

# DISTRICT OF COLUMBIA HEALTH INFORMATION EXCHANGE POLICY BOARD MEETING



April 28, 2022 | 3:00 – 5:00 PM



**THIS MEETING IS BEING RECORDED**



# AGENDA

- **Call to Order**
  - Virtual Meeting Processes
  - Roll Call
  - Announcement of Quorum
  - HIE Policy Board Announcements
    - Open Board seats
- **Q&A on DHCF Digital Health Ongoing Projects**
- **District Designated HIE Entity – CRISP Report to the Board**
- **Demonstration of CRISP DC Reporting Services (DC CRS)**
- **HIE Policy Board Executive Committee: Recommendation to the Board to combine the Operations, Compliance, and Efficiency (OCE) and Policy Subcommittees**
- **HIE Policy Board Subcommittee Reports**
- **Public Comments**
- **Announcements / Next Steps / Adjournment**

# Virtual Meeting Processes

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**To increase engagement, turn on your video**



**Mute your microphone upon entry, and until you're ready 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. Speak up and speak clearly.**



**Voting on a recommendation will require you to say your name followed by either 'aye' 'nay' 'abstain'**

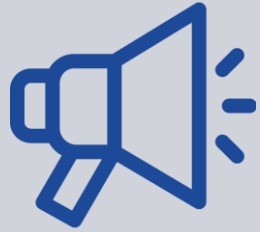


# Roll Call

# Meeting Objectives

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1. Review and discuss questions on staff slides related to DHCF Digital Health and HIE projects.
2. Review and discuss the District Designated HIE Entity's updates to the Board.
3. Review DC HIE analytics plan and a demonstration of the CRISP DC Reporting Services analytics tool.
4. Review a recommendation from the Executive Committee to combine the OCE and Policy Subcommittees and vote on the approval of the recommendation.
5. Discuss and provide feedback on subcommittee reports and tactics on current activities and projects.



# HIE Policy Board Announcements

- Three(3) open Board seats (Dr. Connor Ratchford)



## Q&A on DHCF Digital Health Ongoing Projects



**Ian Dodoo, MHA**  
Acting Division  
Director



**Nathaniel Curry, BS**  
Project Analyst



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



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



**Connor Ratchford, MD**  
Policy Analyst



**Maava Khan, BSDH,  
MHA**  
HIT Analyst



**Allie Liss, MPH**  
Policy Analyst

- **Allocated Time: 3:05- 3:25 PM (20 mins.)**

# Digital Health Project Updates, April 2022

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- New staffing updates
- Overview of HCRIA Digital Health Division project updates
- Q&A on slides



# New DHCF Staff Introduction: Allie Liss, MPH

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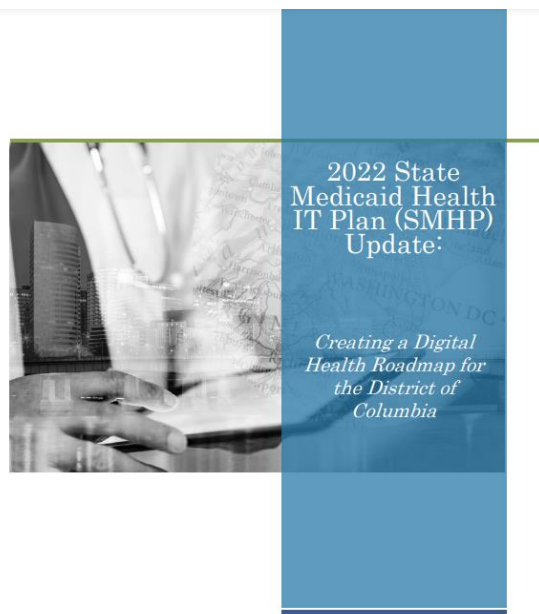


- Position within DHCF: Policy Analyst
- MPH in Health Policy obtained from Harvard T.H. Chan School of Public Health, 2022
- BA in Anthropology with a Certificate in Geographic Information Systems (GIS) obtained from Washington University in St. Louis, 2018
- Product Manager, Digital Provider Solutions at Express Scripts/Cigna, 2018-2020



# Digital Health Project Background Slides

# 2022 SMHP Update Published in March – DHCF to work with agency and health system partners to operationalize recommendations



Published on  
March 31, 2022

CMS Approval received on  
April 25, 2022

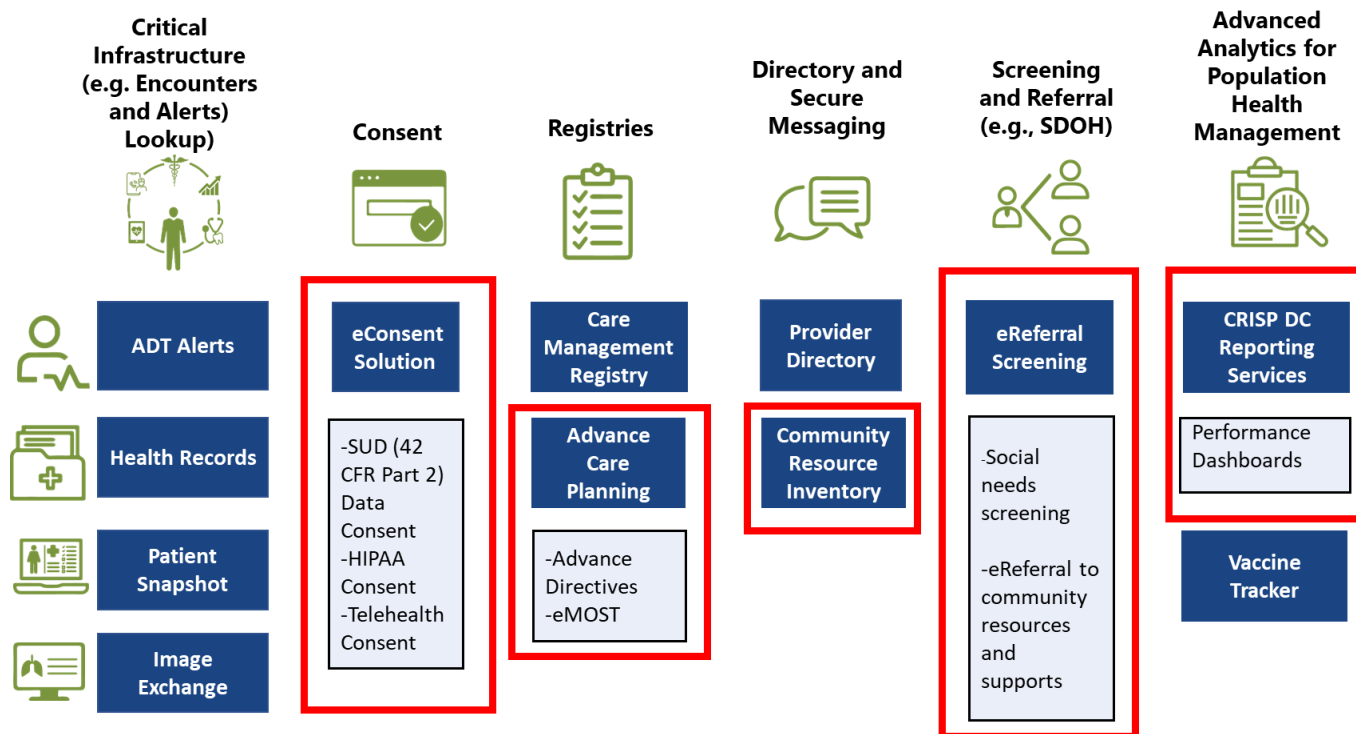
Accessible through  
[DHCF website](#)

1. ***Develop and Publish a Bi-Annual Evaluation*** and Strategic Plan, including Metrics to Effectively Assess Digital Health Impact
2. ***Broaden and Diversify Investments in the DC HIE*** through Interagency Collaboration to Address Technology Gaps, Build District-wide Digital Health Capacity, and Support the Long-Term Sustainability of the DC HIE
3. ***Invest in District-wide Population Health Analytics***, including Access to Priority Data
4. ***Engage Community-Based Organizations and Facilitate Partnerships with Clinical Providers*** to Expand Access and Use of Social Needs Information in the DC HIE
5. ***Enhance the DC HIE Consumer Experience***, for both Providers and Patients
6. ***Improve Education and Communication to Increase Awareness of the DC HIE***
7. ***Develop and Promote Payment Models and Provider Incentives*** to Drive Adoption and Use of the DC HIE

# DHCF's Digital Health Portfolio Transitions from HITECH to New Sources of Funding MES

As HITECH funds sunsetted in September 2021, states were expected to transition to Medicaid Enterprise Systems(MES) funding for the continuation of their health information technology/exchange projects.

- **October 15, 2021:** DHCF submitted the MES Implementation Advanced Planning Document (IAPD) in support of developing additional tools and enhancing on the existing core capabilities of the DC HIE.
- **November 1, 2021:** DHCF and CRISP commenced planning activities for the projects identified in the IAPD.
- **February 2, 2022:** CMS Approved DHCF's MES IAPD for FY 22 and FY 23.
- **April 18, 2022:** DHCF approved a sole source **Notice of Grant Award to CRISP** to continue the enhancement of existing DC HIE core capabilities and develop additional capabilities to support the exchange of health information for whole person care.



# DHCF's Digital Health Portfolio Transitions from HITECH to New Sources of Funding MES

Project	Description and What's Funded	FY 22 Planned Activities
<b>CRISP DC Reporting Services</b>	<p><b><u>Description</u></b>            CRISP DC Reporting Services (DC CRS) tool enables population-level and panel-level management through clinical and administrative data – it is designed with the diverse group of DC HIE users in mind and to support their analyses and interventions.</p> <p><b><u>What's funded FY22-23</u></b>            Development of basic and advanced analytic population health management reporting and dashboards that leverage multiple data sources flowing through the DC HIE.</p>	<p>Develop and enable access to claims-based reports, including cost and utilization (summary counts and drill-throughs), demographics, and quality measure tracking:</p> <ul style="list-style-type: none"> <li>• ED and inpatient utilization</li> <li>• CMS Core Set Measures               <ul style="list-style-type: none"> <li>• Health home</li> <li>• Behavioral health</li> <li>• HIV Viral Load*</li> </ul> </li> <li>• SNF utilization</li> <li>• Pharmacy (adherence, synchronization)</li> <li>• Maternal Health</li> <li>• Specialty care</li> </ul> <p>Develop dashboards to inform care management including follow up post-inpatient or ED discharge</p> <p>Enable DC HIE users to analyze data by:</p> <ul style="list-style-type: none"> <li>• Multiple timeframes (CY, FY, date x to date y)</li> <li>• Coverage type (FFS, MCO, Alliance)</li> <li>• Programs and other sub-panels</li> </ul>

# DHCF's Digital Health Portfolio Transitions from HITECH to New Sources of Funding MES

Project	Description and What's Funded	FY 22 Planned Activities
<b>Community Resource Inventory</b>	<p><b>Description</b></p> <p>DC Community Resource Inventory (CRI), a District-wide publicly available directory of resources reflecting regional programs and organizations in the community.</p> <ul style="list-style-type: none"><li>• Live, publicly accessible website: <a href="http://dc.openreferral.org">http://dc.openreferral.org</a></li><li>• DC can retrieve CRI content and contribute batch uploads via API connection: <a href="http://api.dc.openreferral.org">http://api.dc.openreferral.org</a></li><li>• DC CRI deployed in CRISP DC environment and is available to DC HIE users.</li></ul> <p><b>What's funded in FY22-23</b></p> <p>Development and integration to support a seamless CRI lookup capability within the SDOH screening and referral functions in the DC HIE</p>	<ul style="list-style-type: none"><li>• Engage directly with coalitions and District agencies to contribute existing resource inventories to the centralized, regional DC CRI.</li><li>• Engage with DC HIE Policy Board CRI subcommittee to develop standards related to the use, exchange, sustainability, and governance of the DC CRI</li><li>• Integrate the DC CRI and CRISP referral tool, such that the DC CRI becomes the program directory for community resources in the DC HIE</li></ul>

