



**District of Columbia Health Information Exchange Policy Board**  
Monthly Meeting Minutes

October 16, 2013  
2:00 p.m. – 4:00 p.m.

**Members present (9):** Jamal Chappelle, James K. Costello, Angela Diop, N.D., Victor Freeman, M.D, Bernie Galla, R.N., Sonia Nagda, M.D., Raymond Tu, M.D., Arturo Weldon, and Cleveland Woodson.

**Members present via teleconference (4):** Barry Lewis, M.D., Wayne McOwen, Tony Pillai, and Robert B. Vowels, M.D.

**Members absent (8):** Barbara Bazron, Ph.D., Douglas M. Garland, Jr., MS, PharmD, Marina Havan, Julius W. Hobson, Jr., Brian R. Jacobs, M.D., Brenda King, R.N., Robin C. Newton, M.D., and Machel Yingling Schraeder.

**DC-HIE Staff present (4):** Alessandra Klug, Esq., LaRah Payne, ScD, MPH, Michael Tietjen, and Carmelita White.

**District Government Staff present {via teleconference} (2):** Howard Liebers (DHCF) and Colleen Sonosky (DHCF)

**Guests present – Public (7):** Selwyn Eng (CCIN), Jason Goldwater (Clinovations), Erik Hayes (United Medical Center), Juliette Jardim (Clinovations), Donna Ramos Johnson (DCPCA), Tasnuva Khan (Clinovations), and Alan Watson (Consultant).

TOPIC	DISCUSSION
Call to Order	Cleveland Woodson (Chair) called the meeting to order at 2:05 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 September 18, 2013, meeting for approval, whereupon a motion was duly made, seconded and unanimously adopted. The minutes were approved as presented. A copy of the revised minutes will be made available on the DC HIE webpage ( <a href="http://www.dchie.dc.gov">www.dchie.dc.gov</a> ) under the hyperlink DC HIE Policy Board.

TOPIC	DISCUSSION
<p style="text-align: center;">Hospital HIE Connection Program</p>	<p>Mr. Woodson reported that the Hospital HIE Connection Program Project Plan is on step/activity nine (9) of the ten (10) steps/activities of the plan, which is to make awards. Six (6) of the eight (8) hospitals have submitted applications – Georgetown University Hospital, George Washington University Hospital, Howard University Hospital, Providence Hospital, Sibley Memorial Hospital, and Washington Hospital Center. He stated that the team is still working on United Medical Center (UMC) and Children’s National Medical Center (CNMC) to try to get them to participate. The grant applications have not been executed by DHCF’s director due to the Federal Shutdown, which has prevented the department from using federal funds. The federal government funds 67%, and the District funds 33% of the eligible HIE related expenses. Until the federal Shutdown ends, none of the funds can be expended. The milestones for this program will have to be adjusted as soon as the Federal Shutdown end date has been confirmed. The end of the grant period for the Cooperative Agreement still remains fixed at February 7, 2014. Based on the delay in awarding the hospital sub grants, the date for which the hospitals will be held accountable for meeting the milestones will have to be pushed out.</p> <p>He stated that the deadline for applications was September 19, 2013. The deadline was extended to September 30<sup>th</sup> for CNMC to complete their application, which has not been submitted yet. DC HIE is working with the interim chief information officer at UMC and CRISP regarding uploading an ADT feed, at a minimum, and a CRISP participation agreement executed. Dr. Raymond Tu has been advocating on behalf of the DC HIE for UMC’s participation. The DC HIE would like to have all of the District’s eligible hospitals participate in this program, and are working vigorously to make it happen.</p>
<p style="text-align: center;">Public Health Upgrade Summary</p>	<p>Mr. Woodson stated that the planned public health upgrades are on hold. DHCF was to use a portion of its HIE Cooperative Agreement and some District funds to give to the Department of Health (DOH) to upgrade their capacity to receive electronic public health information from providers in the District. This is also on hold right now due to the federal shutdown. Arturo Weldon and DOH have been able to complete some of the work with funds that they had on hand. Initially, the plan was to have a little of the work done in FY’13, while the bulk of the work was to be done in FY’14.</p> <p>Mr. Weldon reported that in FY’13 the DOH was able to complete the system environments. They were also able to complete some of their planning sessions, which developed a concept and the design of how they will interface with each one of the providers/hospitals. 95% of this was completed in September. The</p>

