DISTRICT OF COLUMBIA HEALTH INFORMATION EXCHANGE POLICY BOARD MEETING

October 21, 2021 | 3:00 – 5:00 PM

THIS MEETING IS BEING RECORDED
AGENDA

- Call to Order
  - Virtual Meeting Processes
  - Roll Call
  - Announcement of Quorum
  - New Member Introduction
  - HIE Policy Board Announcements

- Q&A on DHCF HIT/HIE Ongoing Projects

- District Designated HIE Entity – CRISP Report to the Board

- Introduction to Advance Care Planning Project and Demonstration of A|D Vault

- HIE Policy Board Subcommittee Workplan 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
- 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 questions on staff slides related to DHCF health IT and HIE projects
2. Review and discuss the District Designated HIE Entity’s updates to the Board on its governance and business model
3. View a demo of the A|D Vault tool and discuss how it is being implemented for the DC HIE Advance Care Planning Project
4. Discuss and provide feedback on subcommittee reports and tactics on current activities and projects
Welcome to the Board!

Elizabeth Ghandakly, JD, MPA, MBE

- Earned a JD and Master of Public Administration from The Ohio State University
- Earned a Master of Bioethics from Johns Hopkins University
- Currently a fourth-year medical student at The George Washington University
- Served an appointment to the City of Alexandria Public Health Advisory Commission from 2016-2018
- Worked as a Public Health Advisor to a Virginia State Delegate
- Past Chapter President of the American Medical Student Association
- Served as a member of the Volunteer Services Advisory Council at Children’s National Hospital
- As an attorney, she practiced corporate law at both IBM and Oracle, focusing on government contracts and regulatory and privacy matters.
- Graduated from The Ohio State University with a dual degree in Economics and Political Science and an Arabic minor, including a semester abroad at the University of Damascus in Syria

Board Seat: Public member, DC Medical Society
HIE Policy Board Announcements

- Three(3) open Board seats
- Call for subcommittee co-chairs
Q&A on DHCF Digital Health Projects

- Eduarda Koch, MS, MBA
- Nina Jolani, MS
- Nathaniel Curry, BS
- Connor Ratchford, MD
- Deniz Soyer, MBA, MPH
- Ian Doodoo, MHA

Allocated Time: 3:05-3:25 PM (20 mins.)
Digital Health Project Updates, October 2021

- New staff introductions (Connor)
- Transition from HITECH to MES/MMIS – continuation of projects in FY 22 (Nina)
- State Medicaid Health IT Plan (Deniz)

Key Announcements:
- CMS MES IAPD
- SUD Consent Management No Cost Extension
- Digital Health Technical Assistance

Q&A on Slides
New Staff Introductions

- Connor Ratchford, MD
  - Position within HCRIA: Digital Health Policy Analyst
  - MPH candidate in Health Policy at The George Washington University, class of 2022
  - Earned a Doctor of Medicine from the Medical College of Georgia, class of 2019
  - Earned a Bachelor of Science in Biochemistry with a minor in German from the University of Georgia, class of 2015
DHCF’s Digital Health Portfolio Transitions from HITECH to New Sources of Funding MES/ARPA

Sources of Funding

- HITECH
- MES Operations & Maintenance
- MES Design, Development, Implementation
- BSA Local
- SUD Capacity 1003 (eConsent)
- ARPA HCBS

FY 16

FY 24

Will continue for Close-Out of MEIP (e.g., Audits)
The DC HIE is a Health Data Utility with Six (6) Reliable Core Capabilities for Providers

**Critical Infrastructure (e.g. Encounters and Alerts)**
- ADT Alerts

**Advanced Analytics for Population Health Management**
- CRISP Reporting Services
  - Performance Dashboards
    - Phase I: Pay for Performance
    - Phase II: Maternal health, Behavioral Health
- Care Management Registry
- Advance Care Planning

**Registry and Inventory**
- Community Resource Inventory

**Simple and Secure Messaging**
- Consent to Share Data

**Screening and Referral (e.g., SDOH)**
- eReferral Screening
  - Mapped screening data for housing and food insecurity
  - Analytics for follow-up

**Health Records**
- Patient Snapshot

**Image Exchange**

**Performance Dashboards**
- Phase I: Pay for Performance
- Phase II: Maternal health, Behavioral Health

**Consent to Share SUD DATA**
- 42 CFR Part 2 Data (Phase I)
- Other types of consent (Phase II)

**Provider Directory**
- >31,000 contacts from 251 organizations
- Includes data from:
  - 12 national sources
  - 20 DC/Local Data sources