# DHCF's Digital Health Portfolio Transitions from HITECH to New Sources of Funding MES

Project	Description and What's Funded	FY 22 Planned Activities
<b>Screening &amp; eReferral for SDOH</b>	<p><b><u>Description</u></b> Technical functionalities built into the DC HIE that enable capture of SDOH screening and assessments; transmission of screening and referral data from EHRs and 3<sup>rd</sup> party network platforms; and enable close loop referrals to community-based services</p> <p><b><u>What's funded in FY22-23</u></b> Enhancements to screening and referral functions will include the display of up-to-date screening/assessment results for providers; SDOH screening and referral data is viewable at point of care; and implementation of technical integrations from third-party SDOH network platforms so both screening and referral data are viewable within CRISP</p>	<ul style="list-style-type: none"><li>• Expand reporting ICD-10 diagnosis codes (z-codes) for SDOH pilot to include District hospitals in partnership with DCHA</li><li>• Enable organizations outside of Hospitals and FQHCs to send z-codes through CCDAs</li><li>• Enable ability to send ICD-10 diagnosis codes (z-codes) for SDOH via admission, discharge, transfer messages (ADTs).</li><li>• Enable CBO to CBO referrals</li></ul>

# DHCF's Digital Health Portfolio Transitions from HITECH to New Sources of Funding MES

Project	Description and What's Funded	FY 22 Planned Activities
<b>eConsent Management</b>	<p><b>Description</b> CRISP consent management solution enables compliant electronic exchange of behavioral health information, including substance use disorder (SUD) data protected by 42 CFR Part II, through the District of Columbia Health Information Exchange (DC HIE).</p> <p><b>What's funded in FY22-23</b> Develop additional capabilities for providers to capture consent for telehealth services and HIPAA authorization to support patient directed data sharing with non-covered entities (CBO, social service agencies, etc.).</p>	<ul style="list-style-type: none"> <li>• Provide capability for providers to attest to consent on file.</li> <li>• Configuration of the HIPAA forms to support patient directed data sharing with non-covered entities (CBOs, social service agencies, etc.)</li> <li>• Multi-select recipient function on the form to support patient consent to multiple organizations.</li> </ul>
<b>Advance Care Planning</b>	<p><b>Description (Funded for FY22-23)</b> The Advance Care Planning project will establish a cloud-based platform for providers to document, store and access DC eMOST, DBH Psychiatric Advance Directives, and additional advance care planning documents within the District.</p>	<ul style="list-style-type: none"> <li>• Implement ADVault cloud-based advance directives platform.</li> <li>• Provide online access to create eMOST, POLST, Psychiatric Advance Directives, etc.</li> <li>• Integrate select EHRs with ADVault platform to capture advance directives</li> <li>• Establish connection between ADVault &amp; CRISP.</li> </ul>





## District Designated HIE Entity – CRISP Report to the Board

- **Presenters:** Ms. Stephanie Brown, Executive Director, CRISP DC
- **Allocated Time:** 3:20 - 3:30 PM (10 mins.)

# CRISP DC Report to the DC HIE Policy Board

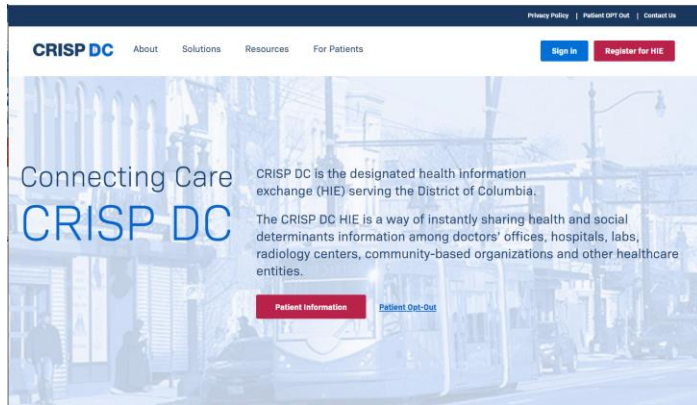
**CRISP DC** powered by  
hMetrix

Connecting Care  
**CRISP DC**

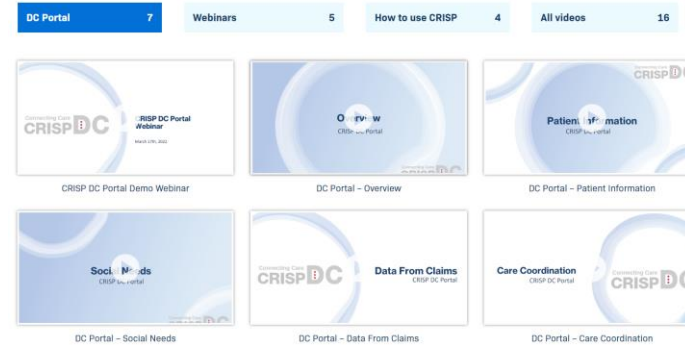


# Designation and Operational Updates

- The new CRISP DC website is live: [www.crispdc.org](http://www.crispdc.org)



## Video Library



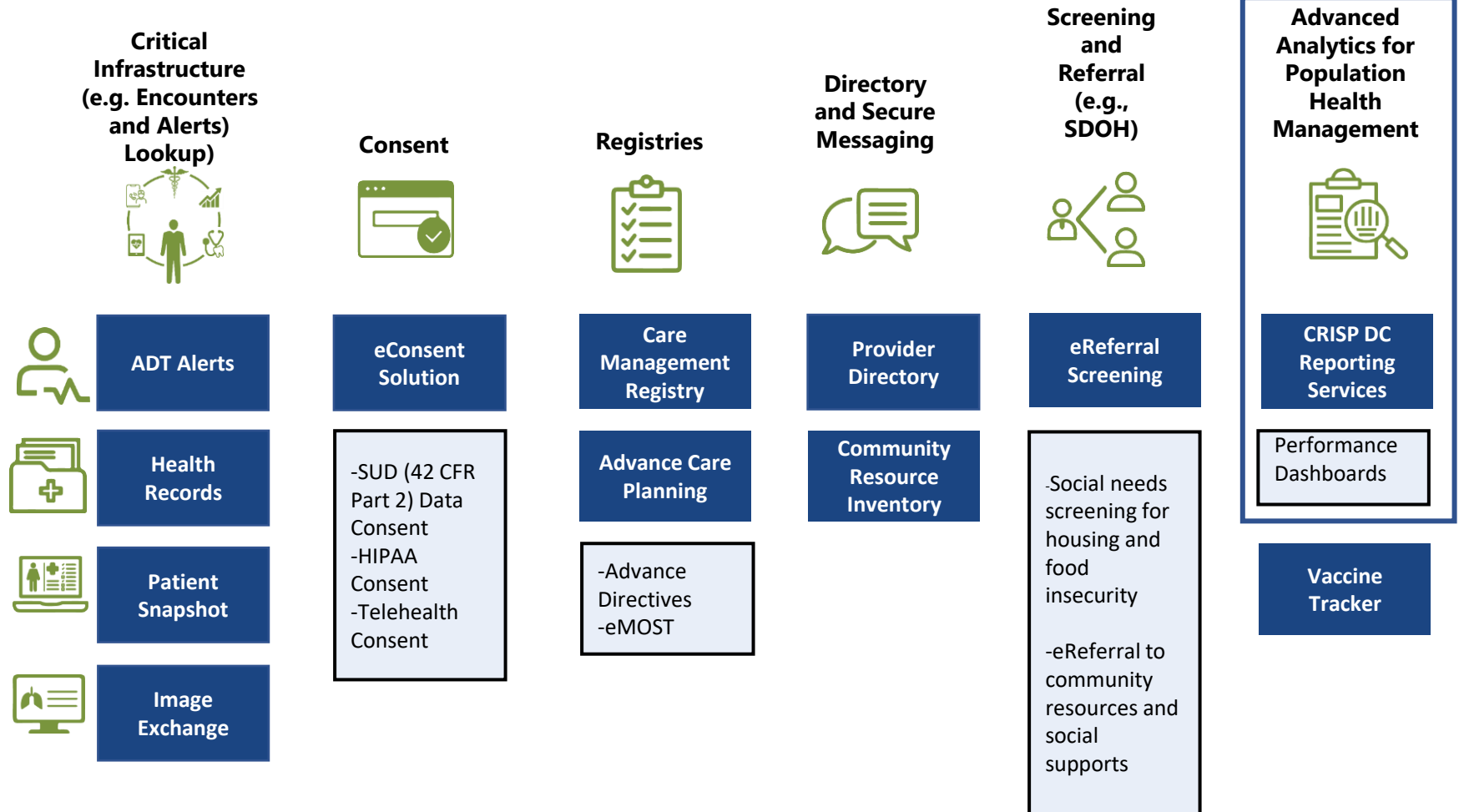
- There are openings on the CRISP DC Clinical Committee for a pediatrician, and clinical expertise from Long Term Care
- DC IAPD
  - HIPAA Authorization for CBOs
  - CoRIE/SDOH Tools: Screening, Referrals and CRI
  - Advance Care Planning
  - **CRISP Reporting Services**



## Demo of CRISP DC Reporting Services (DC CRS)

- **Presenters:** Ms. Deniz Soyer, DHCF; Ms. Katie Schmidt, hMetrix
- **Allocated Time:** 3:30 - 3:55 PM (25 mins.)

# CRISP DC Reporting Services (DC CRS) is an Analytics Platform and 1 of 6 Core Capabilities that make up the DC HIE Infrastructure



## The District is prioritizing the development of basic and advanced analytic population health management capabilities in the DC HIE over a 3-year period

	Basic Analytics	Advanced Analytics
Development	FY22 – FY23	FY23 – FY24
Data Source	Primarily claims-based	Data from multiple sources is leveraged and transformed into a usable format
Features and Metrics	<p>Reports on demographic, health utilization, and cost metrics for patients in a panel</p> <p>Define and/or compare one or more populations (i.e. chronic disease, program enrollment, or other groupings)</p> <p>Easily identify patients who meet criteria for a specific action to improve patient health</p> <p>Ability to monitor progress in quality measures reporting and incentive programs</p>	<p>Measurement based care capturing and monitoring patient reported outcomes</p> <p>Visualization tools to strengthen communication across clinical and non-clinical settings</p> <p>Patient-facing reports to engage individuals in care decisions (e.g. improve Rx adherence)</p>
Stratification	Risk stratification to identify high-cost, high-utilization, members with chronic disease	Predictive risk models based on claims and clinical data to support interventions

