

DISTRICT OF COLUMBIA  
HEALTH INFORMATION  
EXCHANGE  
POLICY BOARD  
MEETING



**April 25, 2019 | 3:00 – 5:00 PM**



# AGENDA

- **Call to Order**
  - **Roll Call**
  - **Announcement of Quorum**
  - **New Member Introduction**
- **Implementing the HIE Policy Board's Conflict of Interest Policy and Procedures**
- **Q&A on DHCF HIT/HIE Ongoing Projects**
- **HIE in Practice: MyHealthGPS applications at Children's National Health System**
- **HIE Policy Board Subcommittee Workplans**
- **Public Comments**
- **Announcements / Next Steps / Adjournment**

# Meeting Objectives

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1. Complete Conflict of Interest Form
2. Review and discuss status reports on DHCF health IT and HIE projects
3. HIE in Practice: MyHealthGPS applications at Children's National Health System
4. Discuss and provide feedback on subcommittee(s) activities and next steps

# Welcome to the Board!

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## **Olubukunola Osinupebi-Alao, RN, MSN, MBA**

Nurse Consultant, US Department of Labor

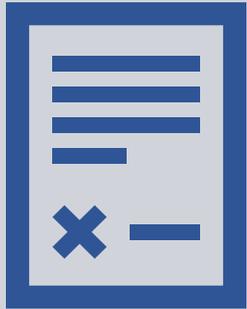
**Board Seat:** Public member representing the DC Nurses Association



## **Janis M. Orlowski, MD, MACP**

Chief Health Care Officer with the Association of American Medical Colleges (AAMC)

**Board Seat:** Public member representing a medical provider that provides primary care or specialty services



# Implementing the HIE Policy Board's Conflict of Interest Policy and Procedures

# Conflict of Interest Process and Policy

## ARTICLE XIV of the HIE Policy Board Bylaws Conflict of Interest Policy and Procedures

Members of the Board shall protect the needs of the District and ensure transparency around business, financial, and/or personal interests that may lead to direct, unique, pecuniary, or personal benefit.



Each Board member shall sign a conflict of interest disclosure form



Board Chair shall review all declarations of conflict of interest



Board Chair shall report back all of his or her findings to the rest of the Board during a regular meeting or special meeting



# Q&A on DHCF HIT/HIE Ongoing Projects



**Michael Fraser, MPH**  
Management Analyst



**Nina Jolani, MS**  
Program Analyst



**Eduarda Koch, MS, MBA**  
Project Manager



**Adaeze Okonkwo, MPH**  
Program Analyst



**Noah Smith, MPH, EMT**  
Program Manager



**Deniz Soyer, MBA, MPH**  
Project Manager

## National HIT/HIE Proposed Rulemakings

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Proposed Rules	Deadlines
ONC 21st Century Cures Act NPRM	June 3, 2019
CMS Interoperability and Patient Access NPRM	June 3, 2019
Trusted Exchange Framework and Common Agreement (TEFCA) – Draft 2	June 17, 2019



# HIE in Practice: MyHealthGPS applications at Children's National Health System



# CRISP Support of Care Coordination Use Cases

Spring 2019

1200 G Street NW, 8<sup>th</sup> Floor  
Washington, DC 20005  
833.580.4646 | [info@crisphealth.org](mailto:info@crisphealth.org)  
[dc.crisphealth.org](http://dc.crisphealth.org)



# Core CRISP Services for Providers



## 1. Encounter Notification Service (ENS)

- Allows providers, care managers and others with a treatment relationship to be notified when patients are hospitalized in most of the region's hospitals



## 2. Patient Care Snapshot

- An 'on-demand' web based document that displays an aggregation of both clinical and non-clinical data for a selected patient



## 3. Clinical Query Portal

- Search for your patients' prior hospital records (e.g., labs, radiology reports, other dictated reports)



## 4. CRISP In the Workflow

- Access at-a-glance CRISP information directly integrated within your EMR screens at the right spot in your workflow



# Encounter Notification Service (ENS)

- CRISP currently receives information pertaining to **ER visits and inpatient admissions** in real-time from acute care hospitals in the region:
  - All 48 Maryland acute care hospitals
  - All 8 D.C. acute care hospitals
  - All 6 Delaware acute care hospitals
  - 17 Northern Virginia acute care hospitals
  - 29 West Virginia acute care hospitals
- CRISP has the ability to communicate this information, in the form of **real time hospitalization alerts** to SNFs, care coordinators, PCPs, and others responsible for care.