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Includes data from:
- 12 national sources
- 20 DC/Local Data sources
2018 State Medicaid Health IT Plan has served as DHCF’s 5-year strategic plan for health information exchange and technology

» Opportunities to Improve Health Care
» Current Landscape of Health IT and HIE
» Stakeholder Perspectives and Priorities
» Health IT and HIE Roadmap
  • District health IT and HIE goals
  • Priority Areas/Use Cases
    • Supporting Transitions of Care
    • Social Determinants of Health
    • Population Health Management
    • Public Health
    • Telehealth
    • Behavioral Health Transformation
  • Proposed projects and timeline
» Evaluation Framework to Measure Health IT and HIE Improvements
DHCF has been working with JSI and DCPCA to prepare its 2022 SMHP Submission to CMS

- Describe how the health IT and HIE landscape has changed since the original SMHP environmental scan
- Assess the impact of HITECH and other DHCF efforts over the past 3 years
- Describe stakeholder priorities for the next few years to enhance the use of health IT and HIE in the District.
- Update DHCF’s plan for the future of health IT and HIE initiatives
Engaged broad group of District stakeholders through interviews and focus groups in Summer 2021

<table>
<thead>
<tr>
<th>41 interviews conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/health systems</td>
</tr>
<tr>
<td>Provider organizations</td>
</tr>
<tr>
<td>HIE entities</td>
</tr>
<tr>
<td>Government agencies</td>
</tr>
<tr>
<td>Technical assistance providers</td>
</tr>
<tr>
<td>MCOs</td>
</tr>
<tr>
<td>Community coalitions, and other stakeholders</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8 focus groups conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIE Policy Board</td>
</tr>
<tr>
<td>Independent providers, MEIP, emergency telehealth program participants</td>
</tr>
<tr>
<td>Social Determinants of Health/DC PACT members</td>
</tr>
<tr>
<td>Behavioral health providers</td>
</tr>
<tr>
<td>MCO Case Managers</td>
</tr>
<tr>
<td>Patients/Consumers</td>
</tr>
<tr>
<td>MCAC Health System Redesign Subcommittee</td>
</tr>
<tr>
<td>FQHC Clinical Directors Peer Group</td>
</tr>
<tr>
<td>CPC HIE Operating Committee</td>
</tr>
</tbody>
</table>
Digital Health Project Background Slides
DC HIE: Due to Strategic Investments Made Over the Past 5 Years, The District is Connected

Major Providers and Health Systems are Connected:

- 8 Hospitals
- 39 Nursing Facilities; 31 Home Health Providers
- 8 Federally Qualified Health Centers (all)
- 35 Behavioral Health Providers

DC HIE Connectivity: DC and beyond the borders of the District

DC HIE Use at a Glance (as of October 2021)

- CRISP DC Users: 12,689
- Patient Care Snapshot (Monthly Query)
  - 1,212 users
- Encounter Notification Services access
  - 610 locations
- Sharing Admit, discharge, transfer
  - 292+
- Sharing Clinical care documentation
  - 224+
CoRIE Project Supports Whole Person Care by Connecting Health and Social Services through the DC HIE

- **CoRIE project** will enable data sharing among health system stakeholders to address individuals’ social determinants of health (SDOH) by:
  - Screening for social risks,
  - Lookup through a centralized community resource inventory (CRI),
  - Enabling referrals to appropriate services, and
  - Using analytics to ensure residents' needs are being met

- **CoRIE project takes a vendor agnostic approach** by using the DC HIE as a place where screening referral information can be shared and displayed regardless of how it was collected.

- **Over 100 representatives** from healthcare systems, managed care organizations, government agencies, coalitions/multi-stakeholder groups, community-based organizations are actively engaged in informing the development of the CoRIE Project components.
  - CBO Design Group (informing the general design of the referral platform and CBO analytics)
  - Community Resource Inventory (CRI) Action Team (developing and testing CRI)
  - Standardization Action Team (standardizing screening and referral information)
  - **NEW HIE Policy Board CRI Subcommittee** (developing governance standards)
The CoRIE Ecosystem: Connecting health and social service providers without requiring a single technology platform

Providers, MCOs, and health system stakeholders collect social needs information from patients. They have 3 pathways to capture and send actionable information, such as screening dispositions and referrals.

