DISTRICT OF COLUMBIA HEALTH INFORMATION EXCHANGE POLICY BOARD MEETING

October 24, 2024 | 3:00 PM – 5:00 PM
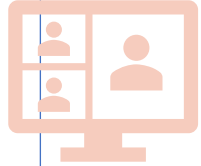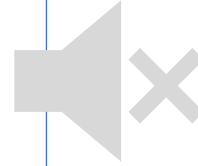
THIS MEETING IS BEING RECORDED

Department of Health Care Finance | Remote Meeting

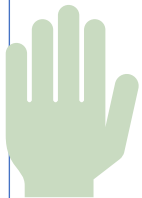# Virtual Meeting Processes

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*

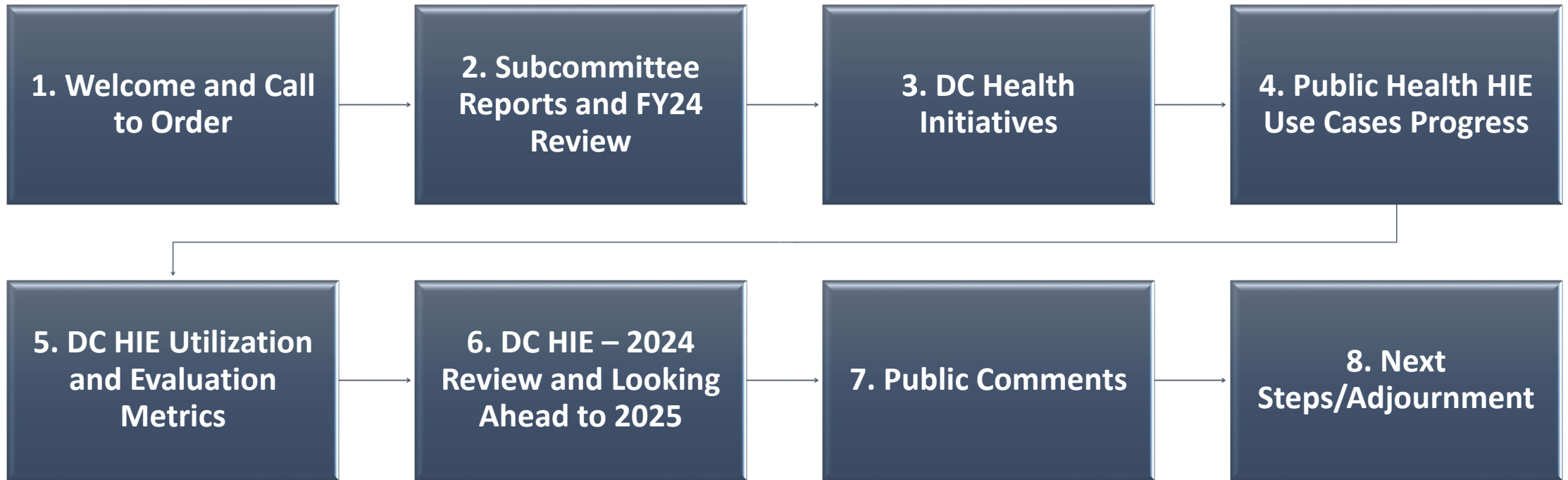Putting your phone on hold, due to an incoming call, may disrupt the meeting

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

1. Welcome and Call to Order	2. Subcommittee Reports and FY24 Review	3. DC Health Initiatives	4. Public Health HIE Use Cases Progress
5. DC HIE Utilization and Evaluation Metrics	6. DC HIE – 2024 Review and Looking Ahead to 2025	7. Public Comments	8. Next Steps/Adjournment

Roll Call and Announcement of Quorum

HIE Policy Board Announcements

Introductions

Allocated Time: 3:00 - 3:10 PM (10 mins.)

Welcome – New HIEPB Voting Members

Darryl Stewart, DNP, AGPCNP

DC Nurses Association

About the DC HIE Entity Designation Renewal

What's the DC HIE Designation Renewal?

- Since April 2020, CRISP DC has served as the District of Columbia Designated HIE. It provides core exchange services to District providers and acts as a trusted partner to DHCF.
  - Sections 8708-8710 of **Chapter 87 (Health Information Exchange)** of Title 29, District of Columbia Municipal Regulations, outline the application requirements for HIE designation.
- CRISP DC's 5-year term ends on April 30, 2025. In preparation, DHCF is developing an electronic process to support the first DC HIE Designation renewal.

Who's involved?

- *DHCF (Department of Health Care Finance):* Oversees the renewal process and selects the designated HIE entity.

- *Current Designated DC HIE (CRISP DC):* CRISP DC will be eligible to renew its status for another five-year term as the Designated DC HIE.

- *HDRRP (HIE Designation Renewal Review Panel):* Comprised of DC government representatives and subject matter experts who will review the application and supporting documents and advise DHCF.

Application Components For HIE Designation Renewal

The application will consist of two parts, and additional information will be posted on the Designation Application webpage.

- Electronic **HIE Entity Designation Renewal Application**

- **Required Document Guidance for the Application** that reflect the new renewal process, includes instructions and FAQs for:
  - ✓ Development and submission of the HIE Entity's organizational plans
  - ✓ Document submission (e.g. IRS Form 990, and accreditations or certifications attained by the HIE Entity)
  - ✓ FAQs on key administrative requirements for ongoing maintenance as a designated HIE entity

HIE Designation Renewal Timeline

December 6th, 2024	January 6th – January 31st, 2025	February 3rd – March 31st, 2025	April 1st – April 14th, 2025
Application period announcement (30 days before)	Open application period	Application review period	Final notice of HIE designation renewal announcement

HIE Policy Subcommittee

Chair: Justin Palmer

Mission: Provide counsel and recommendations on public policy initiatives that encourage participation in and the sustainability of the DC HIE to the DC HIE Policy Board and its Subcommittees.

Purpose: The subcommittee guides the implementation of a leading HIE framework and facilitates the exchange of health information that supports public health and community health in the District of Columbia. The subcommittee assists the District in staying nimble and proactive with respect to its policy positions, while remaining aligned with federal, regional, and local policy issues.

HIE Policy Subcommittee FY 24 Review

Educational Materials and Presentation

- Discussed educational materials explaining the implications of **information blocking.**
- Discussed creating a summary of the HHS OIG final rule on penalties for information blocking to enhance stakeholder understanding.
- Invited subject matter experts to present on **Final Rule: 42 CFR Part 2** and **Health Data Utility .**

Compliance with Updated SUD Confidentiality Rule

- Reviewed and implemented changes in line with the HHS final rule on 42 CFR Part 2 SUD privacy statute.
- Identified four key implementation phases for compliance**: outreach and education, legal document updates, new TPO consent capture,** and **full TPO-based exchange** implementation by January 2025.
- Collaborated with CRISP DC and DBH to align compliance dates and expectations across stakeholders.

Draft Updates to DC HIE Final Rule

- **Introduced framework and expectation for the Designated DC HIE to operate as a Health Data Utility.**
- Extended audit reporting periods from two to three years and clarified non-HIPAA violation definitions.
- Standardized timelines and terms for the HIE entity designation, extending the term from five to six years.
- Aligned HIE rule more closely with HIPAA to improve data-sharing practices, especially with public health authorities.
- **Gathered feedback** from the policy subcommittee to refine rule updates.

HIE Stakeholder Engagement Subcommittee

- **Co-Chairs**: Dr. Yavar Moghimi and Dr. Mary Awuonda

- **Mission**: To provide recommendations to the HIE Policy Board on:
  - Strategies to promote the value of HIE through discussions and forums with identified stakeholders.
  - The SMHP measurement framework and priorities.

- **Purpose**: Gain and maintain stakeholder engagement for long-term operational and financial sustainability of health information exchange in the District.

HIE Stakeholder Engagement Subcommittee

Communication and Stakeholder Engagement

- Increased stakeholder engagement by providing feedback and input on **CRISP DC's quarterly newsletter,** new user strategy, and the **Provider Utilization Snapshot**, improving informed decision-making.
- **Expanded outreach** via social media, blog updates, webinars, and PULSE Newsletters, boosting visibility and user engagement by providing constructive feedback on topics and areas for additional consideration.

Behavioral Economics Integration

- Supported implementation of behavioral economics strategies like **nudging and gamification** to streamline HIE workflows and increase user engagement.
- Monitored campaign launches, including **the Image Exchange tool**, using **tiered utilization** and messaging to enhance user engagement.

DC HIE Utilization and Evaluation Metrics Development

- Reviewed refined HIE metrics across **Performance Oversight, Utilization**, and **Communication**
- Shared feedback on **HIE evaluation framework and metrics**, which support Medicaid Health IT Plan goals and care coordination.

