



**District of Columbia
Health Information Exchange
Policy Board Special Session**

Tuesday, October 11, 2016
10:00 – 11:00 AM

Location:
Webinar

Attendees:

Members present via WebEx (14):

1. Chris Botts (DC Department of Health Care Finance) – *Board Chair*
2. Mary Jones-Bryant, RN (District of Columbia Nurses Association)
3. Edwin Chapman, MD (Private Practice and Leadership Council for Healthy Communities)
4. Angela Diop, ND (Unity Health Care, Inc.)
5. Victor Freeman, MD (JA Thomas & Associates)
6. Zach (Aaron) Hettinger (National Center for Human Factors in Healthcare/MedStar)
7. LaQuandra Nesbitt, MD (DC Department of Health)
8. Justin J. Palmer, MPA (DC Hospital Association)
9. Donna Ramos-Johnson (District of Columbia Primary Care Association)
10. Tonya Royster, MD (DC Department of Behavioral Health)
11. Alison Rein (AcademyHealth)
12. Claudia Schlosberg (DC Department of Health Care Finance)
13. Pete Stoessel (AmeriHealth)
14. James Turner (Health IT Now Coalition)

Members absent (8):

1. Christian Barrera (Office of the Deputy Mayor for Health and Human Services)
2. Kelly Cronin (The Office of National Coordinator)
3. Brian Jacobs, MD (Children’s National Medical Center)
4. Brian Sivak (Robert Wood Johnson Foundation and Civic Hall)
5. Eliot Sorel, MD (Medical Society of the District of Columbia)
6. Sakina Thompson (DC Department of Human Services)
7. Archana Vemulapalli (DC Office of the Chief Technology Officer)
8. William Ward (Catholic Charities)

DHCF Staff: Erin Holve and Jordan Cooper

Reminder

1) Please be aware that you are now receiving emails at FirstName.LastName@dcbc.dc.gov which can be accessed through <https://webmail.dc.gov>.

AGENDA

- **Call to Order** [10:00 AM]

Mr. Botts called the meeting to order at 10:09 AM and noted that a quorum of voting members was not present. The group agreed to consider discussion while other members joined the meeting. Mr. Botts announced that a quorum had been reached at 10:42 AM.

- **Announcement of Quorum & Approval of Minutes** [10:00 AM - 10:05 AM]

- **Revise & Finalize** [10:05 - 10:45 AM]
 - Vision Statement
 - Mission Statement

Presentation(s):

Mr. Botts articulated the goals of today’s meeting, which are to review and approve the Mission Statement, Vision Statement, and Long-Term Goals of the DC HIE. Reflecting feedback from the HIEPB from earlier meetings, Mr. Botts emphasized that the Vision and Mission Statements be kept simple, clear, and should emphasize a broad concept of health beyond healthcare.

Mr. Botts asked Board members to keep a few questions in mind as DHCF presents a recommended Vision and Mission Statements: 1) Was Board feedback captured? 2) Are the statements acceptable and reasonable? and 3) Is anything missing from the statements?

To provide context to how DHCF arrived at its recommendations, Mr. Botts referred Board members to the Appendix included in the presentation which included examples of Vision and Mission Statements from other healthcare organizations.

Mr. Botts presented both the recommended Vision and Mission Statements to the Board. He reminded members that the Vision Statement should answer the questions “who and what”, while the mission is more of a “why and how”. He then presented feedback from a couple of the members who are unable to attend: Mr. Sivak commented that he appreciated the clarity and focus of the recommended mission statement. Both Mr. Sivak and Dr. Sorel noted the importance of including cost and social determinants of health in the mission as well. Mr. Botts then opened the discussion to everyone on the call.

Discussion:

Comments on the Vision Statement included:

- Mr. Turner recommended that the Vision Statement include health and well-being “for all persons.”
- Ms. Schlosberg expressed her preference for “wellness” instead of “well-being.”

Comments on the Mission Statement included:

- Ms. Rein suggested that this language be modified to read “To facilitate and sustain the engagement of diverse stakeholders in...”
 - Mr. Turner said that perhaps “diverse” is the wrong word because it may not get the Board to include all providers and payers.
 - Ms. Schlosberg supported of Ms. Rein’s suggestion because it does account for public and private payers and providers and diverse individuals who access the system without being limited to Medicaid.
- Dr. Hettinger suggested that “diverse” be replaced with “all”. He asked about the words “as well as” and whether health equity, quality, and outcomes are on equal footing or not.
 - Dr. Holve said that the intent is to have them all on equal footing.
 - Ms. Rein supported Dr. Hettinger’s recommendation to remove “as well as” and suggested to replace “improve” with “enhance”.