Use 3rd Party SDOH Network Platforms to send screening and referral data

Use CRISP SDOH direct-entry tools to capture screening and referral data:
- Community resource inventory
- Screening tool
- e-Referral tool

Export Screening Dispositions and Referrals Made Directly to CRISP (CSV extracts, z-codes from CCDs)

Community Based Organizations:
- Receive and send referrals;
- Communicate with referring person;
- View screening dispositions.
Significant progress has been made on the CoRIE Project Components in FY21

| CRI | • CRI prototype of ~500 records is available through live, publicly accessible website: [http://dc.openreferral.org](http://dc.openreferral.org)  
• Orgs can also retrieve CRI contents via API connection as well as contribute batch uploads: [http://api.dc.openreferral.org](http://api.dc.openreferral.org)  
• 2 District agencies (DACL, CJCC) actively testing the CRI prototype to manage their own domains and inventory data  
• CRI deployed into CRISP testing environment, expected to be live in ULP end of Oct ’21 |
| SDOH Screening | • Four (4) organizations – MedStar hospitals (WHC, GUH, NRH) and Carefirst MCO – contributing SDOH screening and assessment data.  
• Five (5) FQHCs piloting sending ICD-10 diagnosis codes for SDOH (z-codes) that have been mapped to existing screeners  
  • Actively documenting screening responses and results using z-codes within EHR progress note which is then transmitted to the DC HIE.  
• Active in national SDOH standardization effort led by the Gravity Project.  
• Discussions underway with key stakeholders to agree upon a minimum set of common screeners for housing, nutrition, and behavioral health.  
• Two (2) 3rd party vendors (Aunt Bertha, Mahmee) signed MOU to display screening data |
| Social Needs Referrals | • Initial pilot conducted with Gerald Family Care in late 2020.  
  • More than 70 referrals sent to Giant Nutrition for Virtual Services for Heart Health, Prediabetes and Diabetes, and Healthier You.  
  • Ability to tracking follow-up to nutritional counseling services and view follow up notes  
• Twelve (12) organizations are now using the CRISP referral tool.  
• In July, Aunt Bertha and CRISP signed an MOU to display referral history from AB in DC HIE starting with MedStar hospitals. |
DC HIE Connectivity closeout and overall accomplishments, Continued

▪ Since its inception, the DC HIE Connectivity Program has provided **TA/education to 311 Provider Organizations**, including 52 Meaningful Use/Promoting Interoperability Provider Organizations in connecting to the DC HIE.

▪ **Under DHCF’s 1115 waiver and Behavioral Health Transformation Rule, IMD providers are required participate in the DC HIE**
  ▪ **As of July 12, 2020, all Institutes of Mental Diseases** had participation agreements with CRISP DC, receiving appropriate alerts on their patients. This includes Psychiatric Institute of Washington and St. Elizabeth Hospital.

▪ **Children's HealthIntent Integration.**
  ▪ CRISP integrated with Children National Hospital's HealthIntent HIE. This data is now visible in CRISP to providers participating in the DC HIE.
  ▪ **As of July 13, 2021, 62 providers** were able to achieve full bidirectional exchange with HIE through this integration.
In FY 21 DHCF in partnership with CRISP DC developed a consent management solution in accordance with the top requested features to:

- Capture patient consent at the site level to share treatment information to improve care coordination between SUD providers and other providers
- Provide an eConsent solution to ease workflow burden on SUD treatment providers to obtain consent and disclose information
- Reduce workflow times with searchable patient consent history
- Ease patient concern on the use and access of their data with flexible consent options and expiration date

Phase 1 Accomplishment

- Eleven SUD and FQHC pilot sites implemented the consent tool and received training on additional CRISP services
- CRISP DC engaged key stakeholders for technical requirements and further refinements to align with current provider workflows
- 100 patient consents registered as of October 19, 2021.
- Approval of no-cost extension for FY22 continuation.

