



Better Health Together

District of Columbia State Innovation Model
Community Linkages Work Group #3: Meeting Summary

February 17, 2016
1:00 p.m. – 2:30 p.m.

Participants: Dena Hasan, Kandis Driscoll, Chris Botts, Wanda Foster, Constance Yancy, Laura Zeilinger, Melissa McCarthy, Theresa Silla, Victor Freedman, Leslie Lyles Smith, D. Lindsey, Kathy Haines, Jessica Li, Ishan Heru, Christy Respress, Emily Elman, Tim McNeil, Patricia Quinn, Maria Gomez.

TOPIC	DISCUSSION
<p>Introduction and Meeting Purpose</p>	<ul style="list-style-type: none"> • Laura Zeilinger opened the discussion with introductions and briefly explained the purpose of the meeting: <ul style="list-style-type: none"> ➤ The purpose of the third Community Linkages Work Group is to understand D.C.’s current health information exchange infrastructure, and discuss how this infrastructure can be expanded to support the integration of health and social service systems to facilitate whole-person care.
<p>Presentation on Current and Envisioned Data Sources and Health Information Exchanges</p>	<ul style="list-style-type: none"> • Dena Hasan provided examples of data sources for patient information currently being collected in D.C. Participants had the following suggestions about additional data sources to consider: <ul style="list-style-type: none"> ➤ <i>DMV</i>: Having access to DMV records could provide for simple verification of client information, such as government name and citizenship status. ➤ <i>DHS</i>: Information on the employment support services that clients receive would be useful; this information may be available through one of DHS’s databases. ➤ <i>Veteran Affairs Community Resource and Referral Center</i>: This data source provides useful

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	<p>information on veteran discharge status (honorable vs. dishonorable), which could often affects the type of services veterans are eligible for.</p> <ul style="list-style-type: none"> ➤ <i>Office on Aging</i>: DCOA provides information on clients who participate in the waiver program. ➤ <i>DCPS</i>: Data on children and the services they receive while in school would be useful information. ➤ <i>DOH</i>: Death records that provide insight about recent deaths in the family could be helpful to PCPs who are treating behavioral health conditions. <ul style="list-style-type: none"> • Participants discussed other Health Information Exchange (HIE) systems being developed in the District, including: <ul style="list-style-type: none"> ➤ Capital Partners in Care, which is linked to the CRISP system; the next step is allowing health centers access to the data; ➤ iCAMS, which is being integrated with ECW for hospital and FQHC use; and ➤ The Children’s National Medical Center, which is working to connect their affiliated network of clinics and hospitals to its central HIE system; future efforts will work to also connect to the CRISP system. • Dena Hasan described D.C.’s proposed HIE landscape, highlighting development of the care profile, an electronic tool that aggregates patient information from various data sources. Participants had the following questions and reactions for DHCF to consider: <ul style="list-style-type: none"> ➤ Will the care profile be accessible to social service providers as well as clinical providers and their care teams? ➤ What type of consent or authorization is required to share patient clinical and social service information between providers? Can the process of providing consent be built directly into the

TOPIC	DISCUSSION
	<p>system?</p> <ul style="list-style-type: none"> ➤ What data source would be used to populate information about a patient care plan? Since patients often have multiple care plans, this is an important point to clarify. ➤ Participants suggested providing more relational information in the care profile, which would allow providers to contact case managers, PCPs, or housing providers when necessary. DHCF should also consider including information about food security, income, and HIV status. ➤ Some participants advocated for the care profile to include clinical information because it allows case managers, or other community providers, to encourage patients to follow-through on care plans.
<p>CMS Opportunities</p>	<ul style="list-style-type: none"> • Dena Hasan highlighted two CMS opportunities for D.C. to leverage, including: <ul style="list-style-type: none"> ➤ <i>The Innovation Accelerator Program (IAP) for Housing Tenancy:</i> This is a technical assistance opportunity provided by CMS to assist states with developing strategies to support housing tenancy services for LTSS Medicaid beneficiaries. States will participate in a series of webinars in March and April. ➤ <i>Accountable Health Communities Model:</i> This is a funding opportunity offered by CMS to assist states with addressing health-related social needs that impact health outcomes. Applicants are encouraged to partner with state Medicaid agencies. <ul style="list-style-type: none"> ○ <u>DHCF requests that applicants submit project descriptions for review no later than February 22nd.</u>
<p>Next Steps</p>	<ul style="list-style-type: none"> • DHCF will consult with legal counsel to answer questions about patient consent. • DHCF is requesting feedback on the care profile. Participants are encouraged to send feedback to Dena Hasan (dena.hasan@dc.gov) or Chris Botts (christopher.botts@dc.gov). • The next Community Linkages Work Group meeting is on March 16th 1:00p.m. from to 2:30p.m.

