

DISTRICT OF COLUMBIA HEALTH INFORMATION EXCHANGE POLICY BOARD MEETING



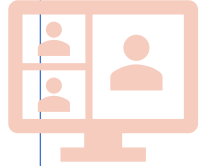
September 17, 2026 | 4:00 PM – 6:00 PM



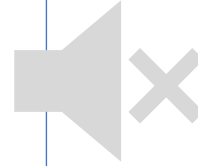
THIS MEETING IS BEING RECORDED

Department of Health Care Finance | Remote Meeting

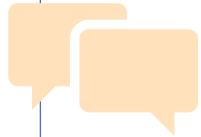
Virtual Meeting Processes



To increase engagement, turn on your video



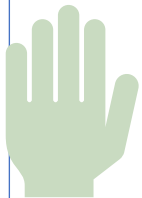
Mute your microphone upon entry, and until you have been called on to speak



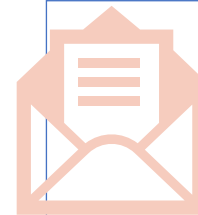
Use the chat function to introduce yourself: ***Name, Title, Organization***



Putting your phone on hold, due to an incoming call, may disrupt the meeting

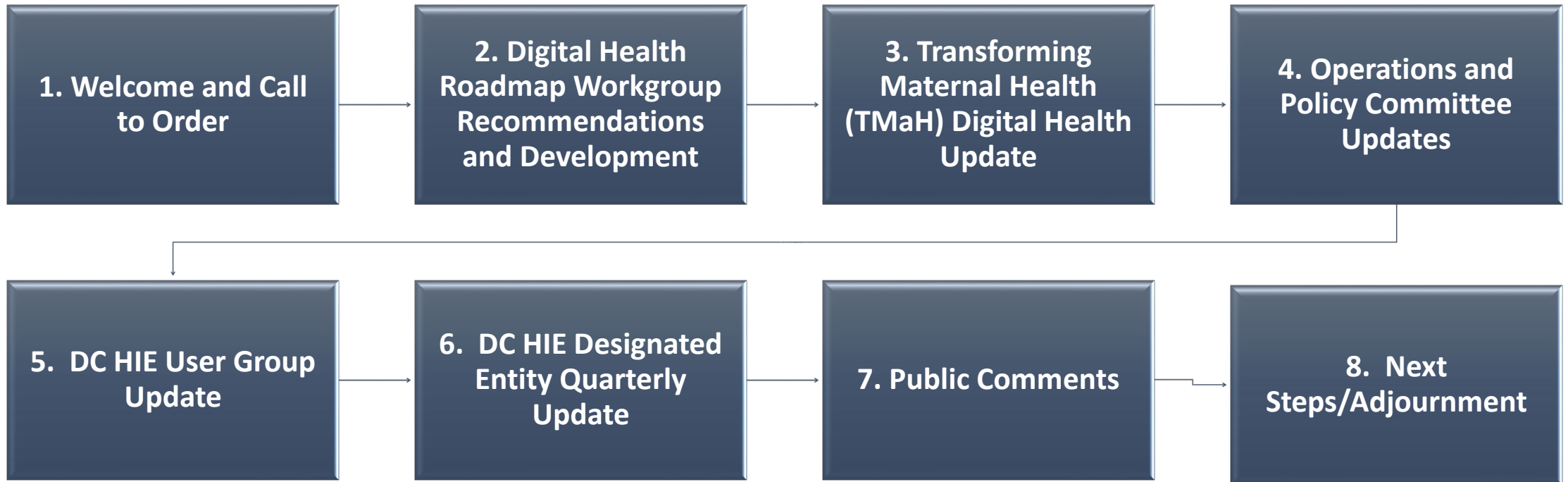


If you have comments or questions, please use the '***Raise Hand***' feature and speak clearly



Voting on a recommendation will require you to say: **Your name followed by either 'aye', 'nay', or 'abstain'**

Agenda



Roll Call and Announcement of Quorum



HIE Rule Update Implementation



HIE Rule & CRISP DC Use Case Reporting

- **HIE Rule Requirement**

- Effective October 1, 2025, DHCF reviews and maintains a record of proposed HIE Primary and Secondary Uses prior to implementation.
- Registered HIEs must:
 - Report detailed descriptions of primary uses of HIE data to DHCF monthly, supporting transparency and accountability
 - Secondary uses of HIE data to be submitted to DHCF for review and approval

In the DC HIE Rule, secondary use of health information is defined as “the use, access, or disclosure of health information through the registered HIE entity that is not for a Primary Use; subject to any limitations under HIPAA or federal law.”