FY22 Consent Strategy Based on Client Feedback & Lessons Learned

- Develop strategy for CRISP leadership to engage leadership at SUD sites to improve adoption and use.
- Enable telehealth attestation for patient signature to support increase in telehealth services resulting from COVID-19
- Expand consent features to share and access SUD treatment information (treatment plan, labs, notes, etc.) to improve care across the care team.
- Enable HIPAA authorization to support patient-directed data sharing with non-covered entities.
- Utilize ARPA technical assistance program and Digital Health Corps to provide on-site technical support services.
Enhance the Adoption and *Meaningful Use* of Electronic Health Records

- The Promoting Interoperability (PI) Program is a federally funded program, that incentivizes eligible providers (EPs) and Eligible Hospitals (EHs) who have adopted, implemented, upgraded (AIU), or demonstrated meaningful use (MU) of Certified Electronic Health Record Technology (CEHRT) in ways that aim to improve quality, safety, and effectiveness of patient-centered care. DHCF launched the District’s Medicaid Promoting Interoperability Program in 2013 with targeted Technical Assistance Services to ensure successful program participation. Since inception, provider enrollment has nearly tripled, as have the total amount of distributed incentives.

- Through targeted technical assistance services, including but not limited to support in navigating the cloud-based state-level registry system required for participation purposes and providing knowledgeable program support, over 200 providers attested for the Program Year 2021.

- The final year for participation in the PI Program was Program Year 2021. No more attestations will be accepted at this time. Thank you for your participation in the program for the past several years!

<table>
<thead>
<tr>
<th>PI Stage/Program Engagement</th>
<th># of Eligible Professionals (EP)</th>
<th># of Eligible Hospitals (EH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopt, Implement or Upgrade (AIU)</td>
<td>264</td>
<td>5</td>
</tr>
<tr>
<td>MU</td>
<td>546</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>810</td>
<td>15</td>
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</table>
District Designated HIE Entity – CRISP Report to the Board

- **Presenter:** Mr. Ryan Bramble, Executive Director, CRISP DC
- **Allocated Time:** 3:25-3:45 PM (20 mins.)
CRISP Report to the DC HIE Policy Board
October 21st, 2021
Designation Activities
CRISP D.C. is taking steps to ensure that the important work we have been doing over the past 4 years can last long into the future.

There are 3 ways we are making that happen:

1. Through the growth of CRISP Shared Services to other state-wide HIEs sharing a common technology platform.

2. Through a restructuring of CRISP DC into an independent, non-profit, D.C. business.

3. Through partnership with DHCF and CMS to designate components of the HIE as operational modules within the Medicaid Management Information System (MMIS).
Operational Updates
CRISP DC Project Updates

• Consent Grant
  • More than 100 42 CFR Part 2 SUD-sharing consents have been captured
  • Soon – telehealth compatible version of the consent form will be released

• Lead Registry
  • Held a public webinar on the DOEE/CRISP integration efforts

• Chronic Absenteeism Reduction Effort
  • Project is continuing into this school year and has been expanded to additional schools and pediatric offices within Children’s National
• Lead Registry
  • Held a public webinar on the DOEE/CRISP integration efforts

• Unified Landing Page Transition
  • In January and February CRISP DC will be migrating its web-based users to a new web-based access portal. This portal will be easier to use and have an improved interface
  • Users will need to set a new password but will continue to have one login to access CRISP DC services
  • Communication and Webinars will be sent out in the coming weeks
New Partnership
CRISP DC is excited to partner with UDC and Howard University to help build a DC Public Health IT workforce

- UDC lead a successful response to a federal ONC grant to fund the development of a Public Health IT (PHIT) workforce

- CRISP DC is a partner in the grant award and will work with UDC and Howard to provide real-life on the job experience working in Health IT

- Additionally, we are providing some curriculum related to interoperability and HIE to the UDC healthcare workforce training program
The DC HIE Advance Care Planning Project

- Presenter: Mr. Ian Dodoo, Management Analyst, DHCF; Mr. Michael Munoz, A|D Vault, Inc.
- Allocated Time: 3:45-4:15 PM (30 mins.)
The Grantee (CRISP Inc) shall be responsible for developing the infrastructure for electronically exchanging advance directives and electronic Medical Orders for Scope of Treatment forms District-wide, via DC HIE and ensure collaboration with the Department of Health (DC Health) to achieve the objectives of the electronic Medical Order for scope of Treatment Registry Amendment Act of 2019, effective March 10, 2020 (D.C. Law 23-62; D.C. code 21-2221.14a).

