Division of Digital Health


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DC HIE Infrastructure and Connectivity Projects

These updates are related to the HIE connectivity and integrations as well as infrastructure tools that support the six (6) Core Capabilities of the DC Health Information Exchange. Below are some of the major accomplishments this quarter

eConsent tool and Part 2 Data Sharing

The eConsent tool, via obtaining affirmative patient consent, allows for exchange of data protected by 42 CFR Part 2 via DC HIE. Since the new consent form went live on 10/1/2024, over 800+ consents have been registered. CRISP DC also deployed a HIPAA Authorization consent form, which allows a HIPAA-covered provider to release the patient's HIPAA-covered data (clinical data, medications, labs, and social needs data) to a non-HIPAA-covered provider, such as a community-based organization (CBO) addressing the same patient's health related social needs. Lastly, after deploying CCD parsing logic to streamline Part 2 data sharing on the DC Connected Care Network, CRISP DC is in the process of deploying this with EHR vendor, Qualifacts, for organizations that provide Part 2 and Non-Part 2 health care services.

CSS Encounter Notification Delivery (CEND)

Building on the success of leveraging CEND infrastructure within the Population Explorer tool, the CRISP DC team has further refined this functionality to develop a colorectal cancer Preventive Screening filter. This new feature is aimed at identifying gaps in colorectal cancer screenings and increasing access to colonoscopy data. By utilizing ADT, CCD, and Diagnostic Report data within the DC HIE to create Preventive Screening encounters, users can then filter through their patient panel to identify individuals recommended for colorectal cancer screening or dive deeper into the encounter data for those who have completed a screening.

PopHealth Analytics Tool

The PopHealth Analytics tool enables population-level and patient panel-level management through clinical and administrative data – it is designed with the diverse group of DC HIE users in mind to support their analyses and interventions. The tool provides reports on demographic and health system utilization, quality measure monitoring, and risk stratification to identify trends in cost, utilization, and chronic disease. The team recently released new reports including a suite of dashboards across Colorectal, Breast, and Cervical Cancer Screenings, Adult Access to Preventive/Ambulatory Health Services, and Glycemic Status Assessment for Patients with Diabetes. These new reports include quality measure performance rates and drill-downs indicating beneficiaries who have not met the measure.

Health Related Social Needs (HRSN) Tool

CRISP DC is partnering with the DC Department of Health and Findhelp to provide CRISP DC users with access to LinkU, DC Health's social needs screening and referral platform powered by Findhelp. Following the testing and launch of LinkU access via the HIE with pilot organizations, CRISP DC shifted focus to onboarding the first cohort of additional organizations, including FQHCs who were not in the pilot, hospitals, and additional primary care providers. The CRISP DC team also implemented a dedicated LinkU tile for HIE portal users, allowing for more efficient access to the tool. Lastly, teams across CRISP DC and CRISP Shared Services began scoping technical requirements for "Social Health Pulse" notifications, which will utilize existing HIE infrastructure to share notifications with users when beneficiaries have a) completed a social needs screening, b) are referred to services, and c) closed the referral loop.

Digital Health Technical Assistance

DHCF has been working with the District of Columbia Primary Care Association (DCPCA) and its sub-grantees – collectively known as the eHealthDC team – to deliver tailored and vendor-neutral technical assistance. Since October, these teams have continued to enable meaningful use of digital health tools and new enhancements. These are centered around two (2) broad areas:

1. **HIE Technical Assistance:** Services include the delivery of tailored technical assistance in support of *effective use* of HIE tools, including *outreach and engagement* to support integration and increased utilization within current clinical workflows, and to inform the development of any new tools.
2. **EHR Data Quality Support:** Services include the delivery of tailored technical assistance in support of *improving data quality* within their respective electronic health record (EHR) systems and in turn enabling the usefulness of health information flowing into the DC HIE.

If you are a District Medicaid provider interested in receiving tailored education or technical assistance support to improve care through the effective use of health IT, please contact the eHealthDC team via email: contact@e-healthdc.org, request an individual consultation, or visit: www.e-healthdc.org.

HIE Technical Assistance

eHealthDC and CRISP DC continue to provide clinically focused technical assistance on a variety of CRISP DC tools. Such efforts are intended to promote the usability and widespread implementation and adoption of the DC HIE among District Medicaid providers and drive improved health outcomes for the District's Medicaid Beneficiaries. The team has focused on evaluating and iteratively improving existing HIE focused educational content to increase utilization and engagement, incorporating learning collaboratives to inform decision-making on future TA strategies, and dispersing targeted tipsheets outlining the use of HIE tools tailored to specific user groups. The team has utilized target population user stories and personas in the development of educational materials and technical assistance support, oftentimes inviting organizational representatives to share their personal and/or provider experiences to further emphasize the user story. Lastly, the team has continued to conduct individualized outreach to net-new users to increase attendance at monthly webinars and subsequently increase the utilization of HIE tools.

EHR Data Quality Support

eHealthDC has been delivering technical assistance to support Medicaid provider organizations to make measureable improvements to their data quality in their EHR systems. Nearly 40 organizations, representing high-volume Medicaid provider organizations (non-acute care), federally qualified health centers (FQHC), and home and community-based service organizations are being served. This includes an EHR data quality assessment to help guide quality improvement activities, including measurement, performance reporting, and interoperability of data transmitted from the EHR to the DC HIE.

