with a governance structure that sets standards for HIEs. Additionally, the Board spoke about privacy laws and policy regarding security/access/utilization.</p> <p>Director Turnage asked how we communicate with private practice physicians who are interested in connecting to an HIE. Dr. Bazron suggested that the providers would have access to the standards/guiding principles described by the Board. Mr. Weldon explained that each one of the HIEs has its own distinct function and the physicians can pursue the HIEs that provide the most appropriate functions for their practice. The Board will provide a governance structure, but their interest might only be in one particular service. The provider has the option to connect to the HIE they feel most comfortable with. Director Turnage asked if we wish to pursue this model and will the board have the capacity to determine the level of the provider community that is connected. He then asked how measurement will occur if there is no oversight and recommendation for system. Mr. Weldon responded by asserting that we can determine how they are connected and since the HIEs are represented in the Board (all five) they will be able to report to the Board about effectiveness. The representatives are either internal or external to the government, so as long as we continue to bring these individuals to the table, we should be able to access their networks. This structure addressed Director Turnage’s concern that we are able to deal with a constantly changing HIE landscape. Director Turnage then asked a question regarding financial sustainability. Mr. Palmer suggested that the HIE Road Map recommendations help ensure that we do not create duplicate HIEs which cannot be sustained. By utilizing the current resources, we are able to keep overhead costs lower, thus making HIE in the District more sustainable.</p> <p>Dr. Freeman then presented the minority option regarding governance. He suggested Road Map is a misnomer because it implies that it tells us how to get from to point A to B, but that is not what it does. Dr.</p>

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	<p>Freeman feels as if it is not clear as to how the Board provides oversight and drives the District towards its overarching goals. He suggested that over the three years of the Board that the only policy that was approved was a now defunct secure email system. Further, he suggested that the Board has not sufficiently engaged stakeholders.</p> <p>The conversation then transitioned into the financial aspects of an HIE. Dr. Lewis spoke of sustainability by looking the methods with potential and no clear sustainability options. The Road Map plan dictates the options available to the Board to follow.</p> <p>Director Turnage then followed with questions concerning the level of provider measurement/usage. The measurement of private practice connectivity is difficult but the majority of the District’s hospitals, FQHC, and behavioral health will be connected to an HIE. However, the Board does not have the exact percent. Ms. Ten Napel then discussed the District’s ONC application to have greater ambulatory connectivity via CRISP. Director Turnage then asked about the role of the Board in helping a provider select an HIE service. Jim Costello stated that the board’s role is making known to the provider community what HIE services are available. Dr. Bazron added that the HIE program can help pull data on a common patient from the participating systems. Donna Ramos Johnson added that each of the HIE has a specific focus area and the role of the board is to establish policy for connecting them to each other and to providers, and provide guidance on how HIEs interact and to sanction HIEs as participating as HIEs. Mr. Turnage summarized that he understands as a systems integration approach, so a provider can connect through one HIE and access data from the others.</p> <p>The minority view towards governance is a public benefit corporation model because of:</p> <ul style="list-style-type: none"> • The need for a forum to engage all stakeholders; • The need to connect with stakeholders at the C-suite level to ensure their buy in; • The need to engage other experts not only in the HIE/IT field, but also in policy, analysis, financing, and care management fields;

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	<ul style="list-style-type: none"> • The need to address regulatory issues this Board is unable to address and the public benefit corporation has ten points of accountability to government; • The need to tap into individuals with HIE expertise/experience; • The place to collect the subscriber fees – in many HIEs, the cost is passed to the insurer because they most benefit by reducing waste and provides sustainability; • The ability to collect private grants from private institutions (government cannot partake); • The need for a true private/ public relationship where people are co-equals; • The goal of the public benefit corporation is to shift the role of accountability from two staff members to an entity that serves government agencies with community partnerships; • Additionally, he suggested that we need to focus on care management and not connectivity. <p>Further, Dr. Freeman discussed the possibility of bringing consultants who have experience in HIEs, to help set the public benefit corporation model (business and policy plan). Additionally, he suggested that the public benefit corporation is the only model to accomplish the goals outlined previously by Director Turnage.</p> <p>Director Turnage requested further clarification into the role of the public benefit corporation. Dr. Freeman said that a PBC would have C-suite leaders that make the commitment to participate in the HIE with subcommittees of experts from their organizations to set policy and activity. Ms. Ten Napel stated that the board largely agrees on the approach of connecting existing HIE but the question is whether this is best accomplished through an advisory committee or public benefit corporation. Christian Barrera said that there is a difference between having regulatory authority and an advisory board to the Mayor. Mr. Turnage said that with regulatory functions, then the minority opinion might be the best route. Ms. Ten Napel clarified that the advisory board could advise DC Government on regulations, in addition to advising on policy-setting and project implementation. Mr. Turnage said for next steps he will carefully review the board’s work and formulate his recommendation to the Mayor’s</p>

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	office.
Next Board Meeting	Tuesday, July 21, 2015, from 3:00-5:00pm.
Adjournment	The meeting was adjourned at 3:00 PM

Approval of Minutes:



 Shelly Ten Napel, Chair, DC HIE Policy Board

 12/10/16
 Date