- **Implementation**

- DHCF and CRISP DC established a monthly use case reporting process to operationalize the requirement.
- Reporting creates a consistent inventory of HIE data uses and supports ongoing governance, oversight, and review.

Behavioral Health IT (BHIT) Update



Behavioral Health Information Technology (BHIT)

Pilot Update

- The District is currently advancing **Milestones 4 and 5** of the BHIT Pilot, building on completed provider data mapping, EHR configuration, and testing across the five participating behavioral health organizations.
- Participating providers have configured and begun exchanging prioritized USCDI+ Behavioral Health data through production clinical documents.
- CRISP DC has reviewed **2,000+ production clinical summaries representing 138 patients** to assess whether behavioral health data can be successfully parsed and used downstream.

Ensuring Reliable Clinical Data Flow for Population Health Reporting

- **Milestone 4 – Production Data Exchange**

- Demonstrates sustained production exchange of the prioritized behavioral health data elements.
- Captures exchange activity and acceptance over the milestone reporting period.
- Establishes that configured clinical data are moving from provider EHRs into the HIE environment.

- **Milestone 5 – Data Validation & Population Health**

- Validates the completeness, structure, and coding of exchanged clinical data
- Assesses how clinical data can supplement claims-based FUA, IET, and OUD quality measurement.
- Tests how combined clinical and claims information can be represented within PopHealth reports to support actionable provider-level insights.

- **Current Focus:** Resolving remaining structural, coding, and workflow gaps and determining how validated clinical data should be incorporated into population health reporting.

HIE Policy Board Announcements



Digital Health Roadmap Workgroup Recommendations and Development



Ms. Lily Shaffer Program Analyst, DHCF

Ms. Sherilyn Pruitt, Board Member & Workgroup Lead

Allocated Time: 4:10 - 4:40 PM (30 mins.)

Efforts have been underway to refresh the District's Digital Health Roadmap

- DHCF's State Medicaid Health IT Plan (SMHP) serves as the five-year District's Digital Health Roadmap
- Previous roadmap iterations were completed in:
 - 2018
 - 2022
- The roadmap establishes long-term priorities for:
 - Health Information Exchange (HIE)
 - Digital health infrastructure
 - Interoperability and data sharing
 - Provider and resident access to health information
- Designed as a “living” document that is regularly updated to remain responsive to community and system needs



DHCF is working with DCPCA and Public Consulting Group (PCG) to update our Roadmap in 2026!

- Describe how the digital health and HIE landscape has changed since the 2022 SMHP Update
- Assess current digital health and HIE capabilities and priorities across Medicaid, public health and the District's health system
- Identify what gaps still exist between the overall goals and the current state of the Digital Health landscape
- Describe stakeholder priorities for the next few years to further drive improvement in functionality and usability of Digital Health tools in the District
- Update the Roadmap to reflect future Health IT and HIE needs, challenges, and priorities

Environmental Scan Findings: Where We Are Today

- The Environmental Scan found meaningful progress across the District's digital health ecosystem, including:
 - Broader participation in the DC HIE and increased clinical data exchange.
 - Established event-notification capabilities supporting transitions and care coordination.
 - Growing embedded access to HIE information.
 - Emerging tools supporting population health, HRSN, consent, and care coordination.
 - Increasing opportunities to connect clinical, Medicaid, public health, and community-based information.
- The District has established significant infrastructure on which the next phase of digital health strategy can build.

Environmental Scan: Where We Need to Go

- Across interviews, focus groups, and quantitative findings, stakeholders consistently emphasized that simply expanding access to data is no longer enough.
- The next phase should focus on ensuring data is:
 - Timely | Complete | Trusted | Actionable | Workflow-Integrated
- Cross-cutting needs included:
 - Stronger data quality and standardization.
 - Improved interoperability across systems and sectors.
 - Clear governance, consent, and privacy frameworks.
 - Better integration of information into existing workflows.
 - Role-specific technical assistance and adoption support.
 - Analytics that help stakeholders identify gaps and take action.