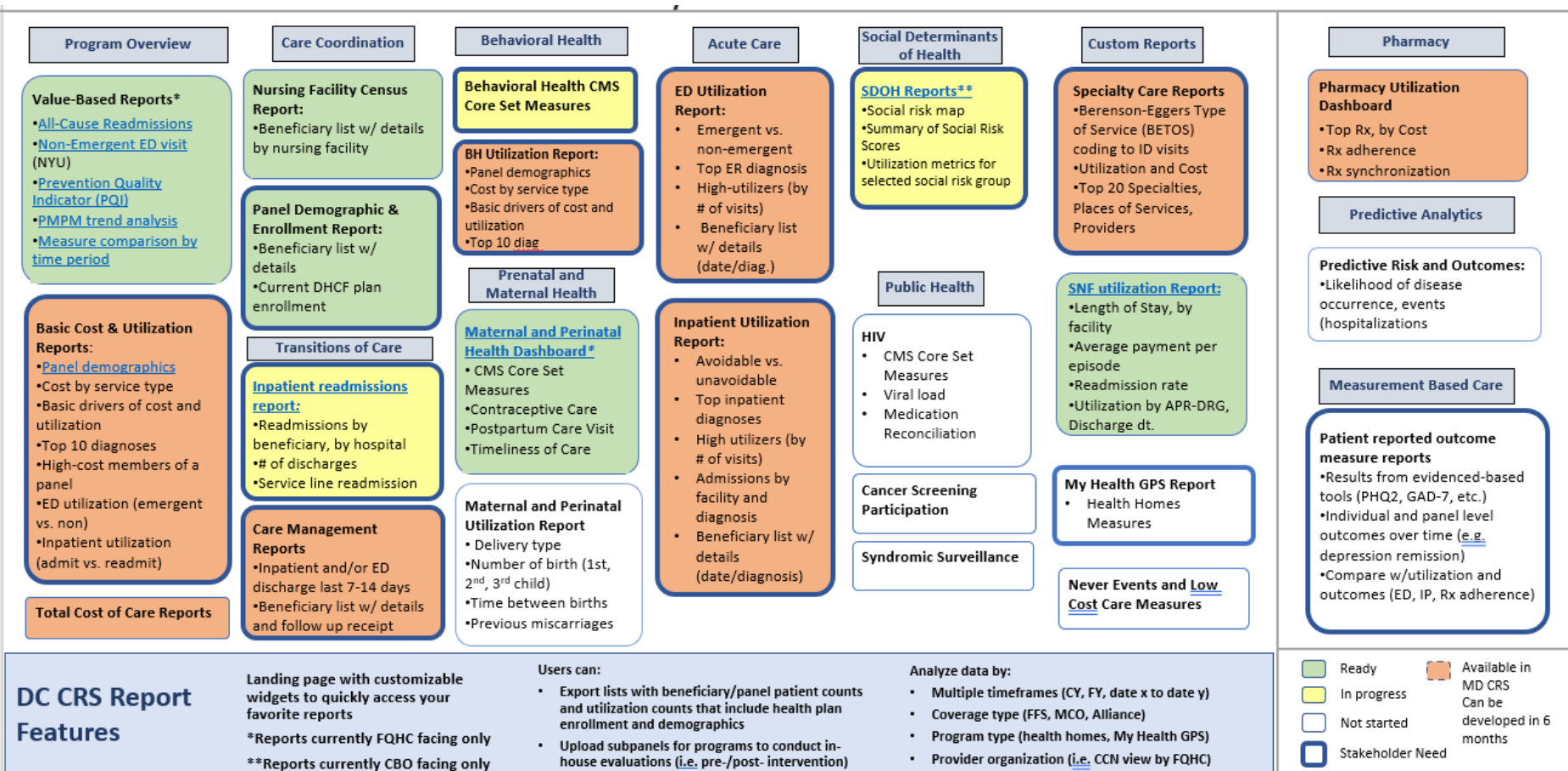
# In 2022, DC CRS will enable access to 6 major claims-based reporting capabilities, identified as priorities by health system stakeholders

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- |   |                                   |  |
|---|-----------------------------------|--|
| 1 | <b>General Functions</b>          | <ul style="list-style-type: none"><li>• Ability to understand service utilization patterns and monitor trends over time</li><li>• Compare data points for different timeframes</li><li>• Filter or aggregate all reported claims by coverage type and health plan and program</li></ul>                            |
| 2 | <b>Enrollment</b>                 | <ul style="list-style-type: none"><li>• Identify each Medicaid beneficiary's assigned payor or program in your patient panel and view panel-level demographics</li></ul>   |
| 3 | <b>Financial</b>                  | <ul style="list-style-type: none"><li>• Aggregate claim costs at the provider organization level</li><li>• Display where beneficiaries are receiving services</li><li>• Cost of the services billed for the organization's patient panel</li></ul>   |
| 4 | <b>Utilization</b>                | <ul style="list-style-type: none"><li>• Include summary counts</li><li>• Drill-downs to specific claims details for each beneficiary</li></ul>   |
| 5 | <b>Health Risk Stratification</b> | <ul style="list-style-type: none"><li>• Understand the disease burden associated with patient panels</li><li>• Identify those patients who are high risk, rising risk, and low risk as determined by factors such as comorbidities, risk of hospitalization and costs claimed during a specified period.</li></ul> |
| 6 | <b>Care Management</b>            | <ul style="list-style-type: none"><li>• Guide care management efforts related to patient follow-up after a hospital encounter, including inpatient and ER encounters</li></ul>   |

# Population Health Analytics Management via the DC HIE

What reports do we have lined up to help address District health system priorities over the next 3 years?





# Overview

1. Data in the Reports
2. Reports Currently in Production
3. Demo of Select Live Features & Upcoming Reports
4. DC CRS User Support
5. Overview of DC CRS Platform and Future Growth



# Current Data in the Reports

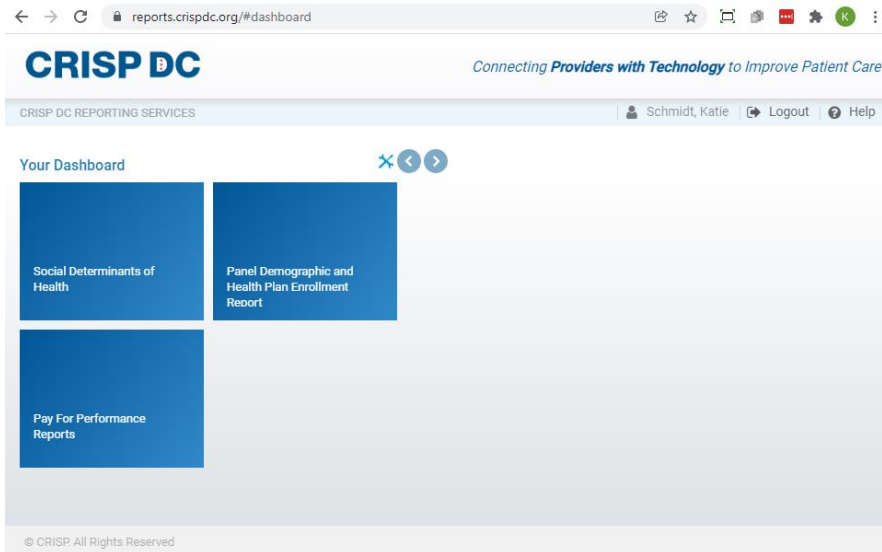
- DC Medicaid and Alliance Members
- Medicaid and Alliance Claims data coming directly from DHCF bi-weekly
- Data available from November 2018 to present
- Note: All data in this presentation is demo data and does not include PHI (and therefore can be shared with others)

# Reports Currently in Production

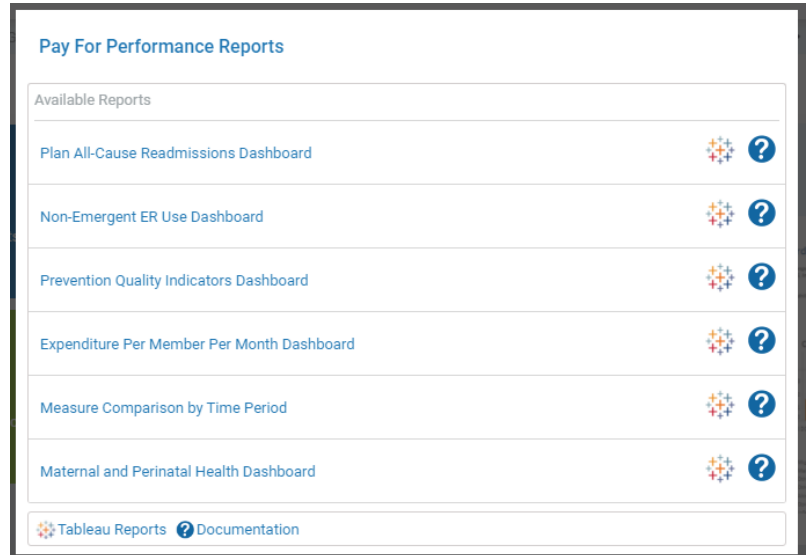
- Program Overview Reports
  - Plan All-Cause Readmissions
  - Non-Emergent Emergency Department Use
  - Prevention Quality Indicators
  - Per Member Per Month Summary
  - Measure Comparison by Time Period
  - Maternal and Perinatal Health Report
- Social Determinants of Health
  - Panel Summary Report
- Panel Demographic and Health Plan Enrollment Report
- Nursing Facility Report
- Readmission Reduction Reports (Hospitals)
  - Service Line Readmission
  - Plan All-Cause Readmissions Dashboard
  - SNF Report

# Accessing the Reports

- Navigate to [reports.crispdc.org](https://reports.crispdc.org)



The screenshot shows the CRISP DC Reporting Services dashboard. The header includes the CRISP DC logo and the tagline "Connecting Providers with Technology to Improve Patient Care". Below the header, there is a navigation bar with the text "CRISP DC REPORTING SERVICES" and user information "Schmidt, Katie", along with "Logout" and "Help" links. The main content area is titled "Your Dashboard" and features three blue tiles: "Social Determinants of Health", "Panel Demographic and Health Plan Enrollment Report", and "Pay For Performance Reports". The footer contains the text "© CRISP All Rights Reserved".



The screenshot shows the "Pay For Performance Reports" section. It features a list of available reports, each with a Tableau icon and a question mark icon. The reports are:

- Plan All-Cause Readmissions Dashboard
- Non-Emergent ER Use Dashboard
- Prevention Quality Indicators Dashboard
- Expenditure Per Member Per Month Dashboard
- Measure Comparison by Time Period
- Maternal and Perinatal Health Dashboard

At the bottom, there are links for "Tableau Reports" and "Documentation".



# Population Navigator

Episode Pharmacy Monitoring Hospital HospitalA - 100001 Attribution Type i

Population Navigator

Roster: Select Roster

\* Double click on row to edit Roster Excel Export

Master Patient ID	Patient Name	Gender	Date of Death	DOB	Dual Eligibility
5XB0VZ1XD44	[Link]	Female	12/30/2020	[Link]	No
9DZ6TS8NR63	[Link]	Female		[Link]	No
8DD3U49UG99	[Link]	Female	01/19/2021	[Link]	No
1N84OZ8CU96	[Link]	Male		[Link]	No
1VR3RI3QD96	[Link]	Male	11/10/2020	[Link]	Yes
0KD8HL5FC45	[Link]	Male		[Link]	No
9V28Q36OU22	[Link]	Male		[Link]	No
9R00G14CN21	[Link]	Male		[Link]	No
3W46NL2YI83	[Link]	Male	11/30/2020	[Link]	No
2AV3B38HY15	[Link]	Female		[Link]	Yes
2V75NA3IY58	[Link]	Female	08/19/2020	[Link]	Yes
8XA4OZ4CX68	[Link]	Male		[Link]	No
0QZ9E85WU45	[Link]	Female	08/17/2020	[Link]	Yes
2NI4N64UP69	[Link]	Male		[Link]	No
8GS7KL8XU32	[Link]	Male	02/24/2021	[Link]	Yes
0WY7UC2QN68	[Link]	Male		[Link]	Yes
3NZ3U48FK97	[Link]	Female	12/09/2020	[Link]	Yes
5TS5G41QU62	[Link]	Female		[Link]	Yes
9N14JT1MN93	[Link]	Female		[Link]	Yes

Measures

Filter

Measures ↑

Value

Count

CCW Chronic Conditions (Filtered:0)

Other Clinical (Filtered:0)

PQI - Inpatient & OBS > 24 (Filtered:0)

☐

PQI 01 - Diabetes Short-Ter...

Yes

220

☐

PQI 03 - Diabetes Long-Term...

Yes

690

☐

PQI 05 - Chronic Obstructive...

Yes

1,252

☐

PQI 07 - Hypertension Admi...

Yes

478

☐

PQI 08 - Heart Failure Admis...

Yes

2,830

☐

PQI 09 - Low Birth Weight Ra...

Yes

0

☐

PQI 11 - Bacterial Pneumoni...

Yes

1,071

☐

PQI 12 - Urinary Tract Infecti...

Yes

1,298

☐

PQI 14 - Uncontrolled Diabet...

Yes

378

☐

PQI 15 - Asthma in Younger ...

Yes

11

☐

PQI 16 - Lower-Extremity Am...

Yes

279

☐

PQI 90 - Prevention Quality ...

Yes

6,978

☐

PQI 91 - Prevention Quality A...

Yes

2,300

☐

PQI 92 - Prevention Quality C...

Yes

5,169

☐

PQI 93 - Prevention Quality D...

