

Subcommittee: HIE Community Resource Inventory

Co-chairs: Ms. Luizilda de Oliveira and Mr. Khalil Hassam

Date: July 20, 2023

Status: Draft



District of Columbia Health Information Exchange Policy Board

Recommendations on Operational and Governance Specifications for the DC Community Resource Inventory

I. SUMMARY

HIE Policy Board Community Resource Inventory subcommittee proposes two (2) recommendations for the Community Resource Inventory (CRI). The subcommittee recognizes that while the DC CRI is unique as a resource directory, it is an artifact of the DC HIE and an integral part of the DC Community Resource Information (CoRIE) initiative. This positions the DC HIE as a centralized aggregator of health-related social needs data. Hence, the first recommendation outlines governance elements that the subcommittee recommends for inclusion in future rulemaking efforts by the Department of Health Care Finance (DHCF). The recommendation specifies the subcommittee's support to delegate responsibility of the DC CRI to the Designated HIE entity, key definitions, and the inclusion of language that outlines future policy guidance. The second recommendation outlines the subcommittee's decisions on several operational elements that are critical to the sustainability of the DC CRI. This includes policies for content collection, curation, management, and public accessibility. Together, these recommendations aim to support the long-term use of the DC CRI.

II. PROBLEM STATEMENT

The CRI subcommittee developed three (3) recommendations that were approved by the HIE Policy Board in [October 2022](#). These recommendations included the use of 'registered' and 'designated' entities that participate in a collaborative network to share, maintain, and exchange resource data. Following the approval of these recommendations, the subcommittee reviewed draft language for a proposed rule that envisioned a structure, like that of the DC HIE, with registered and designated entities for the CRI, along with various requirements for these entities to ensure the reliability of information displayed in the CRI.

The subcommittee discussed and recommended several specific requirements for inclusion in rulemaking, such as minimum categories for service records, requirements for a publicly accessible website, data quality assurance process, annual reporting requirements, and definitions. In the process, the subcommittee raised several concerns about financial and operational sustainability for CRI entities and outlined that entities may experience undue organizational burden as they may be required to share, process, and maintain a substantial volume of information. Further, absent any financial compensation/incentive, data stewards may not see the value in applying to obtain 'Registered' status.

Given the subcommittee's concerns, DHCF chose to move away from a separate proposed rule and instead, incorporate language within Chapter 87 of Title 29 DCMR (DC HIE final rule) that delegates the development and maintenance of the DC CRI to the District's Designated HIE entity. DHCF

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envisions the DC HIE as a centralized data aggregator for HRSN-related data across the health and social care continuum in the District, which bolsters data accuracy and completeness for HIE users. The DC CRI is a component of the broader DC Community Resource Information (CoRIE) initiative, which includes three (3) major functions – (1) Collecting and sharing social risk screening data; (2) Resource lookups through a centralized directory within the HIE; and (3) Electronic referrals to CBOs and other support services.

III. SUBCOMMITTEE GOAL AND ACTIVITY

This activity can be added under the subcommittee's overall goal to develop recommendations for consideration by the HIE Policy Board that are related to the use, exchange, sustainability, and governance of community resource directory data through the District HIE infrastructure.

IV. DISCUSSION

The HIE Community Resource Inventory (CRI) Subcommittee proposes the following recommendations:

Recommendation #1 – Governance Elements: The subcommittee recommends the inclusion of the below listed governance elements within the DC HIE final rule:

- ***Designated HIE Entity as a Partner to Address HRSN:*** The subcommittee emphasized that the DC HIE is uniquely positioned to enable an electronic closed-loop referral process all within the same platform. The DC CRI, as an artifact of the HIE, is a vital component to ensure the efficiency of this process. This central location for all HRSN-related information offers the most value to Medicaid providers and other health care stakeholders as it directly supports provider activities to improve outcomes for beneficiaries. Hence, the subcommittee supported the inclusion of language that delegates responsibility to the Designated HIE Entity to develop, implement, and maintain all HIE tools related to HRSN.
- ***Definitions:*** The subcommittee recommended the inclusion of specific definitions for the DC CRI and Community-Based Organizations. These are:
 - **DC CRI:** A District-wide, publicly available directory that curates information on community-based resources available in the District, with the aim of addressing health related social needs and improving health equity of District residents.
 - **Community Based Organizations (CBOs):** CBOs are public or private not-for-profit resource hubs that provide specific services to the community or to a targeted population within that community.
- ***Responsibility for the DC CRI:*** The subcommittee recommended the inclusion of language within the rule that specifically assigns responsibility of the DC CRI to the Designated HIE Entity, with additional language that points to future policy guidance regarding content collection, curation, management, and public accessibility.

