



District of Columbia Health Information Exchange Policy Board
Monthly Meeting Minutes

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

Members present (10): James K. Costello, Victor Freeman, M.D, Bernie Galla, R.N., Douglas M. Garland, Jr., MS, PharmD, Brenda King, R.N., Sonia Nagda, M.D., Tony Pillai, Robert B. Vowels, M.D., Arturo Weldon, and Cleveland Woodson.

Members present via teleconference (5): Barbara Bazron, Ph.D., Jamal Chappelle, Angela Diop, N.D., Julius W. Hobson, Jr., and Raymond Tu, M.D.

Members absent (6): Marina Havan, Brian R. Jacobs, M.D., Barry Lewis, M.D., Wayne McOwen, Robin C. Newton, M.D., and Mabelle Yingling Schraeder.

DC-HIE Staff present (5): Alessandra Klug, Esq., LaRah Payne, ScD, MPH, James Rachlin (*via teleconference*), Michael Tietjen, and Carmelita White.

Guests present – Public (7): Rachel Abby (DHHS/ONC), Selwyn Eng (CCIN), Jason Goldwater (Clinovations), Juliette Jardim (Clinovations), Donna Ramos Johnson (DCPCA), Tasnuva Khan (Clinovations), and Alan Watson (Consultant).

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Call to Order	Cleveland Woodson (Chair) called the meeting to order at 2:04 pm. Carmelita White (Staff Assistant) recorded the minutes. A quorum of board members were present, and the meeting, having been duly convened, the board was ready to proceed with business.
Approval of Minutes	Mr. Woodson presented to the Board the minutes of the October 16, 2013, meeting for approval. Dr. Victor Freeman stated that he needed clarification regarding a statement on page 3, paragraph 2 of the minutes. The statement reads “DOH cannot engage in discussion regarding taking Direct Secure Messages...” Arturo Weldon explained that due to the Federal Shutdown, DOH could not engage in discussions with the vendor. Dr. Freeman also stated that another revision is needed on page 7, the last line, regarding the CRISP Clinical Advisory Committee. He stated that his seat on CRISP’s Clinical Advisory Committee was not offered to him as a member of the DC HIE Policy Board, and that he will not be serving in that capacity. Mr. Woodson stated that he would revise the minutes as suggested by Dr. Freeman, and will provide a copy

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	<p>to the Board. Following the requested revisions, a motion was duly made, seconded, and the minutes were unanimously adopted. A copy of the revised minutes will be made available on the DC HIE webpage (www.dchie.dc.gov) under the hyperlink DC HIE Policy Board.</p>
<p>Hospital HIE Connection Program</p>	<p>Mr. Woodson presented a dashboard of the Hospital HIE Connection Program. The dashboard lists the Awardees, Milestones, Program Next Steps, Program Stakeholders, and Stakeholder Next Steps. Six (6) applications were received. Five (5) of the six (6) hospitals that applied for sub-grants through the program have signed their participation agreements with CRISP, which is one of the milestones. Howard University Hospital has not signed their Notice of Grant Agreement (NOGA). MedStar Washington Hospital Center, MedStar Georgetown University Hospital, The George Washington University Hospital, Sibley Memorial Hospital, and Providence Hospital have all signed and submitted their NOGA and grant agreement.</p> <p>Bernie Galla stated that Howard University Hospital’s attorneys are in review of all of the documentation. He stated that their goal is to have them signed by Tuesday.</p> <p>Mr. Woodson reported that the grant agreements that were received have been submitted to DHCF’s Director, Wayne Turnage for signature. Once they have been signed, and the milestones have been met, the DC HIE will process them for payment.</p> <p>The DC HIE Program Management Office has been having discussions with the Medicaid Managed Care Plans in the District. Trusted Health Plan has executed a participation agreement with CRISP.</p> <p>Mr. Woodson stated that the DC HIE has also reached out to the FQHCs and the CHCs, with the assistance of Board Member Jim Costello. Five (5) of the eight (8) FQHCs/CHCs in the District that have also executed participation agreements with CRISP that are in various stages of uploading their patient panels to CRISP so that they can receive the encounter notification alerts. The FQHCs that have not executed agreements with CRISP are Unity Health Care, So Others May Eat (SOME), and Spanish Catholic.</p> <p>Dr. Angela Diop reported that Unity Health Care’s participation agreement is being reviewed by their legal department.</p> <p>Dr. Barbara Bazron asked if Mr. Woodson has had any thought on how to involve the providers of</p>