Yes

1,255

Quality Reporting Conditions and Medications (Filtered:0)

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Displaying 1 - 25 of 30833

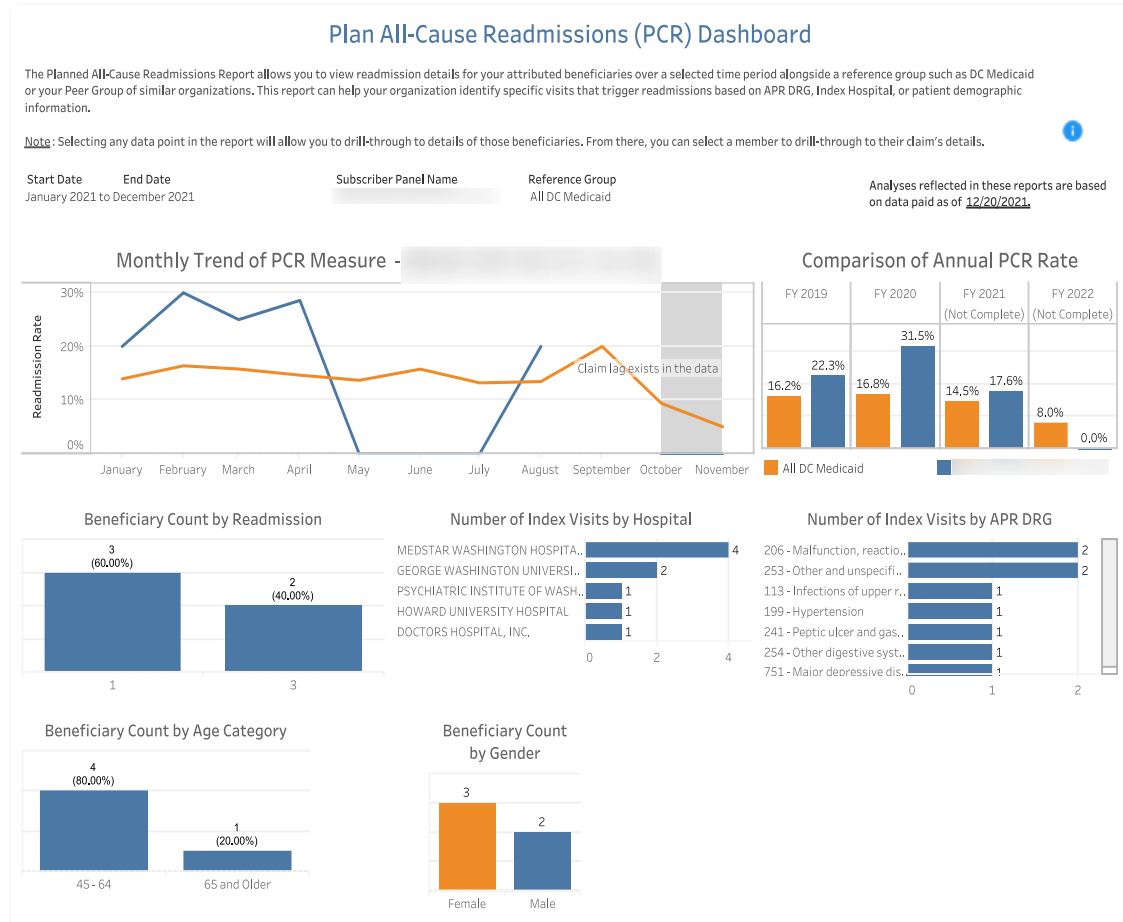
Filter or sort based on values in any column (additional columns not shown)

Export to Excel for additional analyses

Filter panel by chronic condition, utilization-based measures, and PQI history

# Plan All-Cause Readmissions

- Track your beneficiaries' readmissions by APR DRG, Date, and Demographic information.
- Reference Groups include:
  - All DC Medicaid
  - Peer Group – aggregation of all other FQHCs
- Filterable on any report selection.
- Drill-throughs to Beneficiary- and Claim-level details.



# Drill Throughs

## Beneficiary Drill Through



### Beneficiary Details

Subscriber Name:

Member Origin..	Beneficiary Name	Gender	DOB	Age	Zip Code	Case Ma..	DHCF Plan (Current)	Claim Count	Amount Paid	Readmissio..
	FirstName37677 Las..	Male				Null	MEDSTAR FAMILY CHOICE..	2	\$50,873.41	2

## Claims Drill Through



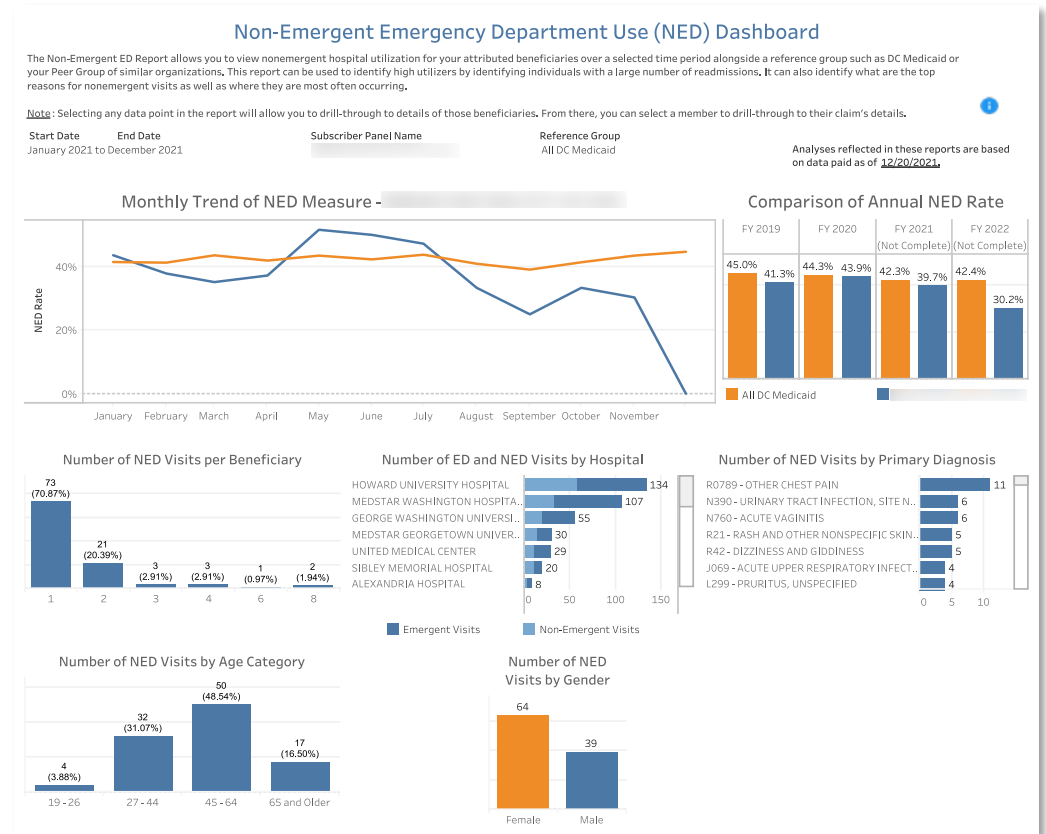
### Claim Details

Subscriber Name:

Member Original ID	Beneficiary Name	Claim Number	Claim From Date	Claim Through Da..	Primary Diagnosis	APR DRG	Provider Name	DHCF Plan	Amount Paid	Readmissions
	FirstName37677 LastName37677		02/01/2021	03/01/2021	T827XXA - I..	206 - Malfunction, reaction, ..	MEDSTAR ..	MEDST..	\$33,142.34	1
			04/01/2021	04/01/2021	T827XXA - I..	206 - Malfunction, reaction, ..	MEDSTAR ..	MEDST..	\$17,731.07	1
			06/01/2021	06/01/2021	T827XXA - I..	206 - Malfunction, reaction, ..	BRIDGEPOI..	MEDST..	\$52,800.00	0
			09/01/2021	09/01/2021	T827XXA - I..	206 - Malfunction, reaction, ..	MEDSTAR ..	MEDST..	\$17,731.07	
			10/01/2021	10/01/2021	T827XXA - I..	206 - Malfunction, reaction, ..	MEDSTAR ..	MEDST..	\$17,096.13	0

# Non-Emergent ED Use Dashboard

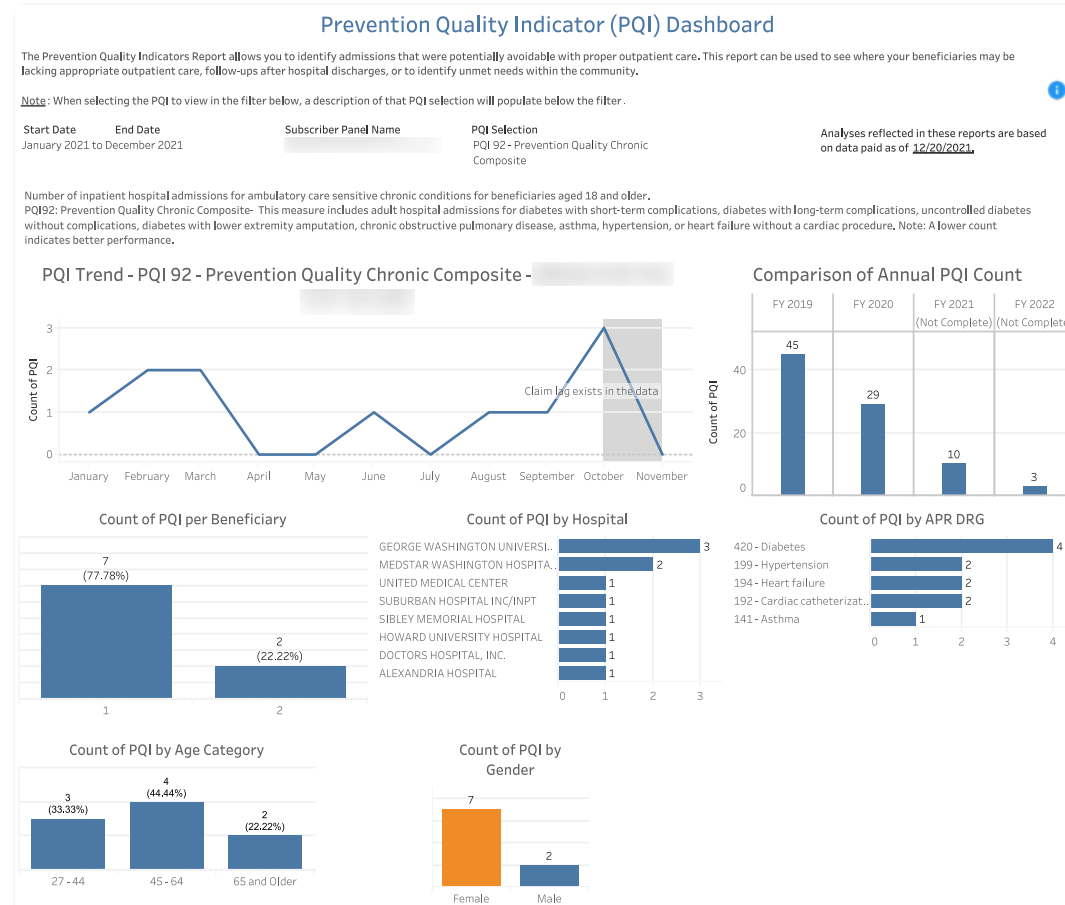
- Track your beneficiaries' non-emergent ED Use by Date, Diagnosis, and Demographic information.
- Same functionalities exist in this report as the PCR Report
  - Reference groups
  - Filterable on any selection
  - Drill throughs to beneficiary and claims details