OPC convened a strategic planning workgroup to review environmental scan findings

- Facilitators: Sherilyn Pruitt, Alice Leiter
- Workgroup members: OPC members, DCPCA, DCHA, MSDC, DCBHA, DC Health, DBH
- Purpose: Given the breadth of opportunities, where should the District focus its digital health strategy over the next five years?
- From July 29 – August 19, the workgroup met weekly to achieve the following:
 1. **Develop & Refine Roadmap Goals**
 - Developed, prioritized, and consolidated roadmap goals to reflect stakeholder priorities, reduce overlap, and establish a focused set of forward-looking outcomes for the District's digital health ecosystem.
 2. **Identify Strategic Actions**
 - Translated each goal into concrete strategic actions, refining scope and relationships across actions to balance near-term opportunities with the capabilities the District can build toward over the next five years.

Several themes consistently emerged as the group reviewed and refined the proposed goals

Build on Existing Foundation

Continue strengthening HIE connectivity, data quality, and interoperability rather than creating disconnected tools or programs.

Organize Around Whole-Person Care

Maternal health, behavioral health, chronic disease, and HRSN have distinct needs but rely on many of the same digital health capabilities.

Make Information Actionable

The value of data depends on whether it can support care coordination, identify gaps, trigger outreach, and inform decisions.

Design for Adoption

Technical assistance, training, communication, and workflow integration must accompany technology investments.

Strengthen Coordination and Governance

Cross-agency collaboration, privacy, consent, and sustainable governance are necessary to support broader exchange and use.

How the priorities evolved into Roadmap Goals

- Starting Point
 - Multiple goals organized around individual priority areas and populations.
 - Some overlap in the infrastructure and capabilities needed to accomplish them.
 - Broad range of potential investments competing for Roadmap attention.
- Workgroup Direction
 - Consolidate related clinical priorities under broader, cross-cutting goals.
 - Preserve explicit attention to priority populations and use cases.
 - Separate foundational infrastructure from how information is ultimately used.
 - Focus Roadmap goals on outcomes while using strategic actions to describe how they can be achieved.
- Result
 - A more focused framework that can support multiple District priorities without creating separate digital health strategies for each domain.

The Result: Refined Roadmap Goals

1. **Enhance Whole Person Care for District Priority Domains:** Invest in digital health enhancements that enable seamless, actionable data exchange to support comprehensive, person-centered care and improved outcomes across District-wide priority domains, including behavioral health care, chronic disease prevention, maternal health care, and health-related social needs.
2. **Expand Digital Health Technical Assistance:** Expand technical assistance, training, and communication to provide sustained, workflow-integrated use of digital health tools and services.
3. **Enable Public Health Data Exchange:** Enable multidirectional exchange of public health data through the HIE to enhance disease surveillance, program administration, reporting capabilities, and delivery of actionable information back to care teams.
4. **Improve Foundational HIE Data Quality:** Improve foundational HIE data quality and availability to ensure accurate, complete, and timely information for care coordination and decision making.
5. **Enhance Transitions of Care:** Enhance transitions of care with actionable information exchange, timely event notification, and relevant alerts that support coordination and follow up across care settings.
6. **Strengthen Advanced Population Health Analytics, VBC, and Quality Improvement:** Improve and expand advanced analytics capabilities to support population health management, value-based care, quality improvement, and data-informed clinical decision making.
7. **Bolster Interagency Collaboration, Governance, and Sustainability:** Deepen interagency collaboration and investment to drive coordinated innovation, strengthen data governance and stewardship, and support long-term sustainability of the District's HIE.

From Goals to Strategic Actions

After establishing the District's goals, the workgroup shifted from defining *what* the District should achieve to identifying the capabilities and investments needed to get there. The resulting strategic actions translate these goals into clear priorities for strengthening the District's digital health ecosystem.