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	<p>psychiatric services in this endeavor. Mr. Woodson acknowledged the more stringent requirement for the transmission of psychiatric information. CRISP does transmit a limited amount of psychiatric information, but without codes that would indicate that information is psychiatric-related. .</p> <p>Mr. Woodson stated that there is one commercial carrier that has executed a participation agreement with CRISP, CareFirst/Blue Cross/Blue Shield. He reported that the DC HIE is continuing discussions with the other commercial carriers to encourage them to sign a participation agreement with CRISP as well.</p> <p>Dr. Freeman asked where is Children’s National Medical Center (CNMC), in terms of submitting a participation agreement with CRISP. Mr. Woodson stated that CNMC wanted to submit a Continuity of Care Document (CCD) instead of an ADP. James Rachlin reported that one of the sub-grant milestones is to establish connection for ADT alerts. Dr. Brian Jacobs at CNMC informed the DC HIE that they produce a CCD. After discussions with CRISP representatives, they are willing to work with CNMC to be able to accept that CCD because it provides the same data that a separate clinical feed would provide. CNMC was informed of this, and they stated that they would like to participate, and we are awaiting their application. This will be a substitute milestone for CNMC.</p> <p>Mr. Galla was concerned about accepting a CCD as opposed to the discreet lab test from CNMC, or another provider. Per Mr. Galla, a CCD takes and changes the standard in regards to how that data is populating a system. He asked the question of how would other hospitals be able to pull out lab data and trend that across different care settings. How will it display if it is not coming in the same format for the clinician to be able to see it. Mr. Rachlin stated that this is a question for CRISP.</p> <p>Dr. Freeman asked where United Medical Center is in terms of submitting a participation agreement with CRISP. Mr. Woodson stated that he did not think that he would be able to get United Medical Center to participate.</p>
Public Health Upgrade Summary	<p>Arturo Weldon presented a summary of the Public Health Upgrade Project. Mr. Weldon reported that DOH is performing what they call rolling implementations, where they are implementing bi-weekly. He stated that currently there are nineteen (19) interfaces implemented that allow providers to attest for Meaningful Use (MU) Stage 2, that have been completed. DOH is planning another fifteen (15) to go live in December. Another ten (10) are planned for January 2014. January is cut very short due to the end of the</p>

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	<p>grant period that ends on February 7, 2014. DOH is trying to implement as many as possible before the end of the grant period.</p> <p>Mr. Weldon stated that he does not have the exact breakdown, however of the nineteen (19) that are in place, eleven (11) were syndromic surveillance interfaces, and six (6) were immunization. The interfaces that are to come will include cancer, electronic labs, as well as a few more immunizations. He also stated that DOH went after some of the larger providers of immunizations, such as Walgreen's and Walmart. Walgreen's was implemented last week. There are two (2) Walmart sites that will be implemented. Key EHR vendors are trying to get more presence in the District, such as eClinical Works, SureScripts and AllScripts.</p> <p>Mr. Woodson asked that Mr. Weldon speak to the Board about the subcommittee breakout of the Board regarding adding some functionality to the Rhapsody Integration Engine, the Radiology Image Viewer. Dr. Raymond Tu and Dr. Victor Freeman were on the Webinar with Orion Health, and the group was very impressed with the functionality of the product, and very interested in procuring it.</p> <p>Mr. Weldon stated that he formed a subgroup, based on a recommendation from the October Board meeting. The subgroup met, had a conference call and a follow-up. He coordinated a demo of Orion Health's Radiology Viewer. The feedback that he received from the participating Board members was that they were very interested in implementing.</p> <p>The estimated cost for a complete implementation along with one year of support is \$200,000. Orion Health will also be able to provide up to six (6) of the different PAC types of interfaces. This includes 250,000 studies.</p> <p>Mr. Weldon stated that he needed Dr. Tu to clarify whether or not this is a sufficient number. Dr. Tu stated that it is better to get clarity from Orion Health on what the image file is that is being allowed, and the number of concurrent uses as well. Mr. Weldon replied that Orion Health did clarify that a study can have multiple images, and size is not an issue.</p> <p>He also stated that the next step is to get approval if using ONC funding. ONC's question was could this be done within the timeframe. Orion Health stated that it would take up to twenty (20) days. ONC hasn't</p>