DC Health eMOST Form

DBH Psychiatric Advance Directives

Declaration of Living Will

I, _______________________________ (consumer’s name)

(sometimes referred to as the “declarant”), being of sound

mind, wills and voluntarily makes known my desires that my dying shall not be artificially prolonged

under the circumstances set forth below, do declare:

If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two (2) physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined

are united and where the appropriate procedures are completed and the medical order for scope of treatment is completed, I do hereby consent to die naturally with the procedures deemed necessary to

in the absence of my ability to give

my intention that this declaration is

my legal right to refuse medical

refusal.

BY MY SIGNATURE I INDICATE DOCUMENT:

I sign my name to this declaration


DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I, _______________________________ (consumer’s name)

(sometimes referred to as the “principal”), do hereby appoint:

( name)

as my attorney-in-fact to make health care decisions for me if I become unable to make my own

health care decisions. This gives my attorney-in-fact the power to grant, refuse, or withdraw consent on my behalf for any health care services, treatment, or procedure. My attorney-in-fact also has the authority to talk to health care personnel, get information and sign forms necessary to carry out these decisions.

If the person named as my attorney-in-fact is not available or if unable to act as my attorney-in-

fact, I appoint the following person(s) to serve in the order listed below:

1.

( name)

https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/515.1%20TL-282.PDF

https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/515.1%20TL-282.PDF
Key Reports and Legislations Supporting Advance Care Planning in the District

1. **eMOST Legislation:**
   "Sec. 21-2221.14a. Establishment of an electronic medical orders for scope of treatment registry.
   "(a) To facilitate the use of cloud-based technology for electronic Medical Orders for Scope of Treatment ("MOST") Forms, the DOH shall issue a request for proposals from and contract with an electronic MOST service or multiple electronic MOST services to connect with health care providers at the point of care through the State-designated health information exchange."

2. Enable Recommendation 5 of the “Mayor’s Commission on Healthcare Systems Transformation” Report
   - DBH with DC Health develop a training program to train facilitators in working with mentally ill persons in developing Psychiatric Advance Directives (PAD)
   - Implement the program in community settings including community mental health providers, shelters, day programs, and hospitals. **PADs and MOST forms should be captured electronically and shared among providers through the District’s health information exchange.**
What is the solution proposed for Advance Care Planning?

1. Implement A|D Vault’s MyDirectives for Clinicians tool for a group of District providers, allowing them to upload advance care planning documents at the point of care.

2. Implement the A|D Vault API solution with eClinicalWorks for Federally Qualified Health Centers (FQHC’s) that participate in the Capital Partners In Care (CPC) Health Information Exchange.

3. Implement the A|D Vault API solution for behavioral health providers utilizing the Credible EHR.

4. Train providers and staff to use A|D vault tools and develop user guides, resource materials, etc.

5. Evaluate the ease of use, utility, and number of eMOST and Psychiatric Advance Directive forms completed in FY22.
Where are the Advance Care Planning Forms seen in CRISP?

1. In the CARE TEAM section, you can see the Advance Care Planning Forms for different dates and locations.

2. In the Patient Snapshot section, the Advance Directives and Medical Orders are listed.

3. In the Advance Directives Vault, you can access Advance Directives available through mydirectives.com.

4. A screenshot of a printed summary for physicians, showing the instructions and preferences for a patient.
# Key Investments to Support FY 22 Advance Care Planning

<table>
<thead>
<tr>
<th>FY 21 Investments</th>
<th>Investment Outlook for FY22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchased through DHCF BSA Advance Directives/eMOST Grant</td>
<td>With support from local funds transfer from DOH and DHCF’s IAPD CMS 90/10 match</td>
</tr>
<tr>
<td>**A</td>
<td>D Vault Technology Purchase**</td>
</tr>
<tr>
<td>• 940 MyDirectives for Clinicians licenses <em>(prepaid for FY22)</em></td>
<td>• 60 MyDirectives for Clinicians <em>(Total licenses FY 21/22 =1000)</em></td>
</tr>
<tr>
<td>• 11 API Connections (10 eClinicalWorks and 1 Credible)</td>
<td>• 5 Hospital Orgs with API Integration</td>
</tr>
<tr>
<td>• 3 MyDirectives.com Branding Pages</td>
<td>• New Form Developments</td>
</tr>
<tr>
<td></td>
<td>• CRISP Interface Updates</td>
</tr>
<tr>
<td></td>
<td>• 2 MyDirectives Branding Pages <em>(Total of 5)</em></td>
</tr>
<tr>
<td><strong>Marketing / Technical Assistance</strong></td>
<td><strong>Marketing / Technical Assistance</strong></td>
</tr>
<tr>
<td>• Marketing campaign with social media engagement, marketing brochures, and email campaign.</td>
<td>• Marketing campaign with social media engagement, marketing brochures, and email campaign.</td>
</tr>
<tr>
<td>• Staff to support outreach and engagement with provider sites</td>
<td>• Staff to support outreach and engagement with provider sites</td>
</tr>
<tr>
<td>• Technical assistance with “boots on the ground” to train providers on methods of incorporating advance directives into current workflows and provide technical support as required.</td>
<td>• Technical assistance with “boots on the ground” to train providers on methods of incorporating advance directives into current workflows and provide technical support as required.</td>
</tr>
</tbody>
</table>
How will data flow between Providers, CRISP, and A|D Vault?

