Meeting Processes

This is a hybrid meeting – Virtual Attendees are displayed on the screen
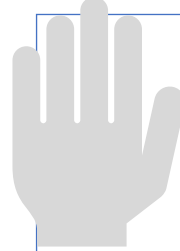
If you have comments or questions, please raise your hand, both virtually and in-person

In-person attendees can push on the microphone in front of them to speak. Virtual attendees can unmute themselves when called!
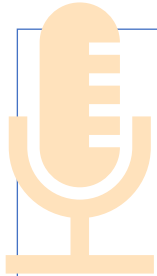
Voting on a recommendation will require you to say: **Your name followed by either 'aye', 'nay', or 'abstain'**
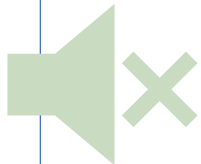
For all attendees, ensure your microphone is muted until you are ready to speak

Virtual Attendees, please use the chat function to introduce yourself: ***Name, Title, Organization***

Agenda

01
Welcome and Call to Order

- Meeting Processes
- Roll Call
- Announcement of Quorum

02
Policy Board Introductions and Updates

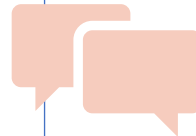- Introduction of new Policy Board Members and DHCF staff
- Policy Board Vacancies
- Update on Board Bylaws
- **Board Action**: Vote to approve changes to HIE Policy Board Bylaws

03
Subcommittee Reports

- **Board Action**: Vote to approve operational best practices for the DC CRI
- **Board Action**: Vote to approve the updated DC HIE Glossary

04
Enhancing the DC HIE Stakeholder Experience

- HealthTech Solutions review current state of DC HIE outreach and data quality
- Future directions for the DC HIE to operationalize SMHP

05
DC HIE – 2023 Review and Looking Ahead to 2024

- DHCF Digital Health Division Accomplishments
- Designated HIE Entity Updates and FY23 Accomplishments
- Looking Ahead to FY24

06
Public Comments

07
Next Steps/ Adjournment

Roll Call and Announcement of Quorum

Welcome – New Public Voting Members!

Dr. Rahul Bhat

Medical Provider

Robert Longyear

Public Member

James Crowe

Public Member

Welcome – New DHCF Staff!

Nathaniel Curry

Title: Project Manager
Responsibilities:
- Management of HIE infrastructure.
- Supports grant monitoring and oversight activities related to the DC HIE.
- Works closely with leadership to develop budget and project proposals (including MES APDs).

Nikhil Varma

Title: Program Analyst
Responsibilities:
- Supports HIE infrastructure projects, Digital Health performance metrics.
- Engages stakeholders in the development and documentation of HIE use cases.

In April, the Board reviewed and voted to approve the following Bylaw changes…

- **Article VII,** a change was made to reflect that Policy Board members who are absent for two consecutive meetings "without notice" would be deemed voluntarily resigned

- **Article VIII** – a change was made to the order of business at Board meetings:
  - Call to Order, Topics for Discussion, Announcement of a Quorum Present, Approval of Minutes, Next Steps, Adjournment

- **Article II and Article III** – Change to include term limits for Board members Vice Chair (*staff has since confirmed that this change is not allowable – more on that in a couple of slides…*)

The Board <u>tabled</u> items for staff to follow up with MOTA, this included

- **Article I** – Change part of the Board membership from "medical providers" to "health care providers"

- **Article XIII** – Addition of language to ensure that subcommittee members obtain approval from the Board chair prior to making any public statements regarding the work of the Board, its subcommittees, or the DC HIE

The Board <u>tabled</u> the following changes due to time constraints at the April meeting

- **Article XIV** – Change to ensure that conflict of interest forms are filled out prior to January Board meeting

- **Global Edit** – Updating pronouns from "he/she" to "they" to ensure inclusive language within bylaws

Since April, the Digital Health team reviewed all proposed ByLaw changes with MOTA

- We learned that any changes regarding membership composition and/or terms requires mayoral order

- We also learned that Board members from District associations may have some leeway with residency requirement

Today, we will vote on two (2) remaining bylaw changes

- Article XIV – Change to ensure that conflict of interest forms are filled out annually prior to January Board meeting

- Global Edit – Updating pronouns to ensure inclusive language within bylaws

HIE Policy Board Subcommittee Reports

Allocated Time: 3:25 - 3:45 PM (20 mins.)

Community Resource Inventory (CRI) Subcommittee

Lucy DeOliveira and Khalil Hassam

Allocated Time: 3:25 – 3:35 PM (10 mins.)

HIE PB Community Resource Inventory (CRI) Subcommittee

- **<u>Co-Chair</u>**: Ms. Luizilda de Oliveira and Mr. Khalil Hassam

- **<u>Mission:</u>** Build the capacity of HIE stakeholders to share, find and use information about resources available to address health related social needs and improve health equity.

- **<u>Purpose:</u>** 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.

CRI Subcommittee Update

- Following the approval of the subcommittee's July recommendations, the subcommittee met to resolve some open questions regarding the operation of a community resource inventory.

- These open questions centered around the inclusion of certain services, such as payer organizations, hospital services, or web-based educational offerings, within the DC CRI. The subcommittee also discussed a geographical limit to services displayed on the CRI.

- In addition, the subcommittee discussed criteria to ensure that all services and organizations listed have a clear and consistent structure.

CRI Subcommittee Update

- To address these, the subcommittee is recommending the following items –

Inclusion/Exclusion Criteria Best Practices

Style Guide

- To develop these materials, the subcommittee conducted a thorough analysis of existing materials developed by DC Positive Accountable Community Transformation (PACT) CRI Action Team as well as national standards for standardizing resource directory data.

A copy of the full recommendation is available for review in meeting materials (sent via email and on the Policy Board website)

Board Action
Operational Elements for the DC CRI

Vote to approve operational best practices for the DC Community Resource Inventory

Operations, Compliance, Efficiency (OCE) Subcommittee

Gayle Hurt

Allocated Time: 3:35 – 3:45 PM (10 mins.)

Operations, Compliance, and Efficiency Subcommittee (OCE) Subcommittee Update

- **Chair**: Ms. Gayle Hurt

- **Mission**: 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

- **Purpose**: The purpose of the subcommittee is to advise, monitor, and improve the community standards for HIE operations in the District

OCE Subcommittee Update

- As part of Goal #3 of the workplan, the subcommittee is working to augment its previous work Transitions of Care data elements. To do so, the subcommittee reviewed regulatory updates since the approval of its July 2020 Recommendation.

- In that vein, the subcommittee also discussed the expansion of its Technical Expert Panel (TEP) to create a broad bench of experts that allow the Policy Board and DHCF to be responsive to emerging District digital health needs. These include:
  - Transitions of Care data elements (continuation of previous work)
  - Population health analytics models and reports through the DC HIE

OCE Update on DC HIE Glossary

- The HIE Glossary is intended to provide definitions for key terms that are used in the operations and maintenance of the DC HIE.

- Each term and its respective definition are reviewed and approved by the subcommittee. The HIE Glossary must be reviewed and updated every 12 months.

- In line with the subcommittee's long-term goals, the OCE Subcommittee has reviewed and approved six (6) new terms and definitions. Definitions for these terms are derived from various nationally recognized sources and cited wherever appropriate.

OCE Update on DC HIE Glossary

Break-the-Glass Access: A term used when a health care provider, in the case of an emergency, gets access to a patient's records without the patient's consent. The Designated HIE entity routinely audits all emergency access activity.

Clinical Decision Support: Clinical decision support (CDS) provides clinicians, staff, patients or other individuals with knowledge and person-specific information, intelligently filtered or presented at appropriate times, to enhance health and better health care. CDS encompasses a variety of tools to enhance decision-making in the clinical workflow.

Direct Secure Messaging: Providers use a Direct address to exchange health information with each other over the internet in a standardized, secure manner. In general, "Direct" is a technical standard for exchanging health information between health care organizations. Direct is similar to email, but different in important ways. For example, Direct messages are authenticated and encrypted in a specific way to ensure that data are sent and received only by authorized parties

OCE Update on DC HIE Glossary

FHIR endpoint: Also known as a FHIR Service Base URL, these endpoints describe the technical details of a location that can be connected to for the delivery/retrieval of information. API users require these endpoints to interact with an API. The Office of the National Coordinator for Health Information Technology (ONC) maintains the *Lantern* tool – an open-source tool that monitors and provides analytics about the availability and adoption of FHIR API service base URLs (endpoints) across healthcare organizations in the United States. Lantern also gathers information about FHIR Capability Statements returned by these endpoints and provides visualizations to show FHIR adoption and patient data availability.

Information blocking: In general, information blocking is a practice by a health IT developer of certified health IT, health information network, health information exchange, or health care provider that, except as required by law or specified by the Secretary of Health and Human Services (HHS) as a reasonable and necessary activity, is likely to interfere with access, exchange, or use of electronic health information (EHI). The official definition within regulation is listed in 45 CFR 171.103.

Patient panel: For every organization that participates in the DC HIE (such as a hospital, clinic, etc.), a patient panel is a list of patient names and demographics in that organization that is used to document an ACTIVE patient/provider treatment relationship.

Board Action
DC HIE Glossary

Vote to approve the updated DC HIE Glossary for publication on the DHCF website

Operationalizing SMHP Recommendations to Enhance the DC HIE Stakeholder Experience

Assessment Findings and Future Directions for HIE Outreach, Education, and Data Quality

Allocated Time: 3:45 – 4:15 PM (30 mins.)

Why this work is necessary

The purpose of this project was to define areas within the outreach, education, data quality and technical assistance programs that could be enhanced, improved or further executed through discovery & assessment of existing DC HIE programs.

