DISTRICT OF COLUMBIA HEALTH INFORMATION EXCHANGE POLICY BOARD MEETING

DHCF
Department of Health Care Finance

October 23, 2025 | 3:00 PM – 5:00 PM

THIS MEETING IS BEING RECORDED

Department of Health Care Finance | Remote Meeting

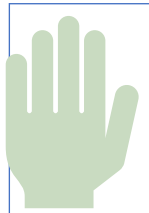
Virtual Meeting Processes

To increase engagement, turn on your video

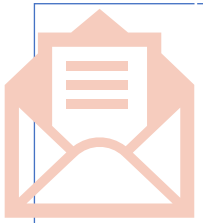
Mute your microphone upon entry, and until you have been called on to speak

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

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

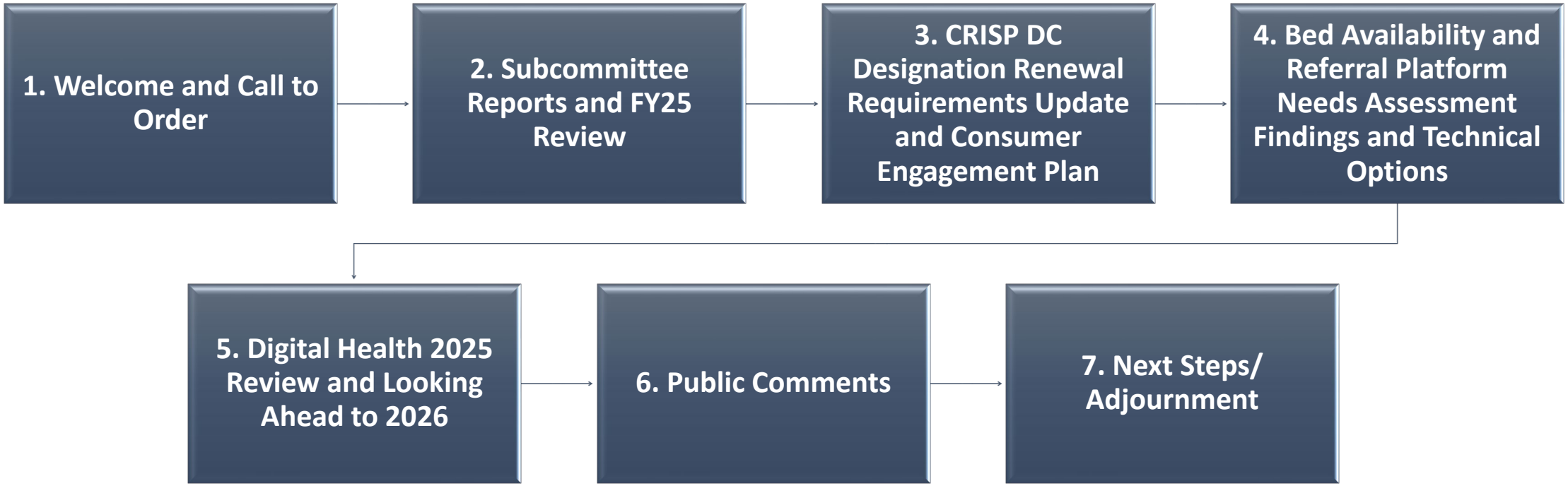


If you have comments or questions, please use the '***Raise Hand***' feature and speak clearly



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

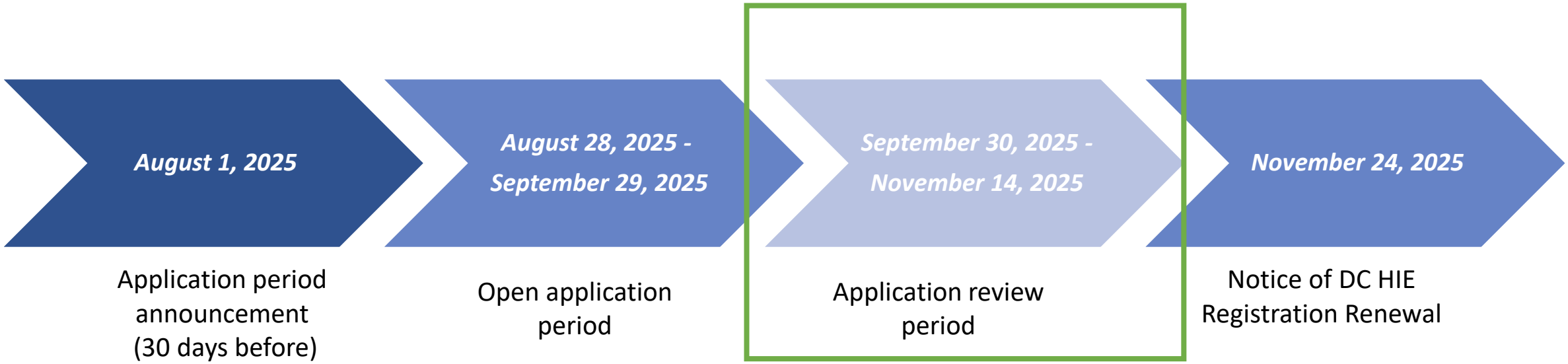
Agenda


1. Welcome and Call to Order
2. Subcommittee Reports and FY25 Review
3. CRISP DC Designation Renewal Requirements Update and Consumer Engagement Plan
4. Bed Availability and Referral Platform Needs Assessment Findings and Technical Options
5. Digital Health 2025 Review and Looking Ahead to 2026
6. Public Comments
7. Next Steps/ Adjournment

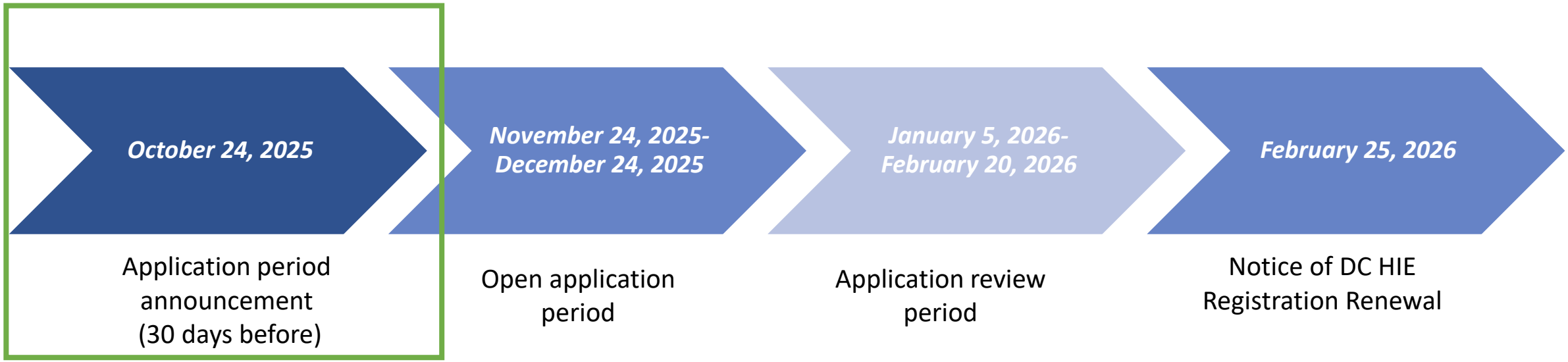
Roll Call and Announcement of Quorum

HIE Policy Board Announcements

CRISP DC HIE Registration Renewal Timeline



CPC-HIE Registration Renewal Timeline



Subcommittee Reports and FY25 Review

Mr. Justin Palmer, Policy Subcommittee Chair

Dr. Mary Awuonda, Stakeholder Engagement Subcommittee Chair

Ms. Gayle Hurt, Operations Compliance and Efficiency Subcommittee Chair

Allocated Time: 3:15 – 3:30 PM (15 mins.)

Policy Subcommittee Workplan Updates

- Goal 1: Monitor federal and local policies/regulations' relevance to DC HIE and its users
  - **Ongoing,** the subcommittee reviewed Maryland's § 4-302.5 law governing sensitive health services and technological implications.

- Goal 2: Develop educational outreach initiatives to support HIE use and compliance with new regulations
  - **Ongoing,** the subcommittee discussed gaps and opportunities for technology infrastructure to support reentry, reviewed California's Reentry Initiative toolkit, examined DC-specific regulations on justice-involved data sharing.

- Goal 3: Evaluate policy changes and opportunities to ensure a sustainable DC HIE
  - **Ongoing,** the subcommittee held special session on the Civitas Health Data Utility (HDU) Framework and draft supplement to address evolving needs of health data governance and emerging HDU characteristics. Subcommittee members and public attendees provided feedback on proposed policy levers in national HDU framework and value of the HDU model.

