District of Columbia Health Information Exchange Policy Board
Monthly Meeting Minutes

June 19, 2013
2:00 p.m. – 4:00 p.m.

Members present (8): James K. Costello, Angela Diop, N.D., Victor Freeman, M.D, Sonia Nagda, M.D., Tony Pillai, Robert B. Vowels, M.D., Arturo Weldon, and Cleveland Woodson.

Members present via teleconference (4): Jamal Chappelle, Brian R. Jacobs, M.D., Raymond Tu, M.D., and Machelle Yingling Schraeder

Members absent (9): Barbara Bazron, Ph.D., Bernie Galla, R.N., Douglas M. Garland, Jr., MS, PharmD, Marina Havan, Julius W. Hobson, Jr., Brenda King, R.N., Barry Lewis, M.D., Wayne McOwen, and Robin C. Newton, M.D.

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

Guests present – District Government (3): Tina Curtis, Esq., CIPP (OAG), Linda Elam, Ph.D., MPH (DHCF), and Howard Liebers (DHCF).

Guests present – Public (9): David Horrocks (CRISP), Theo Ogbebor (NuStrat, LLC), Tashuva Khan (Clinovations), John Arroyave (Bluenovo), Donna Ramos Johnson (DCPCA), Alan Watson (HIT Consultant), Tracy Okubo (ONC), Rachel Abbey (ONC), Luigi LeBlanc (CCIN).

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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 May 15, 2013, meeting for approval, whereupon a motion was duly made, seconded and unanimously adopted. The minutes were approved as presented. A copy of the minutes will be made available on the DC HIE webpage (www.dchie.dc.gov) under the hyperlink DC HIE Policy Board.
DC HIE Next Steps	**DC HIE Sub-Grants** ONC will permit DHCF to use remaining grant funds for three (3) purposes: 1) Direct Secure Messaging; 2) Expansion of DOH capacity to receive electronic interfaces for public health information related to

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	immunization, syndromic surveillance and electronic laboratory reporting, and; 3) Sub Grants to non-psychiatric acute care hospitals located in the District to connect to and subscribe to CRISP. Mr. Woodson stated that while the Department of Health Care Finance (DHCF) has sub grant authority, DHCF has not historically issued sub-grants. The Department of Health (DOH) and some other District agencies regularly issue sub-grants. DHCF is going through the steps to determine what needs to be done to be able to issue sub-grants to hospitals in the District. He stated that there will have to be an agreement between the District and the eight (8) acute care hospitals to receive the sub-grants. The hospitals would also have to meet certain milestones in order to receive a sub-grant and the hospitals would be required to transmit certain types of data, and to submit reports to DHCF. The HIE team would in turn transmit the reports to ONC. Mr. Woodson reported that the District received a conditional approval from ONC to move forward with the sub-grant process, and also with the expansion of Public Health. ONC had some questions, mainly on the technical side, which Arturo Weldon was able to answer. These answers have been submitted to ONC and the HIE team awaits ONC's final approval to move forward with the three (3) approved purposes. Mr. Woodson also reported that DHCF is trying to determine if the agency has a local match for the approved purposes. The agency has a 67/33 funding arrangement with ONC for its HIE cooperative agreement. The federal government pays 67% of approved program-related expenses and the District pays 33% in the form of a local match. He stated that DOH will be the lead on the public health aspect of this HIE, and DHCF will be riding on DOH's contract with Orion Health. Accordingly, DHCF and DOH will need to execute a memorandum of agreement (MOA) so that DHCF will be able to transfer grant funds to DOH to be able to pay Orion Health for these upgrades. Mr. Woodson stated that the point of the upgrades for public health is to get more providers submitting data to DOH electronically, rather than via facsimile or another paper method. DOH already has many interfaces, which was outlined in the Public Health Gap Analysis. The Board members have already received a copy, and a copy was submitted to ONC at the end of May. A board member inquired of Mr. Woodson whether remaining grant funds need to be consumed by a certain time. Mr. Woodson answered yes. The HIE grant ends in February 2014, and it is a use-it or lose-it