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	<p>agreed to this. They stated that if the Board wanted ONC to entertain this endeavor for this funding, we would have to get something to them right away.</p> <p>Rachel Abbey (ONC) stated that it falls within the scope of the work, but their main concern is the fact of the timeline. This includes all of the prep work, contract work, etc. that has to fall into place. All invoices have to be submitted by the end of the grant period, which is February 7, 2014.</p> <p>There was additional extensive discussion regarding the Radiology Image Viewer.</p> <p>In summary, Mr. Weldon asked that the Board provide additional information regarding the types and number of image files, and studies. He asked that this information be provided by Tuesday, so that he could present this information to Orion Health during his next meeting with them.</p> <p>Douglas Garland asked if there was any opportunity through the MU Public Health Reporting projects in the interfaces that we are building to collect Adverse Drug Event/Adverse Drug Reaction (ADE/ADR). Mr. Weldon stated that the DC HIE would have to verify this as an objective before DOH could use the funds for this. He also stated that he would research Mr. Garland's request and provide the findings to him via email.</p> <p>Mr. Woodson stated that he would coordinate a separate subcommittee meeting to discuss in more detail regarding this issue.</p> <p>Mr. Woodson followed-up on an earlier question from Dr. Bazron regarding the relationship with CRISP. He stated that DHCF does not have a signed formal agreement with CRISP. District policy prevents DHCF from executing any agreement with a designee of the state. The agreement must be with the state. Since the state of Maryland does not operate its HIE, DHCF could not execute an agreement with CRISP.</p>
<p>Project Update: Strategic, Operating and Sustainability Plan; Evaluation Plan</p>	<p>Mr. Woodson reported that as part of the grant deliverables to ONC, the DC HIE had to produce a revised SOP. When the HIE started in 2010, we contracted with a consulting firm to write a strategic plan that included a lot of elements that were out of date, because the HIE was not staffed until 2012. Clinovations was hired to write the plans. The HIE team reviewed the plans internally on November 19, 2013, and then they were submitted to ONC.</p>

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	<p>Jason Goldwater of Clinovations, reviewed the highlights of the Strategic, Operational, and Sustainability plans (SOP); the HIE Evaluation, which is still progressing, and; the results of the DC HIE Survey.</p> <p>He stated reported that the timeline for submission of the SOPs have been met, and the plans have been submitted to ONC. Clinovations is awaiting review by ONC to see if they will need to make additional revisions.</p> <p>Mr. Goldwater provided the following <i>Strategic Plan Summary – New Directions</i>: to establish provider connections to HIE infrastructure in the region (CRISP); to enhance existing technology to enable Meaningful Use Stage 2 public health reporting (Orion Rhapsody), and; to leverage Direct Infrastructure (Orion) to enable advanced reporting (CRISP and Orion Public Health Reporting). <i>Key Themes</i>: to build upon existing HIE infrastructure to promote HIE connection throughout the District; to promote fundamental HIE services to establish a baseline value case for provider HIE participation; to support provider achievement of Meaningful Use; to prepare providers to be effective in the health care reform environment, and; to coordinate and leverage emerging HIE and HIT technology in the District.</p> <p><i>Operational Plan Summary – Key Pieces to Execute</i>: Direct Secure Messaging; Hospital Connection Program; Public Health Integration: Security and Framework Analysis and Development; Risk Assessment; Governance Planning, and; Sustainability Planning.</p> <p><i>Sustainability Plan Summary – Key Themes</i>: The creation of a sustainability model that is appropriate for the District must encompass the functions of the DC HIE and the value it provides to stakeholders and participants in the future; the model must highlight the value drivers on a Federal level (such as EHR adoption, new care delivery models and quality improvement) and on a local level (such as public health reporting, care coordination and disease surveillance); alternative revenue sources (apart from ONC grant funds) can include enhanced Medicaid match funding, District of Columbia budget appropriations and private sources, and; the most appropriate sustainability model would include one that charges subscription fees and leverages Medicaid funding.</p> <p>Mr. Goldwater also reviewed in detail the Strategic, Operational and Sustainability Plans key findings and next steps.</p>

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	<p>Mr. Goldwater specified that the <i>DC HIE Survey</i> consisted of twelve (12) questions focusing on the type of provider; value of the HIE; functionality of the HIE; privacy and security; and barriers to continued use. It was sent out on October 7th to 148 potential respondents. The survey closed on November 8th with thirty (30) individuals responding (20% response rate). The conclusions from the survey responses were that significant marketing and outreach is needed to explain the use, value and overall utility of the HIE. Sustainability will be reached through identifying value propositions for participants. Care coordination, continuity of care and quality improvement are the most valued functions of the HIE. Public health is a strong driver of HIE services.</p> <p>He also reviewed the responses to each of the twelve (12) survey questions in detail.</p> <p>Mr. Woodson clarified that the target audience for the survey included many of the people that responded to the DC HIE survey that was emailed in February of this year.</p> <p>Mr. Goldwater stated that they are still working on the DC HIE Evaluation final report. They will have a draft of the evaluation to the DC HIE Program Management Office in early December, and the final report will be submitted in January.</p> <p>Mr. Woodson stated that he will provide a copy of the SOP to the Board.</p>
<p>Capital Clinical Integrated Network (CCIN)</p>	<p>Selwyn Eng presented an update on CCIN's status. He stated that CCIN is a care coordination program. He also discussed the HIE Hub exchange, and the future and next steps of CCIN. Mr. Eng reported on CCIN's high touch 90-day intervention model targeting Medicaid population with chronic illness, and utilizing the teams of Community Health Workers (CHWs) managed by RN care coordinators. To date, their outreach has tried to contact over 10,000 individuals. They have enrolled 1,100 of those individuals. The goal is still try to enroll 10,000. They have expanded the program to include Medicaid and Alliance.</p> <p>He discussed the Care Coordination System that Thrasys/Syntrane helped develop with deployment of patches, fixes, and personal customizations. CCIN has provided training to the CHWs.</p>

