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

- **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

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

- Allocated Time: 3:05 - 3:25 PM (20 mins.)
New staffing updates
Overview of HCRIA Digital Health Division project updates
Q&A on slides
New DHCF Staff Introduction: Allie Liss, MPH

- 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 State Medicaid Health IT Plan (SMHP) Update – DHCF to work with agency and health system partners to operationalize recommendations

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

Published on March 31, 2022

CMS Approval received on April 25, 2022

Accessible through DHCF website
DHCF’s Digital Health Portfolio Transitions from HITECH to New Sources of Funding MES

As HITECH funds sunsetting 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.
**CRISP DC Reporting Services**

**Description**
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.

**What’s funded FY22-23**
Development of basic and advanced analytic population health management reporting and dashboards that leverage multiple data sources flowing through the DC HIE.

**FY 22 Planned Activities**
Develop and enable access to claims-based reports, including cost and utilization (summary counts and drill-throughs), demographics, and quality measure tracking:
- ED and inpatient utilization
- CMS Core Set Measures  
  - Health home  
  - Behavioral health  
  - HIV Viral Load*  
- SNF utilization  
- Pharmacy (adherence, synchronization)  
- Maternal Health  
- Specialty care

Develop dashboards to inform care management including follow up post-inpatient or ED discharge.

Enable DC HIE users to analyze data by:
- Multiple timeframes (CY, FY, date x to date y)  
- Coverage type (FFS, MCO, Alliance)  
- Programs and other sub-panels
**DHCF’s Digital Health Portfolio Transitions from HITECH to New Sources of Funding MES**

<table>
<thead>
<tr>
<th>Project</th>
<th>Description and What’s Funded</th>
<th>FY 22 Planned Activities</th>
</tr>
</thead>
</table>
| Community Resource Inventory | **Description**  
DC Community Resource Inventory (CRI), a District-wide publicly available directory of resources reflecting regional programs and organizations in the community.  
• Live, publicly accessible website: http://dc.openreferral.org  
• DC can retrieve CRI content and contribute batch uploads via API connection: http://api.dc.openreferral.org  
• DC CRI deployed in CRISP DC environment and is available to DC HIE users. | **What’s funded in FY22-23**  
Development and integration to support a seamless CRI lookup capability within the SDOH screening and referral functions in the DC HIE  
• Engage directly with coalitions and District agencies to contribute existing resource inventories to the centralized, regional DC CRI.  
• Engage with DC HIE Policy Board CRI subcommittee to develop standards related to the use, exchange, sustainability, and governance of the DC CRI  
• Integrate the DC CRI and CRISP referral tool, such that the DC CRI becomes the program directory for community resources in the DC HIE |
### Screening & eReferral for SDOH

**Description**
Technical functionalities built into the DC HIE that enable capture of SDOH screening and assessments; transmission of screening and referral data from EHRs and 3rd party network platforms; and enable close loop referrals to community-based services.

**What’s funded in FY22-23**
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.

**FY 22 Planned Activities**
- Expand reporting ICD-10 diagnosis codes (z-codes) for SDOH pilot to include District hospitals in partnership with DCHA.
- Enable organizations outside of Hospitals and FQHCs to send z-codes through CCDAs.
- Enable ability to send ICD-10 diagnosis codes (z-codes) for SDOH via admission, discharge, transfer messages (ADTs).
- Enable CBO to CBO referrals.
**DHCF’s Digital Health Portfolio Transitions from HITECH to New Sources of Funding MES**

<table>
<thead>
<tr>
<th>Project</th>
<th>Description and What’s Funded</th>
<th>FY 22 Planned Activities</th>
</tr>
</thead>
</table>
| **eConsent Management** | **Description**  
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). |  
• Provide capability for providers to attest to consent on file.  
• Configuration of the HIPAA forms to support patient directed data sharing with non-covered entities (CBOs, social service agencies, etc.)  
• Multi-select recipient function on the form to support patient consent to multiple organizations. |
| **What’s funded in FY22-23** | 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.). |  |
| **Advance Care Planning** | **Description (Funded for FY22-23)**  
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. |  
• Implement ADVault cloud-based advance directives platform.  
• Provide online access to create eMOST, POLST, Psychiatric Advance Directives, etc.  
• Integrate select EHRs with ADVault platform to capture advance directives  
• Establish connection between ADVault & CRISP. |
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.)
Designation and Operational Updates