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Recommendation #2 – Operational Elements: The subcommittee considered several operational elements that are critical to the sustainability of the DC CRI. This includes several operational policies regarding content collection, curation, management, and public accessibility. Given that these policies are likely to change over time, the subcommittee recommends that these elements be included in future policy guidance. These elements are listed below:

- ***Content Collection:*** The subcommittee underscored the importance of partnerships with existing data stewards and social care organizations. Such partnerships allow for cooperative data maintenance that leverages any verification processes that stewards may already have in place. The subcommittee also emphasized that this model aligns with previously approved recommendations and the DC HIE as a health data utility.
- ***Content Management and National Standards:*** Records that reflect social care organizations and/or services should adhere to the latest version of the Alliance of Information and Referral Systems (AIRS) standards. Additionally, to ensure the exchange and display of structured information, data elements should match any schema used in the latest version of the Human Services Data Specification (HSDS). The subcommittee agreed that aligning any content management policies to existing standards allows for standardized information to be displayed and accessed via the CRI.
- ***Content Curation and Data Quality Assurance:*** The CRI should undergo periodic quality assurance checks to ensure the reliability of the data displayed on the CRI. This should include routine data verification and maintenance, the application of a style guide and inclusion/exclusion policy to all records, and the implementation of any process to remediate identified issues.
- ***Public Accessibility:*** The DC CRI should be available via a publicly accessible website that is usable by District residents to search for resources. The website should include functionality to filter through organizations by category (such as food, housing, and so on) and include location services to determine proximity and directions to organizations.
- ***Annual Reporting Requirements:*** To ensure that the CRI is responsive to the needs of the District residents, entities that manage the CRI should annually report the number of social care organizations on the CRI, the results of quality assurance checks, any website utilization data, and any updates to its strategic plans to support partnerships with data stewards.

Importantly, the subcommittee underscored the need for a process to ensure that operational policies are updated over time. To that end, the subcommittee discussed how the CRI could incorporate perspectives and feedback from local social care organizations and other District entities. These include any regular review and updates to any future guidance regarding the DC CRI (such as updates to the style guide or inclusion/exclusion criteria). Such a process ensures a feedback loop to ensure that the CRI is responsive to the needs of social care organizations in the District.

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V. RECOMMENDATION(S) FOR BOARD ACTION:

The Community Resource Inventory (CRI) subcommittee proposes that the DC HIE Policy Board approve the following operational and governance recommendations for DHCF's consideration as it works to develop future rulemaking and policies for the DC CRI.

Committee Members: Ms. Luizilda DeOliveira, Mr. Khalil Hassam, Mr. Luis Diaz, Ms. Stacey Johnson, Dr. Eric Marshall, Ms. Tamara Moore, Mr. Greg Bloom; Mr. David Poms, Ms. Sabrina Tadele, Ms. Ariana Wilson, Mr. Tommy Zarembka, Mx. Deniz Soyer, Ms. Asfiya Mariam

Infrastructure & Connectivity



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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:

Consent to Share (eConsent tool)

The eConsent tool allows for exchange of data protected by 42 CFR Part 2 via the DC HIE. We are pleased to report that the eConsent tool is now available via the InContext application! Originally, this tool was only available via the CRISP DC web portal. As of the end of May 2023, providers can now launch the consent tool from their EHRs to seamlessly register consents. This new functionality reduces workflow burden for providers and enhances the process of obtaining affirmative patient consent for any providers that primarily access the HIE via their EHRs. To date, over 399 patient consents have been recorded using the tool. The Digital Health team continues to work with CRISP DC to train providers on the use of the tool (both via the web portal and the InContext app) and encourage adoption of the tool.

Advance Care Planning

In partnership with DC Health, the Advanced Care Planning tools in the DC HIE support the electronic exchange of advance directives and electronic Medical Orders for Scope of Treatment (eMOST) forms. This user-friendly platform by A|D Vault, *MyDirectives for Clinicians*, is directly embedded into the HIE and allows providers to create, upload, and view advance care planning forms (such as the DC MOST, national POLST, Psychiatric Advance Directive, and Universal Advance Digital Directive). Since its launch in early March, over 31 documents have been created, with over 98 credentialed users across 12 organizations. The team is currently working on enabling access to this tool via the InContext application for seamless access.

