

**DISTRICT OF COLUMBIA
HEALTH INFORMATION
EXCHANGE
POLICY BOARD MEETING**



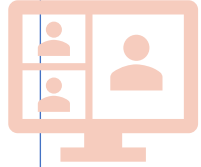
February 18, 2025 | 4:00 PM – 6:00 PM



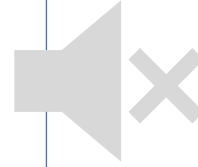
THIS MEETING IS BEING RECORDED

Department of Health Care Finance | Remote Meeting

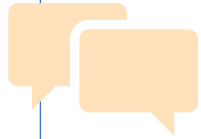
Virtual Meeting Processes



To increase engagement, turn on your video



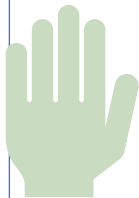
Mute your microphone upon entry, and until you have been called on to speak



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



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

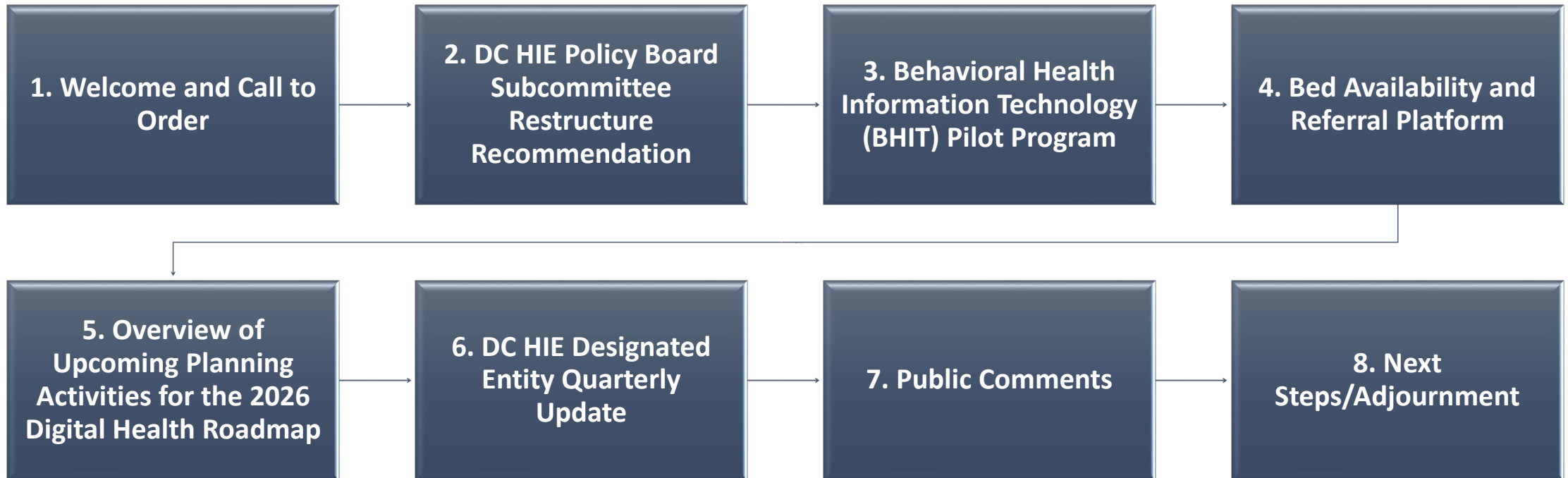


If you have comments or questions, please use the **'Raise Hand'** feature and speak clearly



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

Agenda



Roll Call and Announcement of Quorum



HIE Policy Board Announcements



2026 Policy Board Meeting Schedule

- To ensure quorum, Board members are expected to attend meetings and notify in advance of any expected absence.
- Meeting info and post-meeting materials available: <https://dhcf.dc.gov/dchiepb>

Remote

On WebEx from 4:00-6:00 PM

- May 21, 2026
- September 17, 2026
- November 19, 2026

Welcome – New Members!