The discovery and assessment consisted of three components:

1. Reviewed existing DC HIE resource materials, marketing & communications strategies, and data reports

2. Gathered data on the user experience by conducting an Environmental Survey and interviewing data contributors

3. Learned best practices by interviewing other HIE/HINs

Timeline

July 14, 2023 – September 30, 2023

Reviewed existing DC HIE resource materials, marketing & communications strategies, and data reports

Integration Documents
- Ambulatory Connectivity Form
- Vendor Connectivity Form

Onboarding Documents
- CBO MOU
- Care Coordination Affiliation Statement
- Notice of Privacy Practices
- SUD Treatment Attestation Form
- CRISP LabCorp/Quest Data Release Form
- CRISP Participation Agreement
- Patient Panel Checklist

Educational One Pagers
- Closed loop referral
- Consent tool
- PopHealth Analytics
- Image Exchange
- Panel processor
- Provider Directory

Webinars
- Advance Care Planning
- ENS Prompt
- Consent tool

Video Links
- Advance Care Planning
- Consent tool
- Image exchange
- Provider directory

Other Resources
- Interactive Portal
- Overview of Application and Tools
- Communication Plan

Data Quality Reports
- ADTs/CCDs Received
- ADT data quality

User Guides
- Advance Care Planning
- Clinical Information
- Consent Tool
- ENS-Prompt
- eReferral
- HIE Admin
- Lead Levels
- Panel Processor
- Provider Directory
- Social Needs Data Tab

Developed survey and disseminated in partnership with CRISP DC to learn about the DC HIE user experience

- Low response rate, but representative sample
  - 36 responses
  - Representing ambulatory care, behavioral health, hospital, long-term post-acute care, FQHC

- User experience survey sought to capture:
  - Overall perceptions of the functionality of the DC HIE
  - How, how often, and for what purpose the HIE is used
  - For each of the HIE tools (patient care snapshot, health record, ENS prompt, image exchange, pophealth, etc.)
    - Utilization, level of awareness, and functionality
    - Training needs for respondent and others in organization
  - Use of technical assistance programs
  - Success stories, suggestions, and challenges

Here's what we heard from the User Experience Survey

Most common activities prompting HIE use
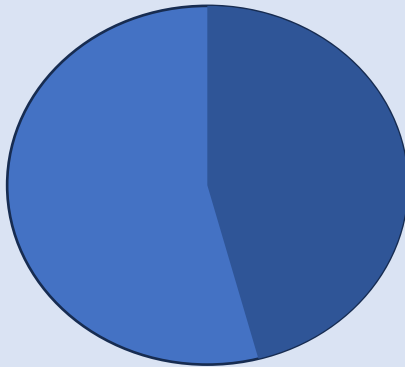
- Care Coordination
- Review of clinical history
- Follow-up to recent visit to the emergency department or inpatient admission

55% of respondents stated that they access CRISP DC daily

"Helpful to get alerts regarding ER utilization, find alternate contact information."

"Capture 75% of our hospital discharges using **ENS Prompt**. It closes gaps and increases revenue."

"The **resource inventory** allows the Case Management Director to find the proper resources for a patient with specialized needs that she had not been able to find otherwise."

"We have been able to put a hospital transition program in place using the **ENS service**. Care Coordination finds value in the system-level perspective on a client. They can locate a client they are looking for."

The **PopHealth** tools are good overview information, but we are having trouble trying to drill down."

Conducted interviews with five (5) participating organizations currently contributing data to the DC HIE

- Interviews were conducted with technical SMEs at hospitals and long-term care facilities of different sizes

- Interviews sought to capture:
  - Experience with onboarding & length of time it took
  - What data feeds are in place
  - What data/service/function is most beneficial in the HIE
  - Whether the organization ingests any data from HIE or have plans to
  - Any quality or data issues

Here's what we learned from data contributors

- Overall positive feedback on customer service and responsiveness from the CRISP DC Help Desk for data feed onboarding and issue resolution

- Technical onboarding took between 2 to 4 months

- Data quality issues focused solely on timeliness (batch files versus real-time)

- Most data contributors have not gone back and implemented new functionality like SSO

- Only one data contributor interviewed is doing query and retrieve to ingest CCD-A data back from the HIE

- Data contributors <u>do not currently:</u>
  - Receive a data quality scorecard on a regular basis
  - Have access to run utilization reports for their users of the CRISP DC portal

Conducted interviews with 3 mature HIEs in other states to capture best practices, document challenges, and data quality considerations

HIEs interviewed

- Delaware
- Vermont
- Colorado/ Arizona

Selection criteria

- ✓ Years in business/maturity
- ✓ Population served
- ✓ Number of connections
- ✓ Number of users
- ✓ Outreach/training program

Interview questions and discussion sought to capture

- Background, participating organizations, data contributed
- Workflow used for onboarding
- Technical interoperability, connections, and interface
- Structure of provider relations
- Training offerings and feedback mechanism
- Technical assistance strategy
- Relationship between HIE and Medicaid agency
- Participation in incentive programs
- Challenges, lessons learned and best practices

We heard some best practices for outreach and education

- Dedicated team to provide outreach and front-line support

- Education tailored based on provider type and mostly one-on-one

- Quarterly service reviews

- Solicit regular feedback – trigger email when field reps provide technical assistance

- Technical assistance include quality improvement advisors

- Catalogue to showcase HIE services – valuable marketing tool to both current and potential participants

- HIE partnerships with Medicaid agencies to provide incentives

Contexture, VITL, and DHIN shared some great ideas on improving and maintaining HIE data quality

- Provide incentives to data contributing organizations to improve data quality, (*for example ensure 5 elements in ADTs are present in at least 90%)*

- Provide monthly data quality scorecards as part of incentive program

- Dedicated data quality team focused on priority issues to work with providers on day-to-day basis

- Develop a 'gold standard' for interfaces based on most current industry standards

- Re-visit aging data feeds and work with organizations to re-onboard certain feeds with the goal of improving data quality and adhering to USCDI standards

- Building dashboards that are closely aligned with industry standards to monitor and ensure that data is compliant (ex: USCDI)

Recommendations on outreach and education

- ***Increase personal touch approaches in outreach and training*** – live virtual training, train-the-trainer, and bring back in-person training offerings

- ***Provide ongoing wrap-around continued education and training opportunities***
  - Maximize use and understanding of the HIE
  - Keep users up-to-date on new tools
  - Provide training to new employees at organizations

- ***Continue building out video library and refresh training videos***
  - On-demand training videos, refresh existing videos to be more engaging, and create a YouTube channel

- ***Tailor trainings to intended audience*** and avoid recycling presentations – where possible present with similar user with first-hand knowledge of needs and workflows

More recommendations on outreach and education

- **Implement regular schedule for ongoing training opportunities** and then make those recordings available for easy access and reference

- **Evaluate or poll training session attendees** to learn needs and improve events and future collateral

- **Create a service catalog of each HIE tool offering** to cover the basics of use

- **Implement a quarterly e-Newsletter** to provide ongoing updates, raise awareness, upcoming events and training opportunities
  - Use the Stakeholder Subcommittee as a TEST audience for review

Recommendations on internal communication

- ***Designate HIE Champions*** to assist with promotion of HIE tools

- ***Implement focus groups*** to inform the development of tailored, targeted re-engagement

- ***Expand on-the-ground partnerships and meaningfully augment staff*** to enable more impactful, effective, and responsive technical assistance
  - Staff that enhances the provider relationship, education to users, and hands-on technical assistance with personal touch

- ***Develop a RACI matrix and execute communications plan*** to ensure effective and efficient implementation of targeted technical assistance

- ***Ensure alignment with the District's strategic plans*** that set expectations for the DC HIE by having a DHCF appointee serve on the CRISP DC Board

Recommendations on external communication

- ***Move beyond traditional email blasts and use new medias*** when communicating with users
  - Supply announcements to associations and stakeholders for newsletters
  - Testimonial videos
  - Utilize social media – LinkedIn posts, tagging other stakeholders, orgs, and events

- ***Include a personalized vision of HIE on the CRISP DC website*** through testimonials, promoting a feedback mechanism, sharing work of focus groups, and encouraging participation in a user group
  - Website should be reviewed and updated to be more user-friendly through focus group review

- ***Transition communications from standardized outreach and onboarding to a more individualized approach, where appropriate***

Recommendations on data quality

- ***Technical assistance to support HIE data quality*** must involve engagement with providers and include workflow recommendations to change data entry

- ***Dedicated data quality team to target data quality improvement*** locally with participating organizations

- ***Revisit and rebuild aged interfaces*** to add additional data elements and ensure that a CRISP DC team member is present on all the interface build calls

More recommendations on data quality

- *Develop data quality score cards* and provided to contributing organizations data set cadence to initiate any data improvements

- *Provide dashboard visualizations and end user access to their data* that could assist them with identifying specific areas for improvement

- *Greater access for CRISP DC team members to CRISP shared infrastructure,* including the ability to work on ad hoc queries

Recommendations on future planning for sustaining on-the-ground technical assistance and enhancing data quality

- DHCF will consider submitting a **Planning Advance Planning Document (PAPD)** to CMS for approval to evaluate a multi-pronged approach to the future development of technical assistance programs in the District that would support a *more integrated and accessible person-centered system.*

- PAPD may provide an opportunity for the District to research, evaluate and develop future digital health technical assistance that supports value-based care through:
  - Supporting the improvement of data entry at the EHR level
  - Increasing the quality of data flowing into the HIE
  - Tracking utilization and engagement across various entities for better population health management
  - Integrating measurement-based care

- What should HIE Policy Board and Subcommittee members expect in the coming months?
  - Aid in the development of priority areas as it relates to outreach, education, technical assistance and data quality strategies
  - Provide regular user feedback as to awareness, utilization and future enhancement of DC HIE suite of tools
  - Review DC HIE collateral (e.g., E-Newsletter) prior to publicly sharing with the greater DC HIE user community

DC HIE – 2023 Review and Looking Ahead to 2024

Allocated Time: 4:15 – 4:50 PM (35 mins.)