OCE Subcommittee Workplan Updates

- Goal 1: Explore expanded development of Transitions of Care (TOC) data elements list and documentation benchmarks beyond hospitals
  - **Ongoing,** the subcommittee began to plan our approach to expanding the scope of TOC data elements and will revisit this goal in FY26

- Goal 2: Review and Recommend updates to baseline operational and benchmark performance and data quality standards
  - **Complete,** the subcommittee reviewed Data Quality Scorecard visualization enhancements, user communications, and provided feedback on challenges and opportunities for engaging hospitals in data quality improvement

- Goal 3: Enhance DC HIE usability by facilitating targeted user and stakeholder feedback through TEP and other efforts to identify and implement meaningful improvements.
  - **Complete,** the subcommittee reviewed targeted stakeholder feedback from the PopHealth Analytics Steering Committee (PASC), including new Cancer Screening reports and dashboard enhancements, as well as ideas for future Medication Adherence Prediction report domains

Driving HIE Innovation Through Joint Subcommittee Engagement

- DHCF is participating in programs, including TMaH and the pending 1115 waiver, which present a significant opportunity to utilize HIE data and infrastructure in a meaningful way to support programmatic and care delivery goals

- OCE and Policy subcommittees conducted joint sessions to inform opportunities for how the HIE can support these activities:
  - Ideas for new/repurpose of DC HIE tools and infrastructure
  - Improve data sharing or identify new integration needs
  - Input on any possible policy considerations and dependencies

- These joint sessions identified opportunities to repurpose existing functionalities and led to the need for a maternal health-focused Technical Expert Panel (TEP) to further explore those ideas.

Stakeholder Subcommittee Workplan Updates

- Goal 1: Improve, sustain and expand engagement among existing and new HIE stakeholders, emphasizing the value of health information exchange and progression within the SMHP HIT Framework.
  - Complete, the subcommittee heavily focused on increasing engagement throughout the year by establishing communication templates resulting in a steady rise in membership by including technical assistance leads and behavioral health providers as new members. The committee plans to continue to expand membership to include under-represented users like HCBS, dental, maternal health providers, etc. in FY26.

- Goal 2: Identify, recommend and broaden educational outreach initiatives related to HIE and regulatory changes that impact all stakeholders in the District.
  - Ongoing, the subcommittee received feedback from members on needing to focus on adapting educational strategies to support the District's Value-Based Payment initiatives in FY26

- Goal 3: Recommend and support engagement activities related to strategic HIE priorities.
  - Complete, the subcommittee reviewed the Data Quality Scorecard being utilized through the EHR Data Quality Pilot and provided feedback on challenges and opportunities to continue to engage ambulatory providers in the years to come. The subcommittee will continue to review and discuss how to *operationalize* the scorecard for accurate data capture for ambulatory providers, which may involve a revision to the scorecard as a result.

CRISP DC Designation Renewal Requirements Update and Consumer Engagement Plan

Ms. Iesha Reid, HIE Program Analyst, DHCF

Ms. Jamie Gittleman, CRISP DC

Allocated Time: 3:30 – 3:50 PM (20 mins.)

CRISP DC Designation Renewal Requirements Update

- An interagency panel assessed CRISP DC's application and, after a comprehensive review, voted to renew its designation as the District's Designated HIE Entity

- The renewal included specific areas for CRISP DC to address within six months

- These expectations focused on strengthening data protections, improving transparency, and deepening consumer engagement

CRISP DC's Designation Renewal Milestones & Continued Commitment to the HIE

- CRISP DC met the panel's expectations and remains compliant as the District's Designated HIE Entity

- In response to the panel's expectations, CRISP DC has made improvements to:
  - Consumer education and engagement materials
  - Defining roles and responsibilities with its technical infrastructure vendor, CRISP Shared Services
  - Consumer KPIs and data quality metrics

- These efforts reflect CRISP DC's commitment to the ongoing maintenance and operations of the DC HIE

Connecting Care CRISP DC

Consumer Education Accessibility

October 23, 2025

crispdc.org | 833.580.4646 | dcoutreach@crisphealth.org

Consumer Education Accessibility

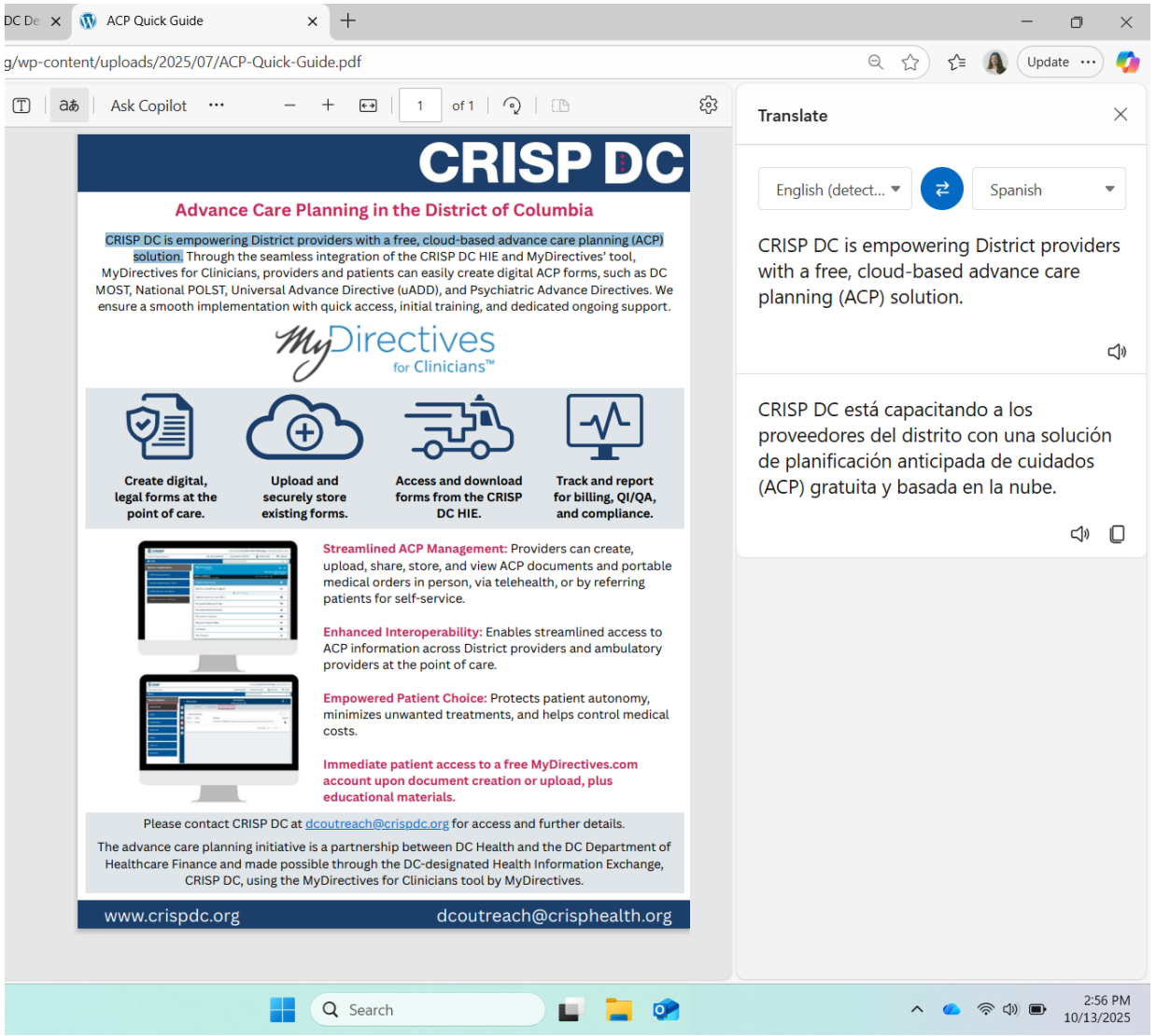
For Users:

- Content professionally translated by request
- Resources available on the CRISP DC website via text-based PDF
  - Ease of translation via browser or download
  - Instructions available on the CRISP DC website

For Patients:

- Patient forms available in Spanish
  - Opt-out of CRISP DC
  - Consent to share SUD data
- ‘For Patients’ information page translated to ASL