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

• 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](http://www.crispdc.org)
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

<table>
<thead>
<tr>
<th>Development</th>
<th>Basic Analytics</th>
<th>Advanced Analytics</th>
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<tbody>
<tr>
<td>FY22 – FY23</td>
<td>FY23 – FY24</td>
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<table>
<thead>
<tr>
<th>Data Source</th>
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<tr>
<td>Primarily claims-based</td>
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<table>
<thead>
<tr>
<th>Features and Metrics</th>
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<tbody>
<tr>
<td>Reports on demographic, health utilization, and cost metrics for patients in a panel</td>
</tr>
<tr>
<td>Define and/or compare one or more populations (i.e. chronic disease, program enrollment, or other groupings)</td>
</tr>
<tr>
<td>Easily identify patients who meet criteria for a specific action to improve patient health</td>
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<tr>
<td>Ability to monitor progress in quality measures reporting and incentive programs</td>
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<table>
<thead>
<tr>
<th>Stratification</th>
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<tbody>
<tr>
<td>Risk stratification to identify high-cost, high-utilization, members with chronic disease</td>
</tr>
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</table>
In 2022, DC CRS will enable access to 6 major claims-based reporting capabilities, identified as priorities by health system stakeholders

| General Functions                                                                 | • Ability to understand service utilization patterns and monitor trends over time  
|                                                                                   | • Compare data points for different timeframes  
|                                                                                   | • Filter or aggregate all reported claims by coverage type and health plan and program  
| Enrollment                                                                       | • Identify each Medicaid beneficiary’s assigned payor or program in your patient panel and view panel-level demographics  
| Financial                                                                        | • Aggregate claim costs at the provider organization level  
|                                                                                   | • Display where beneficiaries are receiving services  
|                                                                                   | • Cost of the services billed for the organization’s patient panel  
| Utilization                                                                      | • Include summary counts  
|                                                                                   | • Drill-downs to specific claims details for each beneficiary  
| Health Risk Stratification                                                       | • Understand the disease burden associated with patient panels  
|                                                                                   | • 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.  
| Care Management                                                                  | • Guide care management efforts related to patient follow-up after a hospital encounter, including inpatient and ER encounters  

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?

DC CRS Report Features
- Landing page with customizable widgets to quickly access your favorite reports
- Reports currently FQHC facing only
- Reports currently CBH facing only

Users can:
- Export lists with beneficiary/panel patient counts and utilization counts that include health plan enrollment and demographics
- Upload subpanels for programs to conduct in-house evaluations (i.e., pre/post-intervention)

Analyze data by:
- Multiple timeframes (CY, FY, date x to date y)
- Coverage type (FFS, MCO, Alliance)
- Program type (health homes, My Health GPS)
- Provider organization (i.e., CCN view by FQHC)

Pharmacy Utilization Dashboard
- Top Rx by cost
- Rx adherence
- Rx synchronization

Predictive Risk and Outcomes
- Likelihood of disease occurrence, events (hospitalizations)
- Results from evidenced-based tools (PHQ2, GAD-7, etc.)
- Individual and panel level outcomes over time (e.g., depression remission)
- Compare w/utilization end outcomes (ED, IP, Rx adherence)

Measurement-Based Care
- Never Events and Low-Cost Care Measures

Public Health
- HIV
  - CMS Core Set Measures
  - Average payment per episode

Inpatient Utilization Report
- Avoidable vs. unavoidable
- Top inpatient diagnoses
- High utilizers (by # of visits)
- Admissions by facility and diagnosis
- Beneficiary list w/details (date/diagnosis)

Maternal and Perinatal Health Dashboard
- CMS Core Set Measures
- Contraceptive Care
- Postpartum Care Visit
- Timeliness of Care

Transitions of Care
- Inpatient readmissions report
  - Readmissions by beneficiary, by hospital
  - # of discharges
  - Service line readmission

Care Coordination
- Inpatient and/or ED discharge last 7-14 days
- Beneficiary list w/details and follow up receipt

Behavioral Health
- Behavioral Health CMS Core Set Measures

ED Utilization Report
- Emergent vs. non-emergent
- Top ER diagnosis
- High-utilizers (by # of visits)
- Beneficiary list w/details

BHI Utilization Report
- Panel demographics
- Cost by service type
- Basic drivers of cost and utilization

Maternal and Perinatal Health Utilization Report
- Delivery type
- Number of births (1st, 2nd, 3rd child)
- Time between births
- Previous miscarriages

Social Determinants of Health
- SDOH Reports**
  - Social risk map
  - Summary of Social Risk Scores
  - Utilization metrics for selected social risk group

Specialty Care Reports
- Berenson-Eggers Type of Service (BETOS) coding for ED visits
- Utilization and Cost
- Top 20 specialties, places of services, providers

Quality Management Dashboard
- Length of stay, by facility
- Average payment per episode

Preventive Analytics
- Utilization by API-DRG, Discharge pt.