The Department of Health Care Finance administers Washington D.C.'s Medicaid program and oversees the D.C. Health Information Exchange marketplace

State Health IT Coordinator

DHCF leads digital health policy and strategy as well as implementation of HIE services across D.C.

Regulator

*DHCF regulates HIE and manage the registration and designation process for HIEs operating in D.C.*

Strategic leader and convener

DHCF convenes stakeholders through the DC HIE Policy Board and elsewhere to remain responsive to evolving digital health needs

Funder and Partner

DHCF leverages local and federal funds to support HIE infrastructure and partners with other health and human services cluster agencies to collaboratively sustain HIE
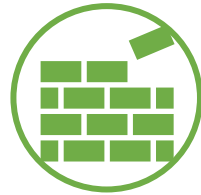
Department of Health Care Finance
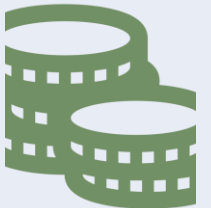
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DHCF Digital Health
Division Accomplishments

Update on Technical Assistance

Eduarda Koch
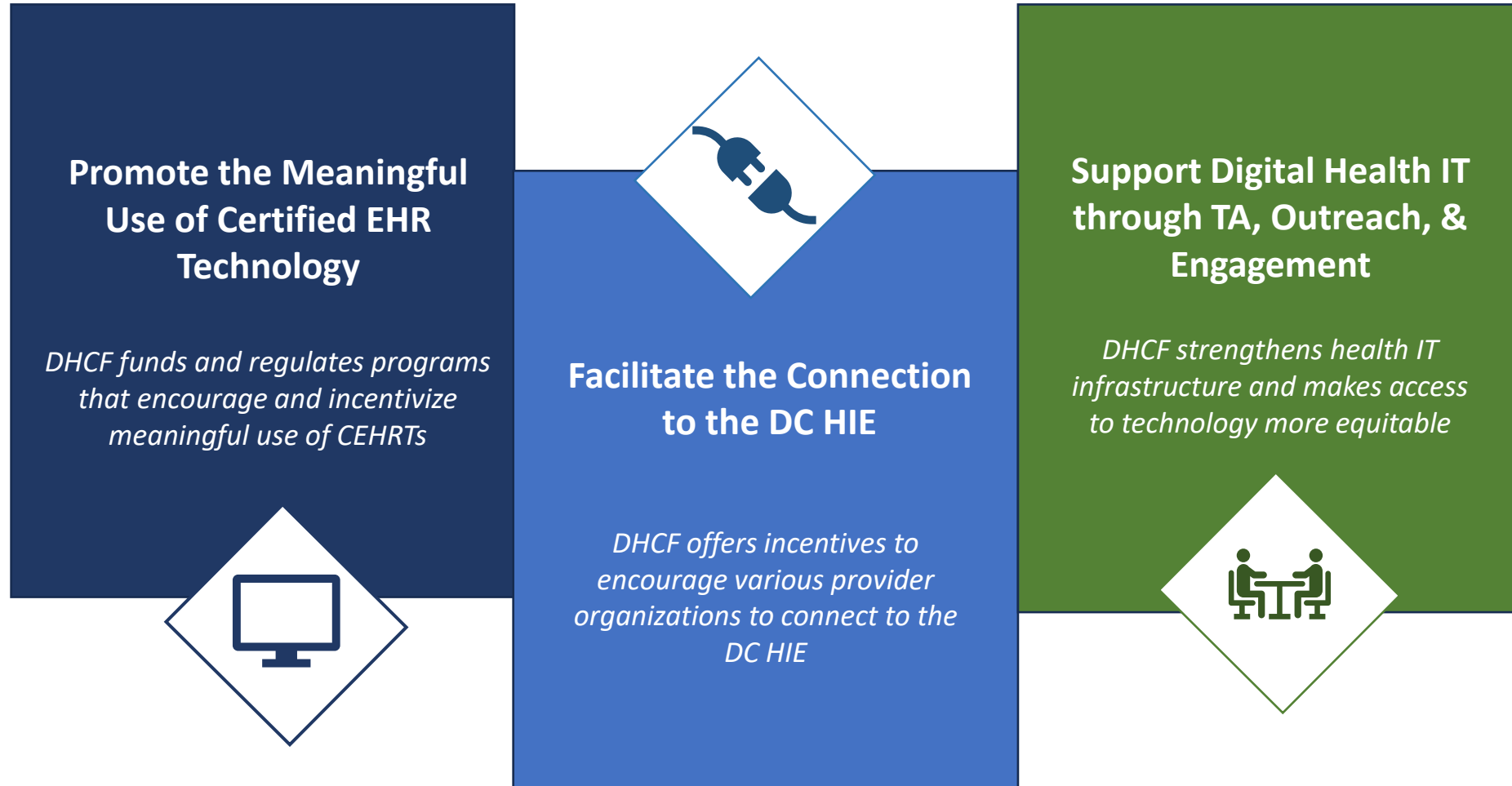
Project Manager

DHCF

Allocated Time: 4:15 – 4:25 PM (10 mins.)

DHCF Digital Health Outreach and Technical Assistance

Promote the Meaningful Use of Certified EHR Technology

DHCF funds and regulates programs that encourage and incentivize meaningful use of CEHRTs

Facilitate the Connection to the DC HIE

DHCF offers incentives to encourage various provider organizations to connect to the DC HIE

Support Digital Health IT through TA, Outreach, & Engagement

DHCF strengthens health IT infrastructure and makes access to technology more equitable

Digital Health Outreach and TA programs support a more integrated and accessible person-centered system in the District

HCBS Digital Health Technical Assistance services are provided by eHealthDC

eHealthDC is a program operated by DCPCA that provides free technical assistance for DC providers to adopt digital health technologies and achieve HIE Connectivity in the District.

Led by DCPCA, the eHealthDC project partners for this grant are: Clinovations Government + Health, Zane Networks, CRISP DC, and Enlightened.

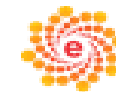*Project Lead*

PI TA Lead for ASARS, DDS, LTSS & HSS providers

PI TA Lead for MHRS providers

PI TA Lead for HIE Integration

TA Lead for Telehealth Services

eHealthDC offers robust program management across two (2) major service offerings

HCBS Digital Health Technical Assistance

Customized, practice-specific
Initial and ongoing user education

HCBS Promoting Interoperability

Program services include:
- ✓ CEHRT/HIT system guidance - identification, selection, implementation, and/or optimization

- ✓ Onboard and connect to the DC HIE

- ✓ Assist with administrative simplification provisions of HIPAA, as needed
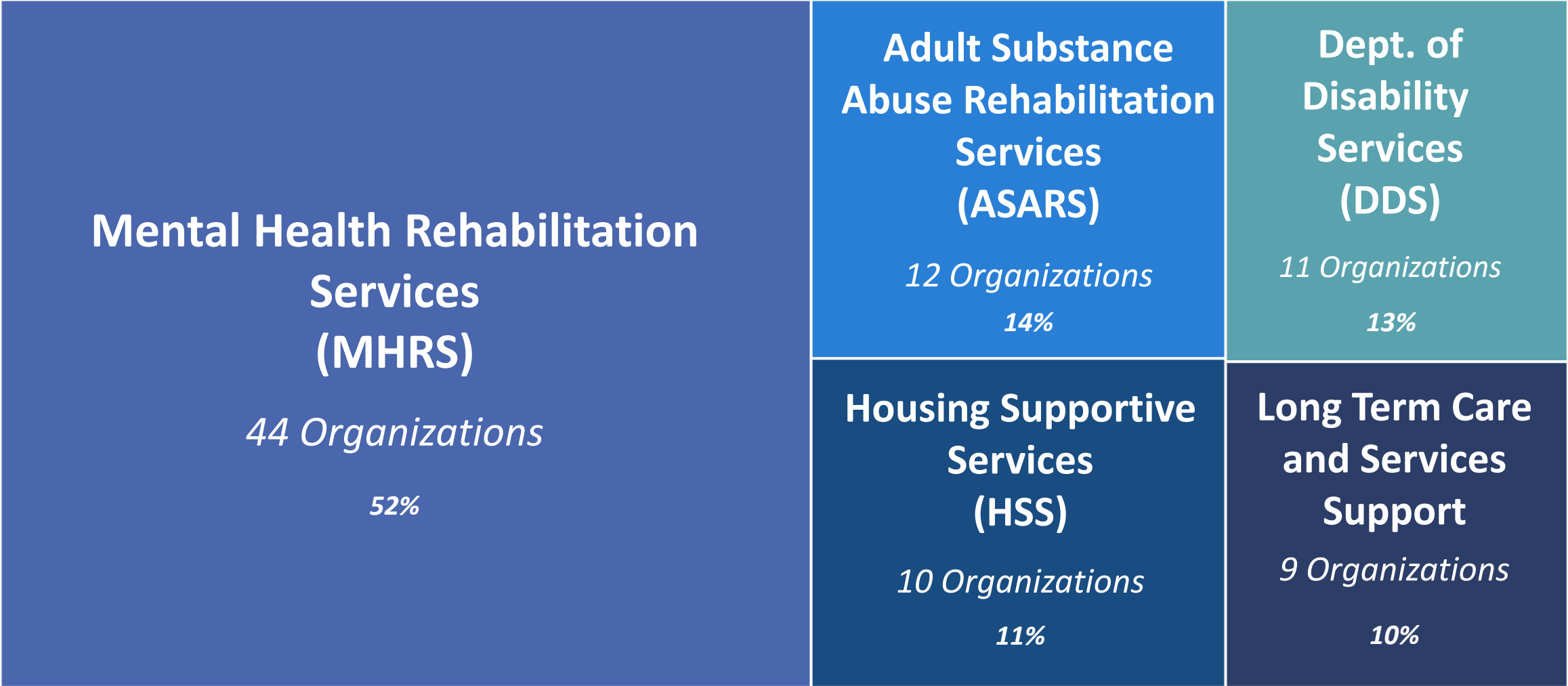
HCBS Telehealth