Operations, Compliance, and Efficiency (OCE) Subcommittee

- **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 Workplan Updates

- Goal 1: Develop data and documentation benchmarks for accuracy, timeliness, and completeness to improve patient outcomes
  - **Complete**

- Goal 2: Review and Recommend updates to baseline operational and benchmark performance and data quality standards
  - **In-progress, presenting recommendation to HIE Policy Board**

- Goal 3: Enhance DC HIE usability through targeted HIE improvements based on stakeholder feedback.
  - **In-progress**

- Goal 4: Review and provide recommendations on requirements for registered and designated HIE entities as outlined in the HIE final rule and other DHCF guidance
  - **In-progress, presenting timeline and updates to HIE Policy Board**

To address Goal 2 of its workplan, OCE supported development of an HIE Data Quality Score Card

- Last year, the HIE Policy Board approved the OCE's recommendation on data elements and demographics of interest devised by the Technical Expert Panel

- In collaboration with stakeholders, CRISP DC developed a Data Quality Scorecard using those recommended data elements to assess the quality of incoming ADTs and CCDs

- As a result, this framework for a Data Quality Scorecard offers users a means of establishing baseline operation and performance metrics, as well as organization comparisons with relevant peer groups

Data Quality Score Card Development

- The OCE subcommittee initially proposed additional features to further enhance the Data Quality Scorecard, including:
  - Ingestion of median values, conditional formatting, and baselines for comparison

- The CRISP DC team decided to implement a "Summary Card" feature in each scorecard section. This feature highlights the average percentage metric for an organization's industry type for easy peer comparison and identification of improvement areas

- The Data Quality Scorecard now provides a standardized format for assessment across three sections:
  - Admission, Discharge, and Transfer (ADT) Based Metrics
  - Continuity of Care Documents (CCD) Based Metrics
  - Master Patient Index (MPI) Based Metrics

ADT Based Metrics

Patient Encounter-Based Demographic Metrics

Week	8/11/2024		8/4/2024		7/28/2024		7/21/2024		7/14/2024		Metric	Acute Care Hospitals Avg % Completion
Metric	Total Records	Valid Metric	Total Records	Valid Metric	Total Records	Valid Metric	Total Records	Valid Metric	Total Records	Valid Metric		
Admit Reason	24,238	99 %	25,054	100 %	24,690	99 %	25,457	100 %	25,156	100 %	Admit Reason	67.40%
Diagnosis	848	83 %	897	97 %	884	97 %	905	98 %	890	99 %	Diagnosis	12.64%
Diagnosis Timeliness	704	38 %	872	17 %	859	20 %	890	25 %	883	19 %	Diagnosis Timeliness	57.92%
Diagnosis Description	848	83 %	897	97 %	884	97 %	905	98 %	890	99 %	Diagnosis Description	11.85%
PCP NPI	24,238	0 %	25,054	0 %	24,690	0 %	25,457	0 %	25,156	0 %	PCP NPI	18.03%
Next of Kin	24,238	92 %	25,054	94 %	24,690	93 %	25,457	92 %	25,156	93 %	Next of Kin	73.60%
Address	24,238	99 %	25,054	99 %	24,690	99 %	25,457	99 %	25,156	99 %	Address	98.57%
Phone	24,238	94 %	25,054	95 %	24,690	95 %	25,457	94 %	25,156	95 %	Phone	96.84%
Race	24,238	97 %	25,054	97 %	24,690	97 %	25,457	97 %	25,156	96 %	Race	91.93%
Ethnicity	24,238	0 %	25,054	0 %	24,690	0 %	25,457	0 %	25,156	0 %	Ethnicity	78.66%
Language	24,238	0 %	25,054	0 %	24,690	0 %	25,457	0 %	25,156	0 %	Language	77.63%

Encounter Data Definitions:
Metric Percentages are calculated on the records submitted for that specific metric, not total ADT's.
Address: percentage of ADT messages with an address line 1, city, and zip code
Admit Reason: percentage of ADT messages with an admit reason
Ethnicity: percentage of ADT messages in which the ethnicity is a standard HL7 value or is present in a mapping table that has been shared with CSS
Language: percentage of ADT messages in which the language is a standard HL7 value or is present in a mapping table that has been shared with CSS
PCP NPI: percentage of ADT messages in which the PCP NPI is a 10-digit numeric value
Next of Kin: percentage of ADT messages in which there is a next of kin first name and valid phone number
Phone: percentage of ADT messages in which there is a valid patient home phone number or business phone number
Race: percentage of ADT messages in which the race is a standard HL7 value or is present in a mapping table that has been shared with CSS

Encounter Data Metrics Definitions:
Diagnosis: percentage of ADT encounters with an ICD-10 diagnosis code
Diagnosis Description: percentage of ADT encounters with a diagnosis description
Diagnosis Timeliness: percentage of diagnosis codes which were received within two days of discharge

Patient Encounter Based Metrics: Metrics in this section have a denominator that equals the total number of encounter messages sent to CRISP DC. Key Metrics such as Reason for Visit and Discharge Diagnosis help facilitate transitions of care.

CCD Based Metrics

Patient Care Continuity Document Metrics

Week	8/11/2024		8/4/2024		7/28/2024		7/21/2024		7/14/2024			Metric	Acute Care Hospitals Avg % Completion
Metric	Total Records	Valid Metric	Total Records	Valid Metric	Total Records	Valid Metric	Total Records	Valid Metric	Total Records	Valid Metric			
Medications	182	93 %	250	93 %	296	58 %	179	93 %	128	95 %		Medications	72.85%
Medication Names	182	90 %	250	86 %	296	52 %	179	81 %	128	88 %		Medication Names	72.77%
Medication Sig	182	90 %	250	86 %	296	52 %	179	81 %	128	88 %		Medication Sig	44.64%
Problems	182	97 %	250	97 %	296	58 %	179	96 %	128	98 %		Problems	76.26%
Problem Names	182	97 %	250	97 %	296	58 %	179	96 %	128	98 %		Problem Names	76.20%
Immunizations	182	16 %	250	16 %	296	12 %	179	11 %	128	16 %		Immunizations	58.57%
Immunization Names	182	16 %	250	16 %	296	12 %	179	11 %	128	16 %		Immunization Names	43.88%
Allergies	182	96 %	250	95 %	296	58 %	179	96 %	128	94 %		Allergies	71.07%
Allergy Names	182	38 %	250	26 %	296	18 %	179	31 %	128	26 %		Allergy Names	26.40%

Clinical Data Metrics Definitions:
Problems: percentage of CCDs containing a Problems section
Problem Names: percentage of CCDs containing an actual problem name in the Problems section.
Medications: percentage of CCDs containing a Medications section
Medication Names: percentage of CCDs containing an RxNorm code or a medication name.
Medication Sig: percentage of CCDs containing a medication sig.

Patient Care Continuity Document Metrics: Metrics in this section indicate organizations that share Continuity of Care Documents (CCD) and completeness of critical data elements documented within. Key Metrics such as Medications, Problems, Immunizations and Allergies.

MPI Based Metrics

Master Patient Index Based Metrics

Week	8/11/2024		8/4/2024		7/28/2024		7/21/2024		7/14/2024	
Metric	Total Records	Valid Metric	Total Records	Valid Metric	Total Records	Valid Metric	Total Records	Valid Metric	Total Records	Valid Metric
Singletons	142,480	6 %	142,341	6 %	142,214	6 %	142,065	6 %	141,917	6 %
Overlays	142,480	0 %	142,341	0 %	142,214	0 %	142,065	0 %	141,917	0 %

Metric	Acute Care Hospitals Avg % Completion
Singletons	19.56%
Overlays	0.01%

Master Patient Index Data Metrics:
Overlays: percentage of patients whose data was received by CSS whose MRN demographics conflicted with what was already in the MPI
Singletons: percentage of patients whose data was received by CSS who did not already exist in our MPI

Master Patient Index-Based Metrics: The two MPI metrics, Singletons and Overlays, indicate a possible problem matching data coming in from the organization.

Subcommittee Recommendation

- Adopt the proposed three-part framework for a Data Quality Scorecard which includes ADTs, CCDs, and MPI-based metrics to monitor and assess the quality of incoming data into the HIE to support provider data improvement and file transfer testing activities.

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 one (1) new term and three (3) amended definitions. Definitions for these terms are derived from various nationally recognized sources and cited wherever appropriate.