# Prevention Quality Indicators

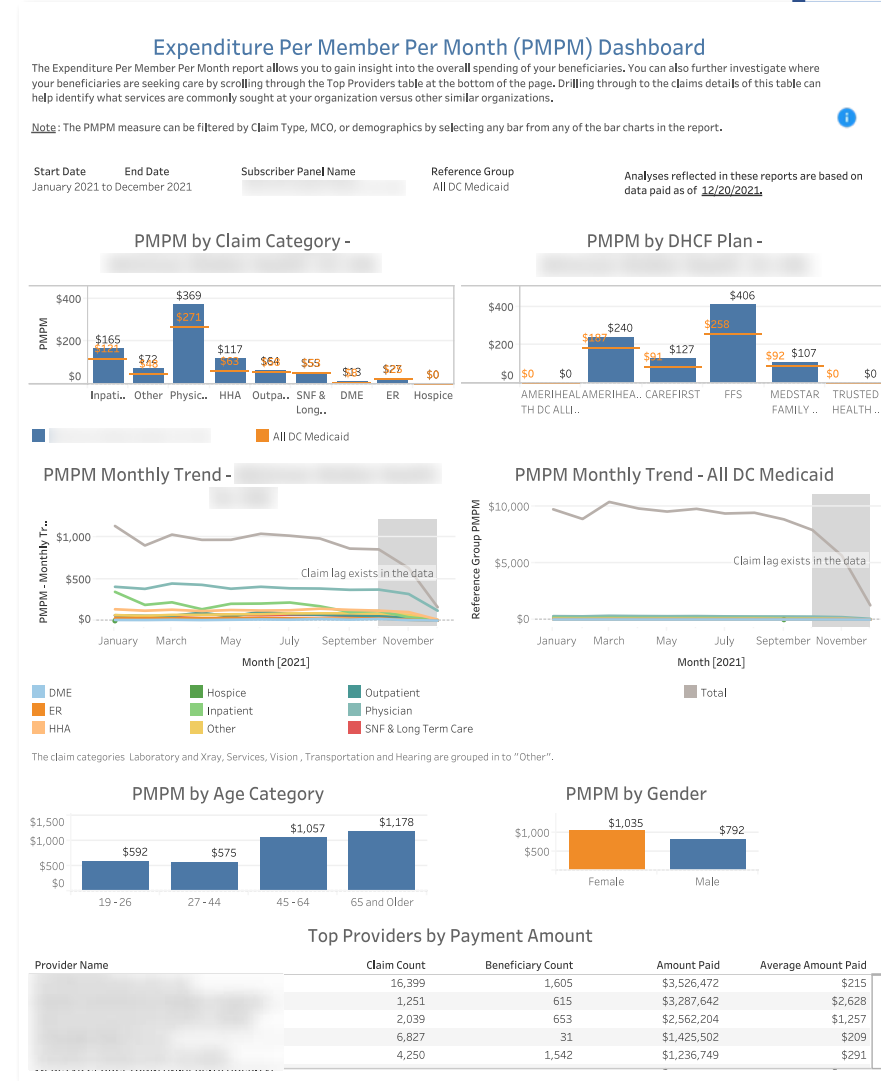
- Prevention quality indicators are helpful in identifying admissions that were potentially avoidable with proper outpatient care.
- Similar functionalities to PCR and NED Reports, but without a reference group (based on counts)
- View the summarized report based on any PQI in the PQI selection filter
  - The description below the PQI selection will update when a new PQI is selected.





# Per Member Per Month

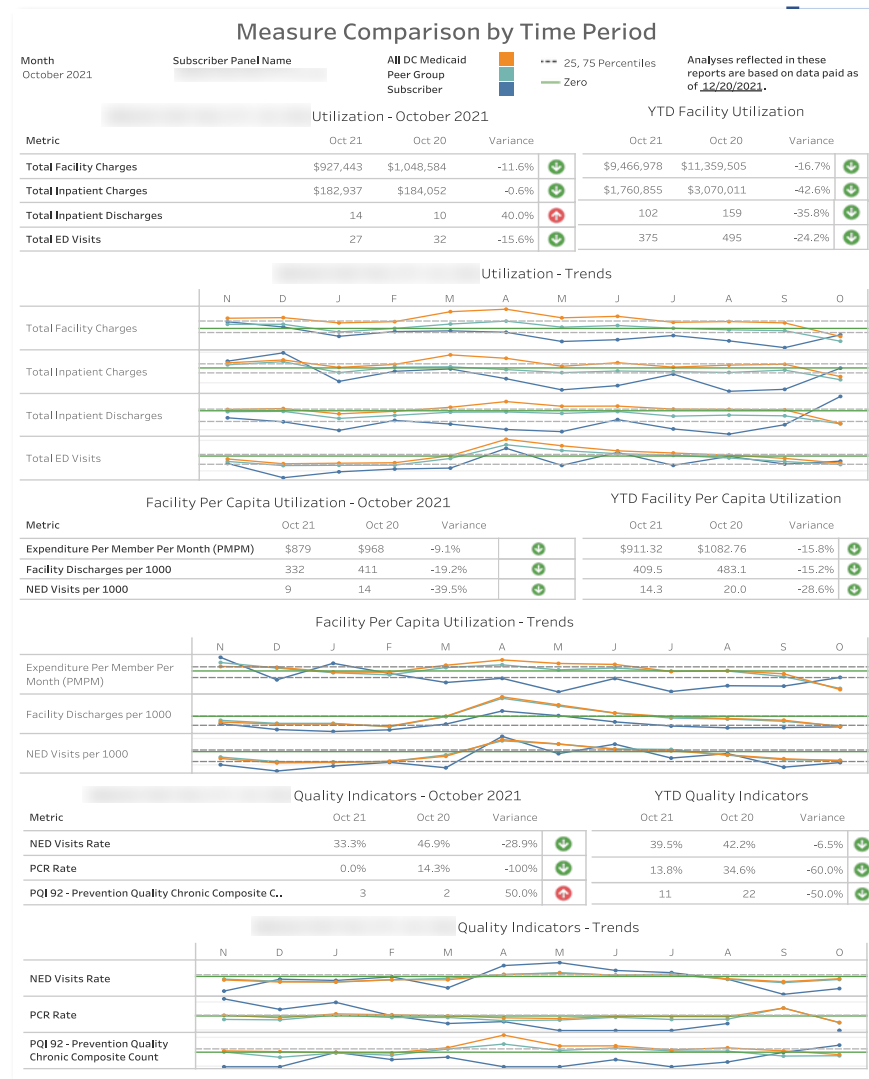
- View your panel's utilization by claim category, DHCF Plan, demographics, and providers
- Reference groups and drill-throughs available
- Drilling through on the "Top Providers by Payment Amount" chart can help you identify who is going to which facilities and for what type of care.





# Measure Comparison by Time Period

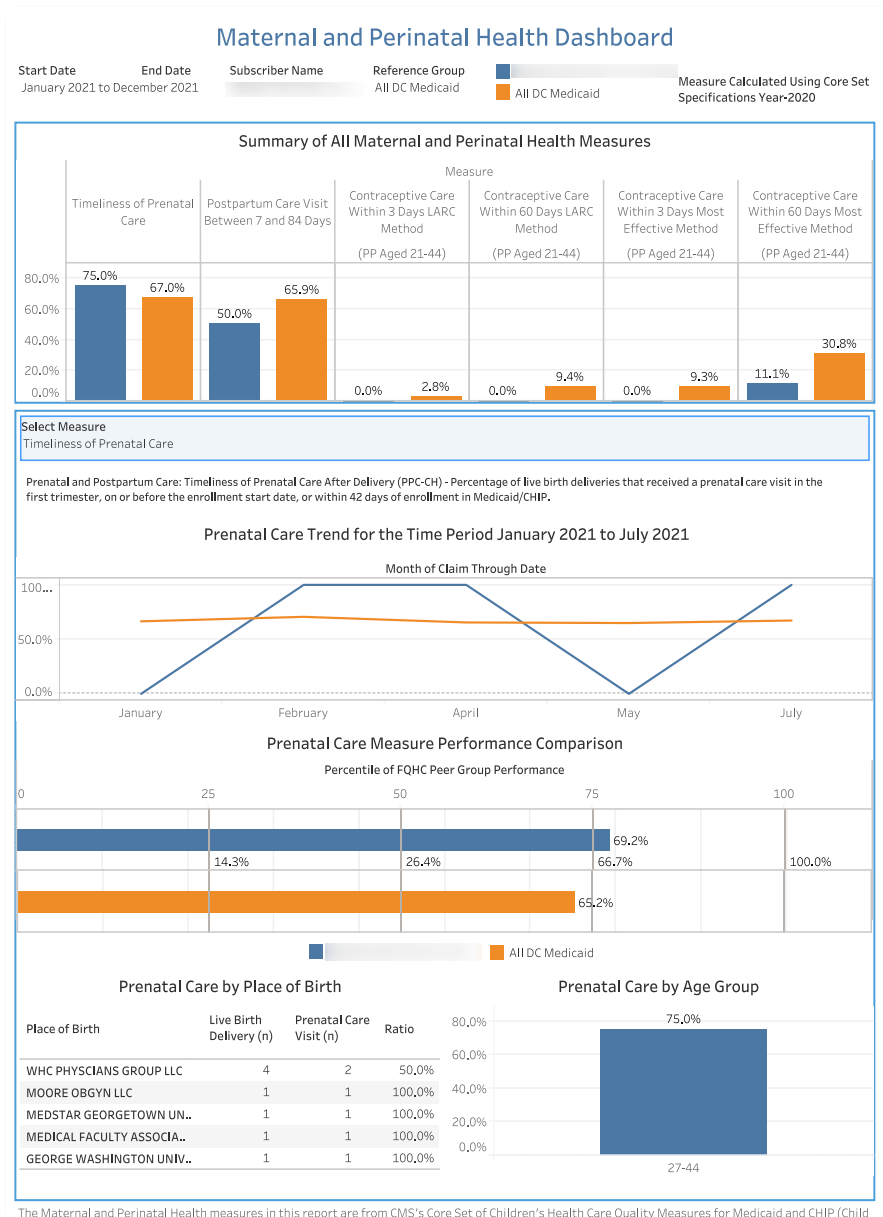
- View multiple utilization measures in a selected month compared to the same month in the previous year
- The goal is to view your performance over time, removing seasonal trends that may exist
- Both month-specific and YTD measures are available





# Maternal and Perinatal Health

- The Maternal Health Dashboard outlines four measures from the CMS Children's and Adult's Core Set Measures
  - Timeliness of Prenatal Care
  - Postpartum Care
  - Contraceptive Care LARC Method
  - Contraceptive Care Most Effective Method
- Summary of all measures on top of report and further analysis of a selected measure below.



# Nursing Facility Report

- Available to Nursing Facilities and DHCF Staff
- Submit census to DHCF using the “I Attest” button, with the ability to add in any notes
- Facilities ability to edit census
  - Edit directly in UI by double-clicking admit or discharge date
  - Upload edits or add individuals to census using a template within the “Upload” feature
- Level of Care (LOC) and Continued Stay Review (CSR) dates available

Upload

Excel Export

## Nursing Facility Report

This report shows the list of members identified in each Nursing Facility using the DC Medicaid Claims Data

Nursing Facility Name:  
ADELPHI NURSING AND REHABILITATION

Month:  
November 2021

\* Double click on the Admission Date/Discharge Date cell to update the date

I Attest

Medicaid ID	Account Name	Patient First Name	Patient Last Name	Gender	DOB	LOC Start Date	CSR Date	Admission Date	Discharge Date	
1030714852	ADELPHI NURSING AN...	BRIANNE	LEE	Male	04/01/1945			08/03/2021	02/16/2022	ⓧ
1030913577	ADELPHI NURSING AN...	CAROL	JORDAN	Male	01/01/1963			09/01/2021	02/17/2022	ⓧ
1030753852	ADELPHI NURSING AN...	DAISY	CANTRELL	Male	08/01/1955			08/05/2021	02/03/2022	ⓧ
1030035607	ADELPHI NURSING AN...	DANIELLA	AGGARWAL	Female	11/01/1957			08/01/2021	02/17/2022	ⓧ
1030979026	ADELPHI NURSING AN...	ERIC	DOUGAL	Female	05/01/1976			08/01/2021	02/01/2022	ⓧ
1030245488	ADELPHI NURSING AN...	LARA	TAKAHASHI	Male	01/01/1957			08/01/2021	03/07/2022	ⓧ
1030226472	ADELPHI NURSING AN...	LORI	HANCOCK	Male	11/01/1959			09/02/2021		ⓧ
1030918034	ADELPHI NURSING AN...	MANDY	JOHNSTON	Male	10/01/1975			09/01/2021		ⓧ

« < | Page 1 of 1 | > »