Web Translation Accessibility

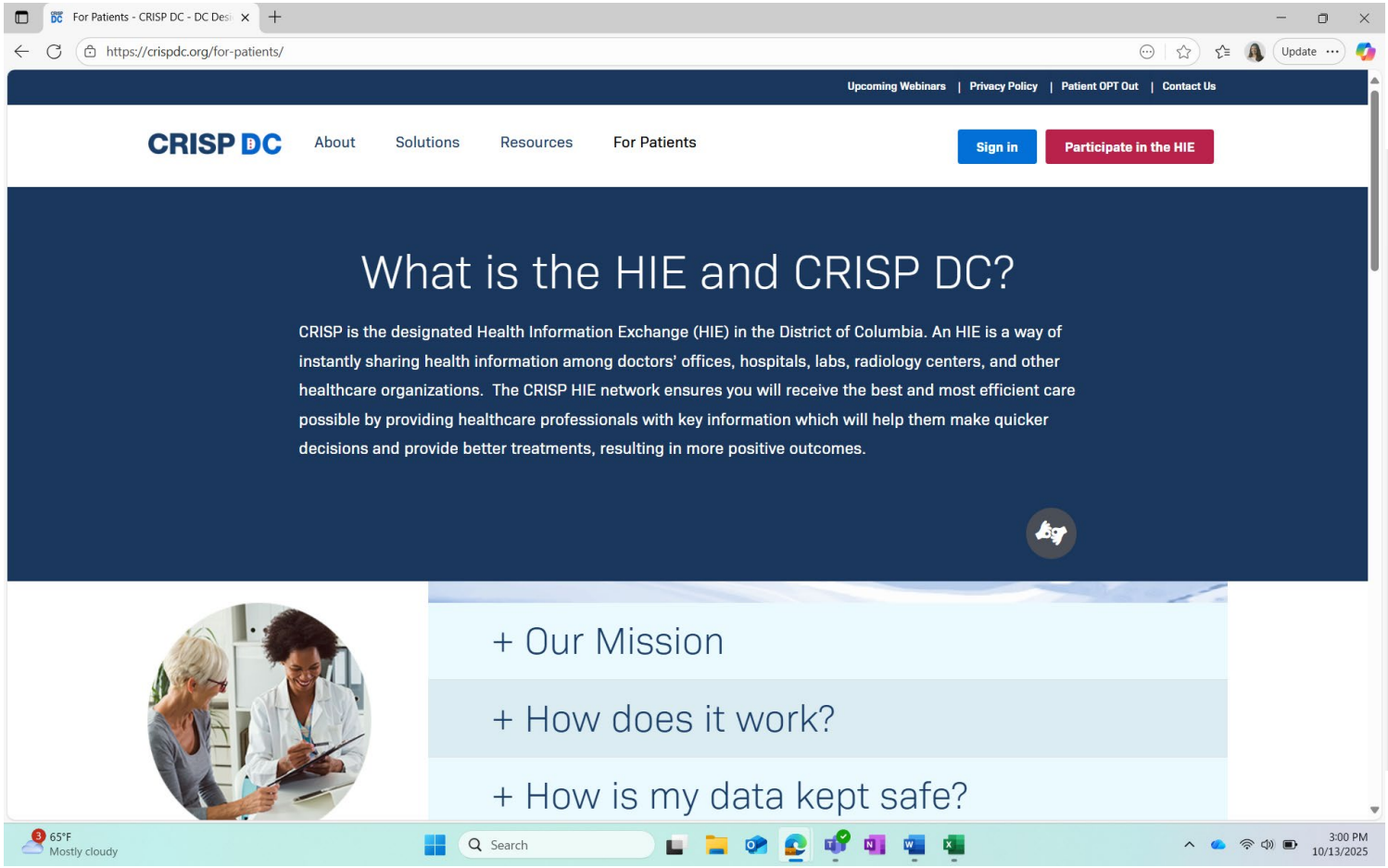


Microsoft Edge

Google Chrome

Forms Available in Spanish

For Patients Page ASL Translation



ASL- For Patients

CRISP DC
9 subscribers
Analytics
Edit video
0
Share
Promote
Download

Bed Availability and Referral Platform Needs Assessment Findings and Technical Options

Mr. Richard Garcia, Project Manager, DHCF

Ms. Corrine Jimenez, Project Manager, CRISP DC

Allocated Time: 3:50 – 4:20 PM (30 mins.)

What's the problem?

- Over the years, providers and other health system stakeholders have cited barriers placing complex patients in appropriate patient care settings in a timely manner

- Manual processes remain common across current bed availability and referral functionalities, which affect the ability to find available facility beds and enabling care transitions

- As a result, multiple challenges persist, including administrative burden, repeated outreach attempts + delayed placements, and no single source of truth

DHCF funded CRISP DC to conduct a needs assessment and then propose development options for consideration

- The Needs Assessment (completed in FY25) explored the community's needs across DC's health systems to inform the design of a centralized, sustainable, and scalable solution for bed availability and referrals for acute, sub-acute and post-acute care including hospitals, behavioral health, and nursing facilities

- Following the Needs Assessment, CRISP DC was tasked with crafting a proposal for a Bed Availability and Referral Platform meeting those needs, including technical configuration options, for DHCF's consideration

- This proposal, completed at the end of FY25, translated stakeholder needs into functional requirements for technical development and explores potential approaches towards establishing a District-wide solution

Today, DHCF will provide a status update as we review findings and proposed technical options

- DHCF's goal is to ensure continued coordination and alignment with our District agency partners, including DBH and DC Health

- Together we'll review:
  - A summary of findings from CRISP DC's needs assessment for a bed availability and referral system
  - Three (3) possible options for technical development
  - Next steps towards selecting a development option

We aim to design a unified platform that is used across the District to ease acute to post-acute care transitions

- Though this project was initially developed as a Behavioral Health Bed Registry, cross-agency discussions and new District policies created the opportunity for a broader shared vision

- We are building towards a unified system for bed availability and referrals not only for behavioral health, hospitals, or long-term care, but across the full continuum of acute and post-acute care settings

- Our mission is to create the best solution for a District-wide bed availability and referral platform with an emphasis on avoiding siloes and facilitating smooth transitions of care regardless of facility type

CRISP DC met with a diverse group of stakeholders to assess needs

- Stakeholders across hospitals, behavioral health, long-term care, and government agencies expressed the need for a centralized, real-time bed registry in DC
  - 17 interviews, 13 organizations

- Stakeholder confirmed several current pain points
  - Manual, fragmented processes (calls, emails)
  - Existing tools are siloed, provide outdated information, or are not intended for daily use
  - No current tools provide, real-time, unified visibility in a central location

- These pain points often lead to delays and missed opportunities for timely placements and care transitions

Stakeholders expressed the need for a system-wide solution with key features

- Must be widely-adopted across hospitals, behavioral health, skilled nursing, inpatient, and other facilities
  - Not siloed by provider, specialty, or region

- Common definition of what an “available bed” means across participating sites and facilities, including acceptance criteria

- Must function as a centralized data source integrated with the DC HIE, as well as various EHR systems in DC, to accommodate a wide variety of users

Alongside stakeholders, CRISP DC also met with vendors to better understanding their offerings

- Many of the vendor technologies currently available include a narrow scope meant to address the needs of a particular healthcare domain or deliver a specific technical functionality

- For example, one vendor might have expertise with real-time referrals, but only within Skilled Nursing Facilities or Behavioral Health, while another has a robust bed-availability tracker with no referral component

- Across the vendor landscape, there is no single technical solution to address every single one of the District's unique bed availability and referral needs

CRISP DC has proposed three (3) potential technical options for a bed availability and referral system

① BUILD

- Involves building out infrastructure and fully customizing from the ground up.
- Custom software development that would consist of CRISP DC working in-house with their technology vendor CRISP Shared Services (CSS).

② BUY

- Involves the purchasing of a third-party solution.
- CRISP DC would conduct an RFP and then ultimately purchase an off-the-shelf software.

③ HYBRID

- Involves **expanding current infrastructure** capabilities (“Build”) **and integrating with other platforms** that leverage community investments (“Buy”).
- CRISP DC would conduct an RFP for a vendor offering part of a technical solution, and then work with CSS on any custom builds required to fill in the gaps for a fully functioning system

Option 1: Build

- CRISP DC working in-house with their technology vendor CRISP Shared Services (CSS)

- Strengths:
  - Maximum control over features and functionalities
  - Fully tailored and developed exactly as specified
  - Long-term flexibility and deeply personalized workflows

- Weaknesses:
  - Currently, HIE data (e.g., ADTs, claims, and clinical information) lack operational specifics need to support bed availability and referral capabilities
    - Bed-readiness, acceptance criteria, or referral status currently unavailable

- **Current HIE data does not capture the detail needed for real-time bed tracking, and a custom-built solution would not meet stakeholder needs in this scenario**

Option 2: Buy

- CRISP DC would conduct an RFP and then ultimately purchase an off-the-shelf software

- Strengths:
  - Rapid deployment
  - Lower operational burden due to vendor experience and knowledge
  - Potentially hit the ground running with an out-of-the-box referral functionality

- Weaknesses:
  - Limited control over features and functionalities
  - No tailoring; vendors are siloed within their specific domain (e.g., Behavioral Health)
  - Would not address the full suite of bed availability and referral needs across acute and post-acute care

Option 3: Hybrid

- CRISP DC would conduct an RFP to purchase an off-the-shelf product, and then work with CSS to build and fill-in any technical gaps the vendor has

- Strengths:
  - Balances features/functionality with tailored customization and proven vendor tools
  - Avoids over-reliance on a single vendor
  - Modular, API driven design would allow flexibility

- Weaknesses:
  - Complex back-end data processes mean operational burden increases
  - May face delays in integration/testing due to the necessity of a phased implementation approach
  - Requires careful governance

Discussion Questions

- What initial impressions do folks have about the options presented?
- What are some additional risks or opportunities not identified here that we should keep in mind?
- What are some of your priorities with implementing this technology?

Coordination with District agency and health system partners is key

- Our goal is to establish a **unified** bed availability and referral system **across acute and post-acute care facilities** in the District – we'll need work together toward that goal!
  - Hospitals, long-term care facilities, and behavioral health

- The tool's success is contingent on providers timely updating of their bed availability and consistent use of the system to support care transitions
  - DBH, DC Health, and DHCF should consider policy levers that set aligned expectations and enforce standards related to this system

- DHCF will continue to regularly engage DBH and DC Health to stay aware of policy implications or other important project updates

Next Steps in the first six months of FY26

- In Q1, CRISP DC will conduct additional research to inform selection between Buy or Hybrid approaches, including reviewing potential vendor options and their alignment with stakeholder requirements

- By the end of Q1, DHCF will select from the Buy or Hybrid development options presented and share updates with our District partners for ongoing awareness

- In Q2, DHCF will work with CRISP DC to begin implementation of the best path forward for a District-wide Bed Availability and Referral Platform

Digital Health 2025 Review and Looking Ahead to 2026

Ms. Stephanie Brown Executive Director, CRISP DC

Ms. Eduarda Koch, Project Manager, DHCF

Ms. Sade Mayfield, eHealthDC

Mx. Deniz Soyer, Chair, DC HIE Policy Board

Allocated Time: 4:20 - 4:50 PM (30 mins.)