OCE completed its annual review of the DC HIE Glossary

- The subcommittee is proposing the inclusion of one (1) new term and three (3) amendments to existing terms. The terms are listed below:

- <u>New Term</u>

  - Notice of Privacy Practices

- <u>Amendments</u>

  - Health Data Utility

  - Admission, Discharge, Transfer (ADT)

  - Event Notification

OCE proposed updated terms in DC HIE Glossary

Notice of Privacy Practices: The HIPAA Privacy Rule requires health plans and covered health care providers to develop and distribute a notice that provides a clear, user friendly explanation of individuals rights with respect to their personal health information and the privacy practices of health plans and health care providers. This is called a Notice of Privacy Practices.

Health Data Utility: A Health Data Utility is a model with cooperative leadership, designated authority, and advanced technical capabilities to combine, enhance, and exchange electronic health data across care and service settings for treatment, care coordination, quality improvement, and community and public health purposes.

Admission, Discharge, Transfer (ADT): An HL7 format of messaging that supports tracking and managing the event movement of patients between healthcare facilities (care settings). This includes information about when a patient enters a facility (admission), leaves the facility (discharge), or moves to a different unit or care setting (transfer). The integration of ADT data into the HIE allows for real-time updates about the patient's location and status, enabling seamless communication between healthcare providers and facilitating coordinated care services. ADT can be aggregated to analyze patient flow, identify high-risk populations, and inform public health interventions.

Event Notification (ENS): An Event notification(ENS) is an electronic communication sent to alert healthcare providers about a patient's status change within the healthcare system/ care setting. It is not a complete ADT Message. For example, when a patient is admitted to a hospital or healthcare facility, an event notification is sent to inform the healthcare provider and other relevant authorized parties involved in the patient's plan of care.

AMENDED:OCE proposed updated terms in DC HIE Glossary

Notice of Privacy Practices: The HIPAA Privacy Rule and 42 CFR Part 2 require health plans and covered health care providers to develop and distribute a notice that provides a clear, user-friendly explanation of individuals' rights with respect to their personal health information and the privacy practices of health plans and health care providers.

Health Data Utility: A Health Data Utility is a model with cooperative leadership, designated authority, and advanced technical capabilities to combine, enhance, and exchange electronic health data across care and service settings for treatment, care coordination, quality improvement, and community and public health purposes.

Admission, Discharge, Transfer (ADT): An HL7 format of messaging that supports tracking and managing the event movement of patients between healthcare facilities (care settings). This includes information about when a patient enters a facility (admission), leaves the facility (discharge), or moves to a different unit or care setting (transfer). The integration of ADT data into the HIE allows for real-time updates about the patient's location and status, enabling seamless communication between healthcare providers and facilitating coordinated care services. ADT can be aggregated to analyze patient flow, identify high-risk populations, and inform public health interventions.

Event Notification Services (ENS): An electronic communication sent to alert healthcare providers about a patient's status change within the healthcare system/ care setting. It is not a complete ADT Message. For example, when a patient is admitted to a hospital or healthcare facility, an event notification is sent to inform the healthcare provider and other relevant authorized parties involved in the patient's plan of care.

Board Action
DC HIE Glossary

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

DC Health
Initiatives

John Robison, Chief Health Informatics Officer, DC Health

Allocated Time: 3:45 – 3:55 PM (10 mins.)

Updates

▶ User and Use Case Tracking

▶ TEFCA

▶ Data Modernization and CRISP

▶ CDC/ASTHO Implementation Center

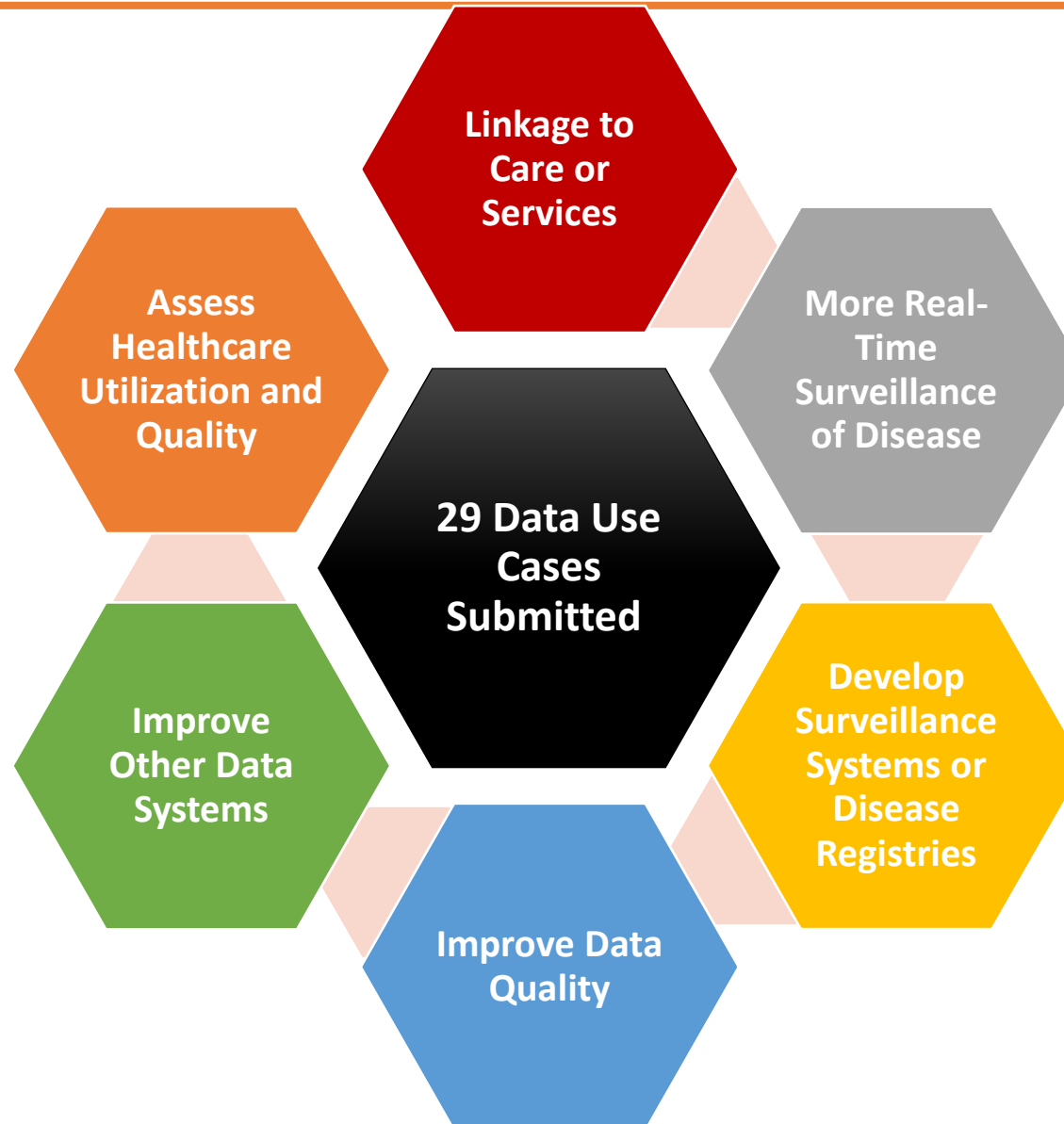# Public Health HIE
Use Cases Progress

Ms. Tihitina Chamiso, DHCF

Allocated Time: 3:55 – 4:05 PM (10 mins.)

DC Health Data Use Cases

- Linkage to Care or Services
- More Real-Time Surveillance of Disease
- Assess Healthcare Utilization and Quality
- 29 Data Use Cases Submitted
- Develop Surveillance Systems or Disease Registries
- Improve Other Data Systems
- Improve Data Quality

Priority Use Cases

#	Use Case Name	Administration	Response to Regulation	Assessment Categories	Next Steps
1	HIV investigations	HAHSTA	Yes- District legislation - reportable disease	Already existing functionality in the HIE	✓ DC Health will develop a two-level access granting process. ✓ CRISP DC will provide onboard, training and credential as needed.
2	Hepatitis and STI Investigations	HAHSTA	Yes- District legislation - reportable disease	Already existing functionality in the HIE	✓ DC Health will develop a two-level access granting process. ✓ CRISP DC will provide onboard, training and credential as needed.
3	Perinatal HIV investigation	HAHSTA	Yes- District legislation - reportable disease	Already existing functionality in the HIE	✓ DC Health will develop a two-level access granting process. ✓ CRISP DC will provide onboard, training and credential as needed.
4	Addressing data gaps of the District of Columbia Cancer Registry	CHA	Federal/DC regulation ((DC regulations (22-B DCMR §§ 125, 199, 215-218, and 299)	Already existing functionality in the HIE	A scope-defining meeting was held, awaiting next steps from DC Health
6	Building out Surveillance System for Severe Maternal Morbidity (SMM) by evaluating health for pre-pregnancy, prenatal, postnatal	CHA	DCMR 22B-299	Reportable	A scope-defining meeting was held, awaiting next steps from DC Health