# ENS PROMPT

- PROMPT – “Proactive Management of Patient Transitions”
- Web-based user interface for clinicians to access notifications (especially non-EP or non-EH members of the Care Team)

## Use Case Examples:

- Detect recent admits (IP, ED)
- Detect recent discharges
- Find High Utilizers
- Find Care Team Members
- Perform analytics (utilization by condition, facility, zip code, etc.)
- Manage notifications by status with PROMPT’s real-time status tracking feature
- View patients across multiple patient panels

**ENS PROMPT Quick Start Guide**

**ENS** Encounter Notification Service®  
The Leader in Event Notifications

**ENS PROMPT** Proactive Management of Patient Transitions

Notifications from: LAST 30 DAYS

Search: [Search] NAME: [NAME]

**Derek Cortez (17297)**

- Shouldice Hospital
- 1/29/16 4:39 PM
- ER Discharge
- PEC2HEAD INJ FAX967LT LEG PAIN/FOOTBALL

**Monte Ramirez (19674)**

- Toronto General Hospital
- 1/29/16 2:53 PM
- ER Admit
- WEC731Stomach Pain CAR66LOW B/P

**Gabriel Rangel (54611)**

- Sunnybrook Health Sciences Centre
- 1/29/16 11:23 AM
- IP Transfer
- HUL0Stomach Pain YW214LT LEG PAIN/FOOTBALL

**Angel Calhoun (57530)**

- Toronto General Hospital
- 1/29/16 10:31 AM

**Monte Ramirez (19674)**

815-665-8589

DOB: 5/21/03  
Address: 851 Rocky Clarendon Blvd.  
City/State: Columbus,  
Race: Black or African American  
Ethnicity: Not Hispanic or Latino

PCP: Frankie Erickson  
NPI: 257753528  
ACO: Pioneer ACO Model

**MOST RECENT EVENT**

Event Date: 1/29/16 2:53 PM  
Event Type: ER Admit  
Event Location: Toronto General Hospital  
Hospital Service: Diagnosis  
Patient Diagnosis: CAR66 LOW B/P  
Discharge Disposition: Discharged/transferred to an intermediate care facility ICF  
Admit Source: Physical Referral

**EVENT HISTORY**

1/27/16 10:25 AM | Diagnosis: ZUW9922LOW B/P | Shouldice Hospital | ER Admit  
Complaint: VOT2Stomach Pain

**Legend:**

- 1 Apply a filter
- 2 Conduct a Search
- 3 View a List of Notifications
- 4 Download the Notifications Summary
- 5 Conduct a Search
- 6 View a List of Notifications
- 7 View Prior Events
- 8 Activate Account Settings
- 9 Get Help



# Demonstration – Patient Care Snapshot

New Search > Modify Search

## Patient Care Snapshot

Patient Name: GILBERT GRAPE Gender: Male Date of Birth: 01-01-1984

Profile Sections

Collapse/Expand All

### Patient Demographics

GILBERT GRAPE 4145 EARL C ADKINS DR. RIVER, WV 26000

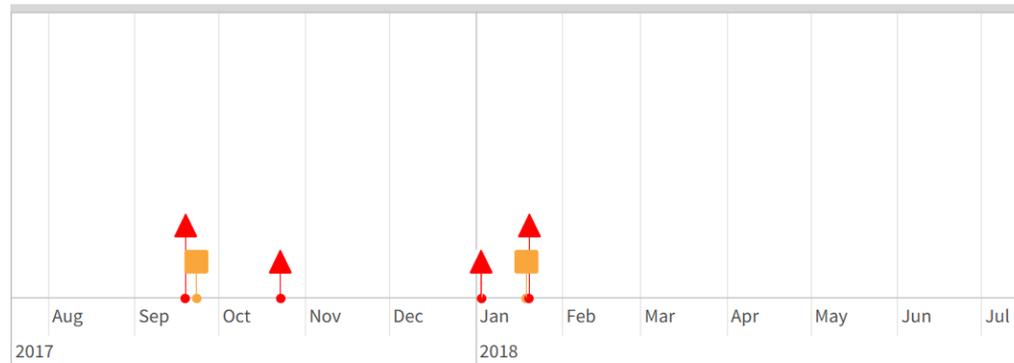
Gender: Male D.O.B.: 01-01-1984

### Medications From Claims

Fill Date	Medications	Quantity	Days Supply	Prescriber Name
09/26/2017	Lisinopril 40 mg/1	30	30	Prescriber 1
09/26/2017	Aspir Low 81 mg/1	30	30	Prescriber 1
09/26/2017	AMLODIPIN E BESYLATE 5 mg/1	30	30	Prescriber 1
09/20/2017	Ergocalcife rol 1.25 mg/1	1	30	Prescriber 1

### Encounters From ADT

Emergency Inpatient Outpatient



1y 6m 3m 1m 7d 07/19/2017 to 07/19/2018 Apply Clear

Event Source Name	Event Type	Date
Prince Georges Hospital Center	Emergency Registration	01/20/2018
Providence Hospital	Inpatient Admission	01/19/2018
Washington Adventist	Emergency Registration	01/03/2018
Washington Adventist	Emergency Registration	10/23/2017