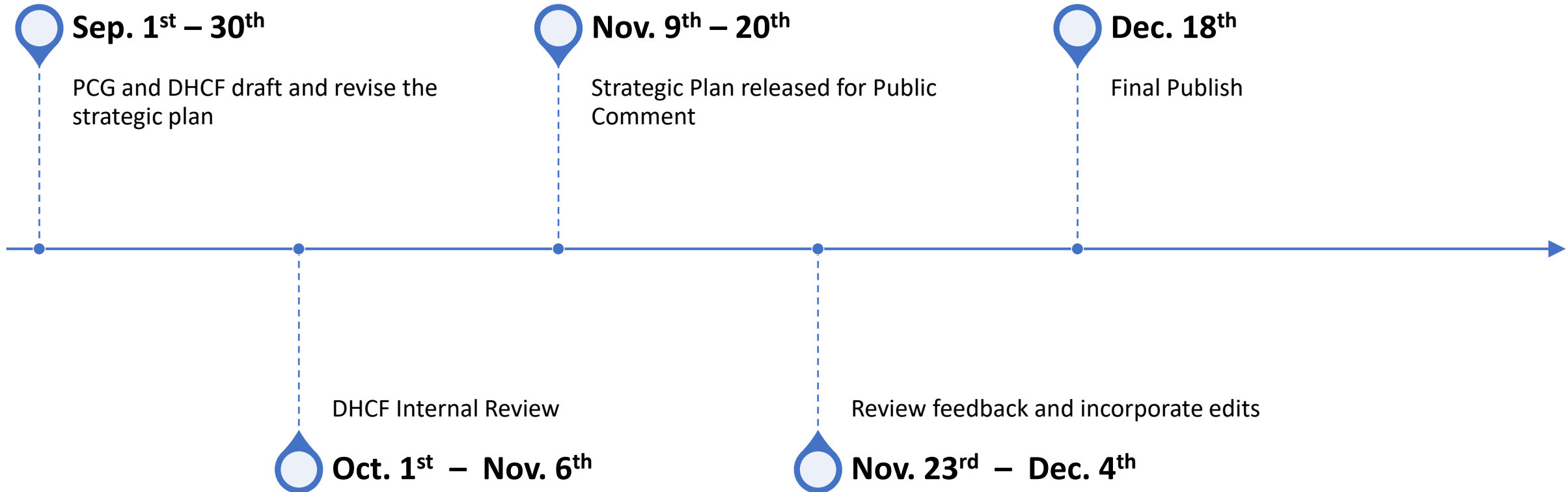
Across these discussions, the strategic actions consistently focus on:

- **Center whole-person care priorities**—across maternal health, behavioral health, HRSN, and chronic disease—within a unified strategy that drives consistent, scalable improvement.
- **Expanding and standardizing data** by increasing the breadth, richness, quality, and interoperability of information available through the HIE.
- **Developing longitudinal views** across providers and care settings, including timely alerts, event notifications, and other proactive information-sharing tools.
- **Integrating data sources and expanding actionable analytics** to support population health, care-gap identification, quality improvement, and value-based care.
- **Improving referral and care coordination workflows**, with tools embedded directly into clinical and administrative workflows and supported by role-specific training and technical assistance.
- **Advancing privacy-protective exchange and appropriate access** to sensitive information, supported by interagency collaboration, coordinated investment, and sustainable HIE infrastructure.

From Workgroup Recommendations to the Roadmap

- PCG will integrate 3 primary inputs:
 1. Environmental Scan
 - Evidence on the current state, gaps, opportunities, and emerging practices.
 2. Interviews + Focus groups
 - Perspectives from providers, payers, District agencies, community partners, and other stakeholders.
 3. Strategic Prioritization Workgroup
 - Refined goals, strategic actions, priorities, and implementation considerations.
- Together, these inputs will present a Roadmap that considers:
 - Impact and strategic value
 - Feasibility and readiness
 - Dependencies and enabling infrastructure
 - Near- vs. longer-term opportunities
 - Governance and sustainability
 - Opportunities to measure progress

Next Steps



Transforming Maternal Health (TMaH) Digital Health Update



Ms. Lily Shaffer Program Analyst, DHCF

Allocated Time: 4:40 - 4:55 PM (15 mins.)

TMaH Provider Incentive Program: Digital Health Milestones

The **Transforming Maternal Health (TMaH)** Provider Incentive Program supports participating maternal health providers and doulas in strengthening care delivery, coordination, and digital health capabilities through milestone-based incentive payments.

Digital Health Focus

- Builds providers' ability to access, use, and exchange health information through the DC HIE and related digital health tools.
- Supports clinical providers in connecting to CRISP DC, reviewing available maternal health information, and advancing structured data exchange.
- Supports doulas and community-based providers in adopting practical digital tools, including CRISP DC access, patient panels, and LinkU, to improve care coordination and referrals.
- Provides technical assistance and training so digital tools are incorporated into routine maternal health workflows.
- Creates a foundation for stronger maternal care transitions, data sharing, and whole-person care across the District.