Program services include:
- ✓ Telehealth system guidance – tool identification, selection, and workflow optimization

- ✓ Adoption and implementation support

- ✓ Manage distribution of telehealth equipment and tools, as needed

HCBS PI Program Incentive Updates as of 10/13/23

Program Track	Incentive Amount	# of Incentives Received by HCBS POs*
Track 1: Implement a New EHR	**Track 1 Total: $58,000**	**Track 1 Unique POs attesting: 42**
Milestone 1.1: Participation Agreement	Milestone 1.1: $2,000	42
Milestone 1.2: Sign scope of services and work plan	Milestone 1.2: $2,000	40
Milestone 1.3: New technology purchase	Milestone 1.3: $22,500	32
Milestone 1.4: Complete technology go-live and training	Milestone 1.4: $21,500	16
Milestone 1.5: Connect to CRISP and send encounter data to DC HIE	Milestone 1.5: $5,000	12
Milestone 1.6: Connect to CRISP and send clinical notes to DC HIE	Milestone 1.6: $5,000	-
Track 1 Total Distributed Incentives		$1,288,000
Track 2: Upgrade an Existing EHR	**Track 2 Total: $32,000**	**Track 2 Unique POs attesting: 14**
Milestone 2.1: Participation Agreement	Milestone 2.1: $2,000	14
Milestone 2.2: Sign scope of services and work plan	Milestone 2.2: $2,000	14
Milestone 2.3: Technology upgrade purchase	Milestone 2.3: $8,000	10
Milestone 2.4: Complete technology go-live and training	Milestone 2.4: $10,000	5
Milestone 2.5: Connect to CRISP and send encounter data to DC HIE	Milestone 2.5: $5,000	2
Milestone 2.6: Connect to CRISP and send clinical notes to DC HIE	Milestone 2.6: $5,000	
Track 2 Total Distributed Incentives		$191,000
Track 3: Optimize Existing EHR or Case Management System	**Track 3 Total: $25,000**	**Track 3 Unique POs attesting: 31**
Milestone 3.1: Participation Agreement	Milestone 3.1: $2,000	31
Milestone 3.2: Sign scope of services and work plan	Milestone 3.2: $2,000	29
Milestone 3.3: Integration technology purchase	Milestone 3.3: $3,000	18
Milestone 3.4: Complete Integration technology go-live and training	Milestone 3.4: $8,000	5
Milestone 3.5: Connect to CRISP and send encounter data to DC HIE	Milestone 3.5: $5,000	2
Milestone 3.6: Connect to CRISP and send clinical notes to DC HIE	Milestone 3.6: $5,000	-
Track 3 Total Distributed Incentives		$224,000

Total $ distributed in incentives to date: $1,703,000
Total # of Unique Provider Orgs participating to date: 87

PO = Provider Organization*

HCBS PI Program Participation by Organization Type

Mental Health Rehabilitation Services (MHRS)

44 Organizations

52%

Adult Substance Abuse Rehabilitation Services (ASARS)

12 Organizations

14%

Dept. of Disability Services (DDS)

11 Organizations

13%

Housing Supportive Services (HSS)

10 Organizations

11%

Long Term Care and Services Support

*9 Organizations*

10%

Legend

Track Selection

➤ Track 1: Implement a New EHR

➤ Track 2: Upgrade an Existing EHR

➤ Track 3: Optimize Existing EHR or Case Management System

Cohorts

◆ Mental Health Rehabilitation Services (MHRS)

▲ Adult Substance Abuse Rehabilitation Services (ASARS)

⬟ Department on Disability Services (DDS)

✚ Long Term Care Services and Supports (LTSS)

◼ Housing Supportive Services (HSS)

EHR System

● Accumedic

● AdvancedMD

● Allegheny

● Axxess

● Clistahr

● Credible v11

● Credible Express

● Dr. Cloud

● eClinical Works

● Elixir

● InSync

● MyAvatar

● PACELogic

● SmartCare

● TBD

● Therap
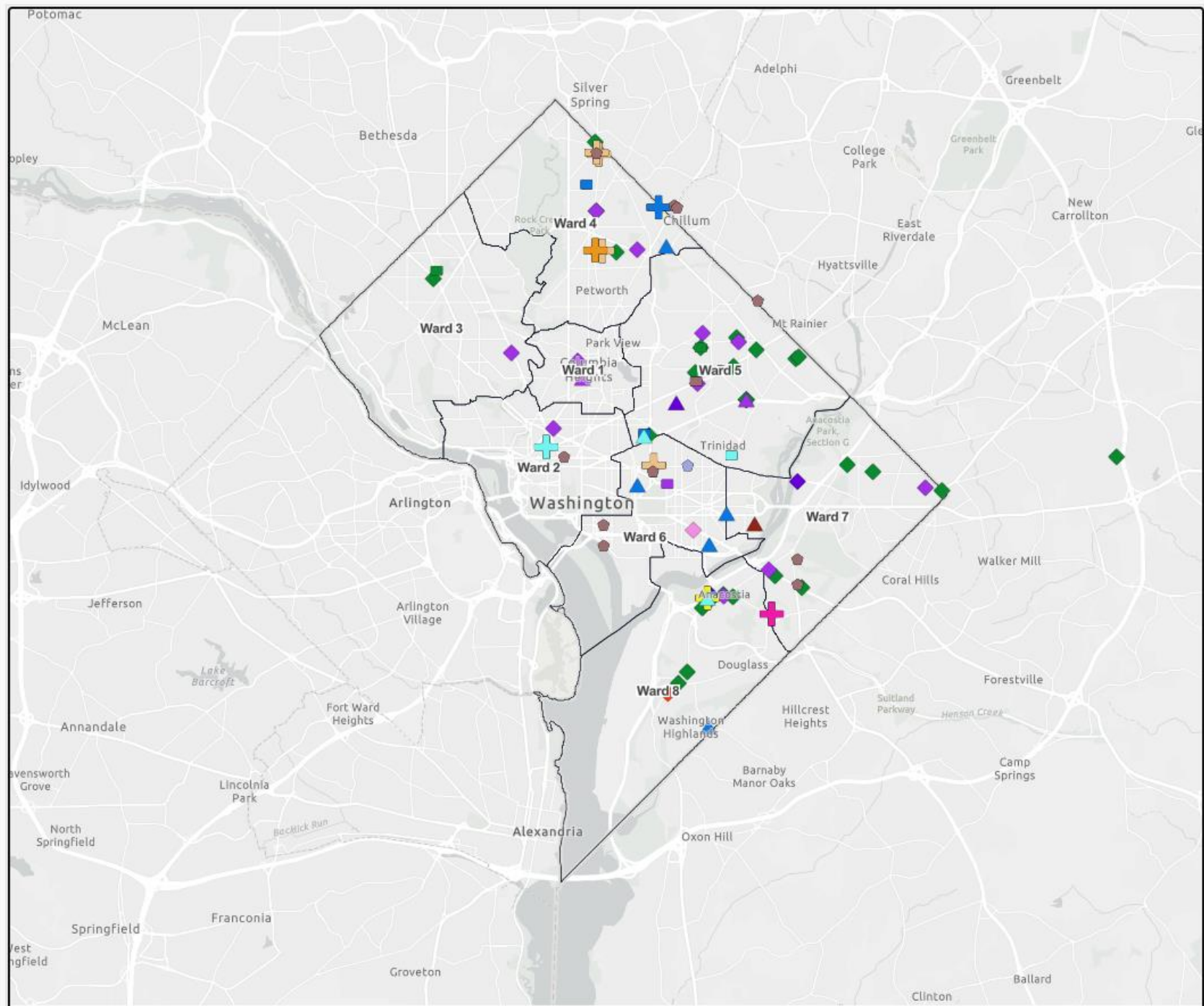
Interagency collaboration was vital to ensuring success of Digital Health TA program

- Partnered with DC regulatory agencies (DBH, DHS, DHCF/LTCA, and DDS) to collect agency requirements and understand the unique needs of their related provider cohorts.

- Developed strategies for effective engagement with each provider cohort and delivered Digital Health TA program presentations at agency-led provider forums.