Dr. Jaclyn Kline
Medical Provider



Sherilyn Pruitt
Public Member



Nancy Ware
Public Member



Dr. Nagesh Borse
*Ex-Officio Member,
DC Department of Health (DC Health)*



Kelli Johnson
Public Member

DCPCA Poised for Renewal as a District Registered HIE Entity for Its Third 3-Year Term

- The District of Columbia Primary Care Association (DCPCA), which operates the Capital Partners in Care HIE (CPC-HIE), was first approved as a District Registered HIE Entity in February 2020. Its current term **expires on February 25, 2026.**
- The renewal application opened in November 2025, and CPC-HIE submitted its application in December 2025.
- After a comprehensive review, the District interagency panel voted to **renew DCPCA's designation as a District's Registered HIE Entity** for another term, extending through **February 24, 2029.**



Other announcements?

DC HIE Policy Board Subcommittee Restructure Recommendation



Mx. Deniz Soyer Chair, DC HIE Policy Board

Allocated Time: 4:25 - 4:55 PM (30 mins.)

The Board Currently Has 3 Subcommittees

DC HIE Policy Board

The DC HIE Policy Board advises the District of Columbia Government on policies, goals and strategies for health information exchange. Its recommendations shape the mission, vision, geographic scope, and functional aspects of HIE operations, and how they should be coordinated with local and national efforts.

The Board's mission is to facilitate and sustain the engagement of all stakeholders in the secure exchange of useful and usable health-related information to promote health equity, enhance care quality, and improve outcomes in the District.

Stakeholder Engagement Subcommittee

Promotes the value of the HIE by initiating, establishing, and maintaining engagement with identified stakeholders for long-term operational and financial sustainability of health information exchange in the District

Operations, Compliance, and Efficiency (OCE) Subcommittee

Informs and facilitates consistent operations for the DC HIE and its various tools by providing recommendations on best practices and standards for DC HIE entities to improve technical compliance and efficiency.

Policy Subcommittee

Provides recommendations on the development of HIE policies and analyzes the impact of regulatory and legislative trends for the broad implementation and sustainability of secure, protected health information exchange.

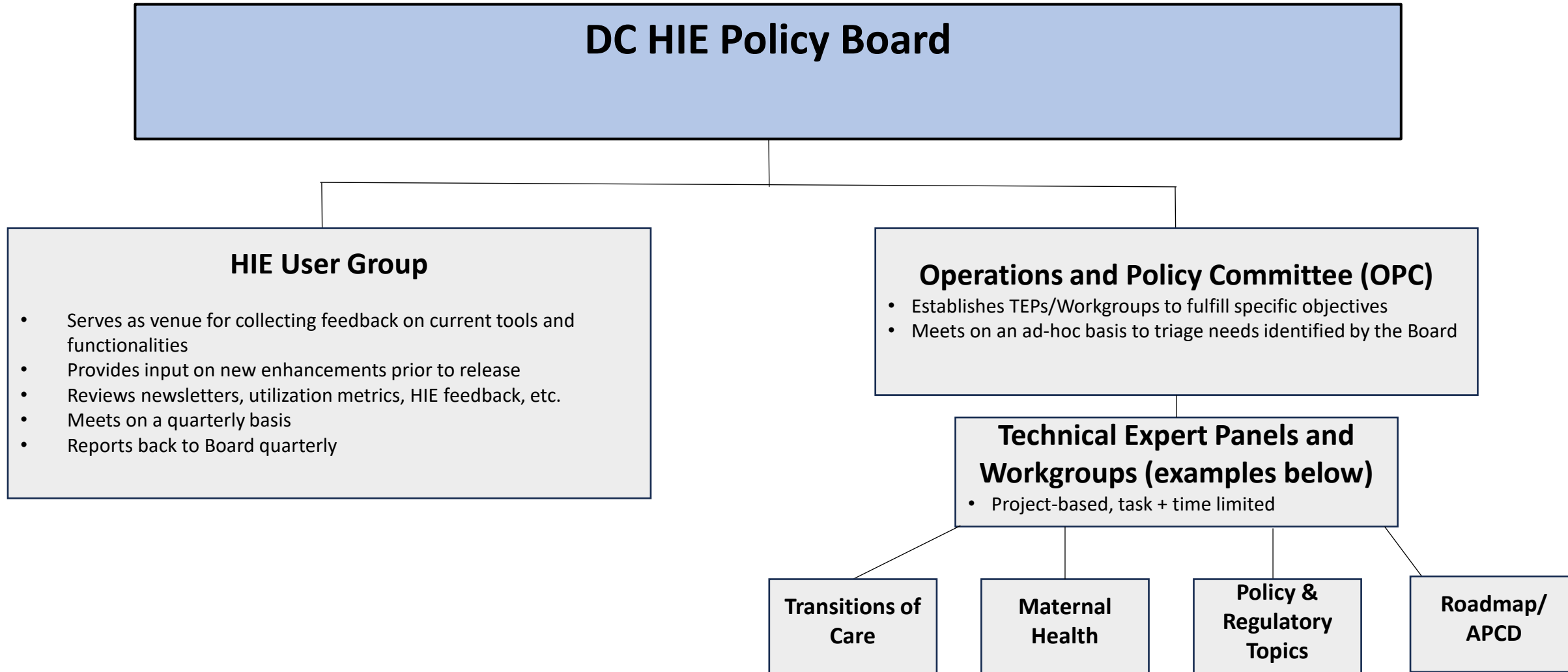
Subcommittee Members convened in December and January to discuss this structure

