



District of Columbia Health Information Exchange Policy Board
Meeting Minutes

April 8, 2015
2:00 p.m. – 4:00 p.m.

Members present (8): Barbara Bazron, Ph.D. (DC Department of Behavioral Health), Victor Freeman, M.D., Christian Barrera (Office of the Deputy Mayor for Health and Human Services), Brenda King, R.N., Justin Palmer, MPA (DC Hospital Association), Donna Ramos-Johnson (for James K. Costello, District of Columbia Primary Care Association), Arturo Weldon (DC Department of Health) and Shelly Ten Napel.

Members present via teleconference (2): Douglas M. Garland, Jr., MS, PharmD, and Barry L. Lewis, MD (Medical Society of the District of Columbia).

Members absent (7): Brain Jacobs, MD, Bernie Galla, R.N., Angela Diop, N.D., Marina Havan, M.D., Jamal Chappelle, Julius W. Hobson, Jr., Raymond Tu, MD

DHCF Staff present (1): Michael Tietjen. (HIE/HIT),

Guests: Luigi Leblanc, Selwyn Eng

TOPIC	DISCUSSION
Call to Order	Shelly Ten Napel (Chair) called the meeting to order at 2:00pm. Michael Tietjen (Management Analyst) recorded the minutes.
Update on Next Steps for Board Terms and Appointment	Mrs. Ten Napel presented for discussion the topic of appointments to the Health Information Exchange Policy Board. The current Board's term expires on June 25, 2015. Each board member has a three-year term as outlined in the Mayor's Order. However, there are certain aspects of the Mayor's Order that need to be analyzed such as conflict of interest, constant absence, selection of committee member(s) (qualification), and term limits (membership duration). Additionally, in later discussion, several board members spoke for the need for better consumer representation, consistent with the existing Mayor's order which requires at least five members who do not earn a living in the healthcare field with a recommendation of additional community groups.
HIE Road Map	Mr. Lee Stevens, Office of the National Coordinator, was present to discuss national trends and possible lessons based on HIE in other states. He discussed HIE connectivity between hospitals, behavioral and

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Discussion	<p>mental health services. States have the option to purchase their HIE services from other states in order to decrease cost and increase efficiency. Due to the District's proximity to Maryland, DC providers can benefit from the admission, discharge and transfer (ADT) feeds delivered by Maryland's state designated HIE (CRISP). Dr. Bazron raised a question about CRISP being interoperable with other health information systems and the importance of being able to connect systems in existence that have information on DC residents. Mr. Palmer stated Kaiser is in the process of connecting behavioral health and with the exception of two hospitals in the District all acute care hospital are connected to CRISP. Arturo Weldon supported the idea of having a DC HIE that incorporates services from others HIE, such as CRISP. Further, having connectivity will pay dividends as compared to having an agency (not sustainable). Using CRISP does not preclude the District from buying other services from other places. Mr. Stevens recommended that stakeholders think about what they want out of data (services) from data that is available in an HIE. He added that the number one problem facing data sharing is that EHR systems are not designed to share information with each other.</p> <p>Ms. Ten Napel raised the question of what governance model the policy board should recommend in the HIE Road map. The decision was framed as a choice between an advisory board or a public benefit corporation. There was an extensive discussion and each member was gave reasons for supporting one model.</p> <p>However, with a public benefit corporation, the question of who will fund the corporation was raised (the DC Child and Youth Investment Trust Fund was the given example). The corporation will not be under DHCF, but a private entity held accountable by the deputy major. The advantage of this model will remove HIE board from the bureaucracy of government and operate with greater autonomy and flexibility.</p> <p>Some of the factors board members cited in supporting an advisory board model were:</p> <ul style="list-style-type: none"> • The Advisory Board has the unique opportunity to engage a diverse a community with an understanding of its role. • An advisory board could define use cases that would drive others functional aspects of an HIE (technology, financing, etc). • Advisory Board is sufficient for achieving the goals outlined in the Road Map. • Within DHCF, an advisory board could leverage CMS funding for HIE projects. • The advisory board needs to reflect key stakeholders and users of health data.

TOPIC	DISCUSSION
	<ul style="list-style-type: none"> • Further, stakeholders can meet to discuss the data collection and the instruments to drive HIE. • DHCF recognizes the need for improvement with in the current frame work, and to incorporate best practices from other state HIE programs. <p>Some of the factors board members cited in supporting a public benefit corporation model were:</p> <ul style="list-style-type: none"> • Dr. Freeman supports an advisory board’s general concept; however, the HIE governance board is not appropriate within government. • There is a need for stakeholder engagement between public and private entities regarding issues such as policy, finance, and measurement of outcomes. • Additionally, the advisory board is made for short-term expertise advice while HIE needs a long-term commitment. • From previous experience, subcommittees were not empowered and did not make recommendations. • There is insufficient expertise on IT by DHCF and a public benefit corporation could more easily tap expertise that is needed. • While a public trust fund is held to a higher standard by the citizens and governments because both stakeholders’ inputs are needed and they are treated as equals. • In an advisory board, the agency which hosts the HIE will have an unequal advantage and the other board members are not held to the same standards and accountability. <p>To close the discussion, the board took a vote on recommending a governance model. Members chose between the enhanced advisory board model or the public benefit corporation model. The Board cast six votes for an enhanced advisory board, three for the public benefit corporation model and one member abstained.</p> <p>To move forward, the board agreed to finalize the HIE Road Map with both the majority and minority views on the question of governance. Justin Palmer will write the majority view and Victor Freeman will write the minority view.</p>
Next Board Meeting	The next HIE Policy Board meeting will be an in-person meeting with Director Turnage. Staff will

TOPIC	DISCUSSION
	communicate with the Board about timing.
Adjournment	The meeting was adjourned at 4:00 PM

Approval of Minutes:

Shelly Ten Napel, Chair, DC HIE Policy Board

Date

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