Subcommittee: HIE Stakeholder Engagement

Chair: Dr. Yavar Moghimi

Date: January 20, 2022

Report Status: Pending approval

District of Columbia Health Information Exchange Policy Board

Recommendation to Approve the Development of DC Digital Health Core Competencies

I. **SUMMARY**

With guidance from the HIE Policy Board Stakeholder Engagement subcommittee, the Department of Health Care Finance (DHCF) is developing core competencies for digital health technical assistance for providers and beneficiaries. These core competencies will align DHCF's current and future digital health technical assistance efforts in the District with guidance from the priorities set forth in the DC State Medicaid Health IT Plan (SMHP). Pursuant to the CMS Interoperability and Patient Access Rule, increasing emphasis will be placed on the knowledge and skills needed to ensure a broader understanding and appropriate use of digital health resources (health data access via patient portals and APIs, telehealth, etc.) with the goal of promoting digital health literacy and effective use of digital health tools among Medicaid providers and beneficiaries in the District.

II. **PROBLEM STATEMENT**

As several technical assistance and outreach programs that support the digital health/health information exchange needs of Medicaid providers in the District have come to a close at the end of FY21, many new opportunities arise to improve the uptake and use of digital health resources from a patient-centered approach.

Expanded access to electronic health records with tools such as patient portals, telehealth, eConsent and advance directives is designed to allow beneficiaries, patients, and their caregivers to express their preferences for information sharing and care delivery. Implementing these new approaches to collecting patient preferences will also require education and training in the form of community-led technical assistance efforts to ensure these tools are most effectively used to promote patient-centered care. The Stakeholder Engagement subcommittee of the DC HIE Policy Board proposes a set of minimum DC digital health core competencies to address the growing need for technical assistance to promote beneficiary and patient autonomy, privacy and security, and health literacy.

III. **SUBCOMMITTEE GOAL AND ACTIVITY**

The proposed activity can be added under the subcommittee's current goal #2; to collaborate with DHCF to promote the value of health information exchange to District stakeholders.

IV. **FINDINGS/ANALYSIS**

The Stakeholder Engagement Subcommittee members, inclusive of the District's digital health entities, were surveyed and engaged in discussions from September 2021 through January 2022 to

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collect ideas on the development of the DC digital health core competencies. Below are summaries of responses from the survey and discussion:

1. *What do we want to accomplish by developing the digital health core competencies?*
   The ultimate goal is to improve patient connection to their providers via digital health tools, promoting a more user-centered, whole-person approach to care. The focus of the digital health core competencies should align ongoing and upcoming efforts to serve providers and beneficiaries who require TA and onboarding on HIE tools/services, electronic health records, and/or telehealth.

2. *What should be the purpose of the digital health core competencies?*
   The digital health core competencies should align with District priorities set forth in the State Medicaid Health IT Plan (SMHP). The digital health core competencies will focus on promoting beneficiary and patient digital health literacy, including privacy and security; promoting patient autonomy; and encouraging effective and appropriate uses of digital health tools among District providers and beneficiaries.

3. *What sources should we draw from when developing the digital health core competencies?*
   Sources should include the Office of the National Coordinator for Health IT's (ONC) 'Health IT Curriculum Resources for Educators.' These are instructional materials, funded by the ONC, that are relevant to utilizing digital health tools to improve health care delivery. Another source should be the roles and skills defined in the Community Health Worker Core Consensus (C3) Project in order to capture aspects of community-based patient engagement. In addition to these sources, the competencies should be informed by the goals and use cases laid out in the District's SMHP and should align with the Practice Transformation Core Competencies DHCF has implemented for the Integrated Care DC technical assistance program. For further information on proposed competencies, see **Appendix B** on page 5.

As indicated above, DHCF intends to fund TA programs such as Integrated Care DC with a strong foundation of core competencies. To further inform the development of minimum core competencies and their evaluation methods, members of various Technical Assistance organizations with experience in implementing digital health technical assistance efforts were interviewed in order to gather more information on the incorporation of competencies or curricula into the training of their technical assistants. These organizations included Chesapeake Regional Information System for our Patients (CRISP), DC Primary Care Association (DCPCA), Zane Networks, Health Desk, and Health Management Associates. A summary of the findings can be found in **Appendix A**.