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	<p>The Community Hub is a separate program that is being run by CCIN as well as other members. The Hub was developed to service their subscribers (Providence Hospital, Unity, DCPCA, and Mary's Center). Within the Hub, DCPCA and Unity will input all of the patient information into the system. CCIN will only have access to the patient relationship (the panel of 1,100). They are refining the project plan with a target date of February 2014.</p> <p>Mr. Eng stated that they are developing and refining policies through the Hub Policy Board. He also discussed CCIN's future and next steps regarding HIE Use Cases – exploring and discussing possibilities, and connection to CRISP for Encounter Notification and Direct email, and; Public Health Reporting (HIE to HIE).</p> <p>He also discussed issues regarding Fee-for-Service; seeing demand from Fee-for-Service Population; moving toward enrolling and serving this population, and; requiring access to claims information to monitor utilization.</p> <p>Mr. Eng reported that they have been working with Cleveland Woodson and Arturo Weldon to try to figure out where CCIN and the Community Hub lies within the DC HIE world. They met with Mr. Woodson to discuss how they can connect to CRISP to receive encounter notifications, as well as Direct Secure Messaging. They have also met with Mr. Weldon to try to figure out a way to form public health reporting.</p>
<p>New Business; Subcommittee Reports</p>	<p><u>New Business</u></p> <p><u>FY 2014 HIE Funding -</u></p> <p>Mr. Woodson informed the Board that the grant funding for the HIE ends February 7, 2014. He and Michael Tietjen developed a funding request of DHCF to fund the project manager and the operation of Direct to continue in fiscal year 2014, because Direct is being used for encounter notifications. DHCF as an agency has not allocated any funds to operate the HIE, which right now is just Direct in FY '14. He believes that the agency will approve the request for funding.</p> <p>Currently, the HIE team is 50% dedicated to Health Information Technology (HIT) and 50% dedicated to Health Information Exchange (HIE). For Fiscal Year 2014, DHCF has received approval from CMS to</p>

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	<p>switch the HIE staff exclusively to HIT.</p> <p>Mr. Woodson stated that this change does not mean that the DC HIE Policy Board goes away. The team just will not be able to devote as much time to the HIE in FY '14 as we are right now. The team will continue to oversee the Hospital HIE Connection Program, and the FQHCs/CHCs in exchanging information, and executing participation agreements with CRISP.</p> <p><u>DC HIE Policy Board Meeting Schedule for FY '14</u></p> <p>Mr. Woodson reminded the Board that the Mayor's Order states that the DC HIE Policy Board can establish their own meeting schedule, but must convene no less than three (3) times per calendar year. He proposed that the Board meets once per quarter, rather than once per month. This does not prevent the Board from having special call meetings, or subcommittee calls.</p> <p>For FY '15, the Board could revisit increasing the meeting schedule should DHCF give the approval to operate a full blown HIE.</p> <p>There was additional discussion regarding the meeting schedule. The Board agreed to cancel the December 2013 meeting, and to resume the meetings in January 2014, to further discuss the change in the meeting schedule. The subcommittees will continue their conference calls in December.</p> <p>Mr. Weldon proposed that the subcommittees consider strategic type goals and objectives, and bring them to the table for discussion at the January 2014 meeting. This will help to structure future meetings and subcommittees.</p> <p><u>Subcommittee Reports</u></p> <p>No reports were submitted for this month.</p>
Next Board Meeting	January 15, 2014, from 2:00-4:00 pm.

TOPIC	DISCUSSION
Adjournment	Mr. Woodson adjourned the meeting at 4:00 pm.

Approval of Minutes:

Cleveland Woodson, Chair, DC HIE Policy Board

Date

DRAFT