Displaying 1 - 10 of 10

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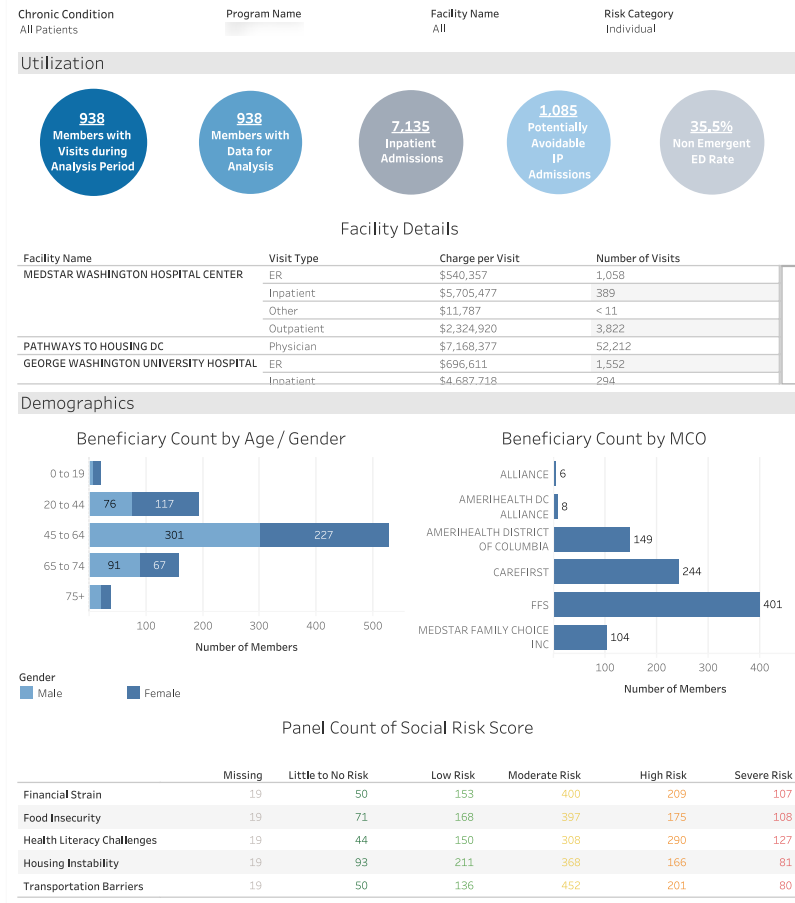


# Social Determinants of Health Panel Report

- View Utilization, Demographic, and Social Risk Summaries for your specific panel of patients
- Filterable by:
  - CCW Chronic Conditions
  - Facilities a patient has visited
  - Social Risk category – individual or community
- See where your patients are going, how often, and what types of visits
- Social Risk summary allows you to view the high-risk social categories for your beneficiaries

## Summary of Panel's Social Determinants of Health Risk Scores - All

The Summary of Panel's Social Determinants of Health Risk Scores Report allows you to dive deeper into your specific panel of Medicaid beneficiaries. In addition to data on the risk scores, this summary includes demographics and selected utilization measures for your panel of beneficiaries. Hovering over the measures in the bubbles provides more information on their definitions.





# Panel Demographic and Health Plan Enrollment Report

- Report that shows demographic information and health plan (MCO) of beneficiaries in your panel.
- Report updated bi-weekly as your panel is updated.

## Panel Demographic and Health Plan Enrollment Report

This report displays panel member demographic and health plan enrollment information using beneficiary enrollment data provided from the District of Columbia Department of Health Care Finance (DHCF)

361 DC Medicaid and Healthcare Alliance beneficiaries identified in								in December 2021
Master Patient Id	Medicaid Id	Patient First Name	Patient Last Name	Gender	DOB	State	Age	DHCF Plan (Current)
950093303	1030288542	PATRICK	DORCELUS	M	9/1/1961	DC	60	CAREFIRST
950116314	1030520194	BRUCE	HILL	M	3/1/1978	DC	43	AMERIHEALTH DISTRICT OF COLUMBIA
950158619	1030107333	PATRICK	BOATENG	M	7/1/1966	DC	55	MEDSTAR FAMILY CHOICE INC
951000223	1030128899	EMMA	GOLL	F	2/1/1958	DC	63	FFS
951000232	1030420687	SAMIYA	MARTIN	M	8/1/1954	DC	67	FFS
951000298	1030219540	PETER	SEALY	F	5/1/1963	DC	58	MEDSTAR FAMILY CHOICE INC
951000310	1030004922	BEVERLY	RANDALL	M	2/1/1967	DC	54	FFS
951000498	1030072031	NOOR-UL-HUDA	MEHDI	M	2/1/1978	DC	43	AMERIHEALTH DISTRICT OF COLUMBIA
951000555	1030093256	RICHARD	JOHNSON	M	5/1/1959	DC	62	AMERIHEALTH DISTRICT OF COLUMBIA
951000566	1030094723	NATASHA	KAPOOR	F	6/1/1964	DC	57	CAREFIRST
951000694	1030109584	OLIVIER	STANLEY	M	1/1/1960	DC	62	MEDSTAR FAMILY CHOICE INC
951000752	1030096850	ADRIENNE	OLOWOJESIKU	F	5/1/1964	DC	57	CAREFIRST
951000820	1030101580	RANTI	SOSAN	M	6/1/1967	DC	54	MEDSTAR FAMILY CHOICE INC
951000878	1030136268	PATRICK	BRIDGES	M	1/1/1948	DC	74	FFS
951000942	1030233992	SALLIE	STONE	M	6/1/1956	DC	65	FFS
951000945	1030037842	SHERRY	GUTIERREZ	F	2/1/1958	DC	63	AMERIHEALTH DISTRICT OF COLUMBIA
951000972	1030319240	AKBERT	TEKLEAB	F	10/1/1962	DC	59	FFS
951000986	1030361203	JOHN	KENNEDY	M	1/1/1962	DC	60	FFS
951001008	1030114860	ELVA	ANDERSON	F	10/1/1954	DC	67	FFS
951001027	1030111917	ROHANI	TRAN	M	12/1/1951	DC	70	FFS
951001127	1030008946	CELESTINE	FOKABO	F	7/1/1959	DC	62	MEDSTAR FAMILY CHOICE INC
951001414	1030033695	MOLLIE	SERBES	F	12/1/1950	DC	71	FFS
951001503	1030036915	WHITNEY	COLEMAN	M	11/1/1952	DC	69	MCO UNKNOWN
951001586	1030040218	ANDREW	DUCKWILDER	M	4/1/1963	DC	58	MEDSTAR FAMILY CHOICE INC
951001663	1030044611	VICTORIA	FEDOROVA	F	7/1/1966	DC	55	CAREFIRST
951001669	1030044821	SHANAY	HAWKINS	F	5/1/1965	DC	56	MCO UNKNOWN
951001671	1030044910	LUTHER	ALEXIS	M	12/1/1975	DC	46	FFS
951001678	1030045303	MONICA	DALE	F	4/1/1963	DC	58	AMERIHEALTH DISTRICT OF COLUMBIA
951001970	1030064054	TONYAM	JENKINS	M	3/1/1957	DC	64	CAREFIRST



# Service Line Readmission Report

- High-level overview of readmissions by APR DRG Service Line.
- Select an APR DRG Service Line on the top chart to show index visit APR DRGs making up that data point.
  - Select one of these index APR DRGs (left chart) to view the readmission APR DRGs on the right charts.
  - Note: The first APR DRG chart is specific to your hospital and the bottom is a reference for the full DC Medicaid population.

Service Line Readmission Analysis										
Index Hospital Name		Discharge Date (All)								
Index APR ServiceLine	Eligible Discharges	Readmissions	Percent Readmissions	Intra Readmissions	Intra Readmission Rate	Inter Readmissions	Inter Readmission Rate	Readmission Ratio(O/E)		
Grand Total			16.3%		7.9%		8.4%	0.228		
General Medicine			20.3%		9.9%		10.5%	0.262		
Mental Health and S..			31.4%		9.5%		21.9%	0.399		
Cardiology			23.8%		12.6%		11.2%	0.287		
General Surgery			12.0%		8.8%		3.2%	0.173		
Neurology			12.0%		5.5%		6.5%	0.169		
Oncology			37.4%		31.8%		5.6%	0.445		
Orthopedics			7.6%		4.7%		2.9%	0.113		
Obstetrics			1.3%		1.0%		0.3%	0.025		
Vascular Surgery			13.6%		9.9%		3.7%	0.172		
Urology			14.7%		8.0%		6.7%	0.183		
Cardiothoracic Surg..			15.7%		11.8%		3.9%	0.210		
Plastic Surgery			8.6%		8.6%		0.0%	0.128		
Trauma			7.6%		4.2%		3.4%	0.117		
Otolaryngology (EN..			17.2%		10.3%		6.9%	0.233		

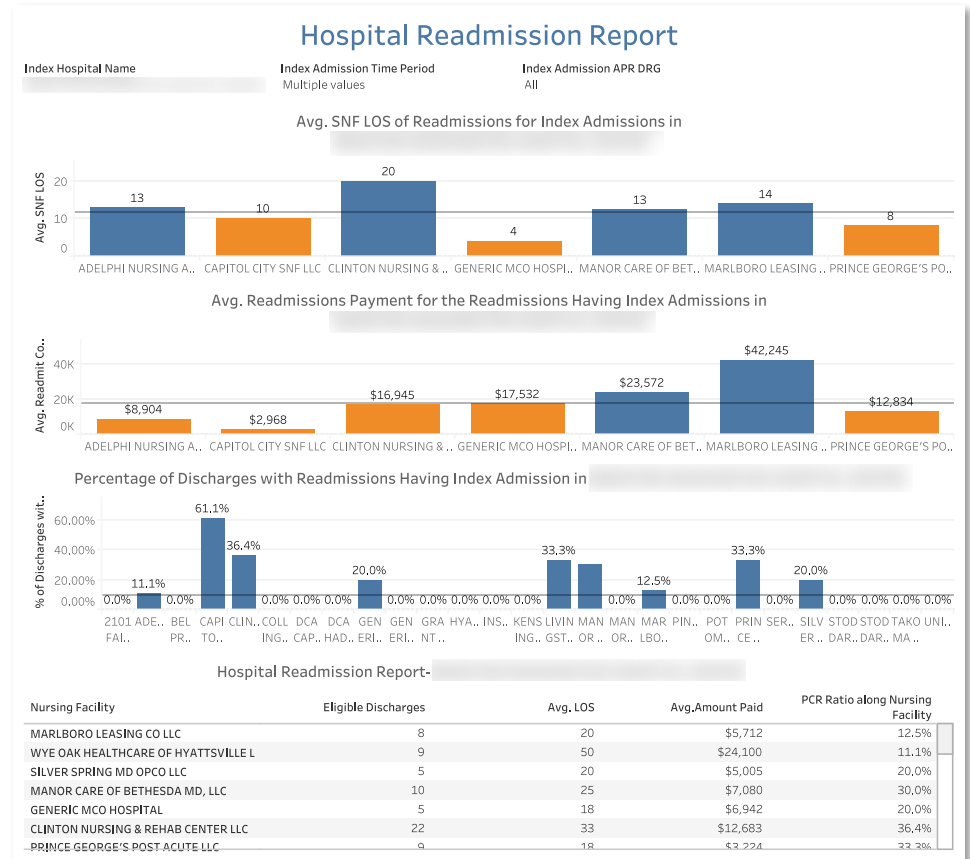
Index Visit Service Line: All( None)										Index Visits :				
Index APR Code	Index APR Value	Eligible Discharges	Readmissions	Percent Readmissions	Intra Readmissions	Intra Readmission Rate	Inter Readmissions	Inter Readmission Rate	Readmission Ratio(O/E)	Readmit APR Code	Readmit Lead APR DRG Description	Readmissions	Intra Readmissions	Inter Readmissions
		1,888	10	0.5%	7	0.4%	3	0.2%	0.010			11	5	6
		779	11	1.4%	6	0.8%	5	0.6%	0.027			4	2	2
		726	265	36.5%	86	11.8%	179	24.7%	0.436			4	2	2
		680	86	12.6%	37	5.4%	49	7.2%	0.171			4	2	2
		654	213	32.6%	112	17.1%	101	15.4%	0.366			4	0	4

Index Visit Service Line: All(Statewide)										Index Visits				
Index APR Code	Index APR Value	Eligible Discharges	Readmissions	Percent Readmissions	Intra Readmissions	Intra Readmission Rate	Inter Readmissions	Inter Readmission Rate	Readmission Ratio(O/E)	Readmit APR Code	Readmit Lead APR DRG Description	Readmissions	Intra Readmissions	Inter Readmissions
		4,413	32	0.7%	20	0.5%	12	0.3%	0.014			41	23	18
		2,917	796	27.3%	268	9.2%	528	18.1%	0.335			6	3	3
		1,722	210	12.2%	87	5.1%	123	7.1%	0.167			5	2	3
		1,327	378	28.5%	177	13.3%	201	15.1%	0.328			9	2	7
		1,954	33	1.7%	22	1.1%	11	0.6%	0.032			9	2	7



