



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

July 17, 2013  
2:00 p.m. – 4:00 p.m.

**Members present (11):** James K. Costello, Angela Diop, N.D., Victor Freeman, M.D, Bernie Galla, R.N., Brenda King, R.N., Barry Lewis, M.D., Wayne McOwen, Sonia Nagda, M.D., Tony Pillai, Arturo Weldon, and Cleveland Woodson.

**Members present via teleconference (5):** Jamal Chappelle, Douglas M. Garland, Jr., MS, PharmD., Julius W. Hobson, Jr., Brian R. Jacobs, M.D., and Raymond Tu, M.D.

**Members absent (5):** Barbara Bazron, Ph.D., Marina Havan, Robin C. Newton, M.D., Robert B. Vowels, M.D., and Machel Yingling Schraeder.

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

**Guests present – District Government (3):** Dena Hasan, MPH (DHCF) and Walter Faggett, M.D. (DYRS).

**Guests present – Public (4):** John Arroyave (Bluenovo), Juliette Jardim (Clinovations), Tasnuva Khan (Clinovations), and Anita Samarth (Clinovations)

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 June 19, 2013, meeting for approval, whereupon a motion was duly made, seconded and unanimously approved with revisions as follows: On Page 2 where it states “a 67/33 match with ONC, it will be changed to clearly indicate that the 67% is ONC and the 33% comes from the District. The other change is the use of the term partnership related to DC HIE’s Hospital HIE Connection Program that involves CRISP. The use of the term partnership will be removed, and will be replaced with affiliation. 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.
Hospital HIE Connection Program	Mr. Woodson stated that DC HIE is going through some of the steps to make the Hospital HIE Connection Program (also known as sub-grants) happen. He reported that the program has to follow the rules of the D.C. Office of Grants and Partnership Services if DC HIE is going to issue sub-grants. One of those rules

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	<p>includes a Notice of Funding Availability (NOFA). The NOFA is a one-page document that includes the funding available, the terms, and the milestones that must be met. Rules also had to be developed and published. The Department of Health Care Finance’s Health Care Policy and Research Administration developed the rules, which were published in the DC Register on July 12, 2013. The next document that had to be developed was the Request for Applications (RFA). The RFA is similar to a Request for Proposals. The RFA would then be sent out to the hospitals eligible to participate. It would also be published at the D.C. Office of Grants and Partnership Services website. There are only eight (8) hospitals in the District that qualify. Through the Hospital HIE Connection Program, DHCF will use a portion of its grant funds to cover the costs of District hospitals to connect to and participate with CRISP. CRISP offers advanced HIE services that DC HIE does not offer including encounter notification services, a patient query portal and reporting. Nothing changes for District providers regarding public health. Providers will continue to transmit public health data to Department of Health (DOH) via their method of choice. DOH will continue to operate the Orion Health Rhapsody integration engine which electronically receives public health data from providers. The Direct that the DC HIE offers would continue to be in use, and would be used by CRISP to send notifications to the physicians whose patients had been admitted, discharged, or transferred to one of the hospitals in the District.</p> <p>The NOFA should be posted on July 19<sup>th</sup>. The RFA release/open period is August 5 – September 5, 2013. Some of these dates could change. The RFA includes a performance period which represents when hospitals would have to complete milestones to receive a portion of the grant award. The performance period commences with the new fiscal year on October 1, 2013, and runs through February 28, 2014.</p> <p>Dr. Walter Faggett asked how many hospitals were interested in the Hospital HIE Connection Program. Mr. Woodson stated that representatives from six out of the eight hospitals participated in a webinar the HIE team held on July 16<sup>th</sup>. Of the eight (8) acute care hospitals located in the District, only Children’s National Medical Center (CNMC) and George Washington University Hospital (GW) did not have representatives which participated. However, Dr. Brian Jacobs stated that he believes that CNMC is interested in the Hospital HIE Connection Program. Mr. Woodson stated that the hospitals that did participate on the call seemed very interested in Hospital HIE Connection Program.</p> <p>Dr. Victor Freeman asked what the time frame is for DC HIE reporting to ONC. Mr. Woodson stated that the same things that are reported to ONC now will be reported going forward with this program. There will</p>