Since the program's launch in late 2024, a total of 39 chart audits and EHR assessments have been completed. Most recently, in early July, the team released a microlearning video introducing their new and free *EHR Chart Audit Tool*, to be used as a customizable resource to help organizations systematically evaluate the completeness, accuracy, and adherence to established standards of EHR documentation. By utilizing this tool, organizations can proactively identify areas for improvement, enhance data integrity, mitigate risks, and elevate the overall quality of patient care.

HIE Policy and Governance

HIE Policy Subcommittee Update

Chair: Mr. Justin Palmer

Mission and Purpose: Provides recommendations on the development of HIE policies and analyzes the impact of regulatory and legislative trends for the broad implementation and sustainability of secure, protected health information exchange.

Medicaid Re-Entry and HIE Considerations: At its June meeting, the committee received an overview of Medicaid and Reentry and discussed gaps and opportunities for technology infrastructure, including the HIE, to support reentry. The goal of the new Medicaid and reentry efforts is to improve quality and continuity of care during the transition from detention back to the community to improve health care outcomes and reduce and/or control costs. Subcommittee and Board Member, Alice Leiter presented a case study about California's recently published Data Sharing Authorization Guidance "Reentry Initiative Toolkit, which included scenario narratives outlining actors, key questions, a decision table on consent, and process and data flow.

At the July meeting, DHCF staff presented findings from preliminary research on potential data-sharing limitations during reentry by examining DC-specific regulations surrounding justice-involved data sharing. DHCF did not find any local laws that restrict the sharing of incarceration status or correctional data for adults beyond federal HIPAA requirements. Given the size and scope of DC's Medicaid reentry program, subcommittee members suggested exploring the development of DC-specific scenario narratives like those provided in California's toolkit.

The subcommittee discussed initial ideas for leveraging HIE to support re-entry and data sharing. Currently, Medicaid eligibility and suspension information is shared across District agencies to coordinate care. In the future, Department of Youth Rehabilitation Services (DYRS) and the Department of Corrections (DOC) will use a process to notify DHCF when an individual is in the "pre-release" phase of their detention. The subcommittee discussed potentially repurposing CRISP DC PopHealth Analytics Medicaid Redetermination report to support the ability of care teams to be notified of their patient's upcoming release from detention.

HIE Stakeholder Engagement Subcommittee Update

Chair(s): Dr. Mary Awuonda

Mission and Purpose: Aims to gain and maintain stakeholder engagement for long-term operational and financial sustainability of health information exchange in the District. The subcommittee works to provide recommendations to the HIE Policy Board on strategies to promote the value of HIE through discussions and forums with identified stakeholders, as well as the SMHP measurement framework and priorities.

Communication and the DC HIE: CRISP DC has maintained its service catalog and promoted tools via social media, including dispersing tailored tipsheets, facilitating educational offerings, and the distribution of the PULSE Newsletter. In May, the Spring Newsletter was reviewed where the Subcommittee offered feedback regarding the current draft and additional topics/stories to include in this quarter's edition. CRISP DC plans to present the metrics from the Spring Newsletter at the upcoming August Subcommittee meeting, evaluating its performance and engagement compared to the past winter, spring and summer editions respectively. Notable changes to the Spring Newsletter include the addition of an Advance Care Planning (ACP) User Story with an accompanying video, highlighting how the tool improves patient-centered care, enhances end-of-life decision making, and reduces unwanted interventions in a visual manner. The metrics for the Spring Newsletter indicated that this edition received the highest click rate of all newsletters, suggesting that the published content was highly engaging to users.

HIE Operations, Compliance, and Efficiency Subcommittee Update

Chair(s): Ms. Gayle Hurt

Mission and Purpose: Ensure consistent operations within the DC HIE and facilitate the establishment of standards for the DC HIE entities that reflect best practices by providing recommendations to the HIE Policy Board. The purpose of the subcommittee is to advise, monitor, and improve the community standards for HIE operations in the District.

Data Quality Scorecard (DQS): In May, the OCE subcommittee reviewed initial trends demonstrated by the Data Quality Scorecard from December through March which highlighted improvements in Admit Reason (+4%) and Diagnosis, Admit Reason Timeliness, and Diagnosis Timeliness (all with +1% increases). Opportunities for improvement, with completion rates below 5% for several CCD-based metrics, included Immunization, Allergy, and Medication Timeliness data. The CRISP DC outreach and engagement teams continue to partner with DCHA thanks to the insights from the DQS, have worked with hospital IT teams and EHR vendors to explore challenges related to missing ADT data elements/fields and understanding what is and isn't being shared through the HIE interface.

Exploring Engagement with Crosscutting DHCF Initiatives: In July, the OCE subcommittee began to plan activities for the rest of the fiscal year, in partnership with the Policy Subcommittee via joint sessions, to explore how these groups can engage and support upcoming DHCF initiatives. These collaborations will explore the subcommittee's relationships with crosscutting activities, for example the Transforming Maternal Health (TMaH) initiative, and define where each group can engage with these projects to provide guidance and subject matter expertise. For the OCE subcommittee, considerations will focus on HIE data and infrastructure and ways to leverage the Technical Expert Panel (TEP) for more in-depth analyses as needed.

PopHealth Analytics Steering Committee (PASC): To enhance provider engagement in PopHealth Analytics' report development process, PASC was formed as a flexible and independent workgroup under the umbrella of the OCE Subcommittee. The PASC provided its third report back to OCE this quarter, including updates on report development timelines and reviewed report mockups for CMS Coreset Cancer Screening quality measures (breast, colorectal, and cervical). The PASC also shared that 60% of surveyed members would like to see additional Medication Adherence Prediction report domains developed beyond the existing Statins and Hypertensive medications reports.