



District of Columbia Health Information Exchange Policy Board
Meeting Minutes

September 16, 2015
2:00 p.m. – 4:00 p.m.

Members present (5): James K. Costello (DC Primary Care Association), Angela Diop, NP (Unity Health Care), Brenda King, R.N (District of Columbia Nursing Association), Shelly Ten Napel (Department of Health Care Finance), and Arturo Weldon (DC Department of Health).

Members present via teleconference (4): Christian Barrera (Office of the Deputy Mayor for Health and Human Services), Barbara Bazron, Ph.D. (DC Department of Behavioral Health), Victor Freeman, MD (Nuance Communications), and Justin Palmer, MPA (DC Hospital Association).

Members absent (8): Jamal Chappelle (The Chappelle Group), Bernie Galla (Connect Care Consulting), Douglas Garland (DMG Scientific), Marina Havan (Department of Human Services), Brian Jacobs, MD (Children’s National Medical Center), Brenda King, R.N (District of Columbia Nursing Association), Barry Lewis (Washington Hospital Center), and Raymond Tu, MD (Progressive Radiology Washington Imaging Associates).

DHCF Staff present (2): Michael Tietjen (HIE/HIT) and Joe Weissfeld (DHCF).

Guests: Donna Ramos-Johnson (DCPCA) and Selwyn Eng (Mary’s Center).

TOPIC	DISCUSSION
Call to Order	Shelly Ten Napel (Chair) called the meeting to order at 2:00 pm. Michael Tietjen (Project Manager) recorded the meeting.
Approval of the Minutes of the Previous Meeting	Ms. Ten Napel announced that there was not a quorum and therefore minutes from the previous meetings (July 13 th and 15 th) would be tabled until the next Board meeting.
Old Business	Mr. Tietjen provided updates on the IAPD funding request submissions, which funds the HIT Incentive Program and MU goals, along with the HIE FQHC-iCAMS connection. As of this meeting, DHCF is still waiting to receive formal approval of funding, although they did receive positive initial feedback on at least the HIE-specific submission. Mr. Tietjen let the group know that both the HIT and HIE IAPDs are scheduled to commence Oct. 1 st , pending approval of the funding requests.

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	<p>Additionally, Mr. Tietjen recapped the CMS HITECH meeting held in Atlanta, GA. CMS gathered representatives from multiple regions, specifically Regions 2, 3, and 4, primarily to discuss the MU and the associated Incentive program. Ms. Ten Napel added that although the MU program runs through 2021, CMS stressed that 2016 is the last year that new entities can enter the MU program. She recommended that the group think about outreach strategies to the public to help increase awareness of the MU program given this policy. Mr. Costello asked for clarification since it was his understanding that entities could in fact enter the MU program after 2016, but they wouldn't be able to complete the entirety of the program and receive the full reimbursement. Ms. Ten Napel responded saying that DHCF could get written clarification from CMS on this point if the group wished to do so. Dr. Diop asked whether CMS had addressed the proposed changes for 2015, one for MU Stage 2 and the other for Stage 3. Mr. Tietjen responded stating the CMS was vague and noncommittal when responding to direct questions about these proposed changes. Dr. Freeman asked DHCF what entities were signed up for MU considering DC began its program late in comparison to other State. Mr. Tietjen responded highlighting some of the larger entities including Mary's Center, Children's National Medical Center, and Howard University Hospital. He went on to explain that some of the larger providers, such as Unity Health Care, had previously attested in Maryland since, as mentioned before, the DC program started later. Mr. Tietjen is still working to determine exactly where providers and provider groups have attested to date (e.g., DC's Medicaid, MD's Medicaid, or CMS's Medicaid) and will provide copies to the group when/if available, as requested by Dr. Freeman.</p>
<p>New Business: Conflict of Interest Policy</p>	<p>Ms. Ten Napel summarized the group's previous conversation regarding updating the Board's bylaws to address potential conflict of interest issues. She reviewed the draft Conflict of Interest Policy, highlighting two primary buckets – 1) Conflicts that would preclude member from being on the board and 2) Conflicts that would need to be disclosed and managed. Dr. Bazron suggested clarifying Section 2.A.3 (e.g., disclosure language) specifically for the DC Government Board seats placing them in the exclusion category. Mr. Costello asked the group whether this should apply to the subcommittee members as well, not just the Board. Ms. Ten Napel responded stating that this was up for debate but felt that step wasn't necessary since all subcommittee recommendations must be approved by the Board. This point of view was echoed by Dr. Bazron emphasizing the need to bring in expertise from the community regardless of their potential conflicts. Dr. Freeman stated that he did not see the value in this type of disclosure at least for</p>