# Demonstration – Patient Care Snapshot

New Search / Modify Search

## Patient Care Snapshot

Patient Name: GILBERT GRAPE Gender: Male Date of Birth: 01-01-1984

Profile Sections

Collapse/Expand All

### Diagnoses From Claims

Condition	Date Recorded
<b>Abnormality of gait</b>	
Abnormality of gait	05/06/2015
<b>Late effects of cerebrovascular disease, hemiplegia affecting dominant side</b>	
Late effects of cerebrovascular disease, hemiplegia affecting dominant side	11/23/2014
Late effects of cerebrovascular disease, hemiplegia affecting dominant side	11/03/2014

### Procedures From Claims

Service From Date	Service To Date	Place of Service	Description
<b>IN MANAGEMENT</b>			
01/20/2015	01/20/2015	MEDICAL TRANSPORTATION MANAGEMENT	Subsequent hospital care
01/20/2015	01/20/2015	MEDICAL TRANSPORTATION MANAGEMENT	Prolonged service, inpatient

Washington Adventist	Emergency Registration	▲	10/23/2017
Providence Hospital	Inpatient Discharge	■	09/23/2017
Providence Hospital	Emergency Admission	▲	09/19/2017

### Care Team

Participant Name	Program	Participant Phone	Enroll Date	Disenroll Date	PCP	Care Manager	Care Manager Phone
Providence	My Health GPS	<a href="tel:202-555-3000">202-555-3000</a>	07/01/2017		Regina Jones	Betsy Smith	<a href="tel:202-555-0982">202-555-0982</a>
DC Medicaid			10/01/2015				

Amerigroup

### Encounters From Claims

Event



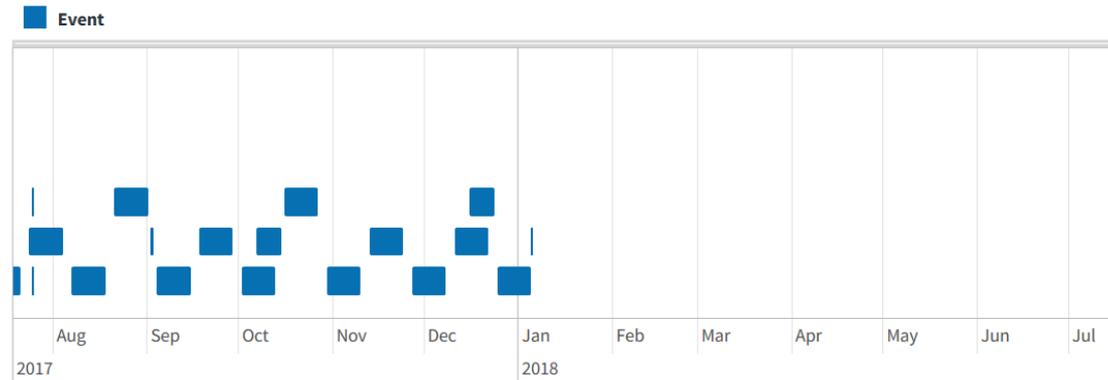
# Demonstration – Patient Care Snapshot

01/20/2015	01/20/2015	MEDICAL TRANSPORTATION MANAGEMENT	Prolonged service, inpatient
01/14/2015	02/26/2015	DC DEPT OF MENTAL HEALTH	Crisis intervention service, per 15 minutes
01/14/2015	02/26/2015	DC DEPT OF	Crisis

## Clinical Documents

Date	Description	Source
No data available in table		

## Encounters From Claims



1y 6m 3m 1m 7d 07/19/2017 to 07/19/2018 Apply Clear

From Date	To Date	Source Name	Claim Type	Reason
01/05/2018	01/05/2018	MEDICAL TRANSPORTATION MANAGEMENT	Services	
12/25/2017	01/05/2018	NURSING UNLIMITED SERVICES, INC.	Home Health	Type 2 diabetes mellitus without complications
12/16/2017	12/24/2017	NURSING UNLIMITED SERVICES, INC.	Home Health	Type 2 diabetes mellitus without complications
12/11/2017	12/22/2017	NURSING UNLIMITED SERVICES, INC.	Home Health	Type 2 diabetes mellitus without complications

# Demonstration – Query Portal (Sunset June 2019)



HOME PATIENT CARE SNAPSHOT

QUERY PORTAL

Patient » Rollins, Jenny K

**Rollins, Jenny K** Female 12/20/1978 (39 yrs) (Community ID:3344223)

2985 Oxford Court, Columbus, MD 39701

Summary More Patient Information Patient Groups Patient Documents PDMP Imaging Worklist Patient Care Overview