1. **Provider**
   - EMR Present?
     - No: Mydirectives for Clinicians
     - Yes: Physician web-tool to create Advance Directive
       - Physician completes Advance Directive in EMR System (eClinicalWorks / Credible)

2. **EMR (AD Storage)**
   - API Integration

3. **CRISP DB Instance**

4. **ADVault (AD Storage)**
   - SOR

5. **myDirectives**
   - ADVault Patient Interface/Portal

6. **Patient**
A|D Vault Demo
HIE Policy Board
Subcommittee Reports

Presenter: Subcommittee Chairs
Allocated Time: 4:15-4:45 PM (30 mins.)
Operations, Compliance, and Efficiency (OCE) Subcommittee
Transitions of Care: Contract Pilot Highlights

| Pilot | The plan for the pilot was to identify patients from the CBOs that were inpatients at the pilot hospitals and learn about the discharge planning processes, communication channels used to include CRISP, and information needs for continuing care post-discharge

*No identifiable patient information was presented or discussed during conversations. For specific patient care issues, DCHA facilitated introductions of hospital staff and CBO staff when needed to ensure that follow on conversations could be held.*

| Activity | Preparatory calls were held with each hospital’s discharge coordinator, representatives from CRISP, and the CBOs to outline how CRISP resource is used, how patients who are admitted and have services provided by the CBOs are identified.

During a 1-week sprint daily huddles were conducted to determine how CRISP was used and identify barriers through an iterative interaction with clarifying questions about the information needs for care coordination.

| Finding Highlights | -Wide variation in familiarity with information exchange practices
-High degree of use of CRISP data for planning purposes prior discharge
-It would be helpful to be able to code/sort for behavioral vs medical admission and to easily sort by ED visit/admission
-Availability of data can be impacted by when data is documented versus when triggered to be sent to CRISP (e.g., immediate, daily, triggered by an event)
DC CRS Readmissions Reports

10/21/2021
Accessing the Reports

• Navigate to reports.crispdc.org
1. Service Line Readmissions Report
# Service Line Readmission Report

## Service Line Readmission Analysis

<table>
<thead>
<tr>
<th>Index Hospital Name: Hospital A</th>
<th>Discharge Date: (All)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Index APR Service Line</strong></td>
<td><strong>Eligible Discharges</strong></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Grand Total</td>
<td>16.3%</td>
</tr>
<tr>
<td>General Medicine</td>
<td>20.0%</td>
</tr>
<tr>
<td>Mental Health and S.</td>
<td>30.7%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>23.8%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>17.0%</td>
</tr>
<tr>
<td>Neurology</td>
<td>17.0%</td>
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<tr>
<td>Oncology</td>
<td>17.0%</td>
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<tr>
<td>Orthopedics</td>
<td>17.0%</td>
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<tr>
<td>Obstetrics</td>
<td>17.0%</td>
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<tr>
<td>Vascular Surgery</td>
<td>17.0%</td>
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<tr>
<td>Urology</td>
<td>17.0%</td>
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<tr>
<td>Cardiothoracic Surg.</td>
<td>17.0%</td>
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<tr>
<td>Plastic Surgery</td>
<td>17.0%</td>
</tr>
<tr>
<td>Trauma</td>
<td>17.0%</td>
</tr>
<tr>
<td>Deteriorancy(IN)</td>
<td>17.0%</td>
</tr>
</tbody>
</table>