Mountain View Health Provider Association
- Cancer Screening Participation

My Health GPS Report
- Health Homes Measures

Syndromic Surveillance
- Never Events and Low-Cost Care Measures

Stakeholder Need
- Available in MD CRS
- Can be developed in 6 months
- Not started
- In progress
- Ready
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
## Population Navigator

**Export to Excel for additional analyses**

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

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:** [Redacted]

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<tr>
<th>Member Origin ID</th>
<th>Beneficiary Name</th>
<th>Gender</th>
<th>DOB</th>
<th>Age</th>
<th>Zip Code</th>
<th>Case Manager</th>
<th>DHCF Plan (Current)</th>
<th>Claim Count</th>
<th>Amount Paid</th>
<th>Readmissions</th>
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### Claims Drill Through

**Claim Details**

- **Subscriber Name:** [Redacted]

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<tr>
<th>Member Original ID</th>
<th>Beneficiary Name</th>
<th>Claim Number</th>
<th>Claim From Date</th>
<th>Claim Through Date</th>
<th>Primary Diagnosis</th>
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<td>MEDSTAR, MEDST..</td>
<td>MEDST..</td>
<td>$17,095.13</td>
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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 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.
• 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.
• 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

• 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

• Submit census to DHCF using the “I Attest” button, with the ability to add in any notes

• Level of Care (LOC) and Continued Stay Review (CSR) dates available
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.
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.
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
<table>
<thead>
<tr>
<th>Reports</th>
<th>Details</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panel Summary Utilization Dashboard</td>
<td>Panel Demographics (May) Utilization/Cost by Service Type ED &amp; Inpatient Utilization Reports Top 10 Diagnoses High-Cost Beneficiaries</td>
<td>Apr - May Development Rollout 5/31/22</td>
</tr>
<tr>
<td>ED and Inpatient Reports</td>
<td>CMS Health Home Core Set Measures ED &amp; Inpatient Follow Up Reports (June) My Health GPS utilization measures (June)</td>
<td>May-June development Rollout 6/30/22</td>
</tr>
<tr>
<td>SNF Utilization</td>
<td>SNF LOS, readmission, cost per episode, diagnosis Top Rx by cost Rx Adherence Rx Synchronization</td>
<td>July development Rollout 7/31/22</td>
</tr>
<tr>
<td>Maternal Health</td>
<td>Utilization and cost associated with pregnancy, delivery and postpartum CMS Core Set Measures, Viral Load, ARV Rx Reconciliation</td>
<td>August development Rollout 8/31/22</td>
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<tr>
<td>Specialty Care</td>
<td>Utilization and cost, top 20 specialties, places of services, BETOS coding to ID visits</td>
<td>September development Rollout 9/30/22</td>
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</tbody>
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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 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.
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

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

- 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
- Laboratory Results

Phase 2 – Meet with TEP to define further elements
- Reason for Visit
- Immunizations

Phase 3 – Planning for next phase
- Discharge Medications
- Medication Allergies
- Discharge Appointment
- Vital Signs

Phase 4 – Implementation of new elements

Future Phase
- Plan of Care
- Procedure Notes
- Consult Notes

Elements on Hold
- Point of Contact
- Summary of Care

All elements are mostly HL7

COVID-19
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

Improvement Cycles

Cycle 1
- Improve consent process

Cycle 2
- Improve data exchange (technical workflow)

Cycle 3
- Improve documentation (human workflow)

Cycle 1 wrapping up
Highlights:
- Developed greater understanding of processes & needs
- Education opportunities
- Identified technical barriers and resource limitations to address
# HIE Operations, Compliance, and Efficiency Subcommittee – Standard Operating Procedure (SOP) Activity Timeline