### Imaging (4)

Date	Name	Source
09/04/2016	XR PORTABLE CHEST	EDGLB2
03/29/2013	FLUORO, UP TO ONE HR	CGH
03/29/2013	CHEST,SINGLE VW (A/P-...	CGH
03/28/2013	ANKLE,COMP.,(3 VIEWS)	CGH

### Inpatient Encounters (8)

Date	Admission Type	Source
09/22/2016	Resistant	L1
09/19/2016	Resistant	BSB
08/18/2016		L1
08/18/2016		UM_UMM

### Transcriptions (2)

Date	Name	Source
08/18/2016	Care Alert	UM_UMM
04/01/2013	OPERATIVE REPORT	CGH

Date	Name	Source
06/11/2014	TOTAL CHOLESTEROL, ...	CGH
03/30/2013	CHEM7	CGH
03/30/2013	DIFFERENTIAL - AUTO	CGH
03/30/2013	MAGNESIUM	CGH
03/30/2013	CBC W/ AUTO DIFF	CGH
03/28/2013	PTT SCREEN	CGH
03/28/2013	DIFFERENTIAL - AUTO	CGH
03/28/2013	CBC W/ AUTO DIFF	CGH
03/28/2013	CHEM7	CGH
03/28/2013	ABO & RH	CGH
03/28/2013	PT therapy/ INR	CGH

### Conditions (0)

No Conditions to display

### Documents (0)

No Documents to display

### Ambulatory Encounters (3)

Date	Admission Type	Source
09/19/2016	Care Management Enrollment	HLTHEC
06/27/2014	1	CGH
06/02/2014	1	L1

### Vitals (4)

Name	Value	Collected
BLOOD PRESSURE	160/97	06/02/2014
BMI	29	06/02/2014
BLOOD PRESSURE	160/97	06/02/2014
BMI	29	06/02/2014



# Demonstration – Query Portal (Sunset June 2019)



HOME PATIENT CARE SNAPSHOT

QUERY PORTAL

CRISP

My Results Patients Providers

Patient » Rollins, Jenny K

**Rollins, Jenny K**

2985 Oxford Court, Columbus, GA

Summary More Patient Information

### Imaging (4)

Date	Name
09/04/2016	XR PORTABLE
03/29/2013	FLUORO, UP T
03/29/2013	CHEST, SINGLE
03/28/2013	ANKLE, COMP

### Inpatient Encounters (8)

Date	Admission Type
09/22/2016	Resistant
09/19/2016	Resistant
08/18/2016	
08/18/2016	

### Transcriptions (2)

Date	Name
08/18/2016	Care Alert

Transcriptions

ESTIMATED BLOOD LOSS: NONE.

TOURNIQUET TIME: 25 minutes.

PROCEDURE IN DETAIL: The patient was taken to the operating room and administered general anesthesia. She had been given IV Ancef preoperatively. A tourniquet was placed around the left thigh but not inflated. The left ankle and leg were prepped and draped in the usual sterile fashion. An Esmarch bandage was utilized to exsanguinate the left leg and the tourniquet was inflated to 300 mmHg. A straight incision was made over the lateral aspect of the distal fibula and was carried down through skin and subcutaneous tissue. Soft tissue was bluntly separated, carrying it down to the level of the fracture. The periosteum was elevated from around the fracture site. The fracture hematoma was removed. It was a short oblique type fracture. The fracture was reduced and held in place with a bone clamp. A semitubular plate was chosen and bent to contour the fibula. It was applied to the lateral side of the fibula and held in place with a clamp. It did not appear to be an ideal fracture pattern for an interfragmentary screw, and therefore the plate was just utilized. The holes in the plate were filled in the standard fashion of drilling, tapping, measuring and inserting the screws. The 2 distal screws were cancellous and the 3 proximal screws were cortical. All 5 screws gave excellent purchase with the bone. The C-arm was utilized to verify good position of the screws. After all this was completed and the screws were tightened down, the x-ray was checked in AP, lateral and oblique planes, verifying good reduction of the fracture and good position of the plate and screws. Also, the widening of the medial joint space closed down and there was normal alignment of the talus and ankle mortise. The lateral incision was then irrigated. The subcutaneous tissue was closed with 2-0 Vicryl. The skin was approximated with surgical staples. A sterile dressing was applied, along with a well-padded short-leg cast. The tourniquet was deflated and the patient was then aroused and sent to the recovery room in stable and satisfactory condition.

