

## Division of Digital Health



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## HIE Policy and Governance

### DC HIE Proposed Rule

First published in 2019, [DC HIE Rule \(Chapter 87, Title 29 of the DCMR\)](#) authorizes the Department of Health Care Finance (DHCF) to govern, register, and designate entities that securely exchange health information in the District. It establishes a regulatory framework for private, secure, and efficient sharing of electronic health data among payers, providers, and participating organizations to improve care coordination and health outcomes for District Medicaid beneficiaries. The DC HIE Rule sets standards for data exchange, security, and usage, ensuring the right health information is available to the right individuals at the right time while maintaining patient privacy and security.

DHCF, with input from the HIE Policy Subcommittee and stakeholders, drafted updates to the rule in 2025. The goal of the changes is to move the DC HIE from the HIE model to the Health Data Utility (HDU) model. An HIE facilitates data exchange primarily for clinical care; sharing patient information between hospitals, providers, and other healthcare organizations. An HDU enhances these entities' ability to share health data timely and securely, for purposes beyond individual treatment, such as the required reporting of aggregate and anonymized data for public health efforts, population health management, and community health initiatives. As an HDU, the DC HIE will act as a more robust, efficient, centralized hub for data sharing. The proposed rulemaking also makes changes to:

- Align policy more closely with definitions established in HIPAA;
- Facilitate data sharing with public health authorities;
- Update language on the use and maintenance of information;
- Change the HIE entity designation period from five (5) years to six (6) years;
- Extend the reporting period for third-party audits and disciplinary action lookbacks from two (2) years to three (3) years;
- Establish reporting requirements for registered HIEs to provide detailed descriptions of primary uses of HIE data on a rolling thirty (30) day basis and require secondary uses of HIE data be submitted to DHCF for review and approval;
- Update all timeframes associated with reporting requirements to be measured in calendar days; and
- Clarify renewal application requirements and documentation timelines.

The proposed DC HIE Rule was posted for a 30-day public comment period on December 19, 2025, and closed on January 20, 2026. During the public comment period on the proposed updates to the DC HIE Rule, DHCF received 16 comment items across two stakeholder submissions (HITRUST and CRISP DC). DHCF conducted a comprehensive review of all feedback and is finalizing responses. Our recommendations were addressed

through policy guidance rather than changes to the rule itself, with only one minor text edit accepted for clarity. Overall, comments strongly supported the District's direction, particularly the inclusion of HDU language and provisions for public health data exchange. Recurring themes included requests to align with nationally recognized standards (HIPAA, NIST, SOC 2, HITRUST), adopt risk-based reporting for data uses, clarify authentication requirements, harmonize breach notification timelines, and ensure consumer access aligns with federal interoperability goals. Public stakeholders emphasized transparency, security, and flexibility as key priorities for successful implementation. The final version of the DC HIE Rule is expected to be published later this spring.

## **District Registered HIE Entity Renewal**

The DC HIE provides a citywide governance structure for secure health information exchange to meet the needs of District residents. There are two ways to participate, either as a District Registered or Designated Entity. District Registered HIE Entities are organizations that demonstrate that they meet or exceed core minimum privacy, security, and access requirements, as defined by the DC HIE Rule. District Registered HIE Entities serve a three-year (3) term. The District of Columbia Primary Care Association (DCPCA) operates the Capital Partners in Care HIE (CPC-HIE). Established in 2014, CPC-HIE enables the exchange of clinical data among 18 participating provider organizations, including health center members, independent medical practices, and ambulatory practice sites. CPC-HIE was first approved as a District Registered HIE Entity in February 2020 with its second registration term expiring February 25, 2026. In December 2025, CPC-HIE submitted its registration renewal application. After a comprehensive review, a District interagency panel voted to renew DCPCA's designation as the District's Designated HIE Entity for a three-year term, extending through February 24, 2029.

## **Proposed Restructuring of the DC HIE Policy Board's Subcommittees**

The DC HIE Policy Board's current subcommittee structure was established in 2018 to guide early implementation and long-term strategy for the District's Health Information Exchange. Over time, as the HIE matured and participation expanded, overlapping responsibilities and evolving priorities have made the original structure less effective, prompting the need for a more streamlined and flexible approach.

On December 1, 2025, the Board Chair and DHCF staff convened a small workgroup of subcommittee members to reflect on what is working well, identify challenges or duplications, and ensure continued support of the District's current priorities and emerging opportunities. Discussions focused on the relevance of existing subcommittees, whether any should transition into time-limited workgroups, new FY26 initiatives that may require dedicated workgroups, and options for a refreshed structure.

On January 13, 2026, the Board Chair and DHCF staff reconvened the workgroup to finalize recommendations. Proposed changes include: (1) sunseting the Stakeholder Engagement Subcommittee and creating a quarterly DC HIE User Group for direct feedback from end-users; (2) merging the Policy and Operations, Compliance & Efficiency (OCE) Subcommittees into a single Operations and Policy Committee (OPC); and (3) authorizing OPC to convene time-limited Technical Expert Panels (TEPs) and Workgroups for emerging priorities. These recommendations will be presented for a formal vote at the February 2026 Policy Board meeting.