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	scenario. While it is unlikely DHCF will be able to utilize all of the remaining grant funding, and this is why ONC is requesting DHCF partner with an operational HIE to do something more beyond Direct Secure Messaging in the District. Public health and advanced HIE services like encounter notification services and a query portal are integral components of a robust HIE. **Chesapeake Regional Information System for Our Patients (CRISP)** Mr. Woodson introduced Mr. David Horrocks, President & CEO of CRISP. He stated that Mr. Horrocks was attending the meeting to answer any questions that the Board may have regarding the proposed partnership between the DC HIE and CRISP. Mr. Jamal Chappelle asked Mr. Horrocks about the model on which CRISP based its hospital connection fee estimates. Mr. Horrocks stated that CRISP based its fees on Maryland's model of total patient revenue (TPR). The TPR model is based on capitation and is different from the model used in the District. Mr. Chappelle said he would have preferred CRISP to use District of Columbia Hospital Association (DCHA) data to calculate connection fee estimates. DCHA data is based on total patient days, encounters and gross patient revenue. Mr. Horrocks stated that CRISP is a non-profit membership corporation that has been formed by provider organizations, mostly Maryland-based provider organizations, a number of which also operate facilities in the District as well. MedStar's Washington Hospital Center, Georgetown University Hospital and Johns Hopkins' Sibley Memorial Hospital are examples. These health systems have already executed participation agreements with CRISP. The data for their District-based hospital is "turned off" because CRISP's licensing arrangement with its technology provider Optum would result in additional fees to the health systems. CRISP's sustainability model relies upon a combination of fees from its member hospitals, skilled nursing facilities and other providers and other grant-based revenue sources. CRISP also receives funds through another assessment. Mr. Horrocks stated that CRISP's partnership proposal to DHCF used the hospital fees paid by providers in Maryland as the basis for the fees District hospitals would pay to connect to CRISP. CRISP based its connection fees (denominator) on a hospital's gross patient revenue and staffed bed capacity. Larger hospitals would pay more and smaller hospitals would pay less. Mr. Chappelle asked for confirmation that CRISP's price methodology is based on 2010 hospital data numbers. Mr. Horrocks confirmed this is likely the case.

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	Mr. Woodson stated that in this option, if all eight (8) acute care hospitals join, the most that the District would pay would be $779,683 to cover the cost of one year subscription and start-up fees. The least that it would cost is $259,084 if all eight hospitals elect to subscribe to CRISP and only want one service as opposed to three. Arturo Weldon asked if there were additional start-up fees. He also stated that from a technology standpoint he does not see the feasibility in going with this proposal. From the hospital standpoint, he had an issue with how this would work with situation awareness since the DOH, which oversees this for the District, is not engaged in this proposal. Mr. Weldon was very concerned that this proposal does not include the clinics, which are a very important part of public health reporting. He stated that this proposal does not give any value for the DOH, which is the lead agency for any health emergency in the District. Mr. Horrocks offered to connect District-based health clinics to CRISP at no cost, but his understanding from ONC is supportive of DHCF using a portion of its grant funds to connect just District hospitals to CRISP. Mr. Weldon proposed that the Board look at what they proposed to ONC, which is to still interface with CRISP but do it through a single platform that will be built for the District. This would be a better and easier model to maintain for the District, and it will make it sustainable. He stated that in this model, it would be enhancing the HIE to meet all meaningful use requirements. The idea behind Mr. Weldon's proposal is to have District providers utilize DOH's Rhapsody as the connection point for advanced HIE services rather than have District providers rely upon DOH for public health and CRISP for advanced HIE services. Jim Costello stated that he was aware that CRISP was looking to change vendors for their HIE and wanted to know what kind of complicating factors would that change entail. He also asked who the new vendor would be. Mr. Horrocks reported that CRISP will be changing vendors for pieces of their infrastructure. He stated that he did not think that for additional providers who came on board that there would be any complications at all. He also stated that Mirth is the new vendor for the interface engine, NPI and repository. The encounter notifications and reporting platforms will not change. Dr. Victor Freeman asked how many ambulatory practices are connected in Maryland. Mr. Horrocks stated