CRISP Training  
 strator | Change Site | Shared

source
LTHEC
GH
1

Collected  
 06/02/2014

# Demonstration – Health Records (New June 2019)



Testpatient, Medium

Male | 05 Jul 1982 (36 Y)  
EID 79680235

[Details](#) ▾

RESULTS VIEWER

Date Range : 1 Year ▾

Print

Laboratory

Radiology

Transcriptions



<input type="checkbox"/>	Date ↕ ↑	Description / Category ↕ ↑	Facility / Provider ↕ ↑
<input type="checkbox"/>	2019-01-03 00:00	<b>Basic Metabolic Panel BMP</b> LAB	University of Maryland Medical Center 1912448424 KEVIN GOUNDRY
<input type="checkbox"/>	2019-01-03 00:00	<b>Complete Blood Count CBC</b> LAB	University of Maryland Medical Center 1912448424 KEVIN GOUNDRY
<input type="checkbox"/>	2019-01-03 00:00	<b>_Electronic GFR GFR</b> LAB	University of Maryland Medical Center 1912448424 KEVIN GOUNDRY

Previous Page 1 of 1 100 rows ↓ Next

Observation ^

Reported	Name	Value / Ref. Range	Interpretation	Status
2019-01-03 00:00	2951-2 Sodium Level	135.0 mmol/L 136 - 145		Final
2019-01-03 00:00	2823-3 Potassium Level	4.5 mmol/L 3.5 - 5.1		Final
2019-01-03 00:00	2075-0 Chloride Level	100.0 mmol/L 98 - 107		Final
2019-01-03 00:00	2028-9 CO2	30.0 mmol/L 21 - 30		Final
2019-01-03 00:00	33037-3 Anion Gap	6.0 4 - 16		Final
2019-01-03 00:00	2339-0 Glucose Level	220.0 mg/dL 70 - 99		Final
2019-01-03 00:00	3094-0 BUN	19.0 mg/dL 7 - 17		Final
2019-01-03 00:00	2160-0 Creatinine	0.53 mg/dL 0.52 - 1.04		Final

# **Children's National Health System**

## **Utilizing CRISP for My Health GPS Care Management**

**Margie Farrar-Simpson MSN, RN, PNP-BC, NE-BC  
Manager, Ambulatory Case Management – Children's National Health System**

**Chad Basham  
Senior Consultant – Health Management Associates**

# Encounter Notification Service

## Panel Configuration

- Panel file indicates the patient's MHGPS status:
  - ✓ Enrolled
  - ✓ Disenrolled
- The MHGPS care manager name is indicated for all enrolled patients

## Notification Subscriptions

- Inpatient Admission
- Emergency Admission
- Outpatient Admission

## ENS Prompt

- Realtime notifications

## CRISP Direct Mail

- Daily excel file of previous day's encounters

# Encounter Notification Service

## Transitions of Care

- Care Managers contact their patient and/or the patient's provider to maintain continuity of care and schedule a follow-up appointment for all hospital inpatient and ED encounters

## Patient Reengagement

- For patients that have been hard to reach and disengaged in the MHGPS services, these notifications give Care Managers a meaningful opportunity to re-engage.

# Patient Care Snapshot

**Existing Patients** – prior to or during a contact with a MHGPS patient the Care Manager accesses the Patient Care Snapshot to:

Check for any new claims, encounters, or diagnoses since the previous visit

Help verify that the patient followed through with a referral based on claims data

View any new labs or medications

**New Patients** – when performing outreach to new patients the Care Manager accesses the Patient Care Snapshot to:

Identify key diagnosis codes

Understand the patient's utilization history

Help care manager to personalize the interaction with the patient

# Clinical Query Portal

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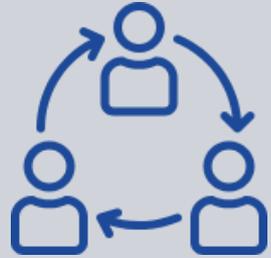
Care Managers access the Clinical Query Portal to review more detailed clinical information when something of interest is identified on the Patient Care Snapshot, via an ENS alert, or during a patient encounter

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The Clinical Query Portal is also viewed for new patients to help the Care Manager establish the patient's medical history

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Care Managers also access the Clinical Query Portal to get updated patient contact information when having trouble getting in touch with patients



# HIE Policy Board Subcommittees Workplan Presentations



# Stakeholder Engagement Subcommittee – Purpose, Mission, and Membership

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**Chair** Dr. Yavar Moghimi **Vice Chair** Ms. Layo George

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

**Mission** To provide recommendations to the HIE Policy Board on:

- Strategies to promote the value of HIE through discussions and forums with identified stakeholders, and
- The SMHP measurement framework and priorities.