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	<p>organizations like DCPCA and DCHA who are obviously seeking business relationships with the District. Dr. Bazron responded stating that it is necessary to disclose any relationship in which the entity may benefit financially from participating on the Board to help determine whether a member should recuse themselves from selected votes. She also asked the group whether they needed more discussion around Section 2.B (e.g., exclusion language). Several members stated that they did not have any issues with that language. Dr. Freeman, on the other hand, voiced his disagreement with including the clause as written. He specifically disagreed with how the term “employee” was connected to the business strategies and initiatives of the larger organization regardless of the employees’ level of knowledge or involvement (or lack thereof). Mr. Costello stated that the clause appeared to be standard language used in typical board arrangements, although agreed that this issue should be looked at in more detail by a lawyer. Ms. Ten Napel thanked the group for their input and let the group know that it will be added to the agenda for the next Policy Board meeting for further discussion. In the meantime, Ms. Ten Napel suggested Board members send any specific suggestions and/or comments they may have to the DHCF team.</p>
<p>New Business: IAPD Projects</p>	<p>Ms. Ten Napel reminded the group that preparation for FY16-17 HIE IAPD has moved into the subcommittee process, which will take place through the fall. DHCF will use this feedback to submit an update to the IAPD Mr. Tietjen referenced earlier in the meeting, which was originally submitted in July of this year. Ms. Ten Napel also stated that the DHCF team had a discussion with the Maryland’s IAPD leads. She let the group know that they have agreed to provide assistance moving forward with DC’s IAPD process. The Maryland team also shared information regarding their recent IAPD efforts around creating a clinical quality reporting tool for population health, which has just gone into the testing phase with some MD providers. Ms. Ten Napel stated that DC is considering using this tool within the District and will have further discussions with the Board down the line as more information is gathered.</p>
<p>New Business: SIM Updates</p>	<p>Ms. Ten Napel summarized the first SIM Advisory Committee meeting, which was held on Sept. 15th. She stated that DHCF is discussing the potential of adding a specific care coordination Medicaid benefit. She went on to explain that the Health Homes model has been looked at as a potential vehicle for that initiative, which would require a State Plan Amendment (SPA) to be implemented. She added that specific details</p>

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	<p>around the potential benefit structure will be discussed in the SIM Care Model Subcommittee. Ms. Ten Napel reviewed the specific types of details the subcommittee will discuss including the identification of eligible providers, specific payment levels, staffing model, and targeted patient population. The other area of discussion Ms. Ten Napel highlighted from the SIM Advisory Committee meeting centered on the need for a HIT/HIE infrastructure to support such an initiative. She stated that the Advisory Committee was told about the Care Coordination and Technology Subcommittees already scheduled in the Fall as part of this Board and were invited to join those two committees if they wished.</p>
<p>New Business: Medicaid EHR Incentive Program Outreach & Technical Assistance Initiative</p>	<p>Ms. Ten Napel reviewed with the group the plan to release an RFP for community partners to bid on once CMS approves the associated IAPD. She explained that the RFP will focus on services that will provide education, outreach, and technical assistance to providers to help them continue moving through the various stages of MU. Mr. Tietjen reminded the group that the District has had their SLR/MU Incentive Program in place since 2013. He stated that the District is looking to implement a two-phased approach to improve the program even further. He reviewed the first initiative of the RFP explaining that it will focus on a general, broad outreach initiative helping educate providers on both MU goals and steps for attestation. He added that the second initiative would cover more hands-on technical assistance services including helping providers select or implement an EHR system. Mr. Tietjen reviewed his discussions with other states that have had similar outreach and education programs. He stated that colleagues in New Jersey implemented a milestone-based approach to their technical assistance contract where the vendor is only paid when they help an elected provider meet certain milestones. Ms. Ramos Johnson commented that that approach is consistent with what was used for the Regional Extension Centers (RECS). Ms. Ten Napel added that DHCF's goal is to look beyond attestation and see how providers can functionally use these systems.</p> <p>Mr. Tietjan stated that according to DOH about 89% of district providers are using an EHR and asked the group whether they can help identify who the other 11% are who are not using these systems and why. Ms. Ramos-Johnson suggested cost as one of the main reasons some providers do not have the resources to implement such a system. She further stated that while the initial AIU payment is fairly significant, it may also be necessary to highlight to providers the future benefits of implementing such a system. Mr. Costello added that providers should also be educated on the fact that they can receive AIU payments as soon as they</p>