- Invited agency representatives to serve on the HCBS Stakeholder Advisory Committee to provide program guidance and obtain feedback from their provider representatives on digital health implementation challenges and operational impacts at bi-monthly meetings.

eHealthDC services were critical to ensuring that DBH – certified providers met their 10/1 CEHRT deadline

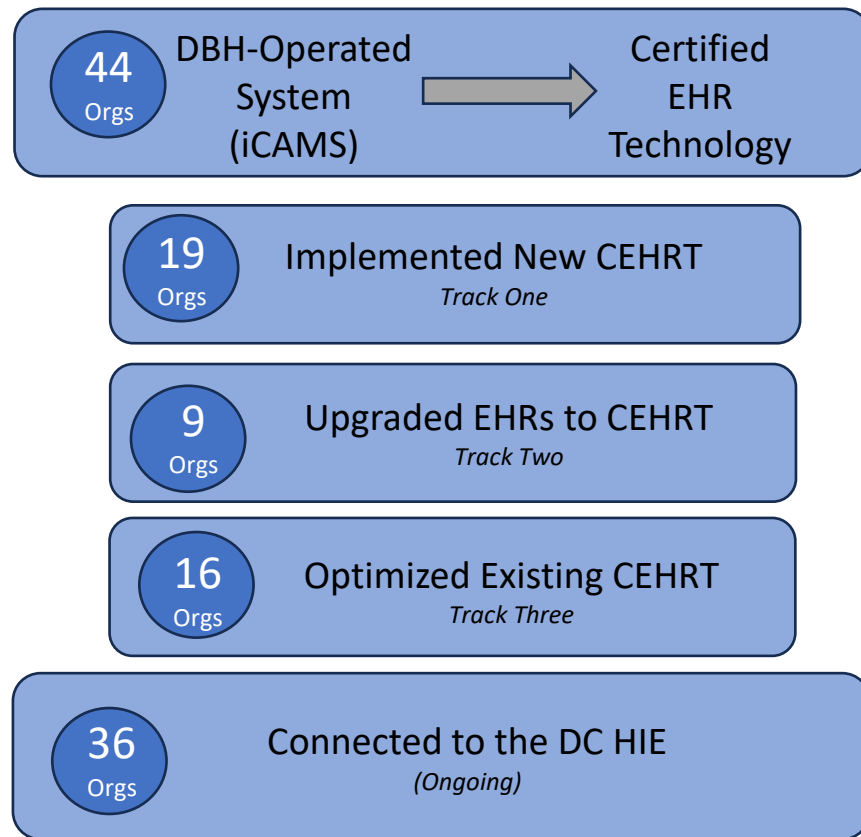✓Enabled provider transition from DBH-operated systems to certified EHR technologies

✓Supported EHR integration with the ASAM assessment tool

✓Configured of EHRs to comply with BHSD reporting requirement

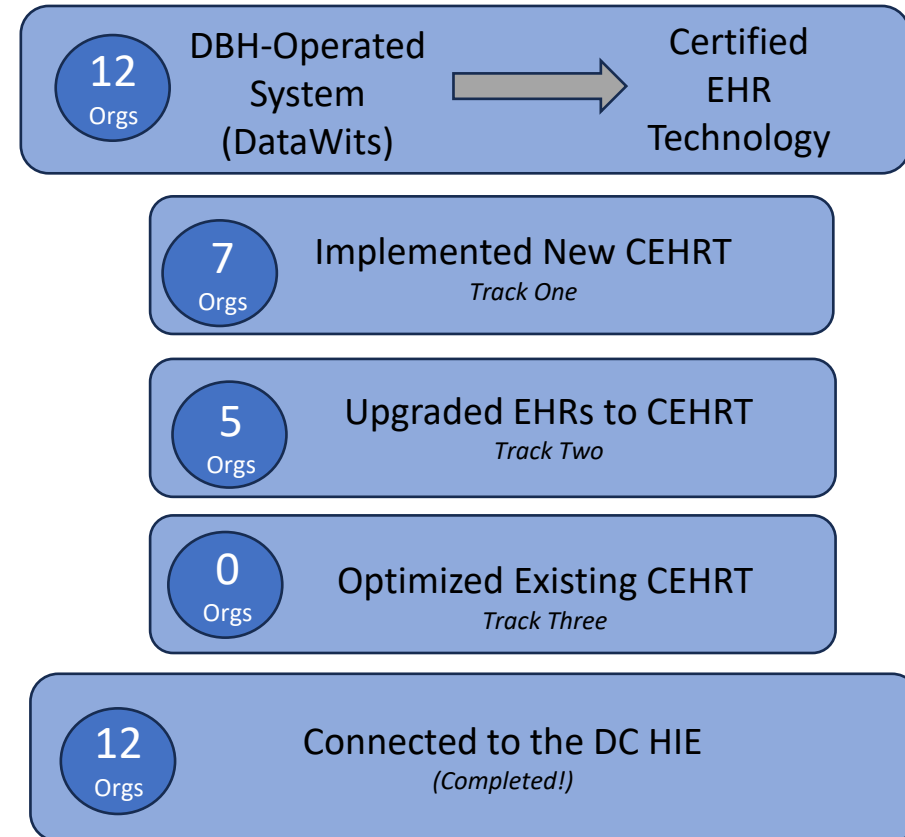✓Assisted organizations in connecting to the DC HIE

Fifty-six (56) DBH-certified provider orgs received eHealthDC TA support and incentives to transition

Mental Health Rehabilitation Services (MHRS)

44 Orgs — DBH-Operated System (iCAMS) → Certified EHR Technology

19 Orgs — Implemented New CEHRT
Track One

9 Orgs — Upgraded EHRs to CEHRT
Track Two

16 Orgs — Optimized Existing CEHRT
Track Three

36 Orgs — Connected to the DC HIE
(Ongoing)

Adult Substance Abuse Rehabilitation Services (ASARS)

12 Orgs — DBH-Operated System (DataWits) → Certified EHR Technology

7 Orgs — Implemented New CEHRT
Track One

5 Orgs — Upgraded EHRs to CEHRT
Track Two

0 Orgs — Optimized Existing CEHRT
Track Three

12 Orgs — Connected to the DC HIE
(Completed!)

eHealthDC next steps for the HCBS TA program

Continue agency partner collaboration

Regular Touchpoints w/ DBH, DHCF/LTCA, DHS, and DDS

- Refine TA delivery to meet agency needs and requirements

Bi-Monthly HCBS Stakeholder Advisory Committee Meetings

- Convene agency and provider cohort representatives

- Deliver program updates and address cohort-specific questions and concerns

- Solicit agency and provider feedback

Continue TA delivery & support

Provider Attestation Support

- Assist providers w/ meting Milestone 1-6 of program track

Tailored TA Support for MHRS & ASARS

- Continue CEHRT post go-live support and HIE connectivity

- Support ASAM integration, as needed

Tailored TA Support for LTSS & HSS

- Assist CEHRT implementation and HIE connectivity

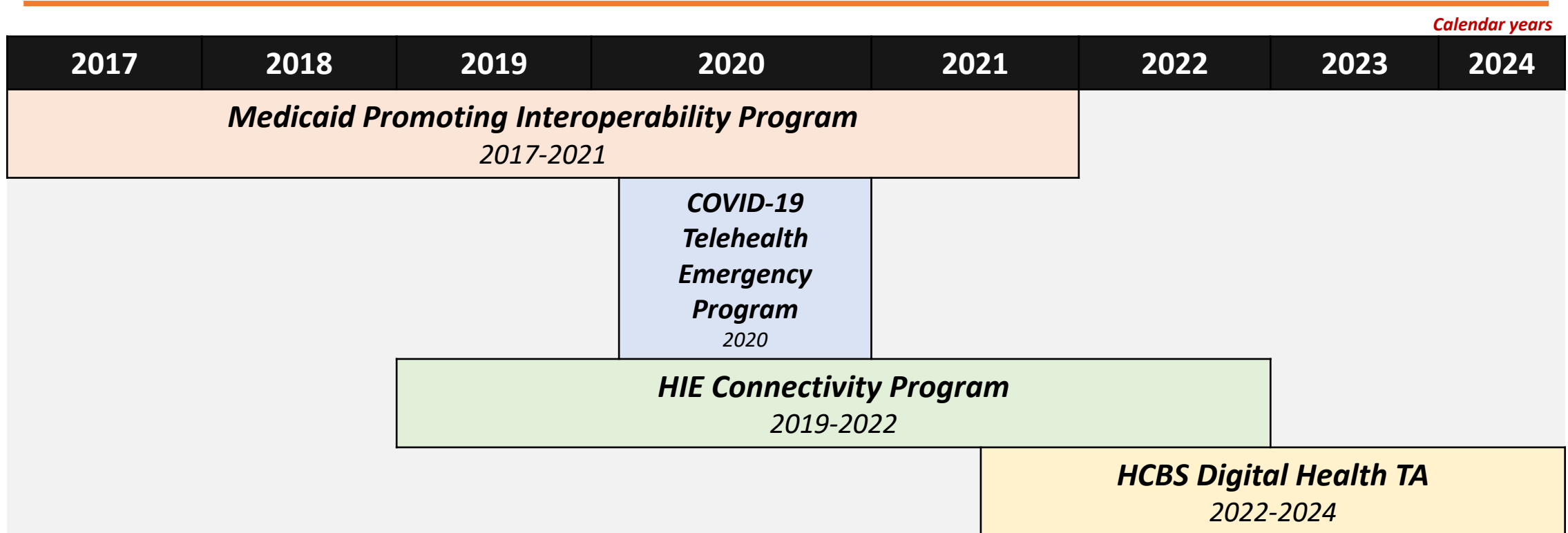## Continue education & provider engagement

Learning collaboratives & educational sessions

Engage DDS Organizations

- Wrap up kickoff meetings and program enrollment

- Initiate TA scope of work

Telehealth policy, billing, and tool guidance

The HCBS programs build on the success and lessons learned from previous Digital Health TA initiatives

2017	2018	2019	2020	2021	2022	2023	2024

Medicaid Promoting Interoperability Program
2017-2021

COVID-19 Telehealth Emergency Program
2020

HIE Connectivity Program
2019-2022

HCBS Digital Health TA
2022-2024

- Each program was developed in response to stakeholder feedback and the recommendations laid out in the District's Health IT roadmap.

- These programs, alongside other efforts such as learning collaboratives on practice transformation, collectively ensure that programs are tailored to the District's Health IT evaluation framework.