## **Membership**

- **HIE PB Members:** Dr. Zach Hettinger, Dr. Marathe Kalyani, Dr. Eric Marshall, Dr. Yavar Moghimi
- **Non-Board Members:** Mr. Ronald Emeni (CRISP), Ms. Layo George (Medstar), Mr. Mark LeVota (DCBHA), Ms. Veronica Sharpe (DCHCA)

# Stakeholder Engagement Subcommittee – Goals & Activities for 2019

<b>Goal #1:</b> Research District stakeholders and identify their needs to gain understanding on ways to improve their engagement in the District’s HIE initiatives		
Activities	Timeframe	Progress
1. Conduct stakeholder exercise to map and identify landscape for engagement in HIE capabilities	Winter – Spring 2019	
2. Conduct outreach to identify the barriers and opportunities to participate in the DC HIE	Winter – Spring 2019	
3. Research training and educational materials that will be most useful to providers and other stakeholders	Winter – Spring 2019	
<b>Goal #2:</b> Collaborate with DHCF to promote the value of health information exchange to District stakeholders		
Activities	Timeframe	Progress
1. Promote the value of participating in the HIE with the identified stakeholder groups	Spring – Fall 2019	
2. Facilitate discussions and forums to capture stakeholder views on HIE in the District	Spring – Fall 2019	
3. Recommend training and educational materials that will be most useful to providers and other stakeholders	Spring – Fall 2019	
<b>Goal #3:</b> Recommend feedback to DHCF on SMHP evaluation measures		
Activities	Timeframe	Progress
1. Collaborate with DHCF and eHealth DC to provide feedback on SMHP measurement framework, define target measures of success	Spring 2019	

## Stakeholder Engagement Subcommittee – Questions for Discussion

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1. What are forums or events that can help to capture stakeholder views on HIE in the District?
2. Currently, the resource clearinghouse has 23 resources which include tip sheets, videos, websites, etc. Are you aware of any additional HIT/HIE materials that can be added to the DC HIT/HIE resource clearinghouse?
3. How can you or your organization help in sharing these resources to providers and other stakeholders in the District? For example via distribution lists, websites, etc.

# DC HIT/HIE Resource Clearinghouse

	A	B	C	D	E	F	G	H
	Resource	Resource Type	Contractor/Grantee	Contract	Audience	Availability/Last Updated	Where can I access (if applicable)?	
1	Website that services as an MU clearinghouse consisting of materials made for Webinar: Achieving the Patient Engagement	Website	DCPCA	TA and Outreach Contract	Physicians, Dentists, Nurse Practitioners, Nurse		<a href="https://www.e-healthdc.org">https://www.e-healthdc.org</a>	
2	Measures with MU On-Demand Webinar weoninar: meaningrul use security risk	Video	DCPCA	TA and Outreach Contract	DC MEIP Participants	December 2018	<a href="https://www.e-healthdc.org/links-and-resources/">https://www.e-healthdc.org/links-and-resources/</a>	
3	Assessment Live Webinar	Video	DCPCA	TA and Outreach Contract	DC MEIP Participants	July 2018	<a href="https://www.e-healthdc.org/links-and-resources/">https://www.e-healthdc.org/links-and-resources/</a>	
4	Tip Sheet: DC MEIP Meaningful Use Option PY2017	Tip Sheet	DCPCA	TA and Outreach Contract	DC MEIP Participants	Available	<a href="https://www.e-healthdc.org/mu-tip-sheets/">https://www.e-healthdc.org/mu-tip-sheets/</a>	
5	Tip Sheet: DC MEIP Meaningful Use Option PY2018	Tip Sheet	DCPCA	TA and Outreach Contract	DC MEIP Participants	Available	<a href="https://www.e-healthdc.org/mu-tip-sheets/">https://www.e-healthdc.org/mu-tip-sheets/</a>	
6	Tip Sheet: Declaration of Readiness for Public Health Reporting	Tip Sheet	DCPCA	TA and Outreach Contract	DC MEIP Participants	Available	<a href="https://www.e-healthdc.org/mu-tip-sheets/">https://www.e-healthdc.org/mu-tip-sheets/</a>	
7	Tip Sheet: Patient Volume Calculation for the DC MEIP	Tip Sheet	DCPCA	TA and Outreach Contract	DC MEIP Participants	Available	<a href="https://www.e-healthdc.org/mu-tip-sheets/">https://www.e-healthdc.org/mu-tip-sheets/</a>	
8	Tip Sheet: Transitions of Care eHealthDC Website Meaningful Use Links and Resources	Tip Sheet	DCPCA	TA and Outreach Contract	DC MEIP Participants	Available	<a href="https://www.e-healthdc.org/mu-tip-sheets/">https://www.e-healthdc.org/mu-tip-sheets/</a>	
9	What is CRISP DC? Video	Video	CRISP	Enhanced HIE Grant	All District Stakeholders	October 2018	<a href="https://youtu.be/WaBSKTAfyI8">https://youtu.be/WaBSKTAfyI8</a>	
10	CRISP ENS Prompt Demonstration Video	Video	CRISP	Enhanced HIE Grant	DC Providers	December 2017	<a href="https://youtu.be/0uVuzBYmdjw">https://youtu.be/0uVuzBYmdjw</a>	
11	Patient Care Snapshot Training	Video	CRISP	Enhanced HIE Grant	DC Providers	December 2017	<a href="https://youtu.be/clZ2ln_pRA4">https://youtu.be/clZ2ln_pRA4</a>	
12	CalIPR Traning Guide	Powerpoint Slides	CRISP	Enhanced HIE Grant	DC Providers	December 2017	<a href="https://crisphealth.org/wp-content/uploads/2016/03/CALIPR-PDF.pdf">https://crisphealth.org/wp-content/uploads/2016/03/CALIPR-PDF.pdf</a>	
13	CRISP Clinical Query Portal Training Video	Video	CRISP	Enhanced HIE Grant	DC Providers	December 2017	<a href="https://youtu.be/3s16OfqTN7U">https://youtu.be/3s16OfqTN7U</a>	
14	Population Health Analytics and Reporting User Training Guide	Powerpoint Slides	CRISP	Enhanced HIE Grant	DC Providers	December 2017	<a href="https://crisphealth.org/wp-content/uploads/2016/03/HealthEC-PDF">https://crisphealth.org/wp-content/uploads/2016/03/HealthEC-PDF</a>	
15	CRISP Onboarding Materials, Outreach Materials, and Training Materials	Website	CRISP	N/A	Providers	Available	<a href="https://crisphealth.org/resources/training-materials/">https://crisphealth.org/resources/training-materials/</a> <a href="https://dcgovict-my.sharepoint.com/:b/g/person/nina_jolani_dc_gov/EYhK1FAAbh9EGmHDumA6ALIdR_vYdrcDUneFfMnaR2nd5_A">https://dcgovict-my.sharepoint.com/:b/g/person/nina_jolani_dc_gov/EYhK1FAAbh9EGmHDumA6ALIdR_vYdrcDUneFfMnaR2nd5_A</a>	