Year Two Provider Milestones

Milestone	Description	Dollar Amount
★ Milestone 4: Establishing/Improving Digital Health Connectivity	➤ Establish foundational digital capacity and engage in technical assistance (TA) to support sustainable maternal health documentation workflows.	\$8,000
★ Milestone 5: Sharing Data w/ DC HIE	➤ Demonstrate the ability to securely share maternal health information through the DC HIE to support care coordination.	\$8,000
★ Milestone 6: Digital Health Webinars and Trainings	➤ Demonstrate a foundational understanding of the safe and appropriate use of digital health tools by completing privacy, security and DC HIE training.	\$6,400
Milestone 7: Integrated Care Team	➤ Participate in the Integrated Care DC Learning Collaborative to engage in customized technical assistance on <u>TMaH</u> related care elements.	\$15,000
Milestone 8: PQC Perinatal Mental Health Bundle	➤ Participate in the PQC Perinatal Mental Health Bundle to enhance screening, referrals, and follow-ups during the perinatal period.	\$15,000
Milestone 9: <u>TMaH</u> Payment Model Cost Survey	➤ Complete a cost survey and organizational questionnaire to further the development of the <u>TMaH</u> payment model.	\$8,000
Maximum Dollar Amount		\$60,400

Highlight: Provider Milestone 5

Provider milestone five focuses on improving how priority USCDI+ Maternal Health data elements (prioritized by the TEP) are documented in the EHR and exchanged with CRISP DC.

eHealthDC EHR Technical Assistance

- Conduct a detailed review of where and how priority maternal health elements are documented within each provider's EHR.
- Identify whether data are captured in structured, standardized fields that can be exchanged.
- Work with providers and EHR vendors to identify needed configuration or workflow changes.
- Support providers in making priority maternal health data transferable to CRISP DC for HIE exchange.

Maternal Health TEP Recommendation in Practice

- The Maternal Health Technical Expert Panel (TEP) reviewed 200+ USCDI+ Maternal Health elements and prioritized a set of 30 elements considered most important for maternal and newborn care transitions.
- The **30 prioritized elements** subsequently underwent a feasibility assessment to evaluate capture, standardization, exchange readiness, and implementation potential.
- **14 elements** demonstrated sufficient standards and implementation readiness to advance into targeted data standardization and technical assistance activities.
- Assessment and TA activities are being conducted with TMaH Track B providers, including FQHCs and hospitals, to understand current capture and identify opportunities for improvement.

TMaH Provider Digital Health Milestone: From Recommendation to Implementation

- Initial maternal health gap assessments range from 8 identified gaps at Sibley to 21 at Children's National-PPI, underscoring the variability in organizational readiness and TA needs.
- The most recurring documentation gaps involve SDOH, referrals and follow-up, postpartum measures, behavioral health, and prenatal risk factors.
- Of the 14 highlighted maternal health data elements, Mary's Center and Community of Hope: confirmed capture of **12 of 14 elements (86%)**; Capital Medical Group: **7 of 14 (50%)**; Sibley: **6 of 14 (43%)**, with additional elements still awaiting validation.
- Several elements show strong consistency across responding organizations, including Hypertensive Disorders of Pregnancy, Severe Maternal Morbidity indicators, Alcohol Use, and Discharge Medications.
- LATCH Score at Discharge currently has no confirmed capture across the responding organizations, making it a clear area for additional validation.

TMaH Doula Digital Health Milestone: Building Community Provider Connectivity to the HIE

- TMaH's doula digital health milestone is designed to connect doulas and perinatal community health workers to the District's broader digital health infrastructure and strengthen care coordination.
- Milestone Activities
 - Participating providers will:
 - Execute the CRISP Participation Agreement and submit a patient panel.
 - Complete a dedicated HIE training covering:
 - Care Team/Care Alert | CEND | LinkU
 - With eHealthDC technical assistance:
 - Add information through the Care Team/Care Alert functionality.
 - Configure CEND to receive hospital encounter notifications.
 - Claim their LinkU profile and begin using the platform for referrals.

Strengthening Doula Connectivity and Referral Readiness

- Strong progress has been made on CRISP DC onboarding, with the majority of participating doulas completing or advancing through participation requirements.
- Most participating doulas have also established LinkU accounts, creating the foundation for community-based referral workflows.
- Training and individualized technical assistance are now focused on moving providers from account creation to active use of HIE tools within their workflows.

Overall Goal: Move beyond basic connectivity toward sustained HIE use that gives community-based maternal health providers greater visibility into care transitions and stronger connections to clinical and social service partners.

Operations and Policy Committee Updates



Ms. Sherilyn Pruitt, Chair, OPC

Dr. Jaclyn Kline, Board Member & Workgroup Co-Lead

Allocated Time: 4:55 -5:15 PM (20 mins.)