Designated HIE Entity Updates and FY25 Accomplishments

Ms. Stephanie Brown, Executive Director, CRISP DC

Allocated Time: 4:20 - 4:30 PM (10 mins.)

Connecting Care CRISP DC

Designated HIE Updates

crispdc.org | 833.580.4646 | dcoutreach@crisphealth.org

Federal & National Landscape: CRISP DC Recognition

We're beyond proud to share that CRISP DC received **the Community Excellence Award for Community Impact** from CIVITAS Networks for Health! 🏆

Thank you for everyone who participates and supports the CRISP DC HIE.

This recognition reflects the hard work and collaboration of our team and partners across the District who are driving innovative, equitable solutions to improve health outcomes for all.

Civitas Networks for Health is a national collaborative comprised of member organizations working to use health information exchange, health data, and multi-stakeholder, cross-sector approaches to improve health. Visit https://civitasforhealth.org/ to learn more.

FY25 Accomplishments

- CRISP DC has built up their public and national presence through social media, robust user communications and greater participation in local and national conferences/associations.
- DHCF in partnership with CRISP DC was granted their 1-year, APDs from CMS and was redesignated for another 5 years as the DC HIE.
- CRISP DC launched the updated SUD referral tool in compliance with the 42 CFR Part 2 Final Rule and registered over 1,000 consents.
- CRISP DC implemented parsing logic for SUD data from hybrid organizations.

FY25 Accomplishments

- PopHealth Analytics released over 17 new reports this year.
- CRISP DC completed a comprehensive bed registry needs assessment gathering feedback from both local and national sources.
- CRISP DC implemented a single sign on between the CRISP DC portal and LinkU (findhelp), the DC Health vendor for social needs referrals and screening.
- CRISP DC is initiating National Network queries to close gaps in data sharing, such as data from the Veterans Administration Hospitals.

New & Noteworthy

- CRISP DC is in conversations with Northern Virginia health care organizations who are interested in participating in the HIE to provide care coordination for shared patients.

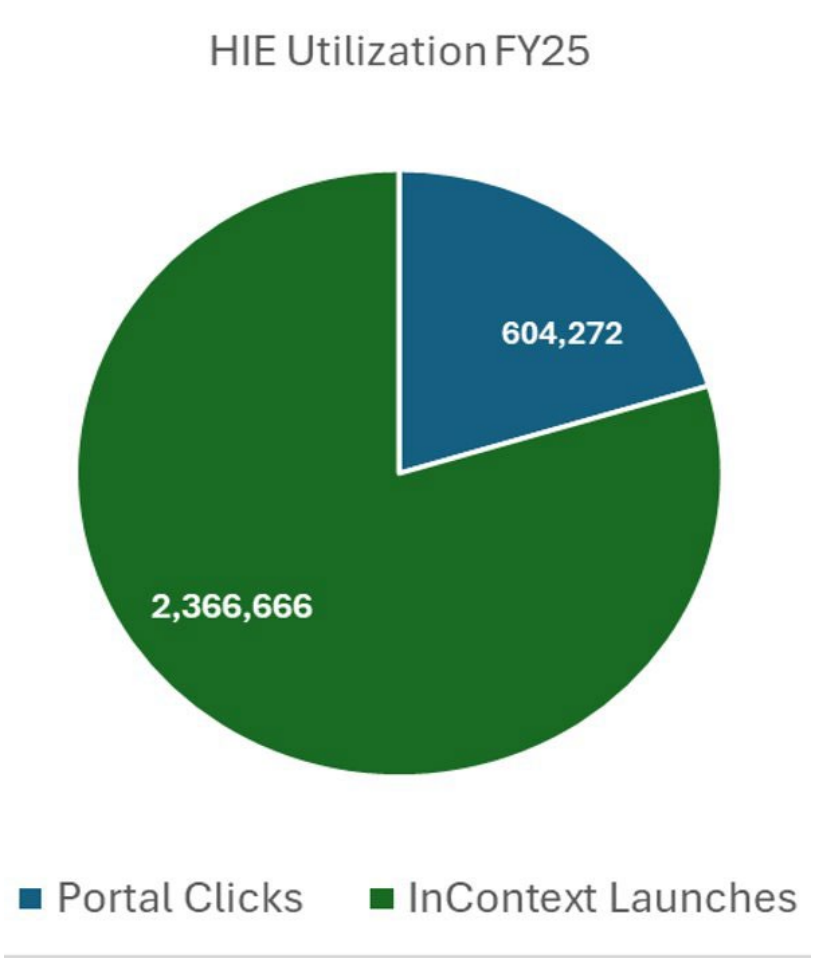
- DC Health is partnering closely with CRISP DC for public health regulatory data reporting efforts, beginning with severe maternal morbidity and mortality.

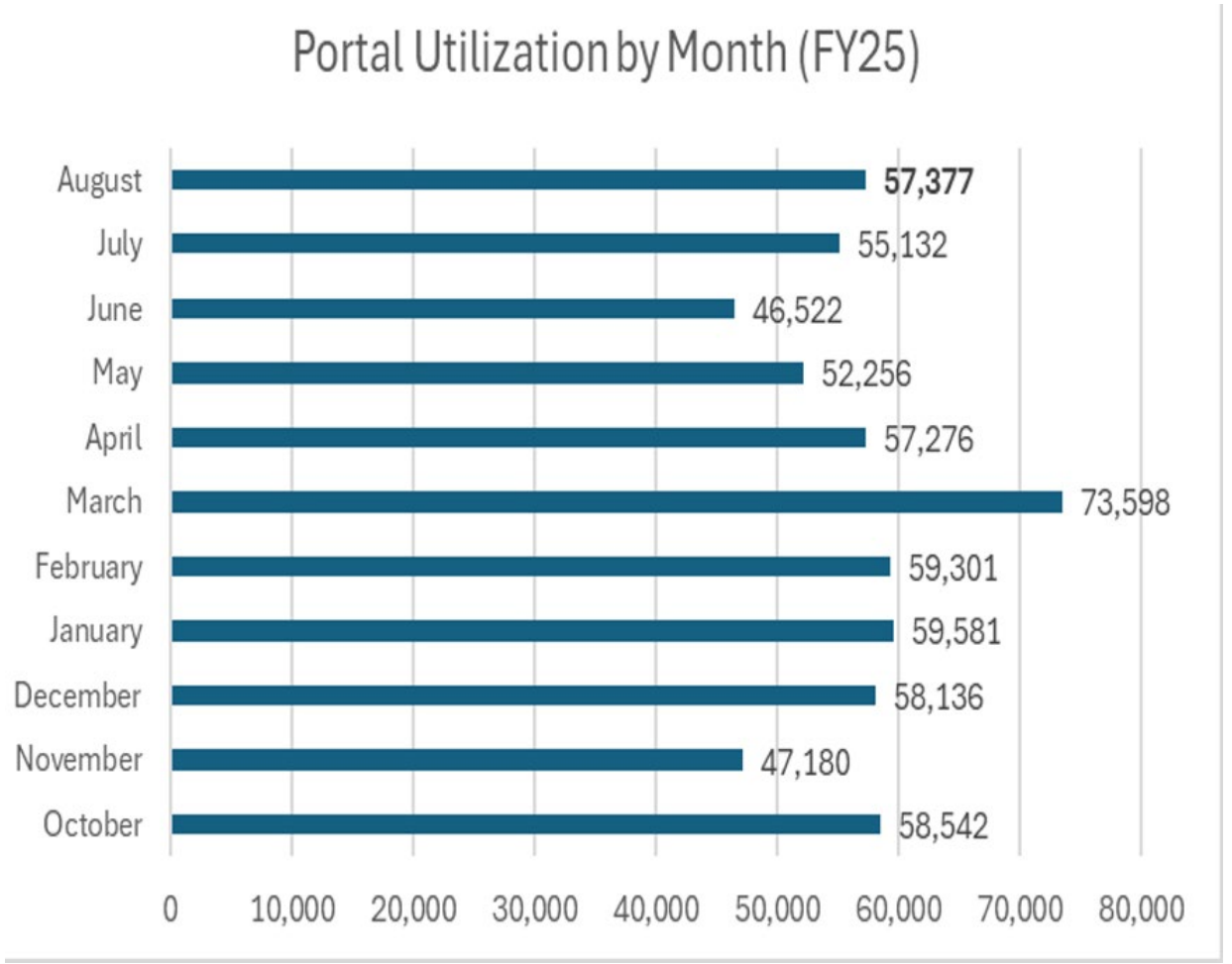
- CRISP DC is now member of the Health Data Utility Steering Council, which is a comprised of CIVITAS Networks for Health Members and Consortium for State and Regional Interoperability, (CSRI), to provide the Federal government with models, guidelines and best practices for how health information exchanges can grow into health data utilities and serve as the infrastructure for public health and other regional data sharing needs.