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	<p>other thing that was going well in September was that ten (10) interfaces were in some form of testing. The goal was to release all ten of them in October, but the federal shutdown slowed down the plan. DOH has been able to use some of their local funds for some work that they are doing. DOH still anticipates getting five (5) interfaces out this month. They had to scale back due to the cost. As soon as the federal shutdown is resolved, and DOH receives the transfer of funds from DHCF for FY'14, they will be in a position to accelerate.</p> <p>DOH cannot engage in discussion regarding taking Direct Secure Messages and integrating them into DOH's integration engine. What this means is that a provider or hospital that may not have an EHR and using Direct can send a Direct message to DOH, and then DOH would translate it into an electronic file to the backend system at DOH, and it would look just like it came from another electronic system instead of a secured email format. The work on this was scheduled to begin in the beginning of November, but has been pushed back due to the federal shutdown.</p> <p>Mr. Woodson stated that DHCF has asked the administrative directors to develop their FY'15 budgets. In that budget, they asked us to come up with what we want out of an HIE that would be controlled by DHCF. Instead of partnering with another state, the District could continue to build its own HIE, which is what the Board had initially decided.</p> <p>There was extensive discussion regarding information that may be exchanged from the DOH interface with Sure Scripts (EHR) that may benefit hospitals/providers such as prescription data. The Board suggested that another meeting be scheduled to continue discussion on this matter. Mr. Weldon agreed to take the lead on this working group and will provide a report back to the Board at the next Board meeting. Stakeholders that agreed to participate in this working group are as follows: Arturo Weldon (<i>lead</i>), Bernie Galla, Dr. Victor Freeman, Dr. Raymond Tu, Jim Costello, Donna Ramos-Johnson, Jamal Chappelle, Cleveland Woodson, and James Rachlin. Carmelita White will set up the conference call for this working group for some time next week.</p> <p>Dr. Angela Diop asked if Mr. Weldon could provide some information regarding testing Meaningful Use (MU) measures. Mr. Weldon stated that DOH is not performing quality measures. They are performing four (4) objectives identified in MU Stage 2 with public health reporting (Cancer, Immunization, Electronic</p>

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	Lab Results, and Syndromics).
<p>Project Update: Strategic, Operating and Sustainability Plan; Evaluation Plan</p>	<p>Jason Goldwater from Clinovations provided updates on the Strategic and Operational Plans (SOP), and the Evaluation plan. Mr. Goldwater reported on the timeline regarding the SOP. He stated that the initial contract was for twelve (12) weeks. Clinovations will be producing the plans by the middle of November. He also stated that they are not affected by the federal shutdown. They are on schedule and are about to complete the next set of drafts very soon. An internal review process has been scheduled to ensure that the work is aligned with all of the data that was collected. Once that is completed it will be passed on to the DC HIE staff for their review, then it will be finalized and presented to the Board before submission to ONC.</p> <p>Mr. Goldwater stated that what they have done is to complete the first round of review, collaborator interviews regarding privacy and security with Dr. LaRah Payne, resource and rate setting analysis, Health Homes project with Dena Hasan, and Direct Secure Messaging with Chris Hobson from Orion Heath Care, Inc., and Scott Afzal with CRISP. They have completed all stakeholder interviews and feedback sessions.</p> <p>Mr. Goldwater reported that the DC HIE Evaluation stakeholder interviews were completed on October 15<sup>th</sup>. He stated that they launched a short survey on October 1<sup>st</sup>, which was sent to 225 people. The target is a 15% - 20% response rate, which is about 40-50 people which is a representative sample of the population (<i>hospitals, clinics, community health centers, mental health substance abuse providers, and independent providers</i>). The services that they are looking for, for the HIE, represents what has been discussed at the Board meetings, in terms of public health reporting. He also stated that they held two (2) group discussions with Board members and DHCF Staff last month.</p> <p>Mr. Goldwater specified that one of the things that they were going to do, but opted not to because they have a lot of the information that they needed, was to go on site visits to a couple of hospitals to see the HIE in action. For the responses that they received, the utilization is not high enough yet that they would have seen things that would have produced anything different than the information that they were getting first hand from the people they were speaking with. Coordinating those types of site visits take some time to do, so they did not want to put the burden on any hospital to try to coordinate with that, unless they were going to significantly get some data that they knew they could not be get any other way. Based on the discussions with everyone, the data they received through the interviews, group discussions, and the survey will be</p>