Operations and Policy Committee – Mission & Goal

- *Support the HIE Policy Board by integrating operational oversight with strategic policy advice to strengthen the District's HIE, translating user feedback, operational data, and policy considerations into prioritized recommendations, reviewing policy needs, monitoring utilization and data quality, and identifying any regulatory or programmatic implications*
- The goal of OPC is to enable the HIE Policy Board to make informed decisions, vote on recommended actions, and effectively advise the District government on the strategic direction of the DC HIE

The OPC Subcommittee successfully launched workgroups focused on digital health priorities

- Established our first workgroup the Maternal Health Transitions of Care Technical Expert Panel and had its recommendation formally adopted by in May 2026.
- Launched our summer workgroups, including the:
 - Bed Availability & Referral Platform Workgroup
 - Digital Health Strategic Planning & Roadmap Workgroup

Bed Availability & Referral Platform Workgroup

In July, OPC convened a Bed Availability and Referral Platform Workgroup

Guide stakeholder-informed and standards-driven development and implementation activities that will enable coordinated and scalable bed availability and referral processes across the District's health care system

Key Objectives (short-term):

- Develop a stakeholder-informed pilot framework that will guide early implementation by outlining our approach to an initial rollout
- Understand considerations and challenges re: foundational bed-related terms and concepts to ensure operational alignment

In our 1st Workgroup session, we reviewed the history of this project and began discussing initial ideas for a pilot phase

Consider reflecting the full continuum of care across pilot sites

- For example, facilities offering multiple types of care (skilled nursing, post-acute, etc.) allow for more efficient testing of different workflows in one place

Identify organizations with existing bed-board tools and strong referral relationships

- Leaning on established referral relationships between organizations means pilot activities can focus on integrating solutions versus establishing new connections

Prioritize pilot sites with existing operational and technical infrastructure

- Partnering with sites who already have some technical capabilities helps ensure testing isn't starting from scratch and minimizes workflow disruptions

In the second Workgroup meeting, we built a foundation of shared understanding to drive collaborative progress

Operational Alignment Review

- Outlined four guiding features from CRISP DC's Needs Assessment and demonstrated how the workgroup and selected vendor each have a role in developing and implementing a solution that meets those priorities

Foundational Bed-related Terms Discussion

- Shared considerations and challenges related to defining criteria for successful transitions of care, for example Bed Availability Status and Medical Requirements

As we move from planning to implementation, this Workgroup will drive progress towards delivering a platform that successfully matches the **right patient**, with the **right bed**, at the **right time**, alongside CRISP DC's new technical partner

Introducing the Vendor for the Bed Availability and Referral Platform: Strata Health

- Strata Health offers a scalable, end-to-end platform that combines referral management, bed and capacity visibility, workflow automation, and analytics in a single solution
- Their proven experience supporting complex transitions of care and regional patient flow initiatives positions them to support both immediate operational needs and future expansion



Next Steps

- In early FY27, the Workgroup will reconvene and shift to more targeted sub-group activities focused on pilot project activities and data/integration considerations
- DHCF and CRISP DC will continue to take the feedback, questions, and discussions from the Workgroup and incorporate those conversations into development and implementation activities with Strata Health
- Please stay tuned for future progress updates which will be shared with the Operations and Policy Committee (OPC) of the HIE Policy Board

Operations and Policy Committee Update Continued

Through our work we identified three key best practices

- Cross-sector collaboration strengthens policy recommendations and operational feasibility.
- Early engagement of subject-matter experts improves alignment with community and provider needs.
- Consistent monitoring of HIE operations and data quality is essential for identifying emerging issues and shaping future priorities.

Next Steps

- OPC will convene again in early FY27
- In our next session, the OPC will be reviewing digital health priorities, establishing as necessary TEPs/workgroups, and identifying emerging policy needs around Interoperability, Data Quality, and Digital Health Initiatives such as maternal health, behavioral health, and transitions of care

DC HIE User Group Update



Ms. Susan Wallin, Co Chair, DC HIE User Group

Allocated Time: 5:15 – 5:25 PM (10 mins.)