Connectivity & Utilization at a Glance

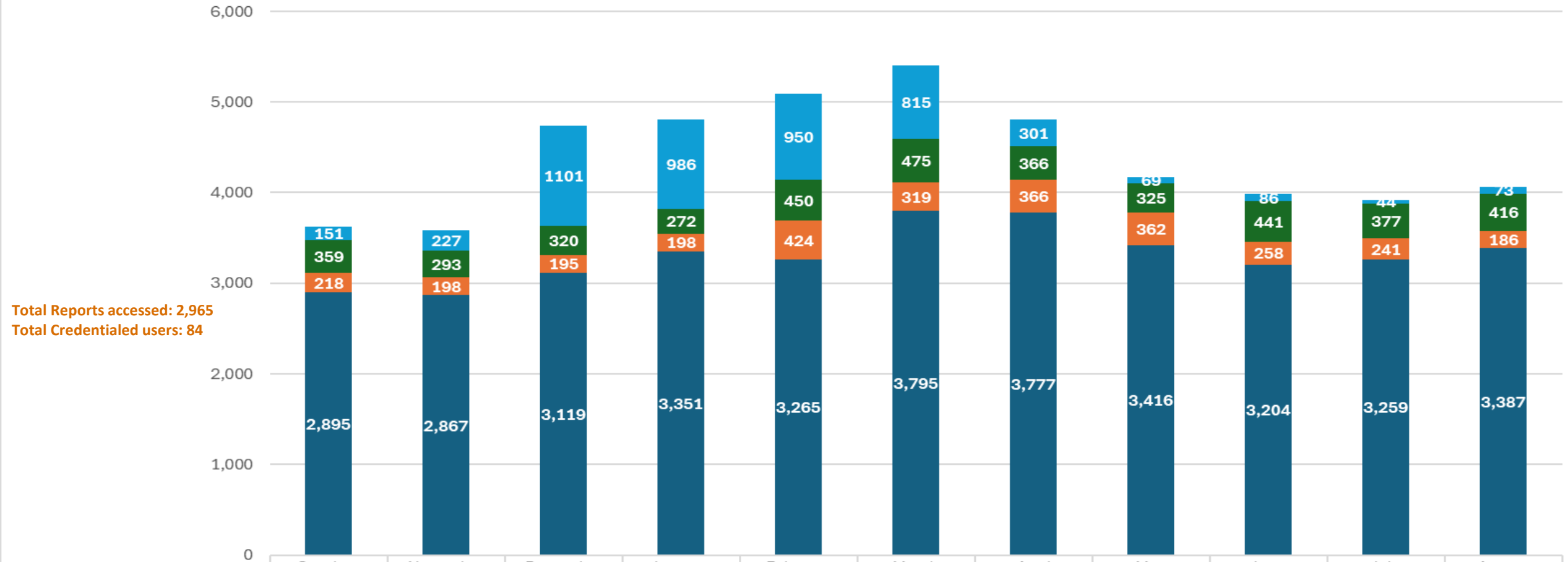
- **Total Users:** +16,400
- **Total Participating Organizations:** 1,093
- **ADT Sending Locations:** 397
- **CCD Sending Locations:** 432

Connectivity & Utilization at a Glance





Notable Tool Utilization – CRISP DC FY25



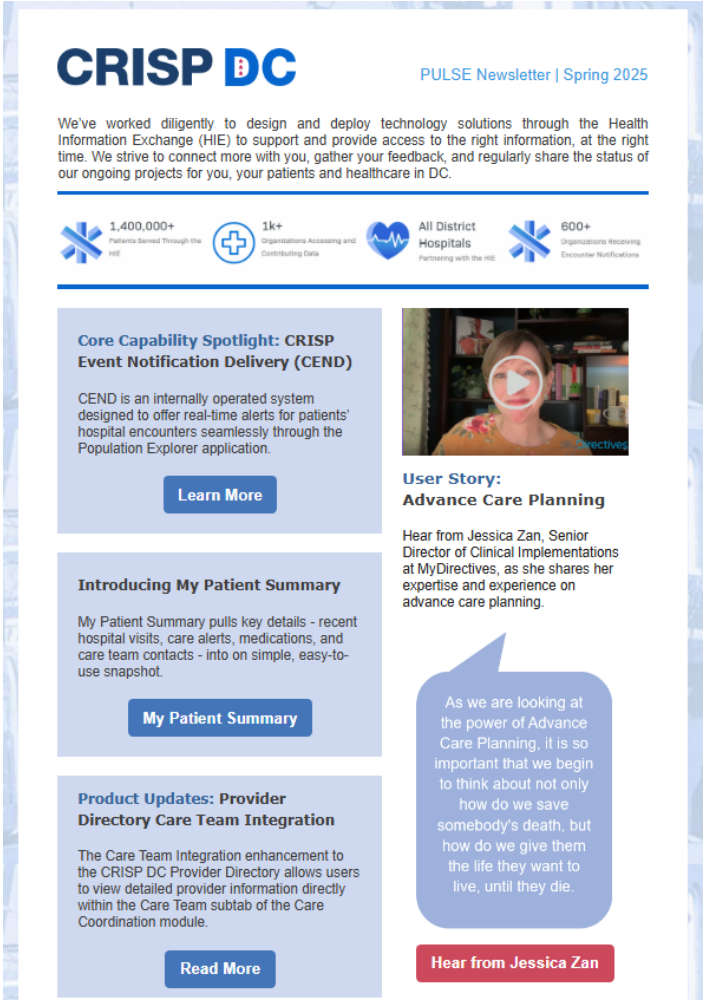
Total Reports accessed: 2,965
Total Credentialed users: 84

	October	November	December	January	February	March	April	May	June	July	August
eConsent Clicks	151	227	1101	986	950	815	301	69	86	44	73
Provider Directory Clicks	359	293	320	272	450	475	366	325	441	377	416
PopHealth Report Accessed	218	198	195	198	424	319	366	362	258	241	186
Image Exchange Launches	2,895	2,867	3,119	3,351	3,265	3,795	3,777	3,416	3,204	3,259	3,387

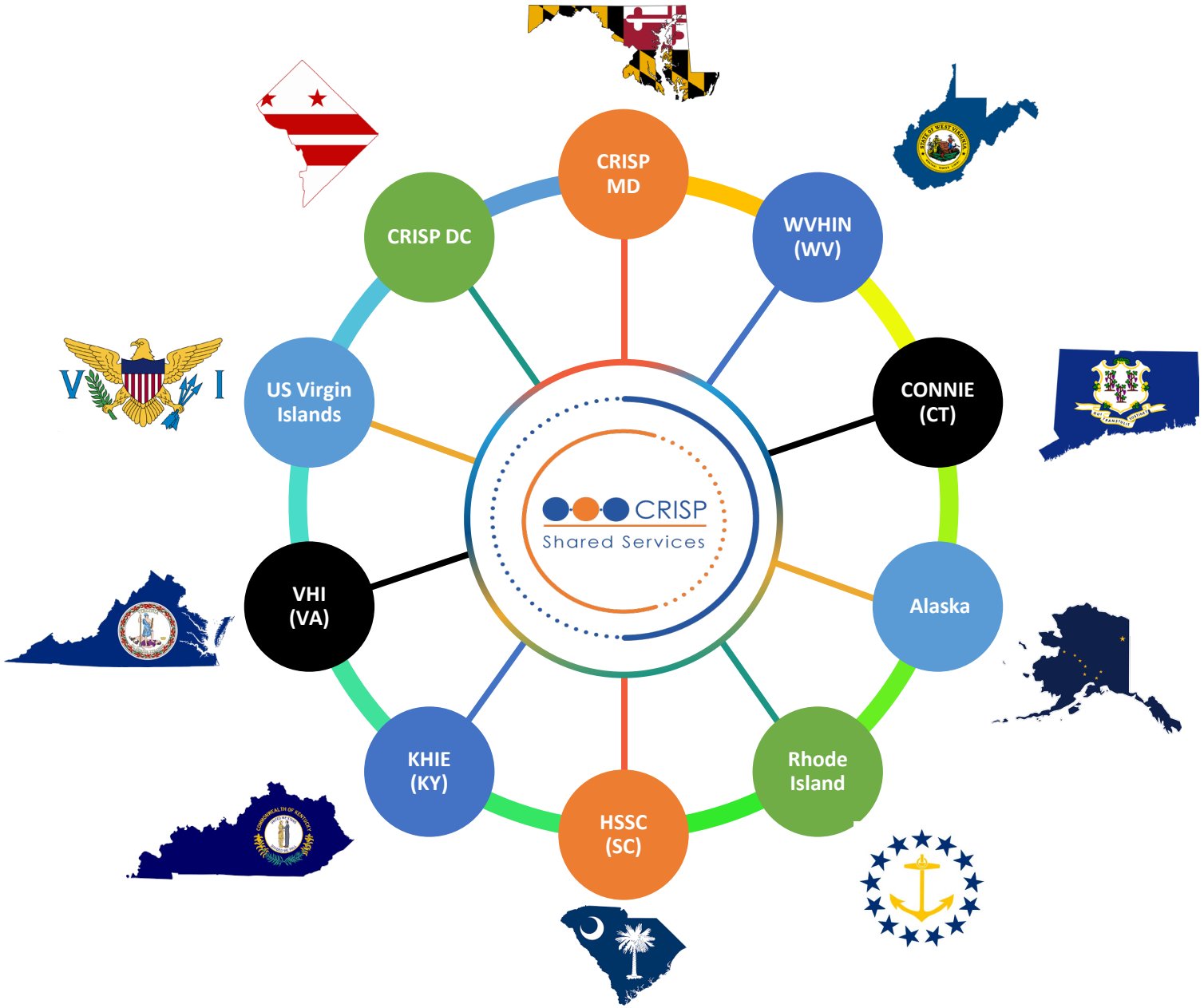
Image Exchange Launches PopHealth Report Accessed Provider Directory Clicks eConsent Clicks