Based on the findings from these interviews, as well as continuous feedback garnered from the Stakeholder Engagement Subcommittee, a list of minimum core competencies was drafted to incorporate topics from each of the recommended sources. These minimum core competencies are outlined below:

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Competency #1: Digital Health Proficiency to Support Patient-Centered Care
1. Electronic health records (EHR)
2. Health information exchange (HIE)
3. Telehealth

Competency #2: Health and Health System Knowledge
1. Social determinants of health and related health disparities
2. Privacy and security of health data (HIPAA)
3. Health literacy/health behavior and behavior change
4. Value Based Care

Competency #3: Leadership and Management Skills
1. Process change implementation and evaluation
2. Customer service
3. Effective communication and relationship-building
4. Cultural responsiveness

A list of competencies, sub-competencies, and their specific objectives can be found in **Appendix B.**

V.   RECOMMENDATION(S) FOR BOARD ACTION:

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 functional role 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 competencies, sub-competencies, and objectives are applicable to their respective programs. DHCF will be expected to provide an update on the implementation of this recommendation at the April 28, 2022 HIE Policy Board meeting.

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*Committee Members***:** Dr. Yavar Moghimi; Ms. Nina Jolani; Dr. Connor Ratchford; Mr. Okey Enyia; Mr. Mark LeVota; Ms. Layo George; Mr. Andrew Malcolm; Ms. Corrine Jimenez; Ms. Donna Ramos-Johnson; Dr. Eric Marshall; Mr. Luigi LeBlanc; Dr. Neal Sikka; Mr. Ronald Emeni; Ms. Stephanie Brown; Mr. Nathaniel Curry; Mr. Ian Dodoo; Ms. Elizabeth Garrison; Ms. Eduarda Koch; Ms. Maava Khan; Ms. Adaeze Okonkwo; Ms. Deniz Soyer; Ms. Luizilda DeOliveira.

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APPENDIX A: Summary of Findings from Interviews with District Technical Assistance Entities

- **Most of the organizations provided no general curriculum or list of minimum core competencies for their TAs or interns;** many took a more tailored approach to developing the knowledge base of their interns/TAs, directed at the specific needs of the provider organizations requesting the assistance.

- **A majority of technical assistance was delivered to providers in the District**. Examples included efforts to improve access to the DC HIE and use of its tools and services; integration of the HIE and EHR into daily workflow; support for PCMH practice accreditation; and achievement of Meaningful Use of EHR systems.

- Technical assistance efforts such as GW's HealthDesk program and DCPCA's eHealth DC Program focused on patient engagement to improve access to and use of patient portals, telehealth, and remote patient monitoring.

- Most of the organizations who were interviewed deploy both professional technical assistants with significant experience in the digital health field as well as interns under their supervision.

- Methods to evaluate interns' performance included direct supervision/shadowing with weekly performance reviews, surveys to elicit feedback from the provider organizations who received technical assistance, or specific metrics related to the provider organizations' goals (achievement of Meaningful Use, etc.).

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APPENDIX B: DC Digital Health Core Competencies and Sub-Competencies

Competency 1: Digital Health Proficiency to Support Patient-Centered Care		
	Sub-Competency	**Objectives**
1	Health Information Exchange (HIE)	a. Understand the function and structure of the DC Health Information Exchange. b. Identify benefits/risks of HIE for patients, providers, and government. c. Understand how DC HIE "use cases" are developed, governed, and integrated into workflow and patient interactions. d. Develop awareness of local and regional HIE entities, and national networks.
2	Electronic health record (EHR) systems	a. Acquire knowledge of elements of a typical EHR system. b. Describe common and distinguishing functionalities of ONC-certified EHR systems. c. Describe the EHR functionality of messaging among different vendor systems. d. Describe the procedures for practice management supported by EHR vendor systems as well as current billing code systems.[1] e. Have awareness of current industry data interoperability standards.[2] f. Acquire proficiency with the setup and use of common patient portals and secure messaging. g. Understand the EHRs' ability, in accordance with applicable law and practice, to electronically submit public health data to the District's public health agency (DC Health) in a meaningful way. [1]CPT - CPT Codes - Current Procedural Terminology - AAPC; ICD.Codes - Your Free Medical Coding Resource; HCPCS Codes Level II - 2022 Complete Reference[2]HIMSS: Interoperability Standards
3	Telehealth	a. Understand the purpose of utilizing telehealth modalities in patient care, and the regulatory structure of telehealth in the District. b. Understand approaches and reimbursement of telehealth and remote patient monitoring.