# SNF Readmissions Report

- View average LOS for SNFs that have readmissions along with the average readmission payment amount by facility
- Percent of readmissions by facility and an overall view by facility is available in a table
- Report is filterable by:
  - Index admission time period (calendar year)
  - Index admission APR DRG





# Live Demo

\*\* Note: all PHI is masked in this demonstration

# DC CRS report rollout timeline for initial set of reports

## Reports

## Details

## Timeline

- **Panel Summary Utilization Dashboard**

Panel Demographics (May)  
Utilization/Cost by Service Type  
ED & Inpatient Utilization Reports  
Top 10 Diagnoses  
High-Cost Beneficiaries

Apr - May Development  
Rollout 5/31/22

- **ED and Inpatient Reports**
- **Care Management Reports**
- **My Health GPS Reports**

CMS Health Home Core Set Measures  
ED & Inpatient Follow Up Reports (June)  
My Health GPS utilization measures (June)

May-June development  
Rollout 6/30/22

- **SNF Utilization**
- **Pharmacy Utilization**

SNF LOS, readmission, cost per episode, diagnosis  
Top Rx by cost  
Rx Adherence  
Rx Synchronization

July development  
Rollout 7/31/22

- **Maternal Health**
- **HIV/AIDS**

Utilization and cost associated with pregnancy, delivery and postpartum  
CMS Core Set Measures, Viral Load, ARV Rx Reconciliation

August development  
Rollout 8/31/22

- **Specialty Care**

Utilization and cost, top 20 specialties, places of services,  
BETOS coding to ID visits

September development  
Rollout 9/30/22



## HIE Policy Board

### Executive Committee Recommendation to the Board

**Presenter:** Mr. Justin Palmer, Vice-Chair

**Allocated Time:** 3:55 - 4:15 PM (20 mins.)

# HIE Policy Board Executive Committee Actions

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## HIE Operations, Compliance, and Efficiency and Policy Subcommittees Merger Proposal

**Background:** The HIE OCE and Policy Subcommittees were created by the DC HIE Policy Board to inform the continued work of the Board through their separate charges. Since the creation of the Policy Subcommittee, the subcommittee has produced recommendations leading to the adoption of the HIE regulations adopted in the District and has informed the work on secondary use and TEFCA compliance. Additionally, the OCE Subcommittee has established a Technical Expert Panel to evaluate operational considerations as the Department of Health Care Finance and the HIE Policy Board continues to push increased adoption and use of the HIEs in the city.

Currently, the Policy Subcommittee struggles with membership along with establishing a new charge and goals due to an overlap of responsibilities with the OCE and Stakeholder Subcommittees. A joint working group between OCE and Policy has already been established to make recommendations on secondary use policies and use cases.

Given the alignment of work, membership issues and the difficulty attracting co-chairs for both subcommittees the Executive Committee believe that it is in the best interest of the DC HIE Policy Board to approve the merger of the OCE and Policy Subcommittees and charge the combined subcommittee to propose its new charge and goals at the next full meeting of the DC HIE Policy Board on July 14, 2022.

### **Recommended Board Action:**

**Proposed Motion: Combine the OCE and Policy Subcommittees and require the subcommittee report back to the full HIE Policy Board a recommendation for its new charge and goals by the next DC HIE Policy Board Meeting on July 14, 2022.**



## HIE Policy Board Subcommittee Reports

**Presenter:** Subcommittee Chairs and Co-Chairs

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

## Introduction to new candidate Co-Chair for the Stakeholder Engagement Subcommittee: Dr. Mary Awuonda

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Dr. Mary Awuonda currently serves as an Associate Professor at the Howard University College of Pharmacy. Mary is a passionate student advocate and is a health services researcher by training. She is well published in the areas of minority health, health disparities and health outcomes research.

More recently Dr. Awuonda was part of the team from UDC and Howard to receive the Public Health Informatics and Technology (PHIT) for DC (PHIT4DC) \$8 million dollar award from the Office of the National Coordinator. As the Co-Principal Investigator, she has been working closely with consortium members to develop core curriculum content in an effort to develop a PHIT workforce for DC.

## General Subcommittee Announcements and Actions

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- **Board Action:** Motion to appoint Dr. Mary Awuonda as Co-Chair of the Stakeholder Engagement Subcommittee



# Stakeholder Engagement Subcommittee - Recommendation

## Approved by the HIE Policy Board on February 3, 2022

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### **Board Action approved at the previous HIE PB meeting:**

- The Stakeholder Engagement subcommittee proposes that the DC HIE Policy Board approve the establishment of DC digital health core competencies, pending feedback from the Board that is provided prior to and during the January 20, 2022 quarterly meeting. Additionally, the Board recommends that the function of updating the list of sub-competencies will become the responsibility of the HIE Stakeholder Engagement Subcommittee.
- Furthermore, the Board recommends that DHCF require all DHCF funded digital health technical assistance programs to implement relevant elements of the core competencies as one component of program goals. The funding recipients will coordinate with DHCF to determine which elements are applicable to their respective programs. **DHCF will be expected to provide an update on the implementation of the recommendations at the April 28, 2022 HIE Policy Board meeting.**

# Stakeholder Engagement Subcommittee

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- The Digital Health Core Competencies are now in the implementation phase.
  - Grant language within the DC HIE MES grant agreement between DHCF and CRISP includes an agreement to align digital health technical assistance efforts with the Digital Health Core Competencies.
  - DHCF will discuss internally and with grantees regarding which objectives within the Core Competencies are relevant to which grant activities, as well as how to monitor and evaluate these objectives.
  - The SE Subcommittee aims to provide the HIE Policy Board with a proposed framework for the monitoring and evaluation of the Core Competencies at the July 2022 HIE Policy Board meeting.
- The SE Subcommittee is beginning to discuss ways to improve engagement of community-based organizations that provide services for health-related social needs with CoRIE.
- The SE Subcommittee is working with CRISP to support their efforts in advancing providers along the continuum of exchanging and using HIE data to meaningfully impact health.

# HIE Operations, Compliance, and Efficiency Subcommittee – Update on Transitions of Care Information Exchange

## HIE Policy Board: Recommended Elements

### Phase 1 – Elements Implemented

Discharge Diagnosis

Reason for Visit

Laboratory Results

Immunizations

COVID-19

All elements are mostly HL7

### Phase 2 – Meet with TEP to define further elements

### Phase 3 – Planning for next phase

### Phase 4 – Implementation of new elements

Discharge Medications

Medication Allergies

Discharge Appointment

Vital Signs

All elements require CCDA Parsing

### Future Phase

Plan of Care

Requires CCDA Parsing and Document Construction

Procedure Notes

Require Hospitals to  
Identify Most Relevant  
Notes

Consult Notes

Elements are mostly HL7

### Elements on Hold

Point of Contact

Summary of Care

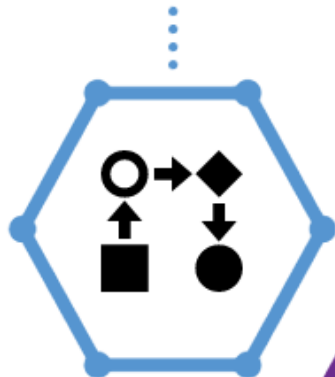
Replaced Goals Progress

# HIE Operations, Compliance, and Efficiency Subcommittee – Update on Transitions of Care Information Exchange

## Timeline

**November - December 2021**

Hold gap analysis and workflow input sessions with stakeholders



**April - May 2022**

Review evaluation report from pilot intervention #1 and design pilot intervention #2



**August - September 2022**

Evaluate pilot intervention #2 and finalize report of findings



**January - March 2022**

Design and complete pilot intervention #1



**June - July 2022**

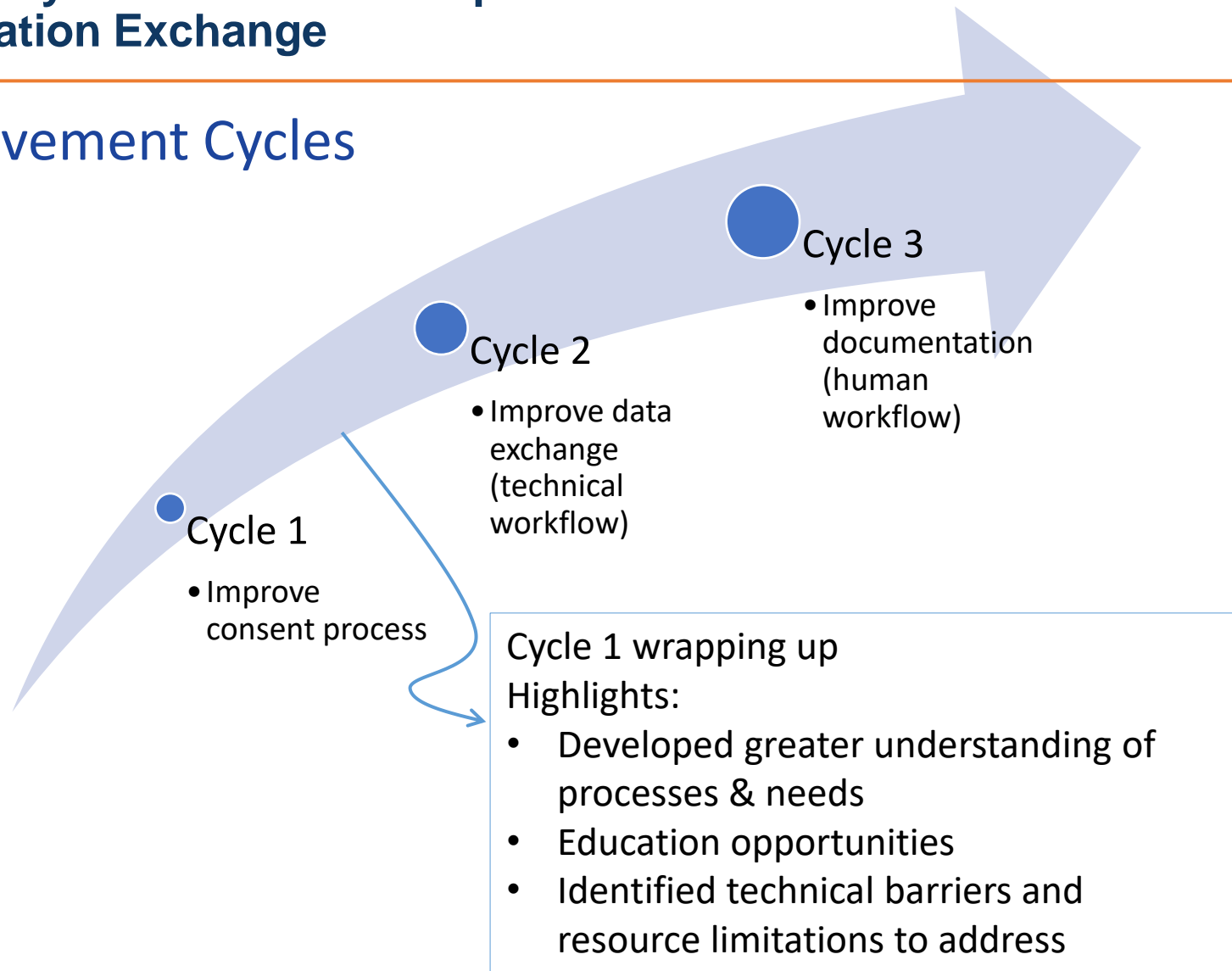
Complete pilot intervention #2



# HIE Operations, Compliance, and Efficiency Subcommittee – Update on Transitions of Care Information Exchange

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## Improvement Cycles



# HIE Operations, Compliance, and Efficiency Subcommittee – Standard Operating Procedure (SOP) Activity Timeline

Activity	Tentative Deadline	Progress
▪ Complete 1 <sup>st</sup> draft of SOP	May 2 <sup>nd</sup> , 2022	In Progress
▪ Distribute 1 <sup>st</sup> draft and incorporate feedback from OCE Subcommittee	June 6 <sup>th</sup> , 2022	Not Started
▪ Complete 2 <sup>nd</sup> draft of SOP	July 4 <sup>th</sup> , 2022, TBD	Not Started
▪ Distribute 2 <sup>nd</sup> draft and incorporate feedback from OCE Subcommittee	August 8 <sup>th</sup> , 2022	Not Started
▪ Complete 3 <sup>rd</sup> draft of SOP	September 5 <sup>th</sup> , 2022	Not Started
▪ Distribute 3 <sup>rd</sup> draft and incorporate feedback from OCE Subcommittee	October 3 <sup>rd</sup> , 2022	Not Started
▪ Finalize draft SOP	November 7 <sup>th</sup> , 2022	Not Started
▪ Present final draft to OCE Subcommittee	December 5 <sup>th</sup> , 2022	Not Started
▪ Present draft SOP to Stakeholder and Policy Subcommittees	January 2 <sup>nd</sup> , 2023, TBD	Not Started
▪ Incorporate feedback from Stakeholder and Policy Subcommittees	February 6 <sup>th</sup> , 2023	Not Started
▪ Present to the HIE Policy Board	April, 2023	Not Started
▪ Publish and implement the SOP	TBD	Not Started