## Index Visits: Hospital A

<table>
<thead>
<tr>
<th>Index APR Code: APR DRG 1, APR DRG 2, APR DRG 3</th>
<th>Readmit APR Code</th>
<th>Readmit APR DRG Description</th>
<th>Readmissions</th>
<th>Intra Readmissions</th>
<th>Inter Readmissions</th>
<th>Readmission Ratio(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>APR DRG 1</td>
<td>1,888</td>
<td>10</td>
<td>0.5%</td>
<td>7</td>
<td>0.4%</td>
<td>0.2%</td>
</tr>
<tr>
<td>APR DRG 2</td>
<td>779</td>
<td>11</td>
<td>1.4%</td>
<td>6</td>
<td>0.8%</td>
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<td>86</td>
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<td>7.9%</td>
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<td>680</td>
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<td>12.6%</td>
<td>37</td>
<td>5.4%</td>
<td>2.0%</td>
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<td>654</td>
<td>213</td>
<td>32.6%</td>
<td>112</td>
<td>17.1%</td>
<td>10.1%</td>
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</table>

## Index Visits: Hospital A (Statewide)

<table>
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<tr>
<th>Index APR Code: APR DRG 1, APR DRG 2, APR DRG 3</th>
<th>Readmit APR Code</th>
<th>Readmit APR DRG Description</th>
<th>Readmissions</th>
<th>Intra Readmissions</th>
<th>Inter Readmissions</th>
<th>Readmission Ratio(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>APR DRG 1</td>
<td>4,413</td>
<td>97</td>
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<td>APR DRG 2</td>
<td>2,917</td>
<td>276</td>
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<td>268</td>
<td>0.2%</td>
<td>86%</td>
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<td></td>
<td>1,722</td>
<td>210</td>
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<td>87</td>
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<td>1,327</td>
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<td>201</td>
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<tr>
<td></td>
<td>1,954</td>
<td>33</td>
<td>1.7%</td>
<td>22</td>
<td>1.1%</td>
<td>13</td>
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## Index Visits: Hospital A (Statewide)

<table>
<thead>
<tr>
<th>Index APR Code: APR DRG 1, APR DRG 2, APR DRG 3</th>
<th>Readmit APR Code</th>
<th>Readmit APR DRG Description</th>
<th>Readmissions</th>
<th>Intra Readmissions</th>
<th>Inter Readmissions</th>
<th>Readmission Ratio(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>APR DRG 1</td>
<td>41</td>
<td>23</td>
<td>18%</td>
<td>20</td>
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<td>APR DRG 2</td>
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<td>10%</td>
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<td>20%</td>
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<td>0.3%</td>
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<td>20%</td>
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<td>0.3%</td>
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</table>
2. Plan All-Cause Readmissions Report
Plan All-Cause Readmissions Report

Plan All-Cause Readmissions (PCR) Dashboard

The Plan All-Cause Readmissions Report allows you to view readmission details for your beneficiaries over a selected time period alongside the BC Medicaid reference group. This report can help your organization identify specific visits that trigger readmissions based on APR DRG, Index Hospital, or patient demographic information.

Note: Selecting any data point in the report will allow you to drill through to details of those beneficiaries. From there, you can select a member to drill through to their claim's details. The information in the drill through will contain the index visit that occurred at your hospital along with the readmissions associated with those index visits.

Analyses reflected in these reports are based on data paid as of 8/31/2021.

Monthly Trend of PCR Measure - Hospital A

Comparison of Annual PCR Rate

Beneficiary Count by Readmission

Number of Index Visits by Readmitting Hospital

Beneficiary Count by Age Category

Beneficiary Count by Gender
Plan All-Cause Readmissions Report: Beneficiary Drill-Through

Beneficiary Details

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<tr>
<th>Member Original ID</th>
<th>Beneficiary Name</th>
<th>Gender</th>
<th>DOB</th>
<th>Age</th>
<th>Zip Code</th>
<th>DHEC Plan (Current)</th>
<th>MCO Name</th>
<th>Readmissions</th>
<th>Claim Count</th>
<th>Amount Paid</th>
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</table>
Plan All-Cause Readmissions Report: Claims Drill-Through

<table>
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<tr>
<th>Member Ori..</th>
<th>Beneficiary Name</th>
<th>Claim Number</th>
<th>Index Hospi..</th>
<th>Claim From ..</th>
<th>Claim Thru..</th>
<th>Primary Dia..</th>
<th>APR DRG</th>
<th>Provider Na..</th>
<th>DHCF Plan</th>
<th>Eligible Dis..</th>
<th>Readmissio..</th>
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<tbody>
<tr>
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<td></td>
<td>Hospital A</td>
<td>10/1/2021</td>
<td>10/5/2021</td>
<td>50266XB - F..</td>
<td>092 - Facial..</td>
<td>Hospital A</td>
<td>MCO Name</td>
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<td>MCO Name</td>
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</tbody>
</table>
Community Resource Inventory (CRI) Subcommittee