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

<table>
<thead>
<tr>
<th>Term</th>
<th>Proposed Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>42 CFR Part 2</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Advance Care Planning</strong></td>
<td>A process that aims to inform and facilitate medical decision making that reflects patients' preferences in the event that patients cannot communicate their wishes.</td>
</tr>
<tr>
<td><strong>Advance Directives</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Community Resource Inventory (CRI)</strong></td>
<td>A directory of shared resources reflecting programs and organizations in the community that users draw upon to connect individuals with services they need.</td>
</tr>
<tr>
<td></td>
<td>The DC Community Resource Inventory is a District-wide publicly available directory of resources reflecting regional programs and organizations in the community.</td>
</tr>
<tr>
<td><strong>Consent</strong></td>
<td>Consent is the explicit agreement by statement or clear affirmative action to allow the collection and processing of personal data.</td>
</tr>
<tr>
<td><strong>Consent Management</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>CRISP Reporting Services (CRS)</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
**HIE Operations, Compliance, and Efficiency Subcommittee – Proposed Updates to HIE Glossary**

<table>
<thead>
<tr>
<th>Term</th>
<th>Primary Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Use Agreement (DUA)</td>
<td>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.</td>
</tr>
<tr>
<td>Digital Health</td>
<td>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.</td>
</tr>
<tr>
<td>Encounter Notification Service</td>
<td>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.</td>
</tr>
<tr>
<td>Health Data Utility</td>
<td>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.</td>
</tr>
<tr>
<td>Medical Orders for Scope of Treatment</td>
<td>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).</td>
</tr>
<tr>
<td>Opt-In</td>
<td>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.</td>
</tr>
<tr>
<td>Psychiatric Advance Directives</td>
<td>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.</td>
</tr>
<tr>
<td>Qualified Service Organization Agreement</td>
<td>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.</td>
</tr>
<tr>
<td>Social Determinants of Health (SDOH)</td>
<td>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.</td>
</tr>
<tr>
<td>Telehealth</td>
<td>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.</td>
</tr>
</tbody>
</table>
Policy Subcommittee

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

- **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

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeframe</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Levelset of the CoRIE Project, CRI development, DC PACT CRI Action Team activities</td>
<td><strong>August-October 2021</strong></td>
<td></td>
</tr>
<tr>
<td>• Review the CRI Action Team’s testing and evaluation strategies</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>• Review technical models (service register, federated data exchanges, data utility)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Evaluate style guide on standards, authority, access and taxonomy</td>
<td><strong>November 2021-January 2022</strong></td>
<td>✔️</td>
</tr>
<tr>
<td>• Evaluate viability of technical models (register, federated, utility)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Evaluate CRI Action team proposal for sustainability</td>
<td><strong>February –April 2022</strong></td>
<td>In Progress</td>
</tr>
<tr>
<td>• Prepare final draft of data governance recommendations for HIE PB to adopt at April PB meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Continue business from previous quarters (if needed)</td>
<td><strong>May-July 2022</strong></td>
<td></td>
</tr>
<tr>
<td>• Memorialize inter-governmental collaboration on CRI via new rulemaking/MOU/etc. (if needed)</td>
<td></td>
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</tbody>
</table>
### CRI Subcommittee has made progress toward FY22 workplan goals

#### November - January
- Establishing meeting structure, expectations, and objectives.
- Clarifying what the HIE Policy Board will act on and what will be the committees’ products.
- Introduction of recommendation 1.

#### February – March
- CRI visual created and discussed; presentation on CRI tools in DC HIE environment.
- Discussion and revision of recommendations 1-3.
- Formatting update for first report out to PB.

#### April
- Creation of recommendation 5.
- Discussion and approval of recommendations 3-5.

### Activities

### Discussion Points
- Need for visual representation of the CRI to help members understand how recommendations work together.
- Removing excess language and rewording to improve clarity of recommendation 1.
- What does it mean to promote a model of service register as a best practice?
- What is a centralized hub?
- Creating one summative recommendation inclusive of sub-recommendations in the draft.
- Dividing recommendation 4 into two parts.
- Reworking the order of recommendations to improve the flow of topics between each recommendation.

### Lingering Questions
- Who will oversee the CRI?
- What role does the government play in the CRI?
- How often should information be updated?
- Who should be the monitor or anchor institution for the CRI?
- Who should be the funder?
CRI Subcommittee is in the process of drafting recommendations to present to the full Board in July

**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:

- 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.)