Priority Use Cases

#	Use Case Name	Administration	Response to Regulation	Assessment Categories	Next Steps
21	Hypertension, Stroke, Diabetes and Heart Diseases Surveillance	CHA	No	Uses not allowable without patient consent or regulatory changes, Could provide aggregate or deidentified data	A scope-defining meeting was held, awaiting documentation from DC Health
22	Robust Asthma Surveillance System	CHA	No	Uses not allowable without patient consent or regulatory changes, Could provide aggregate or deidentified data	A scope-defining meeting was held, awaiting documentation from DC Health
23	Cancer (Breast, cervical, colorectal, lung, and prostate) screening, diagnosis, and treatment trends among the District's population.	CHA	None. This request is not in response to a regulatory requirement	Uses not allowable without patient consent or regulatory changes, Could provide aggregate or deidentified data	A scope-defining meeting was held, awaiting documentation from DC Health
24	Adult Obesity Surveillance Data	CHA	None. This request is not in response to a regulatory requirement	Uses not allowable without patient consent or regulatory changes, Could provide aggregate or deidentified data	A scope-defining meeting was held, awaiting documentation from DC Health
25	Dementia Surveillance and Care Coordination	CHA	No	Uses not allowable without patient consent or regulatory changes, Could provide aggregate or deidentified data	A scope-defining meeting was held, awaiting documentation from DC Health

HIE Education Opportunities

- DC Health HIE 101
  - ✓ DC Cancer Coalition
    - Cancer and Chronic Disease Prevention Bureau
    - Nutrition and Physical Fitness Bureau
    - Data Analytics Work Group

DC HIE Utilization and Evaluation Metrics

Mr. Richard Garcia, DHCF

Allocated Time 4:05 – 4:20 PM (15 mins.)

2018 SMHP included a framework for evaluating District HIT/HIE Improvements

Access

Are stakeholders *capturing or accessing* health information electronically using established standards?

Exchange

Are stakeholders able to *send, receive, and exchange* high-quality health information electronically? standards?

Use

Are stakeholders *using* available electronic health information *to support care*?

Improve

Are stakeholders *using data to improve* health care delivery?

This year we revisited and revamped DC HIE metrics

- ***Reevaluated and cross-walked current metric sets*** across grant requirements, DC HIE monitoring and oversight, and CMS reporting

- ***Identified measurement gaps, commonalities, and opportunities*** to align, sunset, or create metrics

- ***Engaged stakeholders and ensured ongoing feedback loop*** through iterative discussion sessions that informed metric refinement and finalization

Revamped HIE Metrics

Three different categories of measures help us evaluate Access, Exchange, Use, and Improve

DHCF
Department of Health Care Finance

	Measure Types	**Measure Purpose**
Performance Oversight Measures	• CMS MES Certification Measures of HIE Infrastructure • DHCF HIE Oversight Measures	• *Supports required reporting to CMS of outcomes-based certification measures* • *Monitors the essential functions of the DC*
Utilization Measures	• User Engagement • Feature Usage • Data Interoperability • User Distribution • And more	• *Provides deeper insights on how and to what extent the tools are used* • *Informs where to focus TA and education efforts*
Communication Measures	• Open/click rates for email campaigns, • Top HIE website queries • Social media impressions	• *Tracks effectiveness of webinar campaigns, outreach emails, and other communication methods*

DC HIE

Here are some examples of metrics and how they fit into the SMHP evaluation framework

SMHP	HIE Oversight, Utilization, or Communications	Metric
Access	Performance Oversight: PopHealth Analytics	Number of CRISP users, by organization type, who accessed PopHealth in the last 30 days.
Exchange	Utilization: Quantitative	Number of DC Medicaid beneficiaries that have an advance directive or eMOST form electronically exchanged via the DC HIE
Use	Performance Oversight: Advance Care Planning	Percentage of CRISP users (by HIE access type: Portal vs InContext) who performed a query to access a Medicaid beneficiary's advance directive and eMOST forms in the last 30 days.
Use	Utilization: User Survey	Percentage of responses re: HIE feature workflow integration by rating category
Use	Communications	Percentage of email campaigns clicked (by webinar or one-pager topic)
Improve	Performance Oversight: Health Related Social Needs Tool	Case study, user feedback, or other qualitative evidence. Metric may be related to improved utilization, care outcomes, workflow integration, efficiency, etc. as relevant to the tool.

- A full list of metrics is included in the Appendix

Today we have a consolidated catalogue of HIE Utilization and Evaluation Metrics

- Measure progress towards improvements – not just how or when an HIE tool is used, but if it's used well and how that use can deliver improved care for Medicaid beneficiaries

- Facilitate transparency and provide awareness of DC HIE performance through public-facing DC HIE measures

- Enable community-based monitoring and collective accountability of the DC HIE

- Ensure measures remain relevant by revisiting annually as new functionalities are developed and needs evolve

DC HIE – 2024 Review and Looking Ahead to 2025

Mx. Deniz Soyer, Chair, DC HIE Policy Board

Ms. Eduarda Koch, Project Manager, DHCF

Ms. Stephanie Brown Executive Director, CRISP DC

Allocated Time: 4:20 - 4:50 PM (30 mins.)

ARPA funded EHR incentives and TA to HCBS Providers (FY22-24)

- **HCBS providers historically not eligible for EHR incentive programs:** These organizations face technical and regulatory challenges preventing them from securely exchanging critical health information with the broader health system.

- **DHCF supported 91 organizations with ~$5 million to adopt EHRs (FY22-24):** Leveraging 100% federal funds from ARPA, DHCF incentivized HCBS providers to adopt certified electronic health records technology (CEHRTs) and connect to the DC HIE. Eligible Medicaid providers include:
  - Behavioral health (MHRS and ASARS)
  - Long-Term Care services and Supports (LTSS)
  - Department of Disability services (DDS)
  - Housing Supporting Services (HSS)

- **DHCF offered tailored TA to complement the incentive payments.** DHCF offered a TA program (100% federally funded) to expand use of CEHRTs, connect to the DC HIE, and extend telehealth investments to encourage the meaningful use and optimization of workflows. This work included:
  - Revenue cycle training
  - Workflow modeling
  - Compliance planning
  - Staff training
  - Telehealth platform selection or current telehealth platform review

Ninety-one (91) provider orgs earned incentives by meeting specific milestones associated with EHR and HIE use

Mental Health Rehabilitation Services (MHRS)

44 Organizations

48%

Dept. of Disability Services (DDS)

18 Organizations

20%

Adult Substance Abuse Rehabilitation Services (ASARS)

13 Organizations

14%

Long Term Care and Services Support

9 Organizations

10%

Housing Supportive Services (HSS)