Summer 2023 reengagement campaigns sought to increase overall utilization

Image Exchange

Resulted in a 15% increase in total number of users and 20% increase in app launches!

Provider Directory

Achieved goal of increasing utilization by 10% within the project period!

- Campaigns included a robust framework of enhancing awareness, improving connectivity, and monitoring utilization

- Each tool included webinars over three months that showcased user stories, workflows, and creative collateral to drive awareness

- User feedback served a critical backbone to the campaign, from the development of webinars to follow-up after each convening
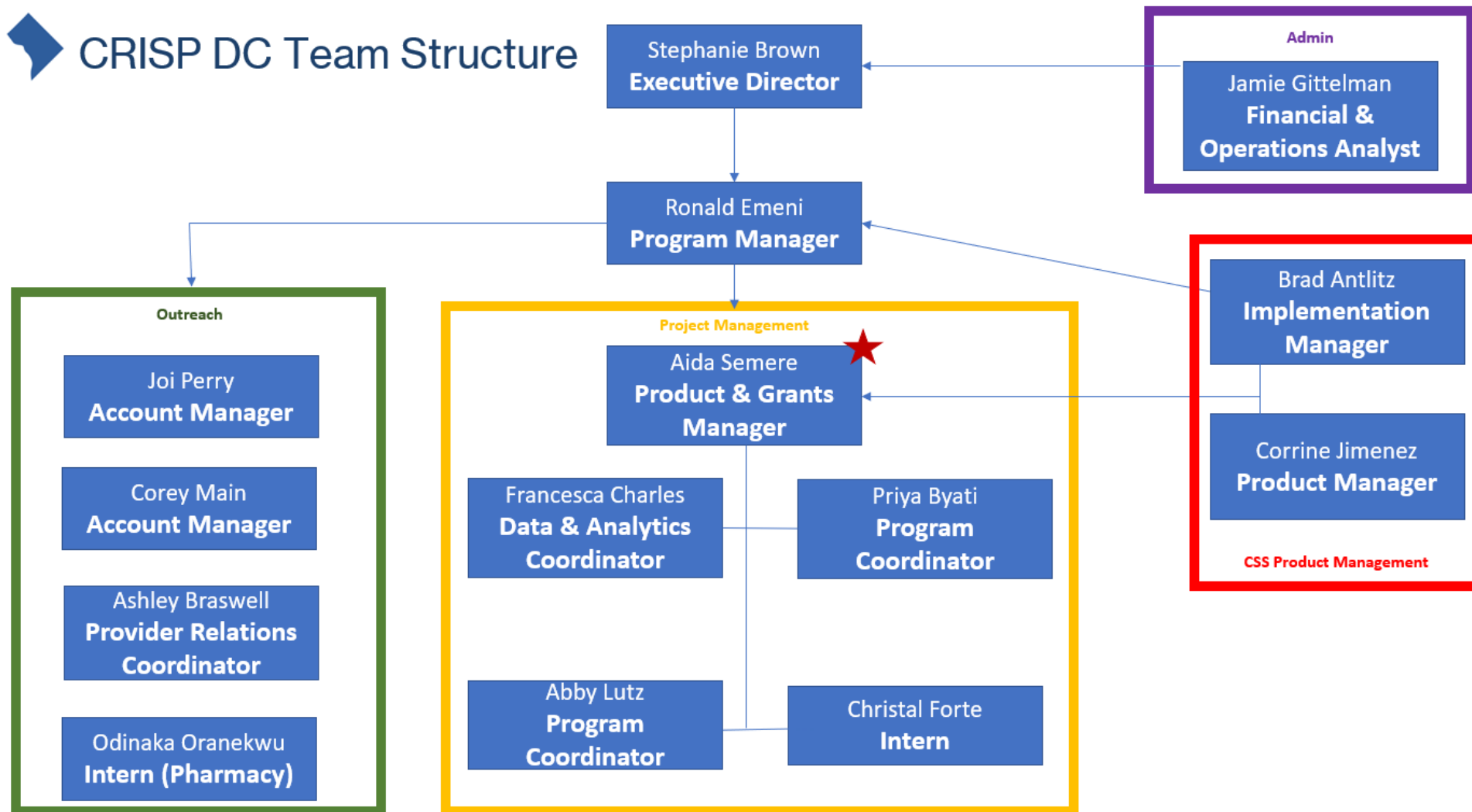
CRISP Shared Services (CSS) Updates

- Entered into an agreement with Microsoft and Databricks that reduces the cloud computing costs for all affiliates based on current scale.

- Achieved uptime goals of 99.7% for the year.

- FY2024 goal highlights:
  - Deploy new EHR functions that improve provider workflow (prior imaging study availability alerts, for example)
  - Reduce tier 1 user support volume through self-service tools
  - Enhance services that require affirmative consent

CRISP DC Growth in FY23

CRISP DC Team Structure

Stephanie Brown — Executive Director

Admin
Jamie Gittelman — Financial & Operations Analyst

Ronald Emeni — Program Manager

Outreach
- Joi Perry — Account Manager
- Corey Main — Account Manager
- Ashley Braswell — Provider Relations Coordinator
- Odinaka Oranekwu — Intern (Pharmacy)

Project Management
- Aida Semere — Product & Grants Manager
- Francesca Charles — Data & Analytics Coordinator
- Priya Byati — Program Coordinator
- Abby Lutz — Program Coordinator
- Christal Forte — Intern

CSS Product Management
- Brad Antlitz — Implementation Manager
- Corrine Jimenez — Product Manager

CRISP DC FY23 Data Driven Engagement

Monitor	Track utilization across Wards, Industry, Organizations, Member Titles, Users, and by individual application
Assess	Establish Thresholds/Benchmarks to understand the market and set reasonable performance goals (moving baseline)
Engage	Create Targeted Outreach Strategies to understand how organizations implement the core capabilities of the DC-HIE within their workflow

CRISP DC Utilization Report
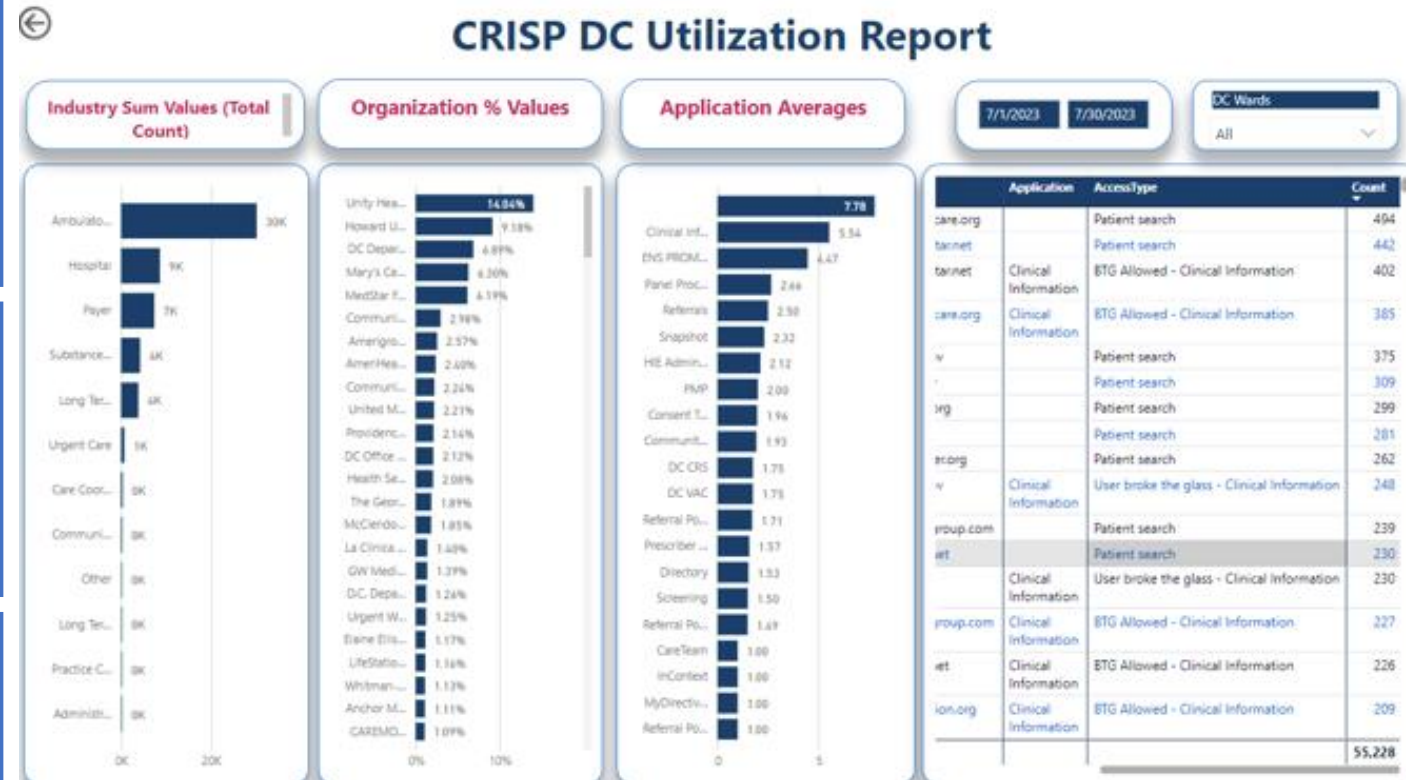
In FY23 CSS Affiliation demonstrated alignment with CRISP DC's Goals

Improved HIE Technologies

In May and September, CSS announced the Consent and Advance Care Planning tools would be available in the InContext App for users accessing CRISP through their EHR