Communication & Education

- CRISP DC Quarterly Newsletter
  - Total Opens Across all 4 Newsletters in FY25: 10,280
- CRISP DC Webinars
  - 80 Webinars Total in FY25
  - Attendance rate at 54% for those who registered
- CRISP DC Website
  - 7 robust tool-specific landing pages
- LinkedIn
  - 500+ followers organically driven by stakeholder support and interaction



CRISP Shared Services Areas Served



*** Contract recently awarded to CSS for HIE services in Florida and Vermont.**

Digital Health EHR Technical Assistance FY25 Accomplishments

Ms. Sade Mayfield, eHealthDC

Ms. Eduarda Koch, DHCF

Allocated Time: 4:30 - 4:40 PM (10 mins.)

Agenda

- Overview of the EHR Data Quality TA Program
- Technical Assistance Approach
- Key Findings from Discovery Calls
- Resolutions and Actions Implemented
- Additional TA Support Offered
- Future TA Opportunities

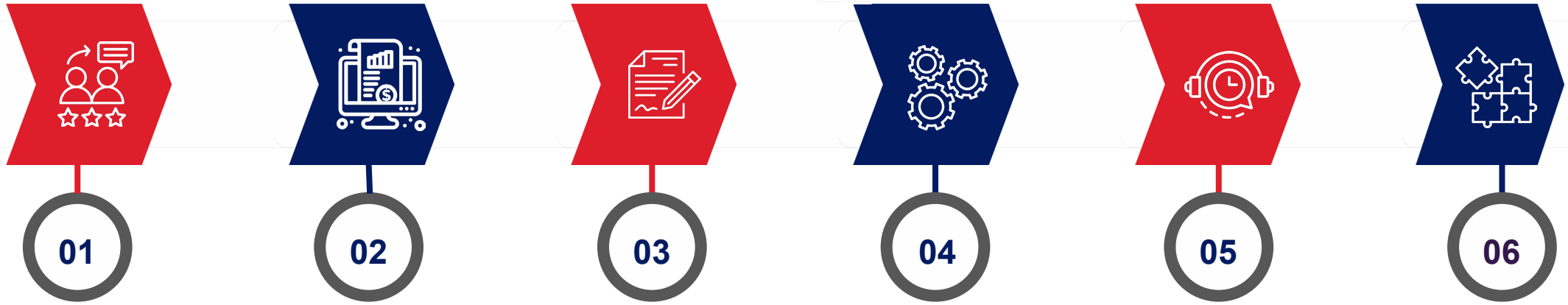
EHR Data Quality Program Overview

Support Medicaid practices in optimizing workflows and documentation to enhance EHR and HIE data quality

In early 2025, eHealthDC launched a new **EHR Data Quality TA Pilot Program, which concluded on September 30, 2025.**

- The program provided tailored TA to help Medicaid provider organizations make **measurable improvements** to their **data quality** at the point of entry in the EHR
- **39 organizations** participated from the ASARS, CPC-HIE, DDS, HSS, and MHRS sectors
- The program targeted six key dimensions of data quality: **accuracy, completeness, consistency, reliability, timeliness, and validity**

eHealthDC TA Approach: EHR Data Quality Pilot Program



Outreach

Send email to provider organization to schedule Discovery Call

Send HIE Scorecard

Once organization has scheduled Discovery Call, TA sends HIE scorecard to them to review at least 1 day ahead of meeting

Convene Discovery Call

Review consumer charts in EHR & HIE, focusing on ADT/CCD data metrics and identify data issues for further investigation

Send Results & Strategic Plan

Compile Discovery Call Results with categorized data issues into a client-facing report along with a strategic plan of action items to execute. Includes draft language for organization to open ticket with EHR vendor

Follow Up

Confirm organization has opened the ticket with the EHR Vendor and check-in weekly to monitor for vendor response which will inform next steps. TAs initiate other action items related to CRISP/workflow/training

Conduct Cyclic TA Triaging

Weekly monitoring and triaging of TA next steps as informed by findings/responses from initial strategic plan action items

Discovery Call – Chart Audit Documentation

- Discovery calls and chart audits identified potential organizational issues, which the team categorized into ***workflow***, ***mapping***, and ***vendor-related issues***

		Organization Name:					Data Issue Categories				
DATE	Metric	HIE Scorecard Capture Rate	Where Charted	Mandatory Field? (Y/N)	Structured Field? (Y/N)	Notes	EHR Vendor	CRISP	Training	Workflow	Next Steps
ADT	Admit Reason	92%	Client Profile, Admit Reason Not Available, might be Referral Source	N/A	N/A		X	X			ask where they are mapping from in EHR since this field does not exist
	PCP NPI	0%	not available	N/A	N/A						
	Next of Kin	0%	only in Diagnostic assessment, not used	N	N						
	Address	98%	Client Profile	Y	N						
	Phone	14%	Client Profile	Y (cell phone field only)	N		X				ask Credible which phone field is mapped to send to the HIE, noting that the cell phone field is the one that is required
	Race	0%	Client Profile	in workflow only, but not via EHR	Y		X				ask Credible about this mapping since they are documenting it but it is not coming through to the HIE
	Ethnicity	0%	Client Profile	N	Y	chart audit found one chart where this was charted, one chart where it was not charted, may wnat to consider making this a mandatory field	X			X	ask Credible about this mapping since they are documenting it but it is not coming through to the HIE
	Language	88%	Client Profile	N	Y				X	X	Confirm documentation enforcement with Jorge
CCD	Medications Section	58%	Medications Tab	--							
	Medication Names	58%	Medications Tab	N	Yes, search				X	X	Confirm documentation enforcement with Jorge
	Medication Sig	0%	Medical Profile	N	N						
	Problems Section	60%	Medical Profile	--							
	Problem Names	60%	Medical Profile	N	Y, search				X	X	Confirm documentation enforcement with Jorge
	Immunizations Section	58%	Medical Profile	--							
	Immunization Names	0%	Medical Profile	no, providers track only, not captured on intake	N/A	don't give immunizations and not captured as part of workflow				X	
	Allergies Section	58%	Allergy Tab	--							
	Allergy Names	5%	Medical Profile	N	Y, search	not captured as part of workflow				X	
OTHER											Intake: gains, consent, DLA, DxA and treatment plan, Dx Assessment doesn't map to the profile

Summary of Chart Audit Findings/ Issues

CRISP DC

- Limited encounter visibility: only initial visit appears, follow up visits not accessible
- HIE relied on ADT data for metrics that are more accurately sourced from the CCD

EHR VENDOR

- Missing and/or duplicate data fields in EHR (e.g., ethnicity vs ethnicity group)
- Inconsistent data field labeling between EHR and HIE
- Possible mapping errors: data present in EHR does not display in HIE
- Single sign-on not available for all EHR vendors

TRAINING

- Key data fields were frequently left blank or incomplete
- Staff lacked standardized guidelines for documentation requirements
- Inconsistent documentation practices across staff

WORKFLOW

- Identified several metrics not part of workflows relevant to provider type
- Inconsistent use of free-text fields across documentation
- Lack of consistent patient panel uploads is impacting patient visibility in the HIE
- Missed data entry due to fields not configured as mandatory

Customized TA: Resolutions Implemented

- Conducted 1:1 trainings on updating workflows to support consistent data capture
- Drafted suggested support ticket language for organizations to submit to their EHR vendors
- Joined vendor calls to help articulate and clarify mapping-related issues

Dear Dr. Cloud Support Team,

We request a review of our data mapping and system functionality to ensure proper data exchange with CRISP. Please address the following:

1. **Admit Reason Mapping:** Confirm whether the **Injury/Medical/Allergy** section is properly mapped for sharing **homelessness (Z59.9)** with CRISP, as it is consistently included in client billing but is not appearing in CRISP data.
2. **Address Mapping:** Verify that **address data** is correctly mapped for CRISP transmission, as it is a mandatory billing requirement but currently not appearing in CRISP.
3. **Missing Data Elements:** Identify the location of the following fields within the EHR and confirm how they are mapped for CRISP data sharing:
    - Ethnicity, Next of Kin, PCP NPI
    - Allergy Names, Immunization Data, Medication Names & Sig
4. **HTH Report Import:** Restart the **HTH report import functionality**, as a single test upload is insufficient to confirm functionality. Resolving this will help reduce duplicate documentation efforts and ensure all relevant data is captured and transmitted.
5. **Collaboration with CRISP:** Work with CRISP to verify that these elements are properly mapped and shared as expected."