- Continued relevance of each existing subcommittee – or identify where responsibilities should shift, consolidate, or sunset
- Whether any standing subcommittees should transition into time-limited workgroups
- New 2026 initiatives that may require a dedicated workgroup
- Develop a refreshed subcommittee and workgroup structure

Subcommittee members expressed the need for...

- Increased stakeholder buy-in and engagement
- More in-person collaboration opportunities
- Targeted, time-bound collaboration to inform and support new initiatives
- Greater agility and dynamic workgroup structure to enable quick response and ensure alignment with District priorities and stakeholder needs

Proposed New Subcommittee Structure



Workgroup vs. Technical Expert Panel

- Workgroup:
 - Cross-stakeholder group that helps shape strategy and priorities
 - Input on goals, use cases, stakeholder needs, and practical constraints
 - Discussion, feedback, ideation, review, and recommendations on priority use cases and stakeholder needs

- TEP:
 - Subject-matter expert body that provides specialized technical guidance and validation
 - Ensures proposed solutions align with standards, workflows, and feasibility
 - Recommendations on technical specs, standards, mappings, and architecture

BOARD ACTION: Subcommittee Restructure

Vote to approve recommendation to adopt a new subcommittee structure for the DC HIE Policy Board, as follows:

- 1) **Sunset the Stakeholder Engagement Subcommittee and establish a quarterly DC HIE User Group** to ensure consistent, actionable feedback from end-users
- 2) **Merge the OCE and Policy Subcommittees** into a single, ad-hoc body responsible for triaging strategic needs and convening appropriate TEPs or Workgroups
- 3) **Allow the new Operations and Policy Committee (OPC) to create TEPs and Workgroups** as needed to address specific initiatives, with clearly defined objectives, timelines, and membership criteria.

Next Steps Prior to Next HIEPB Meeting

- Draft group charters for the new the DC HIE User Group and DC HIE Operations and Policy Committee (OPC)
- Recruit and seat initial membership
- Issue calendar invites for the first User Group and OPC meetings
- Identify candidates for chairs and co-chairs for each group
- Identify initial TEPs/Workgroups

Behavioral Health Information Technology (BHIT) Pilot Program



Ms. Lily Shaffer, HIE Program Analyst DHCF

Allocated Time: 4:55 -5:05 PM (10 mins.)

DC Selected to Participate in Behavioral Health Information Technology (BHIT) Pilot

- ASTP/ONC and SAMHSA selected nine states and jurisdictions to participate in the BHIT Pilot Program, testing real-world exchange of USCDI+ Behavioral Health data across a range of policy and technical use cases.
- **Participating pilots include:**
 - Connecticut, Colorado, Delaware, Florida, Massachusetts, North Carolina, Oregon, Rhode Island, and Washington, DC.
- **Across the cohort, proposals range from:**
 - Consent management and patient-directed data sharing
 - Care coordination and transitions of care
 - Crisis response and follow-up workflows
 - Statewide quality measurement and reporting
 - Public health monitoring and analytics

USCDI+BH scope across pilots ranges from ~16 to 52 data elements, reflecting different use cases, provider settings, and technical readiness.