# HIE Operations, Compliance, and Efficiency Subcommittee – Proposed Updates to HIE Glossary

Term	Proposed Definition
<b>42 CFR Part 2</b>	Federal regulation on The Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2 (Part 2), that protects any information obtained by a “federally assisted” substance use treatment program that can directly or indirectly identify an individual as receiving or seeking treatment for substance use. This can include information beyond treatment records, such as name, address, or social security number. Part 2 applies to any individual or entity that is federally assisted and holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment or referral for treatment (42 CFR § 2.11). Most drug and alcohol treatment programs are federally assisted. When one regulation imposes a stricter standard than the other, the covered entity must follow the stricter standard. Generally, 42 CFR Part 2 imposes more strict standards than does HIPAA. 42 CFR Part 2's general rule places privacy and confidentiality restrictions upon substance use disorder treatment records.
<b>Advance Care Planning</b>	A process that aims to inform and facilitate medical decision making that reflects patients' preferences in the event that patients cannot communicate their wishes.
<b>Advance Directives</b>	A written statement of a person's wishes regarding medical treatment, often including a living will, made to ensure those wishes are carried out should the person be unable to communicate them to a doctor.
<b>Community Resource Inventory (CRI)</b>	<p>A directory of shared resources reflecting programs and organizations in the community that users draw upon to connect individuals with services they need.</p> <p>The DC Community Resource Inventory is a District-wide publicly available directory of resources reflecting regional programs and organizations in the community.</p>
<b>Consent</b>	Consent is the explicit agreement by statement or clear affirmative action to allow the collection and processing of personal data.
<b>Consent Management</b>	Consent management is a system, process, or set of policies that enables patients to choose what health information they are willing to permit their healthcare providers to access and share. Consent management allows patients to affirm their participation in electronic health initiatives such as patient portals, personal health records (PHR), and health information exchange (HIE). Electronic Patient Consent Management is an attempt to balance the risks to patient privacy with the benefits of health information exchange and interoperability.
<b>CRISP Reporting Services (CRS)</b>	The CRISP DC Reporting Services (DC CRS) tool is an analytics platform within existing DC HIE infrastructure that is intended to support population-level and panel-level management through clinical and administrative data for analysis and interventions. DC CRS is capable of producing multiple types of reports and analytic tools using clinical and administrative data sets to support population health and care coordination.

# HIE Operations, Compliance, and Efficiency Subcommittee – Proposed Updates to HIE Glossary

Term	Primary Definition
<b>Data Use Agreement (DUA)</b>	Data Use Agreement (DUA) - is a specific type of agreement that is required under the HIPAA Privacy Rule and must be entered into before there is any use or disclosure of a Limited Data Set (defined below) from a medical record to an outside institution or party for one of the three purposes: (1) research, (2) public health, or (3) health care operations purposes. A Limited Data Set is still Protected Health Information (PHI), and for that reason, HIPAA Covered Entities or Hybrid Covered Entities must enter into a DUA with any institution, organization or entity to whom it discloses or transmits a Limited Data Set.
<b>Digital Health</b>	Digital health is a broad scope of categories that include mobile health (mHealth), health information technology (Health IT), wearable devices, telehealth and telemedicine, and personalized medicine.
<b>Encounter Notification Service</b>	A component of CRISP's critical infrastructure, ENS enables health care providers to receive real-time alerts when that provider's active patient has an encounter with one of the organizations sharing encounter information to the DC HIE.
<b>Health Data Utility</b>	A standards-based and governance-led, interoperability-first strategy is key to integrating care because it makes certain that care partners are: 1) digitally connected to each other; 2) able to view the same information regarding the individuals that they collectively serve; and 3) using the same "language" regarding symptoms and therapies.
<b>Medical Orders for Scope of Treatment</b>	A documented provider's order that helps patients keep control over medical care at the end of life. In DC, the Medical Orders for Scope of Treatment (MOST) program provides a more comprehensive approach, empowering terminally-ill patients the right to make decisions on their end-of-life care options, in consultation with their DC-licensed authorized healthcare provider (Physician (MD/DO) or Advanced Practice Registered Nurse (APRN) only).
<b>Opt-In</b>	When an individual makes an active indication of choice, such as checking a box indicating willingness to share information with third parties such as an HIE.
<b>Psychiatric Advance Directives</b>	A legal instrument that may be used to document a competent person's specific instructions or preferences regarding future mental health treatment. Psychiatric advance directives can be used to plan for the possibility that someone may lose capacity to give or withhold informed consent to treatment during acute episodes of psychiatric.
<b>Qualified Service Organization Agreement</b>	A two-way agreement between a Part 2 program and the entity providing the service. The QSOA authorizes communication only between the Part 2 program and QSO.
<b>Social Determinants of Health (SDOH)</b>	The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
<b>Telehealth</b>	The delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via telecommunications and digital communication technologies.



# Policy Subcommittee

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## **Assessment of Secondary Use Checklist Responses by DC HIE entities and Next Steps in further Defining Secondary Use for the District**

- Cross-cutting workgroup with representation from both Policy and OCE Subcommittees to develop DHCF policy regarding the secondary use of HIE data
- Objective: To examine the responses from the DC HIE entities to the *DC HIE Self-Assessment Checklist on Secondary Use Cases* and proceed with the following action items:
  - Define a use case for data exchange that a Registered DC HIE currently supports (or plans to support) but which is not yet a Primary Use under the DC HIE Regulation.
  - Confirm that the use case is permitted under HIPAA and applicable state law.
  - Define the policy objective that could be advanced by the use case.
  - Confirm whether an individual's affirmative explicit consent is required to support the use case.
  - Determine which stakeholders (e.g. individual DC agencies, Medicaid MCOs, etc.) should be consulted to give input about the proposed use case.

# HIE Community Resource Inventory (CRI) Subcommittee

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- **Chair:** Ms. Luizilda de Oliveira **Vice Chair:** David Poms
- **Mission:** Build the capacity of HIE stakeholders to share, find and use information about resources available to address health related social needs and improve health equity.
- **Purpose:** Develop recommendations for consideration by the HIE Policy Board that are related to the use, exchange, sustainability, and governance of community resource directory data through the District HIE infrastructure.

# CRI Subcommittee FY22 Workplan

Activities	Timeframe	Progress
<ul style="list-style-type: none"> <li>Levelset of the CoRIE Project, CRI development, DC PACT CRI Action Team activities</li> <li>Review the CRI Action Team's testing and evaluation strategies</li> <li>Review technical models (service register, federated data exchanges, data utility)</li> </ul>	<b>August-October 2021</b>	
<ul style="list-style-type: none"> <li>Evaluate style guide on standards, authority, access and taxonomy</li> <li>Evaluate viability of technical models (register, federated, utility)</li> </ul>	<b>November 2021-January 2022</b>	
<ul style="list-style-type: none"> <li>Evaluate CRI Action team proposal for sustainability</li> <li>Prepare final draft of data governance recommendations for HIE PB to adopt at April PB meeting</li> </ul>	<b>February –April 2022</b>	In Progress
<ul style="list-style-type: none"> <li>Continue business from previous quarters (if needed)</li> <li>Memorialize inter-governmental collaboration on CRI via new rulemaking/MOU/etc. (if needed)</li> </ul>	<b>May-July 2022</b>	

# CRI Subcommittee has made progress toward FY22 workplan goals

	Activities	Discussion Points	Lingering Questions
November - January	<ul style="list-style-type: none"> <li>establishing meeting structure, expectations, and objectives</li> <li>clarifying what the HIE Policy Board will act on and what will be the committees' products</li> <li>introduction of recommendation 1</li> </ul>	<ul style="list-style-type: none"> <li>Need for visual representation of the CRI to help members understand how recommendations work together;</li> <li>Removing excess language and rewording to improve clarity of recommendation 1</li> </ul>	<ul style="list-style-type: none"> <li>Who will oversee the CRI?</li> <li>What role does the government play in the CRI?</li> <li>How often should information be updated?</li> </ul>
February – March	<ul style="list-style-type: none"> <li>CRI visual created and discussed; presentation on CRI tools in DC HIE environment;</li> <li>discussion and revision of recommendations 1-3;</li> <li>formatting update for first report out to PB</li> </ul>	<ul style="list-style-type: none"> <li>What does it mean to promote a model of service register as a best practice?</li> <li>What is a centralized hub?</li> <li>Creating one summative recommendation inclusive of sub-recommendations in the draft</li> </ul>	<ul style="list-style-type: none"> <li>Who should be the monitor or anchor institution for the CRI?</li> <li>Who should be the funder?</li> </ul>
April	<ul style="list-style-type: none"> <li>Creation of recommendation 5;</li> <li>Discussion and approval of recommendations 3-5;</li> </ul>	<ul style="list-style-type: none"> <li>Dividing recommendation 4 into two parts;</li> <li>Reworking the order of recommendations to improve the flow of topics between each recommendation.</li> </ul>	

# CRI Subcommittee is in the process of drafting recommendations to present to the full Board in July

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## Recommendation 1

- Establish a District-wide Community Resource Inventory as a data utility – a regulated public private partnership with sufficient staff capacity and funding to ensure open, publicly-accessible, accurate, and up-to-date community resources and services.

## Recommendation 2

- The DC CRI should be designed to enable a collaborative, federated network of data stewards who share data management responsibilities and bidirectionally exchange resource data.

## Recommendation 3

- District agencies that provide, accredit, or fund community-based programs or human services should keep an up-to-date record of those programs, make it available in a standardized data format to the DC CRI, and establish policies to ensure the reliability of this information, in coordination with the HIE Policy Board's designated CRI contact.

## Recommendation 4

- DC government agencies should mandate participation in the CRI from service providers, third party referral providers, and associated software vendors that receive public funds for care coordination.

## Recommendation 5

- The DC HIE Policy Board should ensure a subcommittee, workgroup, and/or technical evaluation panel that is committed to continued research and deliberation on ongoing resource data governance challenges that may arise over time.
- Such a subcommittee or workgroup would be tasked with ensuring that the assets of the DC CRI remain reliably maintained, usefully curated, and openly accessible to all DC stakeholders, and that the rules pertaining to the management and use of the CRI continue to be set by a participation of designated representatives.

## **CRI Subcommittee will consider the following outstanding governance and policy questions related to its draft recommendations between now and July**

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- Who should be the monitor or anchor institution for the CRI?
- Who should be the funder of the CRI?
- Who is the entity that will ensure that the DC CRI and each of its entries has a core set of resource information and that this data is provided in a publicly accessible manner (ex. open data?)
- What level of staffing will be required to sustain the DC CRI as a community-governed health data utility?
- To whom is each recommendation addressed (DHCF, DMHHS, other)?
- Is there a recommendation within recommendation 1 that will modify the DC HIE rule or another regulation?



# Public Comments

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



# Announcements/ Next Steps/ Adjournment

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

DC HIE Policy Board Quarterly Meeting – July 14, 2022, 3 – 5 PM