HIE User Group – Mission & Goal

- *Serve as a collaborative forum for HIE users, jointly organized by DHCF and CRISP DC, focused on collecting direct user feedback on HIE tools, addressing operational needs, reviewing upcoming enhancements, and sharing utilization insights to strengthen functionality and user experience*
- The goal of the HIE User Group is to advance user-centered improvements, enhance usability, review tool updates, and strengthen transparency and communication, enabling the HIE Policy Board to make informed decisions and guide DHCF on the DC HIE's strategic direction

During our August meeting, CRISP DC demonstrated the “My Patient Summary” feature

- “My Patient Summary” is designed to save users time by enabling a personalized view of patient data in the HIE without clicking through multiple screens
- This customizable dashboard allows users to pin multiple, frequently accessed patient information tabs in one place, for example: Health Records, Allergies, Medications, Care Coordination, and Social Needs
- By centralizing essential patient data, this features improves efficiency and supports clinical decision making with views tailored to a user's unique workflows

My Patient Summary: Pinned Tabs

User Example: “As an Emergency Department Physician, I can pin the most utilized data points such as Advance Directives, Allergies, Medications, etc. to support emergent care needs.”

HIE InContext Gilbert Testpatient Grape
Male | Jan 1, 1984

MY PATIENT SUMMARY

Advance Directives (Pinned)

Date ↓	Effective Date	Source	Description	Document
2025-03-11	2025-03-11	MyDirectives.com	This patient has a Advance Directive available. This document was submitted on 2025-03-11 and is effective on 2025-03-11.	
2024-02-28	2019-08-27	MyDirectives.com	This patient has a HIPAA available. This document was submitted on 2024-02-28 and is effective on 2019-08-27.	
2024-02-28	2024-02-28	MyDirectives.com	This patient has a MyDirectives Universal Advance Digital Directive available. This document was submitted on 2024-02-28 and is effective on 2024-02-28.	
2023-10-31	2023-10-31	West Virginia End Of Life Registry	This patient has a POST form available. This document was submitted on 2023-10-31 and is effective on 2023-10-31.	

Allergies (Pinned)

Allergy	Reaction
ASPIRIN	BLEEDING - MINOR
ASPIRIN	—

Rows per page: 25 1-2 of 2

The user pinned Advanced Directives from the Care Coordination & Allergies from the Clinical Data tab.

We also heard directly from HIE users what would be most helpful to cover in future sessions

- Spotlight on how users are utilizing HIE tools within their workflows, for example, supporting transitions of care by reviewing follow-up after hospitalization reports
- Understanding HIE data across a variety of contexts, including patient consent, how data is flowing to/from sources, how that's communicated to users, and what kinds of data organizations want to see from each other
- Reviewing CRISP DC roadmaps for upcoming enhancements and opportunities to test new features

Next Steps

- The HIE User Group will convene again in early FY27
- In our next session, the CRISP DC team will review upcoming PopHealth Analytics report enhancements to support operational needs around Medicaid work requirements
- We will also continue spotlighting users to share their insights on how best to use the tools within the HIE, discuss what's needed, and where we want to go in the future

DC HIE Designated Entity Quarterly Updates



Ms. Stephanie Brown, Executive Director, CRISP DC

Allocated Time: 5:25 – 5:50 PM (25 mins.)



CRISP DC Clinical Committee



CRISP DC, Inc. – Standalone Non-Profit Board of Directors



**Jacqueline D. Bowens
(Chair)**

President and Chief
Executive Officer
DC Hospital Association



**Ayanna Bennett, MD,
MSPH, FAAP**

Director of the District of
Columbia Department of
Health



**Rosalyn Carr Stephens,
RN, MSN, CCM**

Clinical Director, Population
Health, AmeriHealth Caritas



**Laura Hendricks, D.N.P.,
N.E.A.-B.C., R.N.-B.C.,
C.P.H.Q.**

Vice President Patient Care
Services & Chief Nursing
Officer
Sibley Memorial Hospital



Patricia Morehead

Vice President,
Financial Planning &
Analysis
MedStar Health
System



Bruno Petinaux, MD

Chief Executive
Officer
Capital Medical Group



Carlos Plazas

Chief Executive
Officer
La Clínica del Pueblo



Brinder Singh

Chief Operating
Officer
MedStar Georgetown
University Hospital



Craig Behm

Chief Executive
Officer
CRISP and CRISP
Shared Services (Ex-
Officio)



CRISP DC Clinical Committee – Committee to the Board of Directors

Clinical Committee

The Clinical Committee advises the Board and management on Health Information Exchange services, offering clinical insights, helping prioritize deployments, and gathering stakeholder perspectives to maximize service value.