## 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.

### Behavioral Health Information Technology (BHIT) Pilot Program

The District has been selected to participate as one (1) of nine (9) national pilots in the BHIT Data Exchange initiative. DHCF, as the District's lead pilot organization, was awarded \$510K from Chickasaw Federal Health (CFH) LLC with support from ASTP and SAMHSA. Partnering with CRISP DC, eHealthDC, and five local providers, and with support from the DC Department of Behavioral Health, the pilot will test real-world USCDI+ Behavioral Health data exchange to improve SUD quality measurement, care coordination, and value-based payment readiness. Building on DC's digital health and HIE progress, it will standardize exchange and test workflows to enhance calculation of CMS Adult Core Set measures (FUA-AD, IET-AD, OUD-AD) in PopHealth Analytics. Pilot results will inform national policy and ASTP/SAMHSA's Behavioral Health Interoperability Report.

### eConsent tool and Part 2 Data Sharing

The eConsent tool enables exchange of 42 CFR Part 2-protected data through the DC HIE by obtaining affirmative patient consent. Since the updated consent form launched on October 1, 2024, over 1,300 consents have been registered.

### CSS Encounter Notification Delivery (CEND)

CRISP DC is leveraging CEND infrastructure to expand DC HIE's panel-based alerts, now identifying patients that are overdue for annual well-child visits. The team also enhanced the "advanced filter builder" functionality to flag patients missing follow-up after behavioral health hospital discharge.

### PopHealth Analytics Tool

PopHealth Analytics supports population and panel-level management using clinical and administrative data, offering reports on demographics, utilization, quality measures, and risk stratification. January 2026 updates include Blood Pressure Control (overall and for patients with diabetes) and enhancements to Prenatal, Postpartum, and Contraceptive Care dashboards.

### LinkU HIE Integration and Exchange

CRISP DC is building on HIE/LinkU integration to develop Social Health Pulse Notifications, helping providers address patients' social needs. Starting in 2024 with an "Unmet Social Needs" filter in Population Explorer, the team added alerts for screenings, referrals, and status updates. In 2025, these alerts were integrated into Population Explorer to improve care coordination. Now in pilot with one FQHC, the feature will scale to all CRISP DC users, enabling quick connections to resources via LinkU.

### Bed Availability and Referral Platform

After completing the Bed Availability and Referral Platform Needs Assessment in FY25, CRISP DC translated those stakeholder needs into requirements for the technical development of the tool. This development will follow a "hybrid" approach to build and blend component solutions into one cohesive system. With continued funding from DHCF, CRISP DC publicly posted a Request for Proposal (RFP) this quarter inviting vendors to propose solutions that can integrate with existing HIE infrastructure and serve multiple care settings.

## Digital Health Technical Assistance

In early FY26, DHCF awarded a new *Digital Health Planning and Technical Assistance Grant*, continuing its partnership with the District of Columbia Primary Care Association (DCPCA) and its sub-grantees - Clinovations, CRISP DC, the District of Columbia Hospital Association (DCHA), and Zane Networks – collectively known as the eHealthDC team, to deliver free, vendor-neutral technical assistance (TA) to District Medicaid providers. Under this new award, DHCF continues to support tailored technical assistance across two core service areas: HIE Technical Assistance and EHR Data Quality Technical Assistance.

Building on the foundation established under the prior grant, the renewed initiative focuses on strengthening providers' effective use of health information exchange tools and improving the quality, completeness, and usability of EHR data flowing into the DC HIE. Program planning and outreach were conducted in advance of a formal program that launched earlier this month.

District Medicaid providers interested in receiving tailored education or technical assistance to improve care delivery through the effective use of health IT may contact the eHealthDC team at [contact@e-healthdc.org](mailto:contact@e-healthdc.org) or visit [www.e-healthdc.org](http://www.e-healthdc.org).

### HIE Technical Assistance

eHealthDC continues advancing HIE technical assistance efforts focused on outreach, engagement, and workflow-based utilization of DC HIE tools. To inform this work, the team analyzed HIE user lists and utilization data and reviewed the HIE Tools Matrix, which summarizes current tool utilization, workflow integration, key stakeholder roles, and primary beneficiary providers.

HIE technical assistance included direct engagement with end users to inform education and outreach priorities. Building on this foundation, the team has planned an expanded webinar strategy beginning in February, including additional HIE tool-specific webinars to be rolled out in the coming months.

Across HIE tools, the team prioritized provider onboarding and credentialing, workflow optimization, and resolution of technical and data ingestion issues, coordinating with District agencies, hospitals, and managed care organizations to promote meaningful and sustained utilization.

### EHR Data Quality Technical Assistance

eHealthDC continues efforts to improve the accuracy, completeness, and timeliness of clinical data exchanged through the DC HIE. Using data quality scorecards and provider feedback, the team evaluates performance and trends. Activities include monitoring Admit, Discharge, and Transfer (ADT) messages and Continuity of Care Documents (CCDs) and conducting file transfer testing to address data quality and interoperability challenges.

Updated data tables tracking ADT and CCD completeness were maintained to enable performance monitoring and guide targeted improvement efforts. DCHA also began planning an Information Technology and Analytics Committee (ITAC) meeting for January with hospital IT leadership and coding department representatives to share insights on the program launch and outline expectations for the approach to increasing HIE utilization.