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	<p>be more data to report now. There are program information notices and certain metrics that have to be reported on a quarterly basis. Michael Tietjen stated that there will be a final program report for the Cooperative Agreement after the grant period ends. Mr. Tietjen stated that he would have to verify this with ONC, but he believes that this report is due thirty (30) days after the grant period ends in February 2014. Once he receives the actual time frame from ONC, he will supply that information to the Board.</p> <p>Mr. Woodson stated that some of this work will be done by Clinovations, the consulting firm the HIE has contracted with to assist with an Evaluation, and a revised Strategic, Operational, and Sustainability Plan. These are the two (2) contracts that had been discussed over the past eight (8) months that were finally approved through the Office of Contracts and Procurement (OCP). Clinovations has done a lot of work for the DHCF in the past. Clinovations are the technical advisors for the Regional Extension Center (REC) which is helping providers to sign up and attest for Meaningful Use in the District. They are very knowledgeable, and the HIE is very glad to have them. Later in the meeting they will be discussing some of the work that they will be performing for the HIE.</p> <p>Mr. Woodson specified that with this Hospital HIE Connection Program we did not want to disadvantage the hospital systems which have already executed an agreement with CRISP. These hospitals need not execute an agreement, but they would need to send notice to the HIE of their intent to unblock the data that is currently blocked for their hospitals that are located in the District.</p> <p>Bernie Galla stated that one of the things to their advantage with the hospitals in the District, like GW, CNMC, or Howard University Hospital (HUH) they have already established connectivity for data exchange, or health information exchange. He believes that they would be able to build onto what they had existing before. What it really comes down to is the validation testing, as well as in the education, as mentioned by Mr. Woodson previously.</p> <p>Mr. Woodson stated that there are three (3) services that CRISP offers, encounter notification, reporting, and patient query portal. There are two (2) price tiers; one for just encounter notifications and another for encounter, query and reporting.</p> <p>Dr. Freeman was concerned with the additional costs of connecting District hospitals to CRISP. Mr. Woodson stated that the cost was outlined in the proposal that was previously presented to the Board.</p>

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	<p>Arturo Weldon indicated that the proposal did not include technical support, it was strictly licensing. Mr. Weldon stated that there was a start-up fee for CRISP part of the work – what they have to do technically to configure their system. It also included ONC giving the hospitals funds to cover the first year of the estimated license fee.</p> <p>Mr. Woodson stated that he would get clarification from ONC regarding what the funds will cover (one year licensing fees, one year start-up costs incurred by CRISP, and start-up or connection costs for hospitals). He will provide this information to the Board once clarification is received from ONC.</p> <p>Dr. Angela Diop asked what are the performance measures that ONC has for the HIE with this particular program. Mr. Woodson stated that there are various milestones that the hospitals have to meet. They have to query a patient, make their patient panel available for other members to query, send a certain number of messages by a certain number of dates, etc. Mr. Woodson stated that there are milestones associated with this program, and that he would send a copy of the information from ONC to the Board for clarity.</p>
<p>Expansion of DOH Electronic Interface Capacity</p>	<p>Mr. Woodson stated that just before this meeting started he emailed Tracy Okubo, Project Officer from ONC. The HIE had a biweekly conference call with Ms. Okubo earlier this week, and ONC had a lot of technical questions regarding Rhapsody. Arturo Weldon and Orion Health were very helpful in responding to their questions. Based on the responses that were given to ONC, they were very comfortable with it, and they understand what is being done with the public health upgrade and Rhapsody. Ms. Okubo stated that she was working on the approval as she was writing the email, and anticipates getting it by this week. This will allow us to move forward with expanding the capability of providers in the District to transmit public health information electronically through the Rhapsody Integration Engine (syndromic surveillance, electronic laboratory reporting, cancer registry, and immunization data). This is all as a result of the gap analysis report that ONC wanted us to complete, and which was shared with the Board.</p> <p>Mr. Weldon explained some of the Meaningful Use (MU) requirements for public health reporting to help the District providers/hospitals get MU certified. He stated that what he did was to take it all the way to Stage 2. MU stage 2 requires ongoing electronic submission of public health data. Part of that also includes a requirement from ONC that DOH must also integrate Direct into the Rhapsody integration engine. Mr. Weldon went on to identify a few other items that were included in the refined Gap Analysis Report.</p>