Committee Members

- Dr. Danielle Dooley, Community of Hope
- Dr. Laura Herrera Scott, CareFirst Blue Cross Blue Shield
- Dr. Chimene Liburd, DHCF
- Loretta Rodts, Community Connections
- Dr. Manisha Singal, BridgePoint Healthcare
- Dr. Gillian Southwell, MedStar



Policies Pertaining to Usage of Patient Data

DC Specific

Treatment

Public Benefit (Health)

Care Coordination

Policies

1. Approved Use Case – Dental Access
2. Approved Use Case – Lead Screening Data
3. Approved Use Case – Transition from Corrections Facilities
4. Approved Use Case – Health Department Fatality Reviews
5. Approved Use Case – Contact Information for Quality Improvement



CRISP DC Participant Governance– HIE Use Case Approval

- Adolescent Survivors of Community Violence and Return Visits for Care
- Use of CRISP DC for Disease Investigation and Surveillance
- CCDA Outbound Data
- Historical Enrollment OB CCDA
- HEDIS Lab File
- Overdue Wellchild Visits (Care Alerts)
- Preventive Services – Colonoscopy and Mammography Bulk File





Using LinkU Data to Support High Utilizers of Emergency Services

- Through a collaboration between CRISP DC and District of Columbia Fire and Emergency Medical Services, LinkU social needs and referral data are helping identify individuals who frequently use emergency services and connect them with the resources they need.
- This partnership supports coordinated care, addresses unmet social needs such as food, housing, and mental health, and helps improve outcomes across the District.

“As a Quality Improvement Analyst on the DC FEMS team, I use this information to identify individuals who are high utilizers of the emergency system and gain a better understanding of the social needs that may be contributing to their repeated use of emergency services. By comparing patients’ social needs data with existing LinkU referrals, I can determine whether additional support or intervention is needed.”

HIE Academy

The HIE Academy is CRISP DC's on-demand, centralized learning hub designed to empower HIE users with instant access to a wide range of educational resources.

Video Library

► Micro-Trainings

1. ▶ Consent Tool
2. ▶ Health Records: Clinical Information
3. ▶ Health Records: Laboratory Timeline View
4. ▶ Health Related Social Needs
5. ▶ Image Exchange
6. ▶ My Patient Summary
7. ▶ Provider Directory

Training Materials

Quick Guides

Newsletters



PopHealth Analytics Reporting Suite User Guide

PopHealth Reports User Guide	26
1. Acute Care Setting Utilization Report - Inpatient   	26
2. Acute Care Setting Utilization Report - Emergency Room   	30
3. ADT Completeness Report 	33
4. Adult Quality Measure Comparison Over Time Dashboard 	36
5. Annual EPSDT Dashboard   	39
6. Annual Retention in Care Dashboard  	43
7. Blood Pressure Control for Patients with Diabetes (BPD) Dashboard 	46
8. Breast Cancer Screening (BCS) Dashboard    	49
9. CCD Completeness Report 	52





National Presence – Local Expertise

- **Civitas Networks for Health Annual Conference brings together hundreds of passionate** industry leaders, decision-makers, implementers, and innovators to discuss interoperability, data-driven quality improvement, social determinants of health, public health, multi-stakeholder and community-led governance, and health outcomes. Civitas’ members serve as the bridge between “data” and “doing” in health and health care. Attendees choose the conference to foster deep connections, strengthen and build new partnerships, and leave with tangible ways to evolve their national, state, regional, and local initiatives.
 - **Consent for 42CFR Part 2 Data**
 - **Absenteeism Data Sharing**
 - **DC’s Health Data Utility**
- **Health Datapalooza** is where policy, innovation, and evidence collide. This one-day convening brings together diverse voices from across the health data ecosystem for pragmatic, provocative, and action-oriented conversations about the future of health and health care.
- Join us for a dynamic regional gathering of social care leaders, innovators, and practitioners at the **Findhelp State Social Care Summit in Washington, D.C.** This event brings together healthcare organizations, community-based providers, government agencies, technology partners, and others to explore the future of connected care in our region.

Public Comments



Allocated Time: 5:50 - 5:55 PM (5 mins.)

Next Steps/ Adjournment



Allocated Time: 5:55 – 6:00 PM (5 mins.)

Upcoming HIE Policy Board Meeting

- **Date and Time:** November 19 2026, from 4:00 pm to 6:00 pm ET
- **Location:** Remote (WebEx) meeting

Stay tuned for more information closer to the meeting date!