7 Organizations

8%
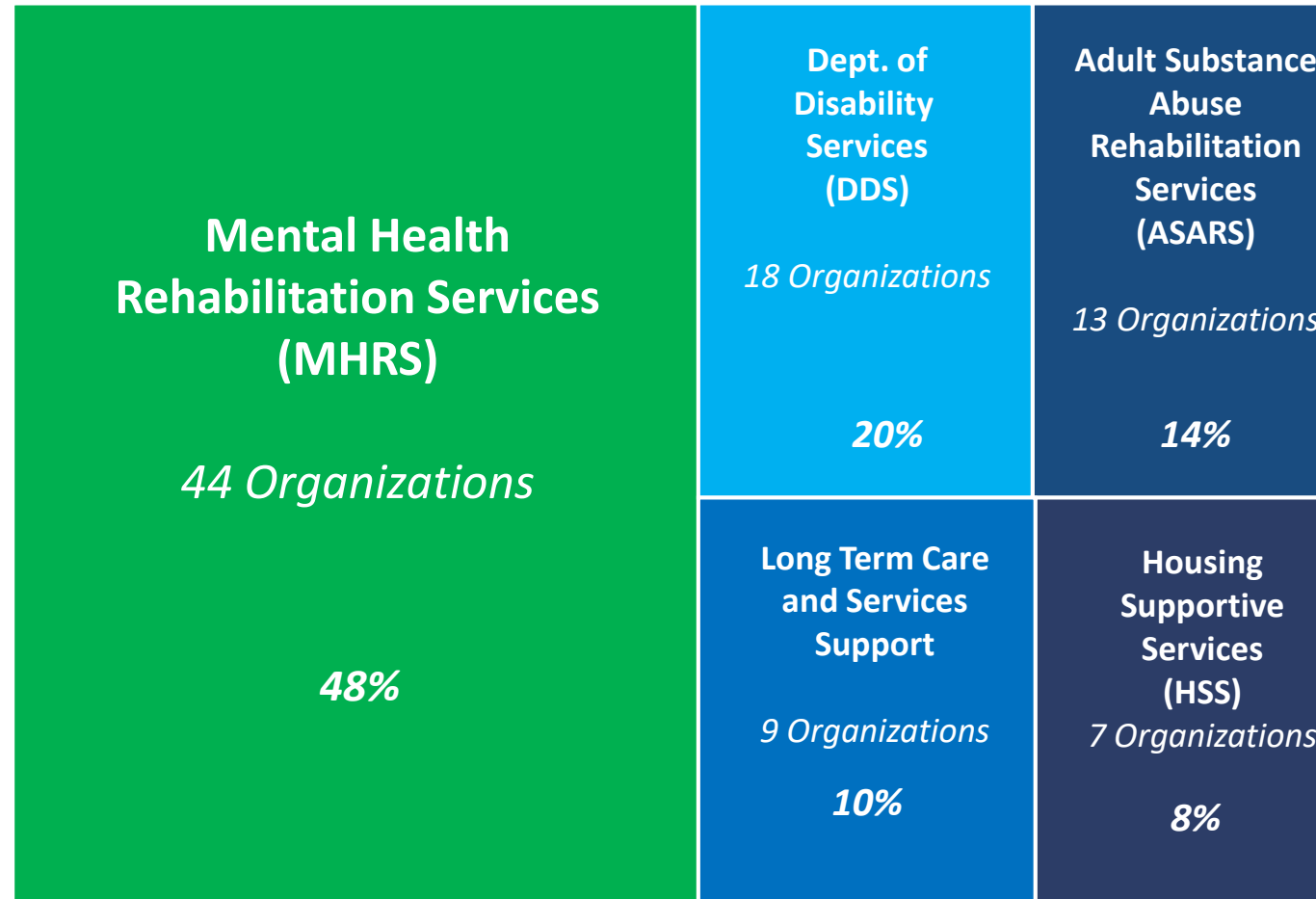
Incentives distributed: $4,937,000

Incentive amounts per track:

Track 1: Implement New EHR ($78,000)

Track 2: Upgrade Existing EHR ($52,000)

Track 3: Optimize Existing EHR or Case Management System ($45,000)

eHealthDC delivered clinically tailored TA to support program participants with meeting milestones!

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.

DCPCA
DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION
Project Lead
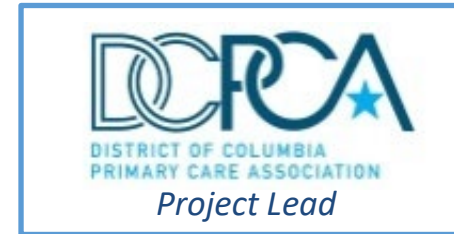
ZANE NETWORKS
PI TA Lead for ASARS, DDS, LTSS & HSS providers

clinovations
GOVERNMENT + HEALTH
PI TA Lead for MHRS providers

CRISP DC
PI TA Lead for HIE Integration

enlightened:
BEYOND EXPECTATION.
TA Lead for Telehealth Services

HCBS Program advanced EHR and HIE connectivity across the District

Out of the 91 unique program participants:

86 adopted or upgraded certified EHR technology

85 established HIE connectivity and sent encounter data to CRISP

83 established HIE connectivity and sent clinical data to CRISP
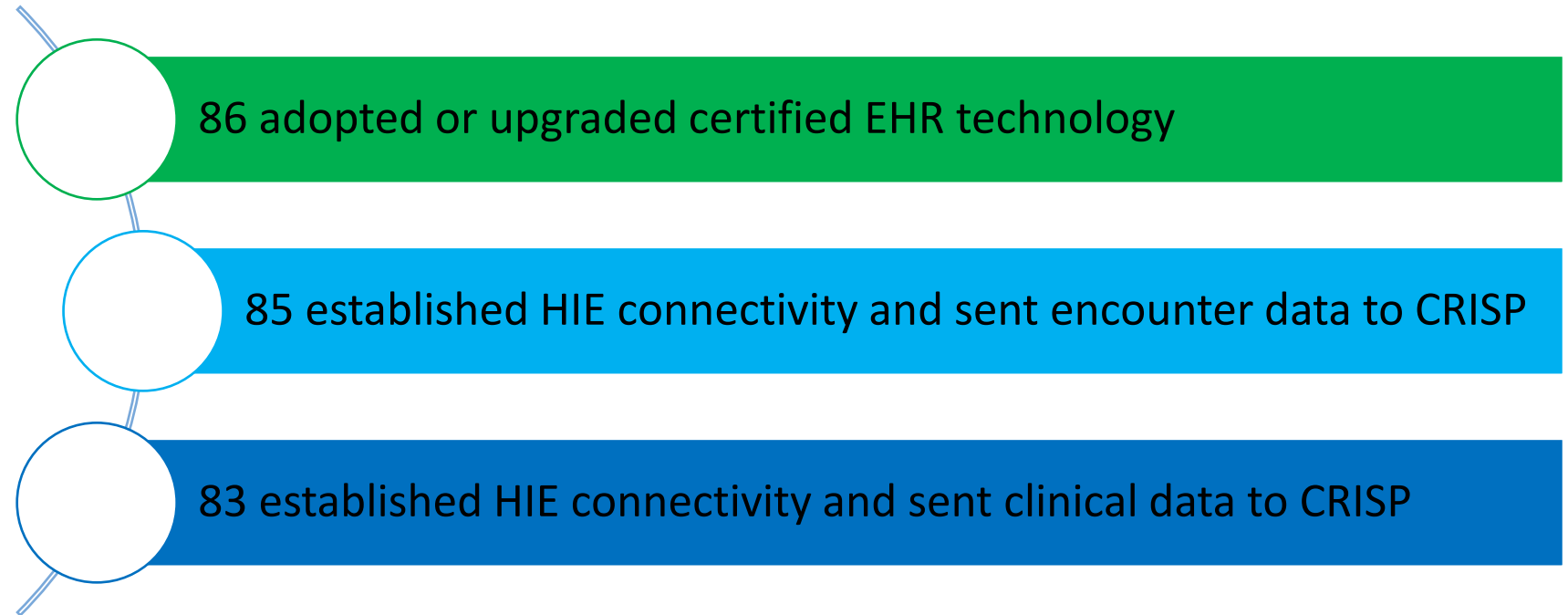
The increase in digitally connected providers via the District's HIE has paved the way for making health-related information available whenever and wherever it is needed to support patient-centered care and improve health outcomes.

Provider testimonials reflect high levels of satisfaction with the program

Dr. Sadie Bianco
Chief Clinical Officer, PSI

PSI
Helping People Grow®

"The entire team was very responsive and very supportive through the entire process. We had support in our workflow analysis and revenue management support. In one instance, we were able to get support in analyzing how we were implementing CRISP and integrating that with our medical team. It resulted in a significant decrease in hospitalizations, just that specific technical support. We are very thankful!"

Pamela Khumbah
Chief Executive Officer, Doors of Hope

DOORS OF HOPE INC.
"HELPING BUILD HEALTHIER COMMUNITIES"

"Doors of Hope is extremely appreciative of the help that was given! The [eHealthDC team] was very prompt and were always helping us. We switched to a new EHR system and had some hurdles, and the team came to our rescue! Milestone 7 was really helpful for us for learning more about the HIE. We look forward to continuing to work with you all."

Mark Lassiter
Executive Director, DC Recovery Community Alliance

DC Recovery Community Alliance

"This was a great project! Though we had our issues, during our EHR transition, the team was always on point and ready to help. They provided us great information. Anytime we came across a roadblock, they were there to help support us and resolve issues. It's very fortunate to have this technical assistance to help us move forward. As a small provider, we were not used to having to take on this responsibility, and it was tremendous for helping us move forward."

Thank you to our agency partners!
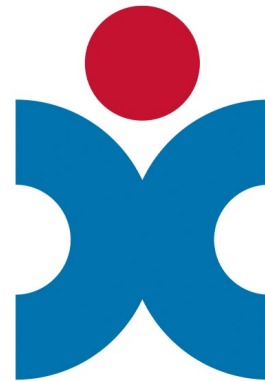
Partnership also supported provider preparation for new 42 CFR Part 2 compliance

CRISP DC

CRISP DC Consent Tool Update:
Updated Consent Form Available October 1, 2024

Overview: The CRISP DC Consent Tool is being updated to align with the new 42 CFR Part 2 regulations. Beginning October 1, 2024, all organizations who wish to register a consent to view their clients SUD data, covered under 42 CFR Part 2, should obtain consent using the updated consent form in the CRISP DC Consent Tool.