		c. Acquire proficiency with the setup and use of common patient portals, secure messaging, video conferencing, and mobile health apps. d. Understand how to deliver targeted assistance to implement telehealth and support the continued adoption efforts of digital health tools. e. Evaluate the differing needs to providing telehealth modalities to two groups of stakeholders: 1) providers and office staff and 2) patients and caregivers.
Competency 2: Health and Health System Knowledge		
	Sub-Competency	**Objectives**
1	Social determinants of health and related health disparities	a. Define and explain 'social determinants of health' and the concept of health disparities and inequities. b. Analyze how the environment and personal health are interrelated and how specific factors (determinants) contribute to health disparities. c. Identify groups that are most affected by health disparities. d. Evaluate how health disparities impact people in the local community (school, town, etc.) and at a national level. e. Describe the roles that access to, knowledge of, and confidence in the use of digital health tools play as social determinants of health.
2	Privacy and security of health data (HIPAA)	a. Define and discern the differences between privacy, confidentiality, and security. b. Discuss methods for using digital health tools to protect privacy and confidentiality. c. Describe and apply privacy, confidentiality, and security under the tenets of HIPAA Privacy and Security rules, as well as more restrictive federal, state, and local privacy and security policies (e.g., 42 CFR Part 2, DC Mental Health Information Act, etc.). d. Discuss the intersection of a patient's right to privacy with the need to share and exchange patient information.
3	Health literacy/health behavior and behavior change	a. Describe an overview of the current state of patient engagement and policy goals for the future. b. Discuss best practices for behavior change interventions. c. Compare behavior change models (e.g. Health Behavior Model, Transtheoretical/Stages of Change Model, Theory of Reasoned Action/Theory of Planned Behavior, Chronic Care Model, etc.).

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		d.	Design individual behavior change interventions.
		e.	Promote and evaluate behavior change.
4	Value-based care	a.	Describe in general terms the features of the fee-for-service health care system and outline why this payment model is changing.
		b.	Describe the overall value and goals of value-based care from various stakeholder perspectives.
		c.	Discuss the types of digital health that support value-based care.
		d.	Define care management and explain why it is central to value-based care.
		e.	Discuss how digital health can be used to support appropriate care and decrease waste/overutilization.
		f.	Identify the characteristics and categories of quality metrics and how they are calculated.

Competency 3: Leadership and Management Skills			
	Sub-Competency		**Objectives**
1	Process change implementation and evaluation skills	a.	Understand principles of quality improvement, including knowledge of Plan-Do-Study-Act (PDSA) cycles and patient safety.
		b.	Propose strategies to gain acceptance of changes in work processes, including patient interactions.
		c.	Develop a process change implementation plan for a health care facility that includes tasks to be accomplished, responsible parties for tasks, a timeline, and the human and material resources needed.
		d.	Outline elements of an evaluation plan that will help determine the success of a workflow process change implemented in a health care facility.
		e.	Describe how the workflow analyst can help a health care facility continually improve its workflow processes, based on results of ongoing evaluations.
2	Customer service skills	a.	Identify ethical and cultural Issues related to communication and customer service in the health care setting
		b.	Describe the different facets of digital health customer service.
		c.	Identify digital health customers and stakeholders.
		d.	Identify digital health customer and stakeholder needs based on roles and context.

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3	Effective communication and relationship building skills	a. Explain the purpose and goals of professional communication. b. Discuss characteristics of effective and ineffective communication. c. Identify communication needs of common roles in health care. d. Explain the importance, elements, and processes of patient-physician communication. e. Explain the importance of interpretation and translation services and assistive communication devices, as well as how to access them.
4	Cultural responsiveness	a. Identify different dimensions of diversity. b. Discuss the value of diversity. c. Describe ways to promote an inclusive work and patient care environment. d. Identify common cross-cultural differences. e. Describe ways to communicate effectively with individuals with disabilities. f. Discuss key elements of cultural responsiveness in health care.