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	<p>Mr. Weldon suggested a round table discussion be scheduled with the Board regarding this issue.</p> <p>Mr. Woodson stated that he would share a copy of the revised Gap Analysis Report, and a copy of the MOA with the Board. He also stated that there would be a press release regarding our public health upgrades.</p>
<p>New Business; Subcommittee Reports</p>	<p><b><u>New Business</u></b></p> <p><b><u>Introduction of New Contractor:</u></b></p> <p>Mr. Woodson introduced and welcomed the team from Clinovations, Anita Samarth, President and Co-Founder, Juliette Jardim, and Tashuva Khan. The DC HIE had two contracts that took a long time to procure. One was for a Strategic, Operational, and Sustainability Plan, which was an ONC grant deliverable. The other was for an Evaluation Plan. Clinovations is the vendor that was selected to execute the plans for both projects.</p> <p>He also reported that the kickoff meeting with Clinovations was held last week for the Evaluation Plan, and the kick off meeting for the Strategic, Operational, and Sustainability Plan was held on yesterday.</p> <p>Ms. Samarth stated that Clinovations is excited to be working with the District. They have been working actively in the District and have worked with DCPCA for over four (4) years, as well working with hospitals throughout the District over the years.</p> <p>She went on to describe to the Board how Clinovations will proceed with the projects. She provided to the Board a copy of their initial draft of the project plan, and reviewed the PowerPoint slides which included information regarding the company, who they are, and their project scope. The project scope included updating the Strategic and Operational Plans, developing the Sustainability Plan, and developing an Evaluation Plan, and conducting the Evaluation.</p> <p>Wayne McOwen asked in terms of developing a prioritization and decision making framework, when talking about future investments, does that process enable in any way the support to justify that future investment, or to justify grants applications, or changes in budgets; or is it simply identifying that there is a need for future investments. Could anything you do be used to support those additional investments? Ms.</p>

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	<p>Samarth's answer was yes, and she went on to explain her answer.</p> <p>Tony Pillai asked if this would have to be approved by ONC. Ms. Samarth answered yes, and went on to explain.</p> <p>She was asked how many people are employed at Clinovations. She stated that there are about 60 employees, but with contractors, Clinovations staff can reach as high as 200. There are five team members who will be working with the DC HIE Team.</p> <p>There were several other questions asked of Ms. Samarth, and she answered those questions to the satisfaction of the Board.</p> <p>Board Members shared their excitement regarding the plans for the District's HIE based on the sustainability plans provided by Clinovations.</p> <p><b><u>Medicaid EHR Incentive Payment Program:</u></b></p> <p>Mr. Woodson reported that the District's Health Information Technology (HIT) team is working with a pilot provider who works for Bread for the City, Dr. Randi Abramson. She is the first eligible provider to be processed through the District's Medicaid Electronic Health Record (EHR) Incentive Program registration and attestation portal, which Xerox Federal Solutions has been hired to implement and operate. Xerox agreed to process one provider through this test environment. Technically we are still in a test environment for the next couple of weeks. The first month of operation begins in August. That is when providers will be able to go to the District of Columbia Registration and Attestation Portal and register and attest. July 1<sup>st</sup> commenced the date for which CMS turned the District on at the Federal level. The District's portal went live July 1<sup>st</sup>. August 1<sup>st</sup> the District goes live with the actual attestation portal.</p> <p>The HIT team assisted Howard University Hospital (HUH) to attest through Virginia DMAS. HUH will receive their payment on or about July 19<sup>th</sup>. George Washington University Hospital also attested with Virginia DMAS and has received its initial payment.</p> <p>Dr. Jacobs stated that Children's National Medical Center has attested in Maryland and West Virginia with</p>