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	<p>sufficient enough to do an evaluation, given that ONC really wants to just focus on the last eighteen (18) months.</p> <p>He reported that some of the themes that have emerged as being very common amongst the various stakeholders, and how they feel about the HIE in terms of the current perception, are that they are still trying to search for a value driver. They want to know what is the value to doing an HIE. People discussed what values they believe it will create, and what values it needs to create in order to be sustainable and successful. Following are the other common themes. The value drivers for sustainability are care coordination; exchange of lab and radiology results, and real-time data for better research, rate setting, and/or spending analysis. Raising awareness and use are political traction and buy in, help from media outlets for public service announcements, and 24-hour support, and clarify use cases, demand electronic methods of data transmission. The challenges are current governance structure, including more stakeholders and decouple from government, and building credibility, clarifying the message, and changing the mindset. The future direction include much volatility in the past, but there is promise for the future, and HIE must be dynamic and must be led by a quick-decision making body.</p>
<p>New Business; Subcommittee Reports</p>	<p><b><u>New Business</u></b></p> <p><b><u>Use of Remaining Grant Funds:</u></b></p> <p>Mr. Woodson updated the Board on the Board proposals for the use of remaining HIE grant funds. The Board voted for education/outreach. He stated that as soon as the federal shutdown ends, a gap analysis will be submitted to ONC requesting approval to use the remaining funds on this effort.</p> <p>Dr. Victor Freeman asked if the DC HIE would be spending a million dollars on advertising hospital connection to CRISP, DC Direct, and Public Health. Mr. Woodson stated that only a portion of the funds would be spent to market the service that we currently have to the provider community. Mr. Weldon exclaimed that whoever provides the education/outreach service for the DC HIE, will also have to assist in assessing what is already in place.</p> <p>There was additional extensive discussion regarding use of the remaining grant funds to build additional functionality to the public health reporting. The Board tossed around a few ideas that would be a high</p>

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	<p>priority for the HIE in utilizing those funds. The Board decided to form a working group to formulate a plan to expend a portion of DHCF’s HIE Cooperative Agreement funds to build value added HIE infrastructure for the provider community. The Board discussed the possibility of expanding Rhapsody to allow providers to meet meaningful use (MU) and a portal to view radiology images, laboratory data, and cancer registry. Stakeholders that agreed to participate in this working group are as follows: Arturo Weldon (<i>Lead</i>), Cleveland Woodson, Bernie Galla, Dr. Victor Freeman, Dr. Raymond Tu, Jamal Chappelle, and James Rachlin. Carmelita White will set up the conference call for this working group for some time next week. From this conference call the group will flesh out a project plan to submit to ONC. The group will also draft the outlines of a Memorandum of Understanding (MOU) that may need to be signed between DHCF and DOH for the modules that are not included in the scope of work that is in the current MOU.</p> <p><b><u>CCIN:</u></b></p> <p>Mr. Woodson stated that at the last Board meeting there was discussion regarding identifying CCIN as a strategic partner, and listing them on our webpage, possibly providing a link from our DHCF website to CCIN. After a meeting with DHCF’s General Counsel, we were advised that we are unable to grant this request. The rationale is that we cannot show favoritism to any one organization, even if they are closely aligned with some of the goals that we have at DHCF.</p> <p><b><u>Hospital HIE Connection Program (w/CRISP):</u></b></p> <p>Mr. Woodson followed-up on a request from the last meeting to view the Hospital HIE Connection Program sub-grant applications that were submitted by the hospitals. After meeting with DHCF’s General Counsel, we are unable to grant this request.</p> <p><b><u>Chesapeake Regional Information System for our Patients (CRISP):</u></b></p> <p>Mr. Woodson reported that the MOU between DHCF and CRISP will not be executed. The hospital will be executing participation agreements directly with CRISP.</p> <p>He also reported that CRISP extended participation on their Clinical Advisory Committee to Bernie Galla and Dr. Victor Freeman. They held their first meeting on Tuesday, October 14<sup>th</sup>.</p>

TOPIC	DISCUSSION
	<p data-bbox="527 334 837 363"><b><u>Subcommittee Reports</u></b></p> <p data-bbox="527 407 1062 436">No reports were submitted for this month.</p>
Next Board Meeting	November 20, 2013, from 2:00-4:00 pm.
Adjournment	Mr. Woodson adjourned the meeting at 3:50 pm.

Approval of Minutes:

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Cleveland Woodson, Chair, DC HIE Policy Board

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Date