Provider Directory

The *Provider Directory* displays information about health care professionals, including practice location, credentials, specialty, and affiliated organizations. In partnership with CRISP DC outreach and communication teams, the Digital Health team is conducting a phased outreach approach to increase utilization of the tool, including personalized messaging, user surveys, and a long-term strategy for continued adoption. CRISP DC teams will identify ‘high’ and ‘low’ utilizers of these tools to obtain reliable insights on real-time usage by organizations and individual users, as well as barriers/ challenges that may hamper usage and adoption. This approach ensures that direct user feedback is obtained to support long-term use of HIE tools – an element of Recommendation #2 of the SMHP.

Image Exchange

The *Image Exchange* tool allows providers to access core and emergent images at the point of care, with the aim of improving clinical decision making and enhancing provider opportunities to prevent duplicative imaging orders/studies. Similar to the Provider Directory, the Digital Health team is working with CRISP DC to increase provider awareness. This includes spotlighting user feedback and inclusion of user stories in email communications to encourage organizations to share images with the DC HIE.

DC HIE Interagency Data Use Workgroup

Beginning January 2023, the Digital Health team implemented a centralized process to receive, triage, and implement use cases that request DC HIE data. The Interagency Data Use workgroup reviews use cases to analyze the technical and policy implications of each request. As of July 2023, the workgroup has reviewed the following use cases so far:

- DC3C Cancer Screening Data Use Case
- Firearm Injury Surveillance
- Transportation Injury Surveillance
- Health Impacts due to Air Quality
- Cancer Registry and Surveillance

District agencies can use our standardized form [linked here](#) to submit use cases.

Technical Assistance & Outreach



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DHCF is leveraging American Rescue Plan Act (ARPA) Enhanced Funding for Medicaid Home and Community Based Services (HCBS) to enhance, expand, and strengthen HCBS digital health infrastructure to support a more integrated and accessible person-centered system in the District. To that end, the DHCF team is working with 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 to HCBS providers. These are centered around three (3) broad areas:

- 1) **Program Management Services:** To identify, outreach to, and enroll eligible practices, with the goal of conducting practice readiness assessments.
- 2) **Promoting Interoperability (PI):** To identify, select, implement, and/ or optimize CEHRT/ HIT systems, with the goal of connecting to the DC HIE. Providers can earn incentives from DHCF for meeting six program milestones within one of three program tracks.
- 3) **Telehealth:** Enhance adoption and implementation of telehealth services by providing customized, practice specific telehealth guidance, tools, and workflows, with the aim of maximizing telehealth utilization and increasing access to care. Please note that the HCBS telehealth program is not an incentive program.

We are pleased to report the following key accomplishments:

- **Participant Engagement and Interagency Collaboration** – The team continues to engage stakeholders via bimonthly HCBS Stakeholder Advisory Committee Meetings to solicit provider feedback. The team has been working closely with the Department of Behavioral Health (DBH) to support provider adoption of CERHT in advance of the DBH-implemented deadline of October 1, 2023.
- **HCBS Provider Organization Outreach** - The eHealthDC team has conducted outreach to 164 distinct HCBS provider organizations, including Mental Health Rehabilitation Services (MHRS), Adult Substance Abuse Rehabilitation Services (ASARS), Housing Supportive Services (HSS) providers enrolled by DHCF, Long-Term Services and Supports (LTSS) providers, and Disability Services (DDS) providers.
- **HCBS PI Program Incentives** – Of the 164 organizations that the eHealthDC team have contacted, as of 07/11/2023:
 - **Seventy-Five (75) have met Milestone 1:** 42 MHRS, 12 ASARS, 10 HSS, 9 LTSS, and 2 DDS provider organizations have signed a participation agreement for the program
 - **Sixty-Five (65) have met Milestone 2:** 35 MHRS, 12 ASARS, 9 HSS, and 7 LTSS provider, and 1 DDS provider organizations have signed a scope of services and work plan
 - **Thirty-Nine (39) have met Milestone 3:** 24 MHRS, 10 ASARS, 4 HSS, and 2 LTSS provider organizations have purchased new CEHRTs

The team is pleased to share that a total of **\$904,500 (up from \$440,500 in April 2023)** in incentives have been distributed to participating provider organizations! As milestone attestations for the HCBS PI Program are submitted daily, the incentives distributed are projected to continuously increase throughout the tenure of program. The team also revised incentive dollar amounts for Milestone 4 in each program tracks to better support provider go-live needs.

- **Telehealth** – The team developed educational materials for HCBS providers to address common questions regarding telehealth billing codes, guidance following the end of the Public Health Emergency, telehealth consent, and more. The team also developed a telehealth training module for MHRS providers.