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	<p>sign a contract and do not have to wait for the implementation process to begin. He also added it would be helpful to know the specific type of providers that make up the 11%. Mr. Costello stated that at least some of the 11% may be providers that do not see enough Medicaid patients to want to participate. Mr. Tietjen did confirm that DOH was able to remove those providers from the calculation that only hold a license in DC but do not actively practice in the District.</p> <p>Ms. Ten Napel asked the group what services the 89% of providers that are using EHRs will need to continue to successfully move through the various MU stages. Mr. Weldon suggested technical advisory and implementation support. Ms. Ramos-Johnson stated that she thought training on clinical workflow and specific documentation steps required within each provider's system was important to help ensure successful attestation. Dr. Diop added that she thought technical assistance services focused on reviewing and interpreting rules, along with tracking providers' progress in meeting objectives, would be extremely valuable. Ms. Ten Napel continued by asking the group whether the contract(s) should be linked directly to the MU milestones or whether there is an alternative approach that should be used. Dr. Diop stated that she felt the MU measures were generally good and thought those should be the measures everyone focuses on. Mr. Costello highlighted the fact that he believes the biggest issue is around transition of care and linking providers together through that process. He believes that will be the primary stumbling block to providers successfully completing Stage 2. He suggested that some of the outreach and education should be around helping providers establish those linkages and relationships.</p> <p>Ms. Ten Napel next asked the group about the type of support providers need to successfully complete the attestation process. Mr. Costello suggested services that actually sit down with the providers and guide them through each step of the process as they are attempting complete it. He also proposed implementing some type of validation tool at each step in the attestation process to ensure the right information is being entered along the way rather than having to repeat the entire process over and over again. Dr. Diop stated that having some source where folks can get answers quickly would be a huge help. She added that Maryland improved their Help Desk feature to answer questions within 24 hours or so, which made a big difference in their attestation process. Mr. Tietjen did note that several of the other States that use the Xerox Help Desk have dropped that service. Lastly, Ms. Ten Napel asked the group about the level of general awareness of within the District of either the Medicaid EHR Incentive Program or the Incentive Program more broadly</p>

TOPIC	DISCUSSION
	and whether there were major gaps. Mr. Costello stated that he has not met any providers that are not aware of the program, even if they don't participate. Dr. Freeman disagreed and stated there are still providers there are not aware of the program. He suggested organizing a focus group of the 11% of providers still not using EHRs, assuming they can be identified, to discuss what their specific barriers are to using these systems. Ms. Ramos-Johnson agreed that some form of direct outreach to those providers would be a good idea. Mr. Tietjen stated that he will need to check as to whether DHCF will be able to access that information from DOH. He added that the goal is to have this outreach program developed and in place for the first quarter of 2016 since that is the last year for AIU.
Next Board Meeting	A meeting will be convened in November and staff will send out a notice to select a date.
Adjournment	The meeting was adjourned at 3:15 pm.

Approval of Minutes:



Shelly Ten Napel, Chair, DC HIE Policy Board

12/10/15

Date