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	that there are about 500 ambulatory physicians who use the encounter notifications service today. There are about 800,000 patients in the patient roster, and another 600 physicians who use the query portal. He stated that some are hospital affiliated, some are FQHCs, and some are independent practices. **Introduction of the District's Project Officer from ONC** Mr. Woodson introduced Ms. Tracy Okubo, the District's Project Officer at ONC. He stated that it was ONC's idea to connect to the eight (8) non-psychiatric acute care hospitals in the District. He asked Ms. Okubo to give ONC's perspective as to why they chose this approach. Ms. Okubo stated that the proposal to connect the eight hospitals to CRISP was an initial proposal that Mr. Horrocks put together. She stated that she believes that CRISP would be open to extending to additional hospitals and facilities. This proposal is not something that is completely set in stone. Based upon the time remaining for this grant program, which ends February 7, 2014, and the amount of funds the District has to work with, with a large portion of it going towards doing public health upgrades; the hospital HIE connection proposal was something ONC felt DHCF could accomplish relatively quickly. Also, with the District's regulation issues regarding local funds match, ONC thought it best to start with the eight hospitals and build out from there. She also stated that if the Board would like to consider expanding to other hospitals or facilities, CRISP would be amenable to that, and ONC will also look at any of those additional expansions. Dr. Angela Diop inquired about the nature of the proposed collaboration. She stated that this is more like a vendor/client relationship. She feels that the DC HIE is not looking for that type of relationship. Mr. Horrocks stated that it is his understanding that the District will have an HIE. The DC HIE is going to tackle some of the things that DOH needs, expanding the use of Direct, and things in the future that we are probably not anticipating just yet. What CRISP is offering to do is to run the hospitals and the affiliated ambulatory practices on an infrastructure that exists now to get a good chunk of connectivity actually operational very quickly. From there, CRISP and DC HIE could partner in other areas. He also stated that he does not want to presuppose on taking a role that the DC HIE will be able to handle more effectively on its own. He just wants to help DC HIE to get basic HIE services up and running very rapidly and to do it in partnership with hospitals as CRISP has done in the past.

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	Dr. Freeman stated that there are a couple of things that he was concerned about, expanding Direct being one. He stated that he believes that DC providers have already spoken on Direct with only having 115 users based on the last report to ONC. He stated that as much as we might hope to expand that, he believes that there are real limits on where that is realistically going to go. In terms of affiliated outpatient, the way the District works, we do have faculties that are affiliated with these hospitals, but the referral patterns would indicate that there is a wide variety of particularly small practices that would not be part of any particular network here. That being said, this notion that the District will be pursuing HIE services beyond what ONC is speaking of, he does not see how this will occur. He stated that everything that he is seeing is the hospitals being connected to potentially the FQHCs, the FQHCs then connecting to CRISP, and the hospitals connecting to CRISP, and that really having nothing to do with the District's oversight. Ms. Okubo stated that we're not quite putting out the full value of Direct and its utilization, and the fact that Direct plays a very key part in stage 2 meaningful use, particularly with transitions of care. That is one of the mechanisms that providers will need to use in order to get meaningful use credits for transitions of care. Either attaching through Direct a care summary when they are doing a referral or having the provider to be able to have the ability to query in through it. So Direct is going to be able to play a more important role moving forward. Tina Curtis, Esq., Director/District-wide Privacy and Security Official, Office of the Attorney General (OAG) conveyed that her office would need to review any agreements to be signed between DHCF and CRISP. Dr. Brian Jacobs who sits on CRISPs Board stated that he believes affiliation with CRISP is a good thing for patients and hospitals in the District. Dr. Jacobs stated that he did not want the hard work of the DC HIE team and Policy Board to get lost in affiliation with CRISP. Dr. Jacobs inquired if CRISP would be amenable to co-branding of the documents, portals and messages District hospitals would see/utilize. Mr. Horrocks said he was amenable to this. This co-branding would most likely be present in the onboarding document the hospitals would sign, on the participation agreement, the Opt Out Form and the ENS messages. There was additional extensive discussion regarding the costs/start-up fees for individual services, CRISPs role in DC HIE, Direct Secure Messaging and its role, etc.

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	In summary, Ms. Okubo stated that ONC's decision is to allow DC to use remaining grant funds to upgrade public health infrastructure, offer connectivity sub-grants to hospitals and to continue with Direct.
New Business; Subcommittee Reports	**New Business** **Introduction of the District's New Project Officer from ONC:** Mr. Woodson introduced and welcomed the District's new project officer from ONC, Ms. Rachel Abbey. **Subcommittee Reports** While the subcommittees did meet the week prior to the Board meeting, no subcommittee reports were submitted due to the amount of time devoted to the Hospital HIE Connection proposal.
Next Board Meeting	July 17, 2013, from 2:00-4:00 pm.
Adjournment	Mr. Woodson adjourned the meeting at 4:25 pm.

Approval of Minutes: Cleve Woodson 7-17-13

Cleveland Woodson, Chair, DC HIE Policy Board — Date