Operational Support

CSS product management team includes an Implementation Manager and a Product Manager to support CRISP DC across numerous efforts

Sustainability

There is a combined effort across all CSS Member Affiliates to explore additional funding streams

CRISP DC Clinical Committee

Nominee	Organization
Andrew Robie, M.D. (Chair)	Unity HealthCare
Yavar Moghimi, M.D.	AmeriHealth Caritas DC
Brian Choi, M.D.	GWU Medical Faculty Associates
Ira Rabin, M.D.	MedStar Health
Loretta Rodts	Community Connections
Dr. Danielle Dooley, M.D. (NEW)	Children's National Medical Center
VACANT	DC Department of Healthcare Finance
VACANT	Long Term Care

DC HIE FY23 Year-End Review

Ronald Emeni

Program Manager

CRISP DC

DC HIE is a Health Data Utility consisting of six (6) reliable core capabilities

Critical Infrastructure (e.g. Encounters and Alerts)

Consent to Share Data

Registry and Inventory

Simple and Secure Messaging

Screening and Referral (e.g. SDOH)

Advanced Analytics for Population Health Management

Critical Infrastructure	Consent to Share Data	Registry and Inventory	Simple and Secure Messaging	Screening and Referral	Advanced Analytics
ADT Alerts	**Consent to Share SUD Data**	**Care Management Registry**	**Provider Directory**	**Referral and Screening**	**PopHealth Analytics**
Health Records	-SUD (42 CFR Part 2) Data Consent -HIPAA Consent -Telehealth Consent	**Community Resource Inventory**		-Social needs screening for housing and food insecurity -eReferral to community resources and social supports	Utilization and performance dashboards
Patient Snapshot		**Advance Care Planning**			**Vaccine Tracker**
Image Exchange					

eConsent Management – *FY23 Accomplishments*

- ***Deployed Consent tool via the CRISP InContext Application***, enabling users to access to the tool directly from their EHR via Single Sign On.

- ***Finalized a list of sensitive codes*** in coordination with CRISP DC's Behavioral Health Subcommittee, which will be used in parsing CCDs from 42 CFR Part 2 covered organizations and Mix Use Facilities.

- ***Developed engagement plan*** to encourage Part II Facilities to share Part II Data

- ***Developed a Consent tool outreach plan*** in coordination with HIE Policy Board subcommittees to engage with providers and encourage them to capture consent

Advance Care Planning – *FY23 Accomplishments*

- ***Launched InContext Single Sign On (SSO) of MyDirectives for Clinicians***, enabling users that access CRISP from their EHR to be able to view what is already created and in ADVault's repository.

- ***Successful engagement through a series of webinars*** from March-August
  - 237 users registered
  - 116 users attended

- ***Boosted user access to the tool*** – 166 Users from 19 organizations have access to *MyDirectives for Clinicians*
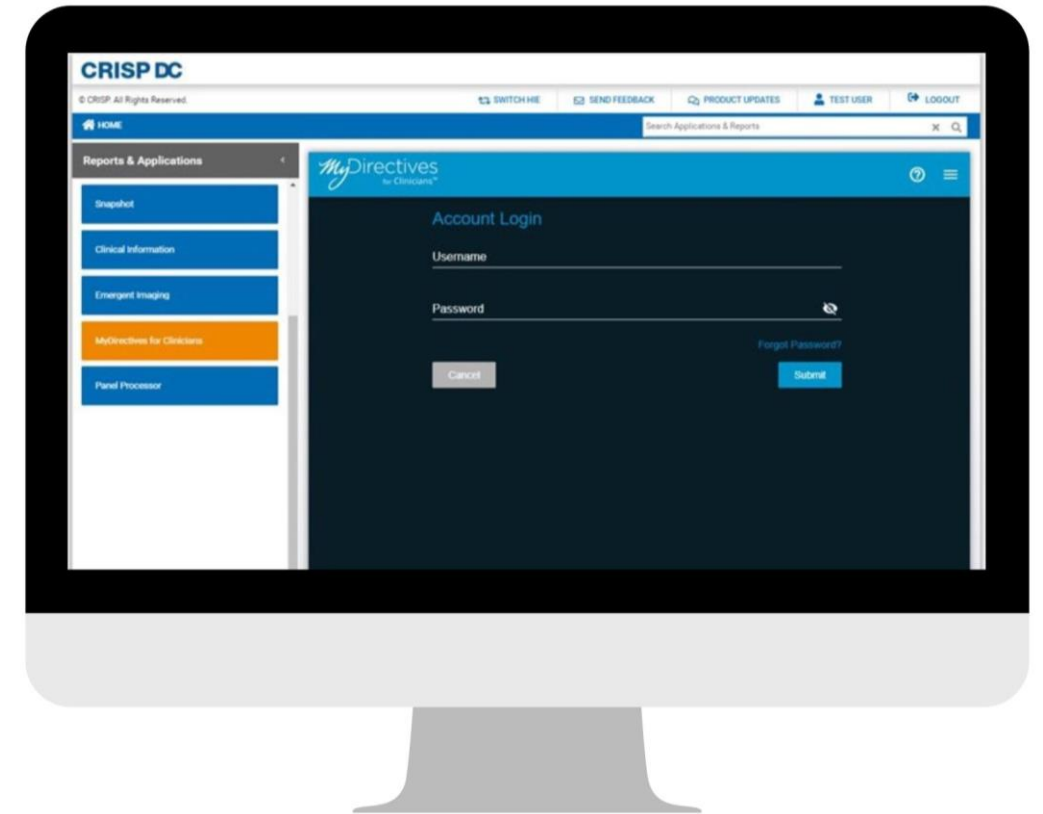
Population Health Analytics – *FY23 Accomplishments*

- *Rebranded CRISP Reporting Services (CRS) to PopHealth Analytics* with basic analytic functions:
  - Cost and utilization based on claims data
  - Ability to view summary counts and drill-throughs
  - Stratify by multiple timeframes and coverage type
  - Quality measure tracking

- *Enhanced PopHealth Reports to develop the first set of reports that use both clinical (Labs, Z-codes) and claims data*

- *Partnered with A District Agency to develop Blood Lead Level Gap in Care Report*

- *Successful migration of PopHealth Analytics tool into the CRISP DC Web Portal* to facilitate seamless access. 72 Accounts comprising of 180+ existing users were migrated and are accessing PopHealth within the HIE Portal

- *Developed and implemented Four reports and dashboards in PopHealth Analytics tool* to support care management
  - **Social Determinants of Health (SDOH) Reports**: Utilizes Z-Codes from Medicaid Claims and Parsed HL7 (Admit, Discharge, Transfer) and CCD (Continuity of Care Document Messages)
  - **Redetermination Reports**: Medicaid Redetermination report can be used to identify and monitor a providers patient population redetermination eligibility period
  - **EPSDT Dental Reports**: View the overall dental care utilization for enrolled children under the age of 21 years old
  - **HIV Related Utilization**: Reports capture including viral load suppression and other metrics, that will use both claims and lab data

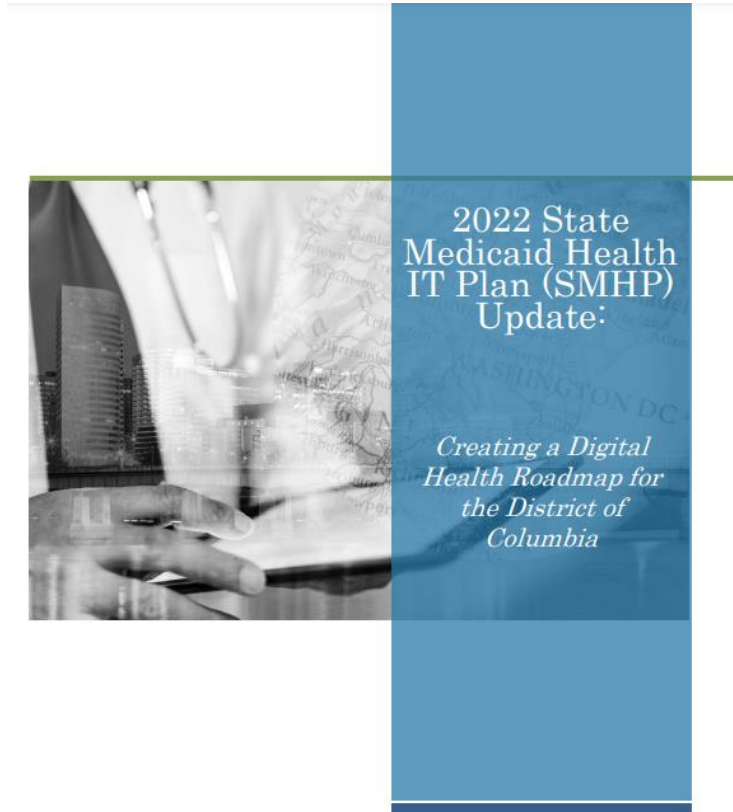- *Subset of DC HIE users credentialed to access*, including FQHC, Hospitals, MCOs, DC Medicaid Providers.
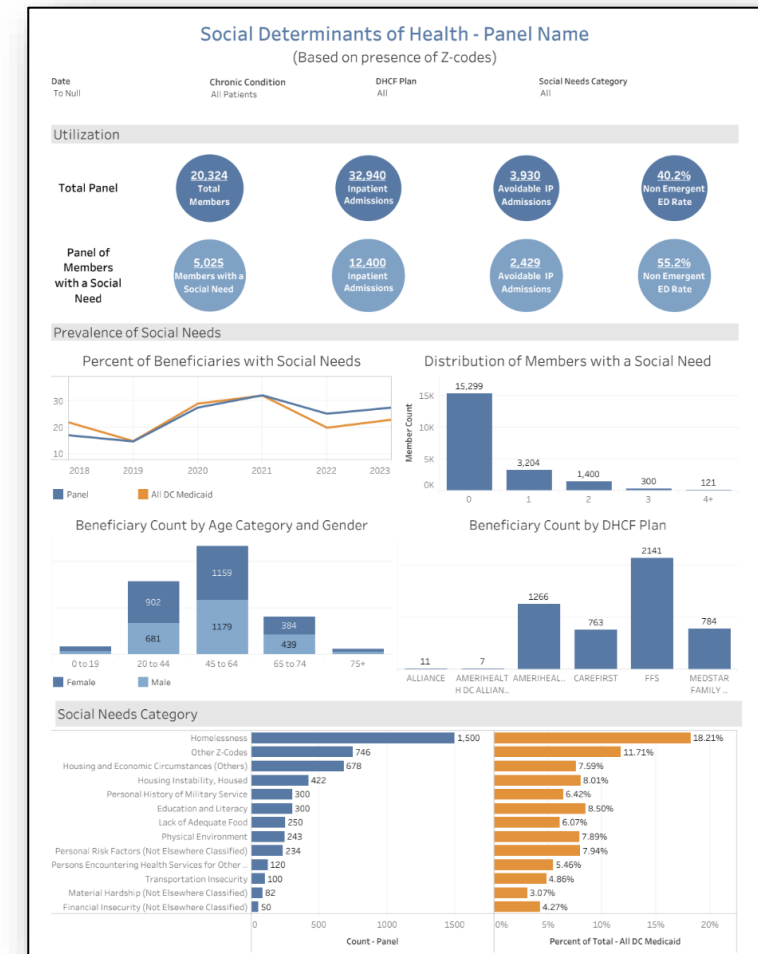
DHCF and its partners will continue operationalizing recommendations outlined in 2022 SMHP Update