Customized TA: Organization Process Improvement

Collaborated with vendor to update A01 encounter data mapping fields in the EHR for accurate HIE integration

Configured critical data fields as required to improve data completeness for reporting (e.g. Race, Ethnicity)

Implemented automated patient panel uploads to ensure panel data remains current in the HIE

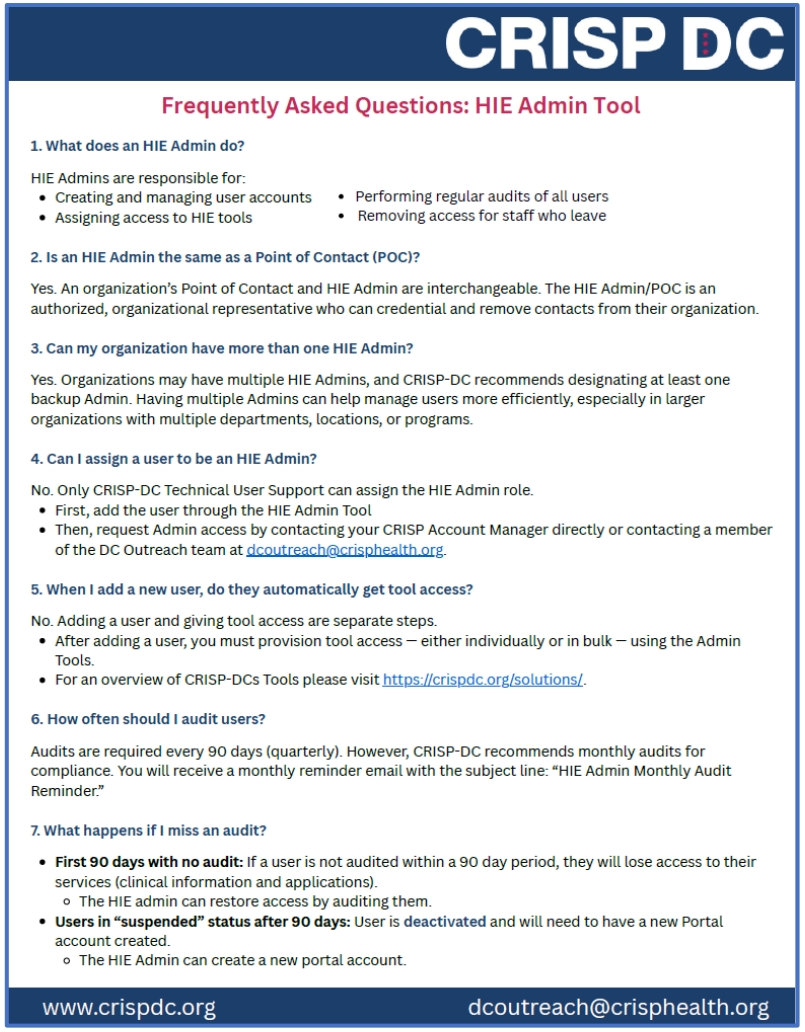
Coordinated staff trainings on HIE tools to enhance understanding of features and functionalities

Clinically Focused TA: Chart Audit Microlearning

- The microlearning is a quick video overview on how to use the chart audit tool
- The purpose of the tool is to guide providers on how to evaluate EHR documentation for completeness, accuracy, and compliance
- The tool features:
  - Customizable template for organization-specific needs
  - Separate audit tabs for each participating provider cohort: MHRS, ASARS, LTSS, HSS, and DDS

General Chart Audit					Date: Auditor:		
Account Number	**12345**	**23456**	**34567**	**45678**	**56789**	**Total Score**	**Notes**
Patient Identification Patient name, DOB, and MRN correctly documented	Y	Y	Y	Y	Y	100%	
Demographics Complete demographic data including race, ethnicity, language	Y	Y	Y	N	Y	80%	
Clinical Documentation Visit notes reflect reason for visit, assessment, plan	N	N	Y	Y	Y	60%	
Problem List Conditions are updated, accurate, and coded correctly	N	Y	N	N	Y	40%	
Medications Medication list up-to-date, includes dosage and instructions	Y	Y	Y	N	N	60%	
Allergies Allergies listed and current; reactions specified	Y	N	N	N	N	20%	
Orders & Results Orders placed and results documented with review	Y	Y	Y	N	N	60%	

Clinically Focused TA: HIE Admin Tool FAQ



CRISP DC

Frequently Asked Questions: HIE Admin Tool

1. What does an HIE Admin do?

HIE Admins are responsible for:

- Creating and managing user accounts
- Assigning access to HIE tools
- Performing regular audits of all users
- Removing access for staff who leave

2. Is an HIE Admin the same as a Point of Contact (POC)?

Yes. An organization's Point of Contact and HIE Admin are interchangeable. The HIE Admin/POC is an authorized, organizational representative who can credential and remove contacts from their organization.

3. Can my organization have more than one HIE Admin?

Yes. Organizations may have multiple HIE Admins, and CRISP-DC recommends designating at least one backup Admin. Having multiple Admins can help manage users more efficiently, especially in larger organizations with multiple departments, locations, or programs.

4. Can I assign a user to be an HIE Admin?

No. Only CRISP-DC Technical User Support can assign the HIE Admin role.

- First, add the user through the HIE Admin Tool
- Then, request Admin access by contacting your CRISP Account Manager directly or contacting a member of the DC Outreach team at dcoutreach@crisphealth.org.

5. When I add a new user, do they automatically get tool access?

No. Adding a user and giving tool access are separate steps.

- After adding a user, you must provision tool access — either individually or in bulk — using the Admin Tools.
- For an overview of CRISP-DCs Tools please visit https://crispdc.org/solutions/.

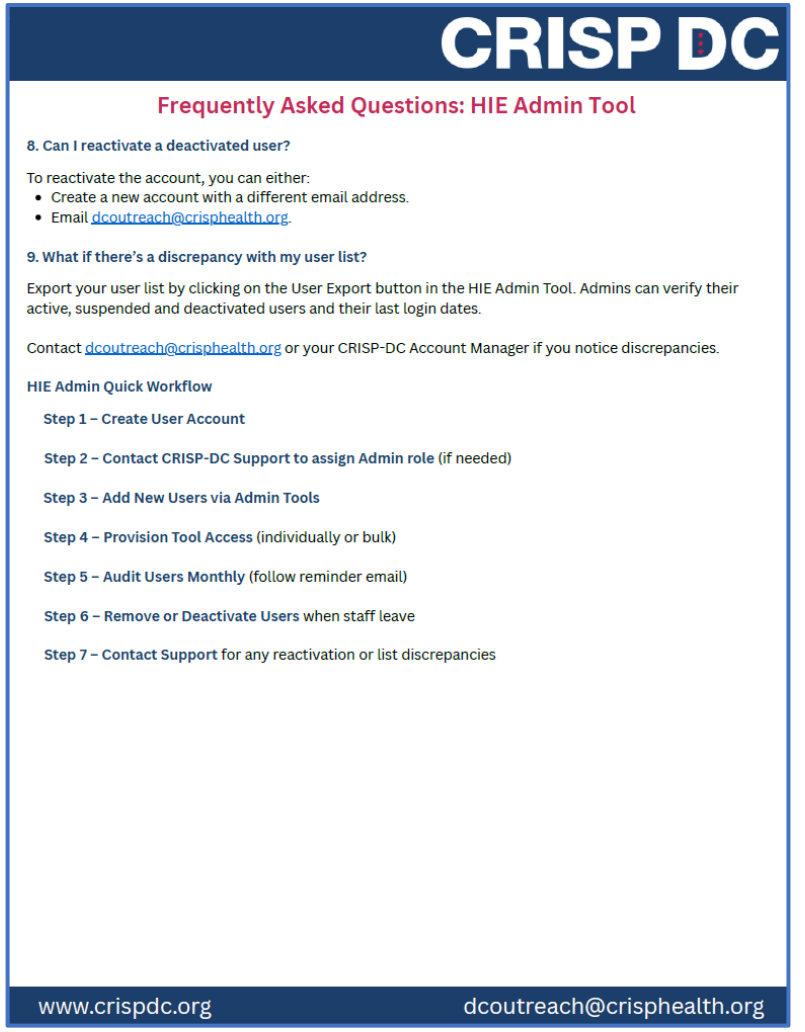
6. How often should I audit users?

Audits are required every 90 days (quarterly). However, CRISP-DC recommends monthly audits for compliance. You will receive a monthly reminder email with the subject line: "HIE Admin Monthly Audit Reminder."

7. What happens if I miss an audit?

- **First 90 days with no audit:** If a user is not audited within a 90 day period, they will lose access to their services (clinical information and applications).
  - The HIE admin can restore access by auditing them.
- **Users in "suspended" status after 90 days:** User is **deactivated** and will need to have a new Portal account created.
  - The HIE Admin can create a new portal account.

www.crispdc.org dcoutreach@crisphealth.org



CRISP DC

Frequently Asked Questions: HIE Admin Tool

8. Can I reactivate a deactivated user?

To reactivate the account, you can either:

- Create a new account with a different email address.
- Email dcoutreach@crisphealth.org.