# HIE OCE Subcommittee – Purpose, Mission, and Membership

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**Chair** Ms. Lucinda Wade

**Purpose** Advise, monitor, and improve the community standards for HIE operations in the District.

**Mission** Facilitate the establishment of standards for the DC HIE entities that reflect best practices and ensure consistent operations within the DC HIE.

## **Membership**

- **HIE PB Members:** Donna Ramos-Johnson, Lucinda Wade
- **Non-Board Members:** Ryan Bramble (CRISP DC), Jim Costello (DCPCA/CPC), Brian Jacobs (CIQN), Mike Noshay (Verinovum), LaRah Payne (DHCF)

# HIE OCE Subcommittee: Goals and Activities 2019

Goal #1: Recommend benchmarks for accuracy, timeliness and completeness of data.		
Activities	Timeframe	Progress
1. Understand baseline on key dimensions of data quality	Winter-Summer 2019	
2. Analyze national best practices on EHR data quality	Winter-Summer 2019	
3. Draft recommendations to the HIE Policy Board	Winter-Summer 2019	
Goal #2: Recommend baseline operational performance standards.		
Activities	Timeframe	Progress
1. Analyze baseline operational performance based on pool of DC HIE entity applicant submissions	Spring-Summer 2019	
2. Identify gaps	Spring-Summer 2019	
3. Draft recommendations on operational performance standards to HIE Policy Board	Spring-Summer 2019	
Goal #3: Recommend the types of data that should be a core minimum dataset exchanged among the HIEs in the District.		
Activities	Timeframe	Progress
1. Identify a minimum or core dataset based on provider type and use case	Summer – Fall 2019	
2. Understand challenges to creation of exchange of the core minimum dataset	Summer – Fall 2019	
3. Draft recommendations to the HIE Policy Board	Summer – Fall 2019	
Goal #4: Recommend operational terminology and definitions to standardize language used in the District as it relates to health information exchange, consistent with the DC HIE rule.		
Activities	Timeframe	Progress
1. Identify and catalogue key terminology that needs to be defined/clarified in the DC HIE rule to facilitate implementation	Summer – Fall 2019	
2. Crosswalk to nationally or locally defined terminology related to HIE	Summer – Fall 2019	
3. Collaborate with registered and designed HIEs to establish a common nomenclature. This should also align to the HIEs educational materials.	Summer – Fall 2019	
4. Collaborate with the Stakeholder Engagement and Policy Subcommittees to define concepts on an ad-hoc basis	Summer – Fall 2019	
5. Draft recommendation to the HIE Policy Board	Summer – Fall 2019	