Integrate Consent into Your Office Workflows:

Integrating the updated consent process into your workflow is crucial for compliance and efficient operations. Ensure all team members are trained on the new consent procedures and understand the importance of obtaining patient consent under the new regulations. Listed below are some recommended options for integrating consent into your workflow.

- What is required of provider organizations?
  - Part 2 provider organizations need to update their Notice of Privacy Practices (NPP), sign the CRISP DC NPP attestation and sign the Qualified Service Organization Agreement (QSOA) Addendum
  - Beginning October 1, 2024, all organizations covered under 42 CFR Part 2 who wish to register a consent to view their clients SUD data, should obtain consent using the updated consent form in the CRISP DC Consent Tool.

- How have we supported provider preparation?
  - We leveraged and extended existing partnerships with eHealthDC, in collaboration with CRISP DC, by offering TA to HCBS participants and other target SUD organizations via webinars, educational collateral, 1:1 meetings, etc.

- What is the impact?
  - 23/24 HCBS participating providers have completed all the required steps and are now ready to reconsent patients!

CRISP DC and eHealthDC will continue to partner and provide technical assistance and support!

CRISP DC

will lead technical activities for the HIE tools/workstreams

Developing new tools and enhancements
Supporting data ingestion and integrations

eHealthDC
A DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION PROGRAM

will lead TA and education activities to support the use of HIE tools

Enabling meaningful utilization of tools
Informing development of new enhancements

CRISP DC

Ms. Stephanie Brown, Executive Director, CRISP DC

Notable HIE Utilization in FY24

Portal Utilization

- Total FY24 Portal clicks: 584,396

- Total FY24 InContext Launches: 1,944,278

Image Exchange

- Total FY24 IX clicks: 22,366

PopHealth

- Total FY24 Credentialed Users: 133

- Total FY24 Reports Accessed: 3,635

Provider Directory

- Total FY24 clicks: 3,220

| Month View | Quarter View | Year View | By Type | Export Spreadsheets |

Month
All ▾

Quarter
All ▾

Year
All ▾

8. Locations w/ Signed PA

Locations w/ Signed PA
1081

ADT Sending Locations
397

CCD Sending Locations
333
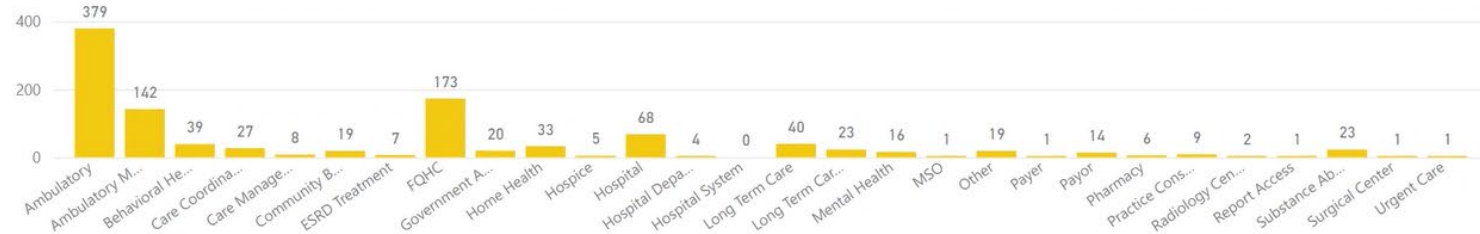
9. ADT Sending Locations

10. CCD Sending Locations

Provider Directory

Successful Winter/Spring Engagement Campaign

- Improved Utilization by over 5% for primary care, behavioral health, long term care, and care-management users

- Sent 19 communication pieces

- Obtained over 5 user stories

Enhancements

- Provider Directory InContext on 9/3

- MCO Provider Affiliation

- Care Team Integration

CEND (Notification Service)

Migration Updates

- Completed Migration from ENS to CEND
- CRISP-DC's outreach team working on engagement with HIE Admins on provisioning and access related issues

Technical Enhancements

- Net New Filters (DOB, Filter by Patient Name)
- Launch with Context from table view
- Notification Alert Record (formerly smart alerts) were rolled out in CEND. This functionality enables users to receive alerts based on parameters that combines encounter, clinical and other data sources (EMS)

User Engagement

- Documented user stories on ED Diversion and Utilization of Launch with Context
- Engagement with users post migration enhanced filter options within CEND/Population Explorer
- Leveraged CEND Migration Webinars to document qualitative feedback with 47 completed surveys

Image Exchange

Go Live of Image Exchange Landing Page
- Top 10 most popular pages

20% Increase in Utilization in FY24
- April 2024 – Application launched 3,804
- April 2024 - 67% Webinar attendance
- April 2024 – 42.2% One-pager engagement
- April 2024 – Image Exchange highlighted in CRISP DC Newsletter (Top 5, 369 clicks)

Behavioral Economics Email Campaign
- Identified Top 20%, Average 60%, Bottom 20%

Image Exchange FY24 Enhancements:
- Double-click Feature Enhancement in Emergent

CRISP DC

Dear CRISP DC User,

Congratulations! You're part of the top 20% of CRISP DC's Image Exchange users in the second quarter of 2024. Your dedication and consistent use of the tool are truly exemplary.

Thank you for your continued support and commitment to facilitate better care, reduce costs, and improve overall health outcomes. Keep up the amazing work!

We would love to hear about your experience with the Image Exchange tool. Your feedback is invaluable and can help inspire others to expand their use of the HIE platform. Click below to share your experience!

Share Your Experience | Attend a Webinar

Health Related Social Needs

Technical Integration with LinkU

- CRISP DC and findhelp technical teams have completed the Single-Sign On feature from the CRISP DC Portal and have laid the groundwork to enable this feature from within the CRISP DC EHR embedded app.

Outreach and Dissemination of LinkU Educational Materials

- CRISP DC, findhelp, and eHealth DC are collaborating on the development of educational materials for the LinkU platform, including user guide, training slides and a one pager.

- Additionally, CRISP DC is working with eHealth DC on developing a formal roll out plan of LinkU in the HIE Portal and InContext application, to guide activities in FY25.

- CRISP DC and findhelp developed a tiered outreach list to partner with eHealth DC for the LinkU roll-out.

eConsent

The CRISP DC HIE Opt-Out form was successfully uploaded in the CRISP DC Consent Tool.

CRISP DC in collaboration with our legal counsel and the HIE Policy Board Policy Subcommittee, updated the Part 2 Provider Form in the CRISP DC Consent Tool to align with the 42 CFR Part 2 Final Rule and released the consent to end users on 10/1.

Advance Care Planning

FY24 Utilization:

- 12 new documents (uploaded or created)
- 79 new activated users

Expanding Form Access:

- Remote Signature Feature for the National POLST

PopHealth Analytics

Developed and Published 6 New Reports
- Dental Services Utilization Dashboard
- Well-Child Visits Historical Prevalence Dashboard
- Preventive Pediatric Healthcare Utilization Dashboard
- Oral Evaluation for Adults Dashboard
- Eye Exam for Patients with Diabetes Dashboard
- Immunization for Adolescents Dashboard

Increased Collaborations through Partnerships
- HMA VBP Learning Collaboratives
- Integrated Care Network
- DC Hospital Association

Leveraging HIE to support population health analytics: DC's innovative approach.
- MESC
- Civitas

PopHExceeded our goal to increase the number of active users by 50%.
- Previous count 212; Current Count 322.

PopHealth Landing Page

PopHealth User Guide

PopHealth Analytics Steering Committee (PASC)

CRISP DC

PopHealth Analytics: Check Out the New Reports Added to the "Utilization and Quality" and "Pediatric Health" Report Card

What's new in the Utilization and Quality Reports card?
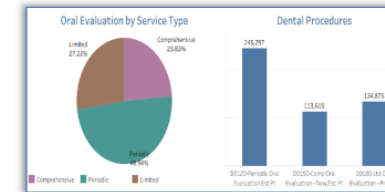
Oral Evaluation for Adults Dashboard
This dashboard allows users to view the percentage of adults who received an oral evaluation during the measure year.

The reports include the distribution of beneficiaries' oral evaluations by the following service types: *Comprehensive*, *Limited*, and *Periodic*. Results are available by chronic condition, age, and gender, and provide the count of beneficiaries and total payments by provider.