DHCF was awarded \$509K to lead DC's BHIT Pilot

Pilot Coalition

- Partners: DHCF (Pilot Lead) | CRISP DC | eHealthDC | with advisory support from DC DBH
- Pilot Providers: Woodley House | Clean & Sober Streets | Pathways to Housing | FMCS | Samaritan Inns

Pilot Duration

- January 15th – December 15th, 2026

What DC's BHIT Pilot Will Do

- Test real-world exchange of USCDI+ Behavioral Health² data elements through the DC Health Information Exchange (CRISP DC)
- Validate how clinical data can support CMS Adult Core Set substance use disorder (SUD) quality measurement
- Assess data quality, feasibility, and workflow impact for behavioral health providers
- Provide technical assistance to prepare pilot providers and the District for value-based and whole-person care

Why This Matters for DC Providers

- Provider participation will directly shape future federal behavioral health data standards
- Helps ensure SUD quality measures and data requirements are practical and meaningful
- Strengthens DC's behavioral health data infrastructure and readiness for future CMS, ASTP, and other federal requirements

¹ CFH LLC is under contract with the HHS Assistant Secretary for Technology Policy (ASTP) and the Substance Abuse and Mental Health Services Administration (SAMHSA), to administer the national BHIT pilot program.

² USCDI+ Behavioral Health data elements are a standardized extension to the U.S. Core Data for Interoperability (USCDI), comprising specific, interoperable data elements designed to capture and exchange behavioral health information – such as mental health and SUD treatment details – across health care systems to support integrated care delivery: [USCDI + BH data elements](#)

What Are USCDI+ Behavioral Health Data Elements?

- USCDI+ Behavioral Health (USCDI+BH) is a standardized extension of the U.S. Core Data for Interoperability that define specific, structured data elements relevant to mental health and substance use disorder care.
- Examples of USCDI + BH data elements include:
 - Diagnoses and diagnosis dates
 - Medications and medication timing
 - Referrals and treatment services
 - Encounter and discharge indicators
- In this pilot, exchanged USCDI+ BH data elements will be assessed to determine whether and how clinical data can support and supplement calculation of CMS Adult Core Set SUD measures:
 - Follow-Up After ED Visit for Substance Use (FUA-AD)
 - Initiation and Engagement of SUD Treatment (IET-AD)
 - Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)

USCDI+ Behavioral Health Data Element Alignment with SUD Quality Measures

Quality Measure	Measure Component	USCDI+BH Data Elements Used in Pilot	Purpose for Validation
FUA-AD	ED visit with SUD or overdose diagnosis (Denominator)	Problems (Diagnosis), Date of Diagnosis	Identify qualifying ED encounters and timing
	Follow-up encounter within 7 or 30 days (Numerator)	Procedures, Treatment Services, Referral Time, Date of Diagnosis	Validate timing of follow-up visits or treatment events
	Pharmacotherapy follow-up	Medications, Date Medication Prescribed, Date Medication Administered	Identify MAT initiation as qualifying follow-up
IET-AD	New SUD episode (Denominator)	Problems (Diagnosis), Date of Diagnosis	Identify new SUD episodes
	Treatment initiation within 14 days (Numerator – Initiation)	Procedures, Treatment Services, Medications, Date Medication Prescribed	Validate initiation encounters or MAT
	Treatment engagement within 34 days (Numerator – Engagement)	Procedures, Treatment Services, Medications, Date Medication Administered	Identify follow-up encounters or medication events
OUD-AD	OUD diagnosis (Denominator)	Problems (Diagnosis), Date of Diagnosis	Identify OUD cohort
	Any MAT use (Numerator)	Medications, Date Medication Prescribed, Date Medication Administered	Validate pharmacotherapy receipt
	Medication stratification (Buprenorphine, Naltrexone, Methadone)	Medications	Enable drug product stratification for OUD-AD

Timeline for milestone-based BHIT deliverables

- **Milestone 1 – January 2026 - Complete**
 - Execute Pilot Participant Agreement
 - Submit W-9 and ACH Authorization
- **Milestone 2 – January 2026 - Complete**
 - Submit Initial Project Plan
 - Scope, objectives, workflows, and timeline
- **Milestone 3 – February 2026 – In progress**
 - Finalize initial mapping to selected USCDI+BH data elements
 - Document element availability and gaps across pilot EHR systems
- **Milestone 4 – September 2026**
 - Demonstrate real-world, production-level exchange of mapped USCDI+BH elements through the DC HIE
- **Milestone 5 – October 2026**
 - Support Chickasaw Federal Health’s assessment of exchanged data
 - Review completeness, standardization, and feasibility for SUD measure logic
- **Milestone 6 – December 2026**
 - Provide structured feedback on:
 - USCDI+BH feasibility
 - Implementation challenges
 - Implications for future quality measurement and BHIR development

Bed Availability and Referral Platform



Ms. Corrine Jimenez, Project Manager, CRISP DC

Mr. Richard Garcia, Project Manager, DHCF

Allocated Time: 5:05 - 5:15 PM (10 mins.)