9. What if there's a discrepancy with my user list?

Export your user list by clicking on the User Export button in the HIE Admin Tool. Admins can verify their active, suspended and deactivated users and their last login dates.

Contact dcoutreach@crisphealth.org or your CRISP-DC Account Manager if you notice discrepancies.

HIE Admin Quick Workflow

Step 1 – Create User Account

Step 2 – Contact CRISP-DC Support to assign Admin role (if needed)

Step 3 – Add New Users via Admin Tools

Step 4 – Provision Tool Access (individually or bulk)

Step 5 – Audit Users Monthly (follow reminder email)

Step 6 – Remove or Deactivate Users when staff leave

Step 7 – Contact Support for any reactivation or list discrepancies

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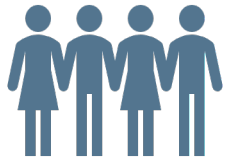
Clinically Focused TA: Learning Community

Practical Strategies for Data Quality Inspection and Assurance



Participation Summary

Dates: July 29th and August 13
Registered: 65
Attended: 54
Represented Orgs: 26

Session Objectives

- Understand the fundamentals of data quality
- Explore why inspecting data is critical to success
- Learn best practices for improving and maintaining quality data

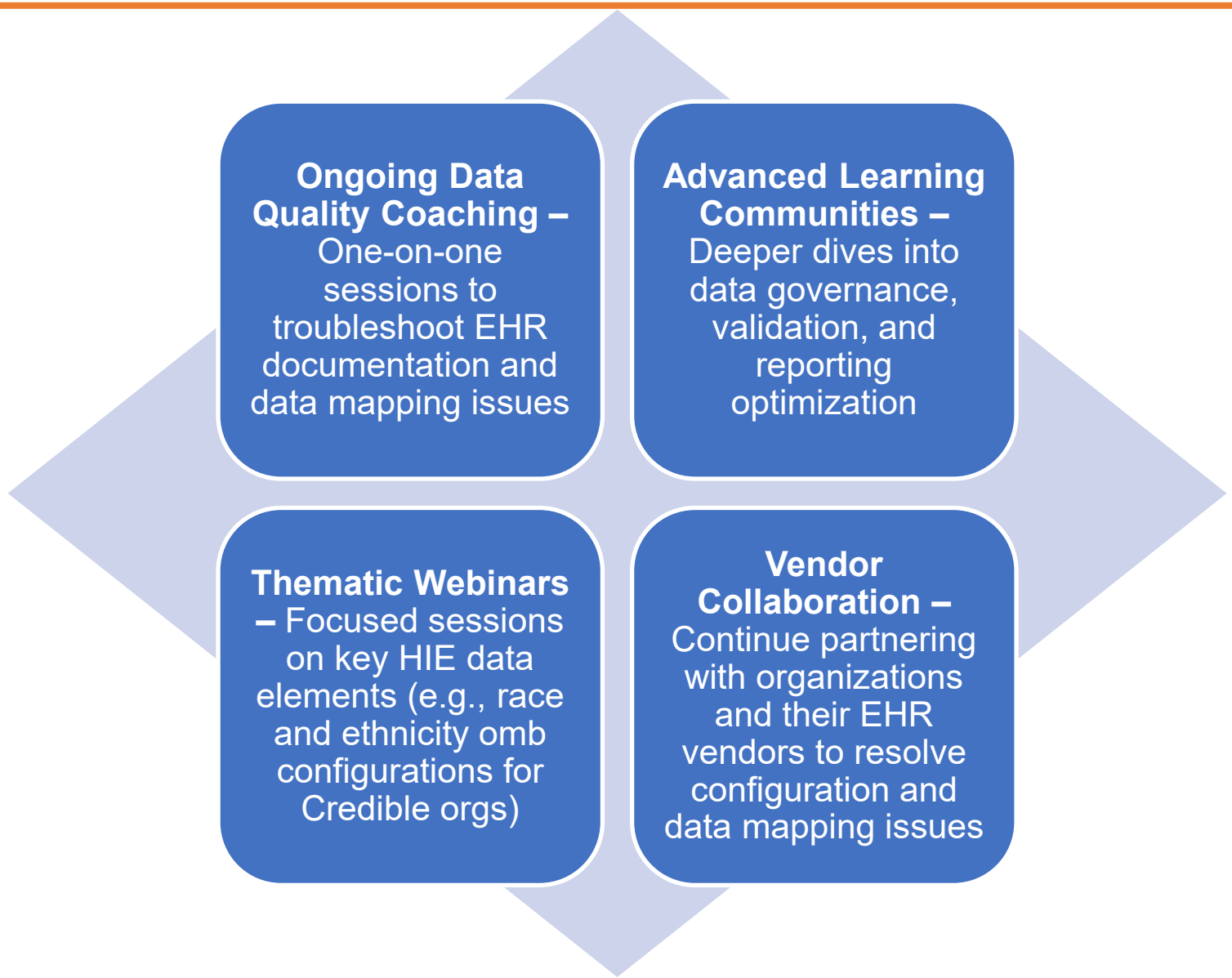
Post Webinar Actions

- Distributed session recording and resources (slide deck and chart audit template)
- Offered and conducted follow-up technical assistance

Trends & Common Themes Identified

Theme	Observation	Impact/Resolution
Vendor Configuration Issues	Several organizations experienced challenges with vendor-level configurations (e.g., mapping for ADT and CCD data)	Collaborated with organizations to document configuration issues and escalate them to EHR vendors for review and resolve
A0 Encounter Data Not Transferring	A recurring issue where A0 encounter data did not flow from the EHR to the HIE.	Identified gaps in interface mapping and encounter type setup through collaborative troubleshooting and validation.
Inconsistent Documentation Workflows	Variation in how providers documented key data (e.g., diagnoses, medications, allergies) impacted completeness and accuracy.	Developed workflow guides, standard templates, and targeted TA sessions to promote consistency.
CCDs and ADTs Not Present in the HIE	Team identified multiple instances where Continuity of Care Documents (CCDs) and Admission, Discharge, and Transfer (ADT) messages were missing from the HIE	Shared with CRISP DC to initiate further technical review
Unclear Understanding of Data Sharing Requirements	Organizations demonstrated uncertainty about what data elements are required or expected to flow to the HIE and were unaware of the data set definitions or the specific fields needed for HIE integration and reporting.	Provided clarification explaining data set expectations and the importance of sharing complete, standardized data.

Building on the Momentum: Future Potential TA Opportunities



Questions?

Looking Ahead - Planned Activities for 2026!

Mx. Deniz Soyer, Chair, DC HIE Policy Board

Allocated Time: 4:40 - 4:50 PM (10 mins.)

CMS approved DHCF's FY26 digital health projects that will use Medicaid Enterprise System match funding

Planning

- ***90/10 Match Funds***
- ***Activities supported include:***
  - Impact assessments, gap analyses
  - Proof of concept activities
  - Technical requirements analyses
  - Workgroup participation directly tied to system planning

Implementation

- ***90/10 Match; 75/25 Match***
- ***Activities supported include:***
  - Design, development, implementation of technical infrastructure
  - System integration/interfaces
  - User Training (75/25 only)

Operations

- ***75/25 Match; 50/50 match***
- ***Activities supported include:***
  - System, software, and web-based portal maintenance and operations
  - Technology must undergo readiness and/or certification through CMS to receive funding

Here are the specific activities that are being funded through each FY26 initiative

Digital Health Initiative	Specific Activities
Planning	• Evaluation and planning activities to support HIE implementation and operations • Reuse of existing technologies (e.g. SLR) and assess new infrastructure needs (e.g. all payer claims database) • Updated digital health strategic plan and five-year roadmap (building off SMHPs)
Implementation	• Critical Supportive Infrastructure • PopHealth Analytics • HRSN tools • Bed Availability and Referral Platform • Digital Health Tracking and Incentive Payment Subsystem*
Maintenance & Operations	• Critical Supportive Infrastructure • Provider Directory • Image Exchange • Advance Care Planning • Notification Services • HIE and EHR Data Quality Technical Assistance • Public Health (DC Immunization Information System)*

*non-HIE infrastructure and initiatives

= Planning (P) = Implementation (DDI) = Operations (M&O)

Looking ahead to 2026!

- **Improve existing infrastructure and technical support**
  - Continue partnership across CRISP DC, eHealthDC, and others to improve digital health user experience
  - Continue enhancing data quality and feeds flowing into the DC HIE
  - Increase awareness through targeted, data-driven communication efforts
  - Leverage tools to enhance whole person care priorities (e.g. maternal health, justice-involved re-entry, and VBP)

- **Collaborate to inform future digital health planning and sustainability**
  - Continue interagency partnerships
  - Align digital health initiatives by blending/braiding funding streams
  - Identify infrastructure enhancements and TA needs
  - Conduct focus groups/interviews to inform digital health roadmap and upcoming whole person care initiatives

- **Strengthen DC HIE governance and accountability**
  - Conduct renewal process for Registered HIE entities
  - Publish update to DC HIE Rule
  - Expand participation in the DC HIE Policy Board and revisit subcommittee/workgroup structure

Public Comments

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

Next Steps/ Adjournment

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

Upcoming HIE Policy Board Meeting

Stay tuned for updates on upcoming meeting dates for FY2026!