**Chair** Ms. Luizilda de Oliveira (Board member)  **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.

**Membership:**
- **HIE Policy Board Members:** Dr Eric Marshall (Gerald Family Care), [open seat]
- **District CRI Data Stewards:** Stacey Johnson (Bread for the City), Luis Diaz (Criminal Justice Coordinating Council), Tamara Moore (Department of Aging and Community Living), Sabrina Tadele (Capital Area Food Bank), Ariana Wilson (Maryland 2-1-1)
- **Community Members:** Tommy Zarembka (Food & Friends)
CRI Subcommittee Responsibilities

- Evaluate the DC PACT CRI Action Team’s recommendations for data maintenance, including systems to:
  - Standardize resource data terminologies and categories/taxonomies
  - Establish and evaluate operations related to resource data provision
  - Schedule resource data updates and other data maintenance processes
  - Facilitate a cooperative resource data management process
- Review and recommend prospective models for governance, financial and operational sustainability of the CRI infrastructure
- Review and recommend policy measures that can promote and support the operations of the CRI, such as procurement and service registries
- Support the evolution of CRI governance model and assess the timeline for integration into existing HIEPB committees
## CRI Subcommittee 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>August-October 2021</td>
<td>✔️</td>
</tr>
<tr>
<td>• Review the CRI Action Team’s testing and evaluation strategies</td>
<td></td>
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<tr>
<td>• Review technical models (service register, federated data exchanges, data utility)</td>
<td></td>
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<tr>
<td>• Evaluate style guide on standards, authority, access and taxonomy</td>
<td>November 2021-January 2022</td>
<td></td>
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<tr>
<td>• Evaluate viability of technical models (register, federated, utility)</td>
<td></td>
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<tr>
<td>• Evaluate CRI Action team proposal for sustainability</td>
<td>February –April 2022</td>
<td></td>
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<tr>
<td>• Prepare final draft of data governance recommendations for HIE PB to adopt at April PB meeting</td>
<td></td>
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<tr>
<td>• Continue business from previous quarters (if needed)</td>
<td>May-July 2022</td>
<td></td>
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<tr>
<td>• Memorialize inter-governmental collaboration on CRI via new rulemaking/MOU/etc. (if needed)</td>
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DCPCA receives RWJ Data Across Sectors for Health Grant Award

- The Robert Wood Johnson Foundation [Data Across Sectors for Health (DASH)](https://dashconnect.org/lapp/) developed the [Learning and Action in Policy Partnerhips (LAPP)](https://dashconnect.org/lapp/) – a new national program to advance health, equity, and well-being through data sharing partnerships between communities and states.

- DCPCA submitted a proposal earlier this year and awards were announced in June 2021 - $100,000 for 12 months, option for 2nd year
  - DCPCA’s proposal is to develop a CRI governance and sustainability strategy, policies and procedures that can be evaluated by the DC HIE Policy Board for adoption.

- The District (led by DCPCA) and grantees in 5 other states will be part of LAPP’s first cohort and receive funding and technical assistance.

- Funding and TA will continue to support the development of the governance and business model of the CRI and will support the sustainability of the capabilities developed through the CoRIE Project.

https://dashconnect.org/lapp/
The SE Subcommittee is beginning to develop a framework of training competencies for digital health technical assistance programs in the District.

This framework may also serve to develop a more tech-enabled workforce of community health workers.

The subcommittee aims to present this framework as a recommendation to the HIE Policy Board at the January Board meeting.
Policy Subcommittee

- The workplan for the coming year is in progress.

- Some topics for discussion at future subcommittee meetings may include:
  - Efforts to expand membership within the subcommittee in order to diversify representation
  - Growing overlap of work with OCE and Stakeholder Engagement Subcommittees
  - Development of policy for secondary use of HIE data based on results of the Secondary Use of Health Information Self-Assessment Checklist that was distributed to the registered HIE entities
- **Allocated Time:** 4:45-4:55 PM (10 mins.)
Allocated Time: 4:55 – 5:00 PM (5 mins.)