There has been significant progress and support towards a District-wide Bed Availability and Referral Platform

How did we get here?

- In FY25, DHCF funded CRISP DC to conduct a Needs Assessment to inform the design of a centralized, sustainable, and scalable solution for bed availability and referrals for acute, sub-acute, and post-acute care including hospitals, behavioral health, and nursing facilities
- Informed by the Needs Assessment, CRISP DC then developed a proposal for a Bed Availability and Referral Platform meeting those needs, including technical configuration options, for DHCF's consideration
- In FY26, following stakeholder feedback from the October HIE Policy Board, DHCF determined that CRISP DC would follow the "hybrid" development path, which combines the strengths of the "build" and "buy" approaches to achieve flexibility and functionality

Following the “hybrid” path, CRISP DC published an RFP inviting vendors to propose end-to-end or component-based solutions for the platform

Important RFP Dates:

- 1/13: RFP sent to select vendors, and posted to CRISP DC'S LinkedIn and website
- 2/6: CRISP DC published responses to vendor-submitted questions
- 2/27: Final proposals due to CRISP DC
- 3/2-3/13: Technical Expert Panel to review and score vendor proposals
- 3/23: Interviews begin for vendor finalists
- 4/20: Vendor selection due

The screenshot shows the CRISP DC website with a navigation bar (About, Solutions, Resources, For Patients, Sign In, Participate in the HIE) and a main heading: "Bed Availability and Referral Platform Vendor Request for Proposal (RFP)". Below the heading is a sub-heading: "CRISP DC is seeking a sustainable solution to support centralized bed availability and referral workflows within the HIE serving multiple care settings including acute, sub-acute, long-term care, behavioral health, substance use treatment, and other residential and specialty settings." The page lists two options for vendors: "A comprehensive, end-to-end solution supporting both bed availability and referral technical components; or" and "A component-based solution focused on either bed availability or referral technical components that can integrate as part of a broader ecosystem." A table at the bottom lists key events and dates:

Event	Due Date	Notes
RFP Released	1/13/26	RFP will be released to vendors
Questions due to CRISP DC	1/26/26	Last day for vendor to submit questions to Maryan.Zirkle@crispdc.org and Corrine.Jimenez@crispdc.org
Answers to questions due back to Vendor	2/6/26	Last day for CRISP DC to answer vendor questions
Official proposal submissions due	2/27/26	Last day for vendor to submit official proposal

After publishing the RFP, CRISP DC received more than 90 questions from 7 unique vendors

- Though several question submissions came from vendors CRISP DC learned about during the FY25 Needs Assessment and Technical Landscape report, other vendors were new to the team
- Questions covered the following topic areas:
 - Operational Definitions
 - Budget
 - Testing/Compliance
 - Contracting/Ownership
 - Design
- For transparency, CRISP DC published responses to submitted questions online to ensure visibility across potential vendors

Once the RFP process and vendor(s) selection is complete, on-going stakeholder engagement will be critical to driving this work forward

- As the Bed Availability and Referral Platform project moves further along in development towards implementation, DHCF and CRISP DC recognize the need for a dedicated space to raise issues, ask questions, and work through how best to operationalize this solution for users across DC
- Establishing a Workgroup, and including key stakeholders from the variety of facilities and types of care the platform will serve, will ensure we have a venue where when questions arise around data standards, integrations, or workflows, they can be discussed and addressed
- Please stay tuned for more details, including opportunities for how to get involved via Workgroups, following the subcommittee restructuring

Overview of Upcoming Planning Activities for the 2026 Digital Health Roadmap



Mx. Deniz Soyer, Chair, DC HIE Policy Board

Ms. Melissa Keagle, Senior Consultant, Public Consulting Group

Allocated Time: 5:15 - 5:35 PM (20 mins.)