 In Progress  In Development  Not started

# HIE OCE Subcommittee – Questions for Discussion

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1. The subcommittee is gathering a list of terms (glossary) to operationalize a shared understanding of concepts in the DC HIE. Are you aware of any terms that should be added to this list? For example, connectivity, secondary use, etc.
2. What outside resources or best practices are available on the timeliness of clinical data? Examples could include:
  - Health system policy that drives timeliness of data,
  - Peer review articles
  - Specific subject matter experts

# Policy Subcommittee – Purpose, Mission, and Membership

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**Chair** James Turner **Vice Chair** Praveen Chopra

**Purpose** Provide recommendations on public policy initiatives that encourage participation in and the sustainability of the DC HIE.

## **Membership**

- **HIE PB Members:** Mr. James Turner, Ms. Amelia Whitman
- **Non-Board Members:** Mr. Praveen Chopra (GWU Medical Faculty Associates), Dr. Melissa Clarke (Physician Consultant), Dr. Greg Downing (Innovation Horizons, LLC), Ms. Evelyn Gallego (EMI Advisors LLC), Ms. Katheryne Lawrence (District Access System), Mr. Luigi LeBlanc (Zane Networks), Ms. Rachel McLaughlin (Whitman Walker Clinic), Dr. Elspeth Ritchie (Medstar Washington Hospital Center), Dr. Jamie Skipper (Elevation Health Consulting)

# Policy Subcommittee: Goals & Activities for 2019

<b>Goal #1:</b> Make recommendations to the District government on pending policy issues for the (ongoing) implementation of the DC HIE Rule.		
Activities	Timeframe	Progress
1. Research and define secondary use policy	TBD	
2. Research and define reporting of unusual findings	TBD	
3. Review HIE Rule and recommend further guidance and explanation for policies on data privacy and security	TBD	
<b>Goal #2:</b> Make recommendations to the District government on strategies to improve understanding of direct to consumer consent management in the District to increase patient trust in the DC HIE.		
Activities	Timeframe	Progress
1. Review consumer education plans of DC HIE entities (registered and designated HIEs) and make recommendations based on nationally known best practices	TBD	
2. Conduct state HIE analysis of consumer consent laws and best practices	TBD	
3. Conduct analysis of the impact of existing DC privacy laws (e.g. mental health act) and impact on consumer consent	TBD	
4. Develop report to inform HIE direct to consumer consent management in the District	TBD	
<b>Goal #3:</b> Make recommendations to the District government on strategies to inform the impact of local and national HIT/HIE policies on the exchange of health information in the District.		
Activities	Timeframe	Progress
1. Provide ongoing recommendations and guidance on local policies impacting health information exchange (e.g. DC Mental Health Act)	TBD	
2. Provide ongoing recommendations and guidance on national policies impacting health information exchange (e.g. ONC's Trusted Exchange Framework and Common Agreement)	TBD	

## Policy Subcommittee – Questions for Discussion

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1. Have you reviewed any of the proposed rules that may impact the DC HIE?
  - a) Do you or your organization intend to comment on any of the proposed rules?
  - b) Should the policy subcommittee comment on any of the rules on behalf of the HIE Policy Board?

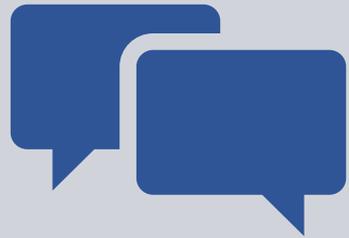
# ONC Releases Draft 2 of TEFCA

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On April 19, ONC released draft 2 of the Trusted Exchange Framework and Common Agreement (TEFCA) after the review of comments on draft 1 of TEFCA. The updated draft includes two additional complementary documents as listed below:

- 1. The Trusted Exchange Framework (TEF) Draft 2** — A common set of principles that are designed to facilitate trust between health information networks (HINs) and by which all HINs should abide in order to enable widespread data exchange. These principles are the foundational concepts that guide the development of the Common Agreement.
- 2. The Minimum Required Terms and Conditions (MRTCs) Draft 2** — These are the mandatory terms and conditions that Qualified Health Information Networks (QHINs) voluntarily agree to follow. The Common Agreement would include the MRTCs, as well as additional required terms and conditions developed by an industry-based Recognized Coordinating Entity (RCE).
- 3. The QHIN Technical Framework (QTF) Draft 1** — This document is incorporated by reference in the Common Agreement. It details the technical and functional components for exchange among QHINs.

**Comments are due on June 17, 2019**



# Public Comments



# Announcements/ Next Steps/ Adjournment

## Future Meeting Dates:

- July 18, 2019, 3-5 PM
- October 24, 2019, 3-5 PM



**Thank you, Kelly!**