Published on March 31, 2022

Accessible through DHCF website

2022 State Medicaid Health IT Plan (SMHP) Update:

Creating a Digital Health Roadmap for the District of Columbia

1. ***Develop and Publish a Bi-Annual Evaluation*** and Strategic Plan, including Metrics to Effectively Assess Digital Health Impact

2. ***Broaden and Diversify Investments in the DC HIE*** through Interagency Collaboration to Address Technology Gaps, Build District-wide Digital Health Capacity, and Support the Long-Term Sustainability of the DC HIE

3. ***Invest in District-wide Population Health Analytics***, including Access to Priority Data

4. ***Engage Community-Based Organizations and Facilitate Partnerships with Clinical Providers*** to Expand Access and Use of Social Needs Information in the DC HIE

5. ***Enhance the DC HIE Consumer Experience***, for both Providers and Patients

6. ***Improve Education and Communication to Increase Awareness of the DC HIE***

7. ***Develop and Promote Payment Models and Provider Incentives*** to Drive Adoption and Use of the DC HIE

Digital Health team mapped each major DH Division function to SMHP recommendations
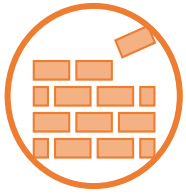
Infrastructure & Connectivity

Outreach & Technical Assistance

Policy & Governance

- Identify how **each function supports the operationalization** of the recommendation

- Identify **tasks** within each function that we need to **focus more closely in short-term**

- Ensure we have the **right projects, forums, funding in place**

- Ensure **digital health team works collaboratively across each function**

Develop a comprehensive set of measures that supports governance, facilitates transparent reporting of progress, and drives accountability

Recommendation #1

Develop and Publish a Bi-Annual Evaluation and Strategic Plan

including Metrics to Effectively Assess Digital Health Impact

FY23

✓ DC HIE has started using measures and CRM to inform outreach

✓ Digital Health provider milestones and TA performance measures

✓ DHCF partnered with HealthTech Solutions to conduct a focused needs assessment for outreach and data quality

FY24 tasks
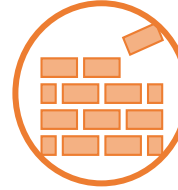
- Establish transparent measures to evaluate data feeds
- Consolidate utilization measures across the HIE tools

- Establish transparent measures to evaluate outreach and impact of technical assistance

- Enhance existing public DC HIE dashboard with updated measures
- Establish quarterly meetings with CRISP DC to set benchmarks collectively and evaluate measure efficacy
- Partner with subcommittees to support setting benchmarks for outreach and data quality

Continue expanding interagency collaboration through partnership on digital health projects, policy, and governance

Recommendation #2

Broaden and Deepen Investments in the DC HIE through Interagency Collaboration

to Address Technology Gaps, Build District-wide Digital Health Capacity, and Support the Long-Term Sustainability of the DC HIE

FY23

✓ ARPA Digital Health TA strengthened partnerships with DBH, DDS, and DHS

✓ Created DC HIE Interagency Data Use Workgroup and transparently reviewed 5 use cases

✓ Implemented DC HIE enhancements (e.g., advanced directives, pop health analytics)

FY24 tasks
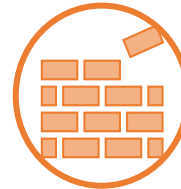
- Stronger collaboration with HHS agencies in the ideation, triaging, and prioritization of HIE use cases for development and implementation

- Continue collaboration with agencies on Digital Health TA to support providers with developing their internal infrastructure and facilitating HIE connectivity

- Strengthen governance and accountability of DC HIE Policy Board and its subcommittees
- Identify new ways to diversity funding streams across the HHS cluster to sustain HIE

Continue development of population health analytics in HIE and improve access to priority data

FY23

FY24 tasks

Recommendation #3

Invest in District-wide Population Health Analytics

including access to priority data

- ✓ Deployed first set of reports using both clinical and claims data

- ✓ Successful migration of PopHealth into CRISP DC Web Portal to facilitate easy access

- ✓ Onboarded and supported new users at FQHCs, hospitals, and MCOs

- ✓ Deployed 4 new reports ranging from Medicaid redetermination to EPSDT and HIV care measures
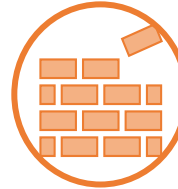
- • Enhance existing reports (EPSDT, Maternal health)
- • New reports (medication adherence, social risk)
- • New features: race/ethnicity field/filter

- • Engage existing users to inform improvements
- • Onboard and support new users in ambulatory care settings

- • Develop policy guidance on secondary use data
- • Convene analytics workgroup/TEP as subset of OCE subcommittee
- • Continued engagement with DHCF's quality division to ensure tool development remains in alignment with MCO quality strategy

DC HIE

Expand CoRIE initiative to align efforts with DC Health's LinkU and foster partnerships to address social needs

FY23

FY24 tasks

Recommendation #4

Engage Community-Based Organizations and Facilitate Partnerships w/ Clinical Providers

to Expand Access and Use of Social Needs Information in the DC HIE

- ✓ Allowed multiple pathways to capture and display social needs information and across care partners

- ✓ Developed screening to referral workflows with HIE Stakeholder Subcommittee

- ✓ Participated in Gravity Project pilot to document screening responses and Z-Codes in EHRs

- ✓ Developed requirements and best practices for community resource inventory

- Integrate and enable SSO access to LinkU/FindHelp through the HIE
- Continued enhancements to the display of referrals and screening data from disparate sources (ADTs, CCDs, claims, and vendor platforms)

- Support FQHC and Medicaid provider organizations onboarding and use of LinkU/FindHelp through the HIE
- Promote adoption of standardized screening and z-code documentation
- Workflow assessment to enhance clinical decision support for screening

- Collaborate with DC Health to ensure that resource inventory is maintained with up-to-date records to support social needs referrals

Improve user experience and increase awareness through targeted, multifaceted communication efforts

Recommendation #5 & #6

Enhance the DC HIE Consumer Experience

for both Providers and Patients

Improve Education and Communications

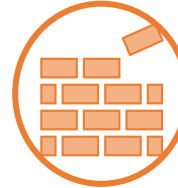*to Increase Awareness and Use of the DC HIE*

FY23

✓ Expanded suite of education offerings through CRISP DC – one-pagers, videos/clips

✓ Implemented webinar training series on HIE tools

✓ Consolidated technical assistance partners across multiple organizations to deliver broader digital health TA

FY24 tasks

- Implement expectations for usability and regular UX testing
- Facilitate adoption of CEHRTs and direct connections to HIE

- Tailored education that promotes utilization by conveying the value and purpose of HIE tools
- Define expectations for user-experience/user-friendly HIE tools
- Recruit diverse group of DC HIE champions
- Develop process for capturing regular feedback to inform tool improvements

- Diversify SMEs informing design and development of HIE use cases

Develop a roadmap for technical assistance to support digital health connectivity and care coordination

FY23

FY24 tasks

Recommendation #7

Develop and Promote Payment Models and Provider Incentives

to Drive Adoption and Use of the DC HIE

✓ Input on DHCF MCO Quality Strategy to ensure alignment of HIE use to support P4P/VBP arrangements

✓ Supported connectivity of HCBS providers to CEHRTs and HIE through incentives

✓ Analyzed other state initiatives to expand HIE utilization through different milestone and payment structures
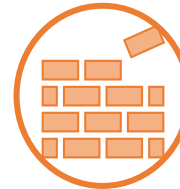
- Broaden user base of population health analytics and HRSN tools
- Enhancements based on user feedback

- Explore providing CE credits to further incentivize ongoing provider participation in trainings
- Determine next phase of digital health TA post-ARPA

- Explore opportunities and payment mechanisms to incentivize data quality improvement and digital health utilization

Public Comments

Allocated Time: 4:50 - 4:55 PM (5 mins.)