Stakeholder-Led Digital Health Roadmaps Have Guided Our Initiatives (published in 2018 and updated in 2022)

- The District's State Medicaid Health IT Plan (SMHP) is DHCF's 5-year Roadmap for using health information technology to better connect District residents and providers and to ensure health information is available whenever and wherever it is needed.
- Developed through rigorous interviews, focus groups, and a thorough environmental scan, this document represents stakeholder-identified priority areas for digital health in the District. This feedback loop informs DC HIE infrastructure development and HIE use case implementation.
- The Roadmap is a 'living' document – regular updates ensure that DHCF is nimble and responsive to community needs.



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

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

PCG is engaging a broad group of District stakeholders through interviews and focus groups

- Outreach to ~60 organizations across the District has begun to participate in interviews and focus groups
- Stakeholder groups include:
 - Hospitals/health systems, independent providers, clinics and FQHCs, HIE entities, government agencies, managed care organizations, community-based organizations (CBOs), District residents/patients and others.
- Interviews will be completed by early May 2026

Stakeholder engagement will seek to understand

- How digital health fits into organizations' current stakeholder goals and priorities
- To what degree the District has made progress towards using technology to advance priority areas outlined in the 2022 SMHP
 - Supporting transitions of care
 - Collecting and making effective use of social determinants of health data
 - Providing analytics for population health
 - Leveraging HIE for public health
 - Supporting behavioral health transformation
 - Enabling telehealth services
- What factors have promoted or hindered HIT/HIE/digital health adoption or use in the District
- District stakeholder priorities for information exchange and digital health in the next 5 years

Concurrently, DHCF and DC Health are partnering with PCG to conduct an All Payor Claims Database needs assessment

- **Goal:** Assess technical, policy, and governance feasibility of implementing a District-wide All-Payor Claims Database (APCD) that aligns with DHCF's digital health and interoperability strategy, supports DC Health's population health goals, and informs payer regulation and transparency objectives.
- **Objectives:**
 - Define the scope and purpose of a District-wide APCD
 - Identify and evaluate technical requirements, including data standards and infrastructure options
 - Assess policy and governance frameworks, including legal authorities and privacy considerations
- **Expected Outcomes:**
 - Assess use cases and define high-level requirements by gaining internal and external perspectives
 - Deliver a Recommendations Report with a clear roadmap for implementation, cost, and sustainability options.

Timeline

Project Phases	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26
Planning	[Shaded]											
Stakeholder Engagement					[Shaded]							
Analysis								[Shaded]				
Recommendation										[Shaded]		

Once interviews/focus groups are completed, the HIE Policy Board will be critical to help us prioritize Roadmap focus areas

- As the Digital Health Roadmap and related planning activities come underway, DHCF recognizes the need for a dedicated space to review stakeholder findings and inform priority areas and Roadmap development
- Establishing a Workgroup, and including HIE Policy Board members and key stakeholders will ensure we have a venue to conduct such activities
- Please stay tuned for more details, including opportunities for how to get involved via Workgroups, following the subcommittee restructuring

DC HIE Designated Entity Quarterly Updates



Ms. Stephanie Brown, Executive Director, CRISP DC

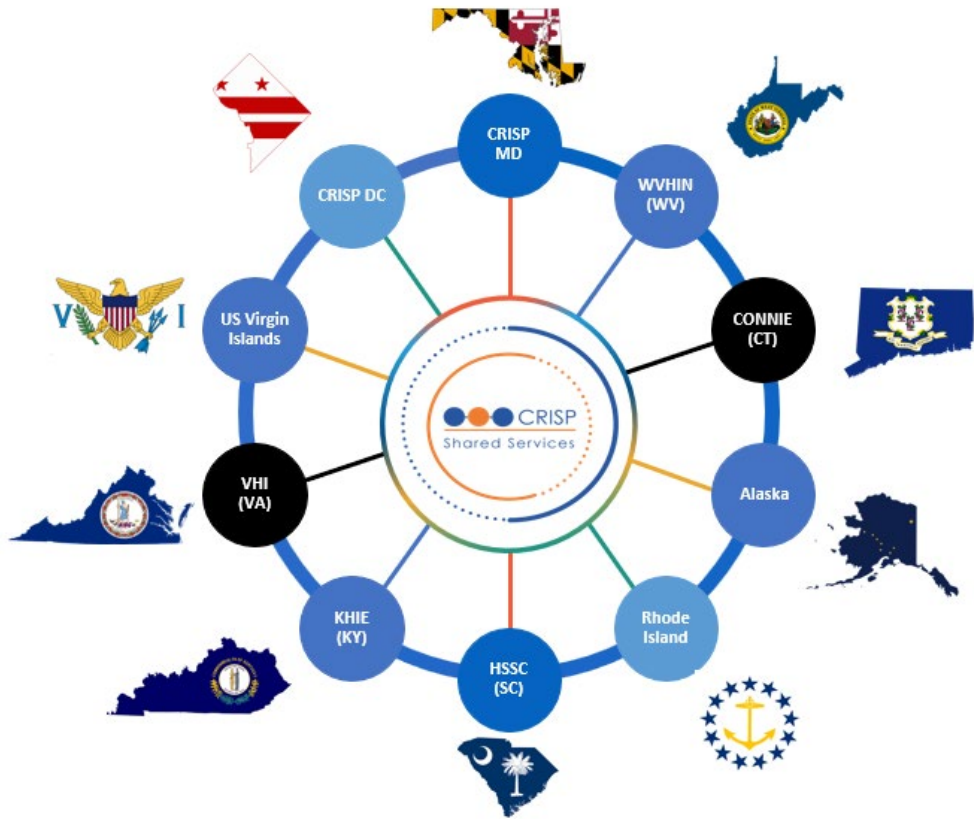
Allocated Time: 5:35 – 5:50 PM (15 mins.)