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	<p>D.C. Medicaid’s help in monitoring and managing those attestation submissions.</p> <p>Dr. Diop asked for the HIT team’s assistance in getting Unity Health Care its Medicaid EHR Incentive Payment. Unity Health Care already attested in Maryland, but has not received its payment in entirety. Mr. Woodson stated that the HIT Team will assist Unity Health Care in attesting and receiving payment.</p> <p>Five or six providers have already gone to CMS to select the District as their state of attestation, including one hospital, United Medical Center. He stated that he believes that the District will probably pay out approximately \$300,000,000 in payments through the District’s portal over the life of this program which ends in 2021.</p> <p><b><u>Direct Rebate Program:</u></b></p> <p>Dr. Freeman asked what happened to the Rebate Program. Mr. Woodson stated that Rules have to be written for this program. He will be following up with Health Care Policy and Research Administration to see where they are on the development of rules for the Direct Rebate Program.</p> <p><b><u>Privacy Rules regarding CRISP:</u></b></p> <p>The District’s Privacy and Security Officer, Tina Curtis is reviewing privacy rules regarding CRISP to determine that it meets legal sufficiency. She has been asked to complete her review by July 22<sup>nd</sup>.</p> <p><b><u>Subcommittee Reports</u></b></p> <p><b>Governance, Finance, and Legal/Policy/Privacy Subcommittees:</b> Mr. Woodson was on some of the subcommittee conference calls, but not everyone was able to conference in, so there was not much to report, with the exception of the subcommittees listed below.</p> <p><b>Technical Infrastructure Subcommittee:</b> Arturo Weldon, Subcommittee Chair outlined some of the public health upgrades, which was presented under the Hospital HIE Connection Program agenda.</p> <p><b>Business &amp; Technical Operations Subcommittee:</b> Mr. Woodson reported that he and Dr. Diop met and</p>

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	<p>discussed the need to have more of a high touch with these hospitals to alert them to the Hospital HIE Connection Program. He stated that he took Dr. Diop’s suggestion regarding a conference call with the hospitals. Six of the eight hospitals actually participated on the call. Between the conference call and the RFA that will be issued, this should be enough to alert them to the program and encourage them to participate.</p> <p>Dr. Diop specified that the other thing that the Board discussed was the CRISP agreement and bringing it to the Board as a discussion item. She stated that in light of the time remaining, we can have this discussion as a side meeting or conference call. Dr. Diop stated that she does not understand why we are not required to have an agreement. Mr. Woodson replied that the legal team at DHCF never indicated that an agreement between the agency and CRISP was required. He stated that he would come back to the Board with an agreement that will outline some of the things that we would like to have happen.</p> <p>The other agenda item discussed was following up with connecting FQHC providers to CRISP, because they (CRISP) talked about the portal but we really have not had any discussion regarding that. Mr. Woodson stated that there is a meeting to be scheduled to discuss this issue. He said that the conference call is scheduled for August 1<sup>st</sup>, and the Board is welcome to participate.</p> <p>Ms. White will send an Invite to the Board for the August 1<sup>st</sup> meeting with CRISP and the Community Health Centers IT Staff.</p> <p>Lastly, Dr. Diop gave an update on CCIN only so that Mr. Woodson could have a greater perspective of health information exchange in the District that they are moving forward with creating a Hub for CCIN-(eClinical Works) ECW people that are a part of CCIN. This will have the capability to connect to, in the future, DOH. Mr. Woodson stated that James Rachlin, the HIE technical project manager has been in communications with the technical project manager for CCIN about how DC HIE and CCIN can collaborate. DC HIE has already issued Direct addresses to community health workers affiliated with CCIN and DC HIE is exploring ways to use CCIN’s case management software for use in the DHCF/DOH/DMH Health Home project.</p>

<b>TOPIC</b>	<b>DISCUSSION</b>
Next Board Meeting	August 21, 2013, from 2:00-4:00 pm.
Adjournment	Mr. Woodson adjourned the meeting at 4:10 pm.

Approval of Minutes:

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Cleveland Woodson, Chair, DC HIE Policy Board

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Date

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