Action(s):

Proposed Vision Statement:

“To advance health and wellness for all persons in the District of Columbia by providing actionable information whenever and wherever it is needed.”

Mr. Botts asked if the Board was ready to approve the Vision Statement as proposed above. Board members moved and seconded to formally vote. **The Board unanimously approved the proposed DC HIE Vision Statement as stated above.**

	<p>Proposed Mission Statement: “To facilitate and sustain the engagement of all stakeholders in the secure exchange of useful and usable health-related information to promote health equity, enhance care quality, and improve outcomes in the District of Columbia.”</p> <p>Mr. Botts asked if the Board was ready to approve the Mission Statement as proposed above. Board members moved and seconded to formally vote. The Board unanimously approved the proposed DC HIE Mission Statement as stated above.</p>
<ul style="list-style-type: none"> • <u>Long-Term Goals Discussion</u> [10:45 - 10:55 AM] 	<p><i>Presentation(s):</i> Mr. Botts reminded the Board about current health reform efforts in the District, highlighting information captured in the Appendix of the State Health Innovation Plan (SHIP) that was finalized in July 2016.</p> <p>He brought discussion to the topic of potential Long-Term Goals that are relevant to a DC HIE.</p> <hr/> <p><i>Discussion:</i> Comments on Long-Term Goals included:</p> <ul style="list-style-type: none"> • Ms. Rein asked a question about the first bullet regarding “data sets” as opposed to just “data”. • Dr. Diop asked about the differences between “data” and “information”, saying that data is a subset of information and that we would start by exchanging data but would grow in the long-term to exchange more types of information. <ul style="list-style-type: none"> ○ Dr. Freeman said that information might include pictures and images, which would be construed as information but not as data. He added that if “information” is a broader term then it is a preferable term for the public. ○ Ms. Rein said that data could include images but that data only becomes information once it is used. • Dr. Holve said that the first of the two sub-points is listed to convey the importance of moving data from point to point, and the second sub-point is listed to emphasize the use of that data. • Ms. Ramos-Johnson asked about the difference between “patients” and “consumers.” <ul style="list-style-type: none"> ○ Mr. Botts responded that there are other consumers of data than patients and that limited an audience for the data to patients is too restrictive. • Dr. Freeman offered that an alternative caregiver might be a consumer of the data and not be a patient. The Board generally preferred broader approaches to more limited approaches. <ul style="list-style-type: none"> ○ Mr. Turner suggested that “patients and consumers” be removed from the second sub-point. ○ Mr. Botts said that it might be helpful to be more explicit in terms of the audience for the goals and it is in line with the Vision Statement being “for all persons.” ○ Dr. Holve said that it is possible to remove the audience in the Long-Term Goals and list them elsewhere. ○ Ms. Ramos-Johnson said that the use of patients and consumers are redundant and she suggested that both be removed. • Dr. Hettinger suggested that the third statement be matched to the mission statement.

	<p><u>Action(s):</u> Proposed Long-Term Goals:</p> <ul style="list-style-type: none"> ▪ “Improve integration of traditionally siloed health-related data and source systems (e.g. care delivery and public health) ▪ Support a longitudinal picture of person-centered health <ul style="list-style-type: none"> ▪ Increase access and use of data at the point of care, including care coordination ▪ Support equitable access and use of health-related information ▪ Provide information on the health in the District of Columbia to support initiatives to reduce health disparities, enhance health care quality, improve outcomes, and promote wellness. <p>Mr. Botts asked if the Board was ready to approve the Long-Term Goals as proposed above. Board members moved and seconded to formally vote. The Board unanimously approved the proposed DC HIE Long-Term Goals as stated above.</p>
<ul style="list-style-type: none"> • <u>Next Steps & Adjournment</u> [10:55 AM - 11:00 AM] 	<p><u>Discussion:</u> Mr. Botts reminded the Board that My Health GPS, formerly known as Health Homes 2, is being formally launched in April 2017. To help support the launch of the program, a data/IT workgroup will be formed that would benefit from contributions from some members of the HIEPB. The first meeting will tentatively be held in December. Mr. Botts will send additional information about this workgroup to the Board via email.</p> <hr style="border-top: 1px dashed black;"/> <p><u>Action(s):</u> N/A</p> <hr style="border-top: 1px dashed black;"/> <p>Mr. Botts adjourned the meeting at 11:04 am.</p>