Designated HIE Updates

February 18, 2026

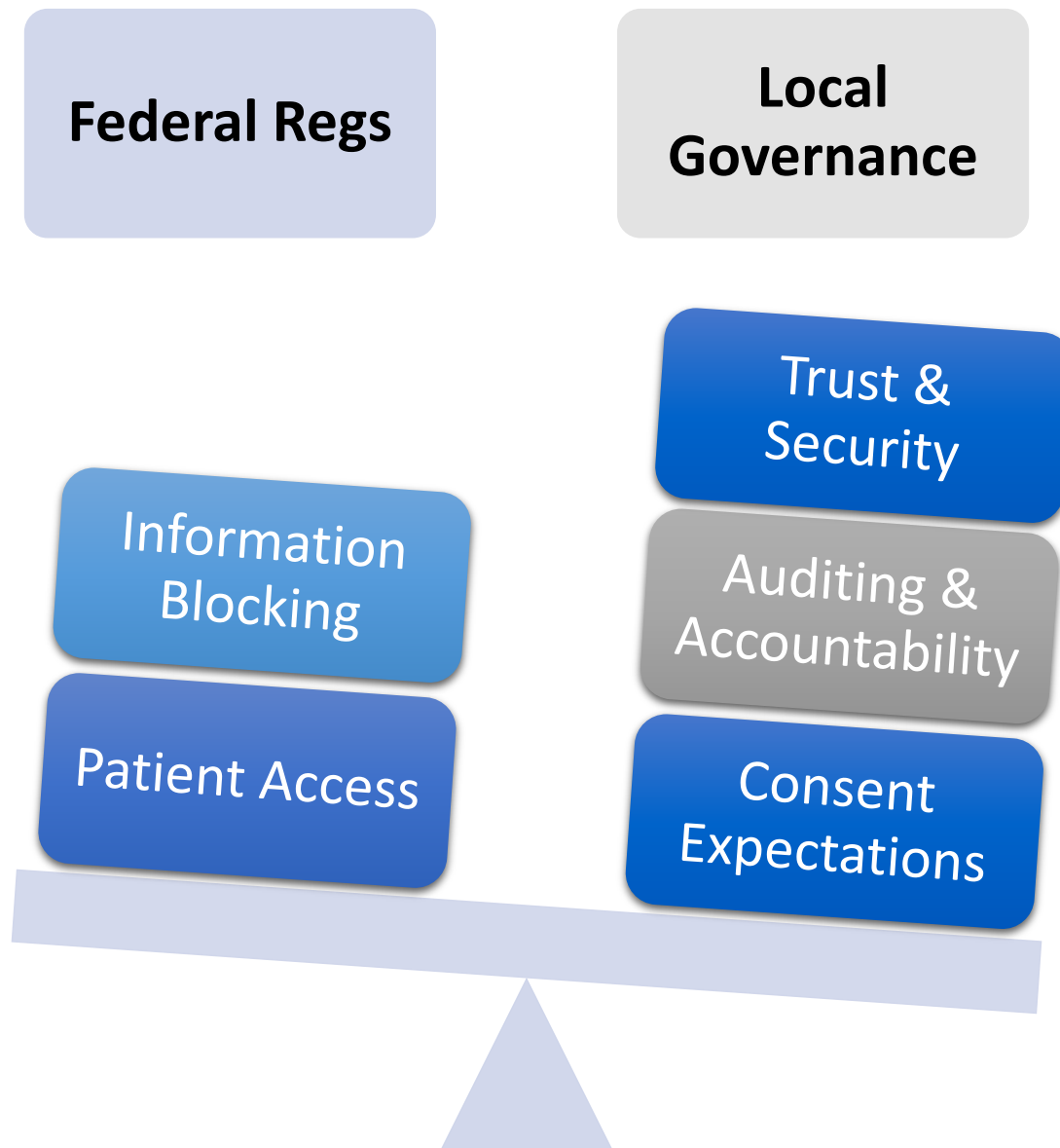
▶ The **Value** of CRISP Shared Services (CSS)