Policy & Governance



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These updates are related to the policy and governance activities that support the DC Health Information Exchange. The HIE Policy Board and its four (4) subcommittees aim to develop and discuss recommendations on the secure and protected exchange of health information in the District.

HIE Operations, Compliance, Efficiency Subcommittee Update

Chair(s): Ms. Gayle Hurt

Mission and Purpose: Advises, monitors, and improves the community standards for HIE operations in the District. The subcommittee works to 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.

Monitoring & Compliance Plans: Following the approval of its [recommendation on best practices for the secure access, use, and disclosure by the HIE Policy Board in April 2023](#), the subcommittee discussed the creation of monitoring and compliance plans. The subcommittee determined that while these plans can help ensure HIE entity compliance with requirements listed in the final rule, the development of these plans is best suited to a separate workgroup*. The subcommittee also highlighted that these plans should align with existing timelines (such as with HIE entity renewals and mid-term assessments) to avoid overlap and reduce burden on organizations.

**These plans are anticipated to be drafted by DHCF in collaboration with other subject matter experts.*

Transitions of Care Project Recap: In alignment with Goal #3, the subcommittee is working on expanding its previous work on setting benchmarks for accuracy, timeliness, and completeness of health data. Following the approval of its [recommendation on Transitions of Care data elements in July 2020](#), the subcommittee is working on prioritizing future activities. This includes a crosswalk of the thirteen (13) originally approved data elements with established national standards such as USCDI, to determine if any updates were required. The subcommittee is also working on reviewing the membership of its technical expert panel (TEP) and discussed any updates to member pre-requisites.

Long-Term Projects: The subcommittee continues to gather new terms/definitions encountered in the course of its work for inclusion within the HIE glossary. The subcommittee hopes to present an updated version of the glossary at the October 2023 HIE Policy Board meeting.

HIE Stakeholder Engagement Subcommittee Update

Chair(s): Dr. Yavar Moghimi and 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.

Mapping HIE Stakeholders and Defining ‘Meaningful’ Engagement: In alignment with Goal #1 and its long-term goals, the subcommittee continues to evaluate methods for stakeholder engagement. It has adopted a phased approach that includes review of existing communication/engagement practices, analysis of current metrics, and development of new frameworks to support sustainable engagement with the HIE and its tools. So far, the subcommittee has accomplished the following:

- Created a stakeholder map that differentiates between users of the HIE and locations of care delivery. This included an analysis of HIE evaluation measures and associated metrics.
- Evaluation of the different methods by which a user can access the HIE – via the CRISP DC web portal or via a Single Sign On (SSO) feature in provider EHRs. As part of this work, the subcommittee developed a user matrix

that displayed the pros and cons of each mode of access, and how certain modes of access may be suitable to different user roles at a provider organization.

- Discussion on current CRISP DC strategies for communication, outreach, and education. This included a presentation by the CRISP DC communication team, a panel discussion with CRISP DC outreach representatives, and an overview of a new CRISP DC Utilization Dashboard that outlines use of the HIE and its tools for all users who access the HIE via the web portal.

As part of this work, the subcommittee continues to have discussions on defining ‘meaningful engagement’. The subcommittee has also developed a draft framework of meaningful engagement as a function of experience (that is, a roadmap of how a practice can meaningfully engage with the HIE). The subcommittee is continuing discussions on how the HIE can help improve health outcomes and supports the use of academic partners to help study the use and impact of the HIE.

HIE Policy Subcommittee Update

Chair: 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.

Information Blocking: In alignment with Goal #2, the subcommittee is also working on reviewing the recent HHS OIG final rule on Information Blocking penalties ([88 FR 42820](#)). The subcommittee discussed the details of the final rule, the enforcement mechanisms outlined, and the applicability of this rule to state HIE frameworks. The subcommittee also discussed the impact of future ONC rulemaking that may outline disincentives for health care providers that may have committed information blocking ([RIN 0955-AA05](#)).

Health IT Policy Trends: In alignment with Goal #1 and Goal #3, the subcommittee is continuing to keep abreast of various regulatory and legislative releases to determine their impact (if any) on the DC HIE. The subcommittee recently revisited its previous analysis on Notice of Privacy Practices for any changes/updates needed following the approval of its [recommendation in August 2019](#). As part of this work, the subcommittee is also working on creating a process to document and discuss new trends, evaluate any impact on the DC HIE, and share any findings with other Board subcommittees.