Eye Exam for Patients with Diabetes Dashboard
This dashboard contains the percentage of beneficiaries (age 18 to 75) with diabetes (type 1 or type 2) who received a retinal eye exam during the measure year.
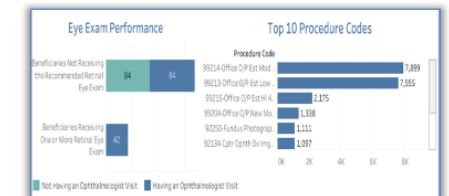
The reports indicate patients who *have not* received the recommended retinal eye exam and may require a referral. They capture the top procedures, and distribution of eye exam services received by age, and gender, and provide the count of beneficiaries and total payments by a provider.

FY24 User Communications

Newsletter

- Launch in Spring 2024
- 2 shared in FY24
  - Spring: 12,814
  - Summer: 12,755
- Fall Edition Coming Soon

Webinars

- See table on right

Website

- Published 3 new project landing pages
  - PopHealth Analytics, Image Exchange, Provider Directory

LinkedIn

- May 2024 launch
- 209 followers
- 51 posts

FY24 Total Webinar Registration & Attendance

Topic	Registrants	Attendees	Rate
Advance Care Planning (10)	211	115	55%
Consent (13)	708	424	60%
Image Exchange (5)	96	33	35%
PopHealth Analytics (8)	166	109	66%
Provider Directory (3)	92	52	57%

Structure

The mission of CRISP's shared services is to: **assist member organizations in achieving economies of scale, pooling innovation efforts, and implementing best practices.**

| CRISP (MD) | CRISP DC (DC) | WVHIN (WV) | HeC (AK) | VHI (VA) | CONNIE (CT) |

Full Affiliation: Board, and Committee Participation

CRISP Shared Services (CSS)

SCHIEX (SC)

RIQI (RI)

VIHIE (USVI)

Partnerships via Contracts
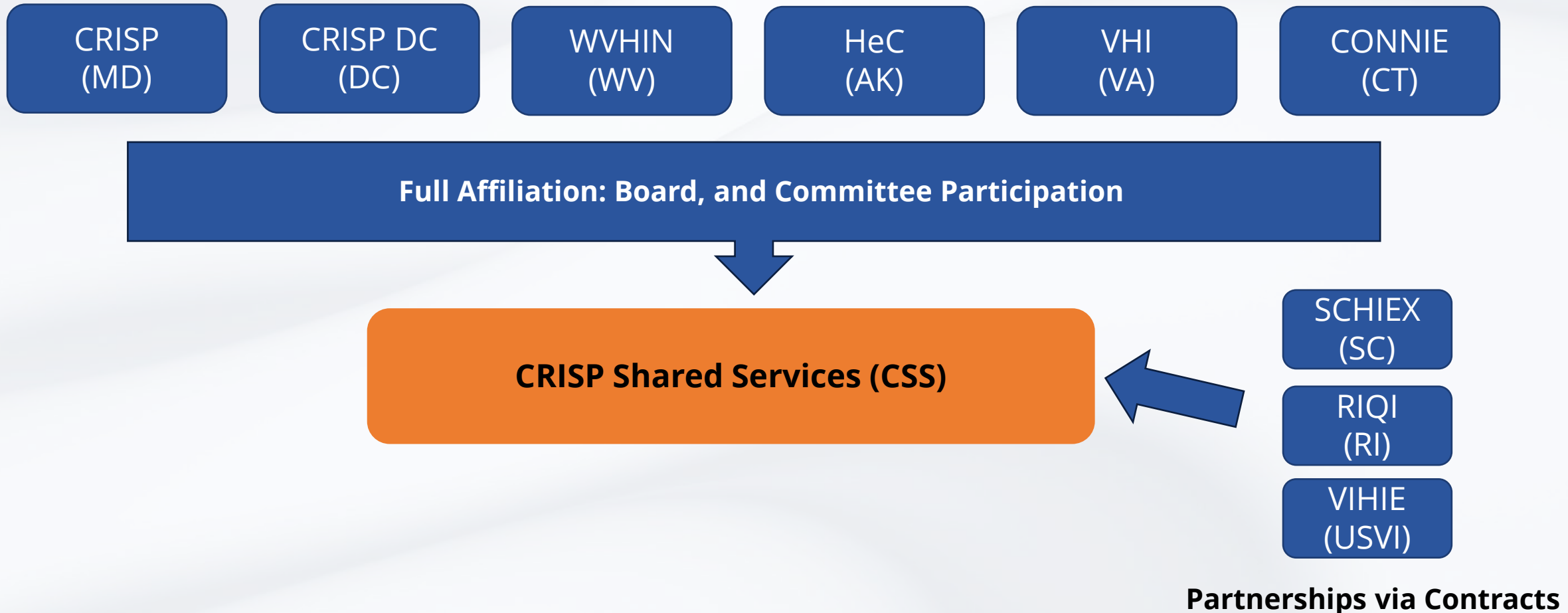
What Does this Practically Mean?

- State-funded projects are managed by a regional team

- Outreach resources are located in the specific geography they serve

- The technology infrastructure at CRISP is used by all regions and is built and managed with scalability in mind

- Operations teams like the customer care team, finance, HR serve all regions

What use cases are unique amongst our partner states?

Maryland
- Reporting and Analytics to support rate setting in Maryland's unique all-payor healthcare system

D.C.
- Working with D.C. Public Schools to improve health outcomes for students with high absenteeism rates

Alaska
- Connectivity supporting continuity of care between remote areas and cities

Virginia
- Facilitate hospital connections to the public health department for reportable conditions

Connecticut
- All health care providers are mandated to share data with and access data from CONNIE

West Virginia
- Substance Use Disorder referral support in Huntington, WV allows providers to more easily refer SUD patients to treatment centers

Looking ahead to 2025!

Mx. Deniz Soyer, Chair, DC HIE Policy Board

Looking ahead to 2025!

- **Improve existing infrastructure and technical support**
  - Expand partnership across CRISP DC, eHealthDC, and others to improve digital health user experience
  - Enhance data quality and feeds flowing into the DC HIE
  - Increase awareness through targeted, multifaceted communication efforts

- **Collaborate to inform future digital health planning and sustainability**
  - Continue interagency partnerships
  - Align digital health initiatives by blending/braiding funding streams
  - Identify infrastructure enhancements and TA needs
  - Conduct focus groups/interviews to inform digital health roadmap and upcoming whole person care initiatives

- **Strengthen DC HIE governance and accountability**
  - Implement inaugural renewal process for Designated DC HIE Entity
  - Finalize updates to DC HIE Rule and data use policy guidance
  - Expand participation in the DC HIE Policy Board and its subcommittees

Public Comments

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

Next Steps/ Adjournment

Allocated Time: 4:55 – 5:00 PM (5 mins.)

Upcoming HIE Policy Board Meeting

Stay tuned for updates on upcoming meeting dates for FY 25!

Appendix

OCE Recommendation Table

Table 1: Transitions of Care Data Elements – TEP Recommendations and Rationale for Alignment

Data Element	Recommendation	Rationale
Medication Allergies	Align definition with USCDI	To distinguish between allergies, side effects, and understand risks with substances.
Vital Signs	Align definition with USCDI	Include augmentation of raw measurement values to provide direct actionability for healthcare providers. Additional elements like oxygen concentration and BMI percentile for specific ages are crucial for accurate monitoring and growth tracking, especially in infants and children.
Discharge Medications	Modify the current definition	Include more detailed information on units of measure and medication instructions, ensuring comprehensive information is available for continuity of care.
Immunizations	Retain the current definition	Continue the focus incorporating immunization registry connections to align exchange of this information with the broader registry exchange and definitions.
Discharge Diagnosis	Retain the current definition	Provides appropriate context with granular detail. ICD-10 is primarily used by providers, avoiding confusion with LOINC and SNOMED CT codes. TEP also recommended leveraging ICD-10 diagnoses codes with additional emphasis on inclusion of Z codes.
Reason for Visit	Retain current definition	USCDI definition focuses on encounter disposition
Lab Results	Align definition with USCDI	Prioritize inclusion of tests, values/results, specimen type, result status, unit of measure, reference range, interpretation, and condition acceptability for comprehensive assessment.
Procedure and Consult Notes	Retain the current definitions	Important for ensuring all relevant notes are listed and accessible within clinical notes. There may be an opportunity to improve distinctions between note types and their display in the HIE.