CSS solutions and collaborative work has positioned them to be highly valuable for the **Rural Health Transformation Program.**

The shared serviced model allows CSS to bring these solutions to all of the affiliate HIEs, meaning that **DC can also benefit from innovation and infrastructure enhancements.**

National Footprint, Local Governance: The Balancing Act of HIEs





HIE/HDUs Share Robust Data From Local Sources

“The Image Exchange Tool provides immediate access to external imaging, saving significant time and reducing the need to track down studies through other channels. This supports **more efficient clinical decision-making**, minimizes delays, and ensures providers have the imaging they need to move forward with patient care.”

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CRISP DC

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[For Patients](#)

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[Participate in the HIE](#)

Image Exchange

CRISP DC's Image Exchange & Imaging Worklist is a cutting-edge tool designed to reform the way healthcare providers access and manage medical images. Supporting a wide range of Radiology and Cardiology imaging modalities, including X-Rays, CT scans, MRI, Ultrasound, PET-CT, and Cardiac Angio, our platform ensures comprehensive coverage for diverse patient needs.

Tuesday, February 17th at 12 PM
Image Exchange Webinar

04 Days

21 Hrs

16 Min

50 Sec

[Click here to register \(2/17\)](#)

Key Features:

Image-Enabled Results Reporting: Access images alongside reports directly from the patient's health record, ensuring a comprehensive view of patient data.

The Health Data Utility at Work

CRISP DC

About

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Participate in the HIE

Absenteeism Data in the HIE

In collaboration with DC Public Schools (DCPS), parents can consent to having their child's attendance data shared with the DC HIE. CRISP DC then displays the data within the HIE Portal for the students' care team members to see.

Where can I find a student's attendance data within the HIE?

When you open CRISP DC from the Portal or InContext application, you will be able to find student attendance data within Clinical Information, under Health Records.

The screenshot shows the HIE InContext interface for a patient named GILBERT GRAPE, Male, born Jan 1, 1984. The top navigation bar includes tabs for HEALTH RECORDS, ENCOUNTERS, PROBLEMS, VISIT SUMMARIES, IMMUNIZATIONS, ALLERGIES, VITALS, and PROCEDURES. The 'HEALTH RECORDS' tab is active, and a red box highlights the 'School Attendance Data' section. This section displays the following information: SCHOOL: DC Local School 10032, TOTAL DAYS MISSED: 138, TOTAL DAYS MISSED LAST 30 DAYS: 4, TOTAL DAYS OF SCHOOL: 180, and PERCENTAGE OF DAYS MISSED: 77%. Below this, there are filters for ALL, LABORATORY, RADIOLOGY, and CLINICAL NOTES. The main content area shows a table of Health Records with columns for Date Collected (ET), Source, Category, Description, and Provider.



Health Related Social Needs Data in the HIE

- **In Development:** Hydrating the clinical data in the HIE with social needs screening data
 - 3 District Managed Care Organizations (MCOs) have shared test data files with CRISP DC
- **In Progress:** LinkU (findhelp) training for social needs referrals
 - Live.Long. DC.
 - GW University Hospital ED Physicians and Residents
 - Cedar Hill Maternal Health Division

Public Comments



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

Next Steps/ Adjournment



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

Upcoming HIE Policy Board Meeting

- **Date and Time:** May 21, 2026, from 4:00 pm to 6:00 pm ET
- **Location:** Remote (WebEx) meeting

Stay tuned for more information closer to the meeting date!