OCE Recommendation Table (continued)

Data Element	Recommendation	Rationale
Point of Contact	Explore potential definition details	Consideration of which care team members and settings should be included for comprehensive care coordination.
Plan of Care	Explore potential definition details	Additional exploration on how to better capture and display treatment plans, reasons for referral, and treatment changes in clinical and progress notes as an industry standard is needed.
New Element Proposed: Treatment Intervention Preference	Explore potential definition details	Supports patient-centric care by considering the capacity to include preferences for care and treatment. Understanding of current data capture is necessary to inform a future recommendation

HIE Utilization and Evaluation Metrics Appendix

- Performance Oversight Measures

- Utilization Measures (Quantitative)

- Utilization Measures (User Survey)

- Communication Measures

Performance Oversight Measures: PopHealth Analytics

SMHP	Metric
Access	Number of CRISP users, by organization type, provisioned to access and view reports through the HIE.
Access	Number of CRISP users, by organization type, who accessed DC CRS in the last 30 days.
Use	Number of users creating rosters
Use	Most used PopHealth features (by report/dashboard)
Use	Number of reports downloaded
Exchange	Number of lab feeds connected with HIE
Improve	Case study, user feedback, or other qualitative evidence. Metric may be related to improved utilization, care outcomes, workflow integration, efficiency, etc. as relevant to the tool.

Performance Oversight Measures: Health Related Social Needs

SMHP	Metric
Use	Number of times a CRISP user launched LinkU within ULP and conducted a search, in the last 30 days.
Use	Number of CRISP users, by organization type, who are provisioned to access and use the LinkU referral tool through the DC Health Information Exchange.
Use	Number of CRISP users that have sent a referral via LinkU in the last 30 days.
Use	Number of referrals sent via LinkU in the last 30 days.
Exchange	Number of organizations contributing screening data (outside of CRISP screening tool) to the DC HIE.
Improve	Case study, user feedback, or other qualitative evidence. Metric may be related to improved utilization, care outcomes, workflow integration, efficiency, etc. as relevant to the tool.

Performance Oversight Measures: eConsent

SMHP	Metric
Use	Number of SUD data consents captured (prn breakdowns via method: telehealth attestation, in-person, etc.)
Exchange	Number of part 2 covered orgs sharing SUD data via CCD (HL7 feed)
Improve	Case study, user feedback, or other qualitative evidence. Metric may be related to improved utilization, care outcomes, workflow integration, efficiency, etc. as relevant to the tool.

Performance Oversight Measures: Advance Care Planning

SMHP	Metric
Access	Number of CRISP users trained on the use and access of eMOST and advance care planning via CRISP and ADVault.
Use	Percentage of CRISP users (by HIE access type: Portal vs InContext) who performed a query to access a Medicaid beneficiary's advance directive and eMOST forms in the last 30 days.
Use	Number of CRISP users (by organization) who have filled out or uploaded an ACP form by accessing the ACP platform.
Improve	Case study, user feedback, or other qualitative evidence. Metric may be related to improved utilization, care outcomes, workflow integration, efficiency, etc. as relevant to the tool.

Performance Oversight Measures: Technical Assistance

SMHP	Metric
Use	Number of users (by organization type) who have accessed the HIE portal
Exchange	Number of accounts (by organization type) submitting manual vs automatic panels
Improve	Case study, user feedback, or other qualitative evidence. Metric may be related to improved utilization, care outcomes, workflow integration, efficiency, etc. as relevant to the tool.

Performance Oversight Measures: Critical Infrastructure

SMHP	Metric
Access	Number of DC healthcare organizations (and locations) that have a participation agreement with CRISP to access data (CRISP Tier 1 Connectivity), by organization type
Exchange	Number of DC healthcare organizations (and locations) that are sending encounter data to CRISP (CRISP Tier 2 Connectivity), by organization type
Exchange	Number of DC healthcare organizations (and locations) that are contributing clinical data to CRISP (CRISP Tier 3 Connectivity) in addition to encounter data, by organization type

Performance Oversight Measures: CEND (CRISP Encounter Notification Delivery) Population Explorer

SMHP	Metric
Use	Number and percentage of organizations successfully migrated to CEND; number of use stories with feedback regarding migration
Exchange	Number of ENS transactions from hospitals received by DC Medicaid enrolled facilities/practices that have a participation agreement with CRISP.

Performance Oversight Measures: Provider Directory

SMHP	Metric
Use	Percentage of providers who launched the Provider Directory in the DC HIE and searched for another provider (denominator: number of CRISP provider utilization overall)

Performance Oversight Measures: Image Exchange

SMHP	Metric
Use	Number of Image Exchange launches

Utilization Measures: Quantitative

Utilization Area	SMHP	Metric (collected via DC Core HIE Metrics PowerBI Dashboard)
User Engagement	Use	Number of active CRISP users (by tool)
	Exchange	Provider Utilization Snapshot: including key metrics and visualizations highlighting user activity, app usage, and overall performance within the HIE
Feature Usage	Use	Number of CRISP users accessing Patient Care Snapshot (by practice type)
	Use	Number of alerts sent to MCOs (by MCO)
	Use	Number of times Image Exchange launched on a beneficiary (by organization)
	Use	Number of times provider launched and searched Provider Directory (by organization)
	Use	Number of DC CRISP users accessing Clinical Information (by practice type)
	Exchange	Number of DC Medicaid beneficiaries that have an advance directive or eMOST form electronically exchanged via the DC HIE
	Use	Percentage of CRISP users who performed a query to access a Medicaid beneficiary's advance directive and eMOST forms in the last 30 days

Utilization Measures: Quantitative

Utilization Area	SMHP	Metric (collected via DC Core HIE Metrics PowerBI Dashboard)
Data Interoperability	Exchange	Number of ADT sending locations (by organization type)
	Exchange	Number of CCD sending locations (by organization type)
	Exchange	Number of CDAs received by CRISP (by organization type)
	Exchange	Average time for a hospital to send electronic discharge summary to CRISP
	Use	Number of searchable DC providers in Provider Directory
User Distribution	Use	Number of DC organizations accessing CEND
General HIE	Use	Percentage of Medicaid beneficiaries in CRISP. Denominator equals all patients in CRISP regardless of coverage type.
	Exchange	Number of ENS transactions from hospitals received by DC ambulatory providers
	Use	Number of beneficiaries empaneled by MCOs (by MCO)
	Use	Number of Ambulatory Practices with live SSO
	Use	CRISP DC General Utilization Report: including sum user counts by industry subtypes, organization percentage values, application averages, and number of clicks by tool

Utilization Measures: User Survey

Utilization Area	Targeted Measure	SMHP	Metric
User Engagement	Login Frequency	Use	Percentage of responses re: daily HIE access by number category
Feature Usage	Feature Usage (Efficiency)	Use	Percentage of responses re: HIE feature workflow integration by rating category
	Most Used Features	Use	Percentage of responses re: most used specific HIE feature by feature category
	Feature Usage (Efficiency)	Use	Percentage of responses re: HIE feature task speed by time category
	Most Used Features	Use	Percentage of responses re: weekly use of HIE feature by frequency category
Data Interoperability	Data Retrieval Times	Use	Percentage of responses re: data retrieval satisfaction by rating category
	Data Retrieval Times	Use	Percentage of responses re: time saved by time category
	Data Retrieval Times	Use	Percentage of responses re: task speed by time category
	Data Retrieval Times	Use	Percentage of responses re: impact of data retrieval issues by frequency category

Utilization Measures: User Survey

Utilization Area	Targeted Measure	SMHP	Metric
User Distribution	User Distribution	Use	Percentage of responses re: navigation ease by rating category (and user role)
	User Distribution	Use	Percentage of responses re: feature comprehension by rating category (and user role)
	User Distribution	Use	Percentage of responses re: needs met by frequency category (and user role)
	User Distribution	Use	Percentage of responses re: needing assistance by frequency category (and user role)
	User Distribution	Use	Percentage of responses re: feature recommendation by rating category (and user role)
	User Distribution	Use	Percentage of responses re: onboarding experience by rating category (and user role)
	User Distribution	Use	Percentage of responses re: non-CRISP utilization by frequency category (and user role)
	User Distribution	Use	Percentage of responses re: tool satisfaction by rating category (and user role)

Communication Measures

Communications Area	Targeted Measure	SMHP	Metric
Webinar Campaigns	Open Rate	Use	Percentage of email campaigns opened (by webinar or one-pager topic)
	Click Rate	Use	Percentage of email campaigns clicked (by webinar or one-pager topic)
	Registration Rate	Use	Percentage of users who registered for a webinar (by topic)
	Attendance Rate	Use	Percentage of users who attended a webinar (by topic)
Web Traffic	Engagement Rate	Use	Percentage of users who engaged with website over time (by channel)
	View Counts	Use	Number of website views (by page path/screen class)
	User Counts	Use	Number of users (by page path/screen class)
	Average Engagement Time	Use	Average time spent by user on website (by page path/screen class)
Search Performance	Top Queries	Use	Top 10 queries by click (by month)
	Top Pages	Use	Top 10 web pages by click (by month)