



**District of Columbia Health Information Exchange Policy Board**  
Monthly Meeting Minutes

August 21, 2013  
2:00 p.m. – 4:00 p.m.

**Members present (9):** Angela Diop, N.D., Victor Freeman, M.D, Bernie Galla, R.N., Douglas M. Garland, Jr., MS, PharmD, Brenda King, R.N., Barry Lewis, M.D., Sonia Nagda, M.D., Robert B. Vowels, M.D., and Cleveland Woodson.

**Members present via teleconference (2):** Barbara Bazron, Ph.D. and Jamal Chappelle.

**Members absent (10):** James K. Costello, Marina Havan, Julius W. Hobson, Jr., Brian R. Jacobs, M.D., Wayne McOwen, Robin C. Newton, M.D., Tony Pillai, Raymond Tu, M.D., Arturo Weldon, and Machel Yingling Schraeder.

**DC-HIE Staff present (5):** Alessandra Klug, Esq., LaRah Payne, ScD, MPH, James Rachlin, Michael Tietjen, and Carmelita White.

**Guests present – District Government (3):** Dena Hasan, MPH (DHCF), Howard Leibers (DHCF), and Walter Faggett, M.D. (DC MedChi).

**Guests present – Public (4):** Selwyn Eng (CCIN), Juliette Jardim (Clinovations), Donna Ramos Johnson (DCPCA), Tasnuva Khan (Clinovations), Anita Samarth (Clinovations), and Daniel Wilt (CRISP).

TOPIC	DISCUSSION
Call to Order	Cleveland Woodson (Chair) called the meeting to order at 2:10 pm. Carmelita White (Staff Assistant) recorded the minutes. A quorum of board members were present, and the meeting, having been duly convened, the board was ready to proceed with business.
Approval of Minutes	Mr. Woodson presented to the Board the minutes of the July 17, 2013, meeting for approval, whereupon a motion was duly made, seconded and unanimously adopted. The minutes were approved as presented. A copy of the revised minutes will be made available on the DC HIE webpage ( <a href="http://www.dchie.dc.gov">www.dchie.dc.gov</a> ) under the hyperlink DC HIE Policy Board.
Hospital HIE Connection Program	Mr. Woodson presented the Hospital HIE Connection Project Plan document which details the status of each activity. He stated that activities 1-5 have been completed: 1) Rules developed and published; 2) NOFA Submitted to DC Register; 3) Request for Applications (RFA) Development; 4) Notice of Funding Availability (NOFA) Release, and 5) RFA Release. Also, activities 6-10 are to come, as follows: 6) RFA Open Period; 7) Pre-Application Conference; 8) Evaluate applications; 9) Make Awards, and 10) Performance Period; Post Award Monitoring.

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	<p>Mr. Woodson stated that the RFA was released the afternoon of August 20<sup>th</sup> on the DHCF website under the Health Information Exchange webpage tab. He also reported that an email was forwarded to the IT and Chief Medical Officer contacts at the eight (8) acute care hospitals as well, to inform them of the release of the RFA. The open period for the RFA is August 19<sup>th</sup> through September 6<sup>th</sup>. This date was chosen to ensure that enough time is available in order to translate applications into actual sub-grants.</p> <p>He shared that because the HIE team held a webinar with the eight (8) hospital participants on July 16<sup>th</sup>, and that they were notified via email of the Hospital HIE Connection Program, that they were onboard with and understood that the RFA was coming, so he did not think that this was a heavy lift for the hospitals to complete their applications by the deadline.</p> <p>Dr. Walter Faggett stated that there was a typo on the date that awards are to be made. It should read 9/9/13 in lieu of 9/6/13, which is stated on the Hospital HIE Connection Project Plan document. Mr. Woodson answered yes, the date should read 9/9/13, and stated that he would make that change to the document.</p> <p>Dr. Barbara Bazron asked Mr. Woodson if he felt that because of the fact that there is a lot going on during this time of the year, and that there is a short time-line, will it impact the degree to which people will want to participate. Mr. Woodson answered that it could but, if we find that more time is needed an extension will be permitted or other arrangements will be made.</p> <p>Dr. Bazron asked what the criterion is that would be used to extend the deadline. Mr. Woodson stated that if five (5) out of the eight (8) hospitals could not meet the deadline, then he would extend the deadline. He also stated that the DC HIE staff would go out to the hospitals to provide some assistance in completing their applications, if needed.</p> <p>Dr. Victor Freeman stated that it was mentioned in the last meeting that licensing and subscriptions are going to be paid for, directly to CRISP. He asked if the interface funding was available for DC hospitals to spend on their own facilities. Mr. Woodson answered that hospitals can use internal resources or their own vendor to connect to CRISP if they choose. However, the hospitals must submit a price proposal that comes at or below the price threshold from CRISP to be considered reasonable.</p>

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	<p>Mr. Woodson introduced Mr. Daniel Wilt, Vice President of Operation for CRISP, who attended the meeting and made himself available to answer any questions that the Board might have regarding CRISP's role in the Hospital HIE Connection program with CRISP.</p> <p>Mr. Wilt described how encounter notifications work. He stated that there are primary care physicians, care coordination entities and payors that participate in primary care medical home projects. Providers will be asked to forward to CRISP a panel of patients that have been seen within the last 18 months. The patients must have a visit with that provider as an active patient. The providers will designate what types of alerting they would like. CRISP suggests that they restrict it to less alerts first, which would be admits and discharges from the hospitals, because the providers could end up with information overload otherwise.</p> <p>Dr. Bazron asked if this service included psychiatric services. Mr. Wilt answered that this service excludes psychiatric services. He stated that this may be something that can be looked at in the future. He also stated that if someone who is admitted to the emergency department (ED) and later on gets diagnosed with a psychiatric diagnosis, providers could subsequently receive that notification, but the notification would not be related to a psychiatric admit per se.</p> <p>Dr. Freeman stated that a disproportionate number of patients that hit the EDs in the District come in for a Psych diagnosis. Dr. Bazron stated that this is the reason why she is asking the question, because it would be most useful. She stated that this is where a lot of the care coordination and care management issues lie within that population of focus.</p> <p>Mr. Wilt explained that CRISP receives all of the admissions from the EDs and discharges, but excludes the specific behavioral health sections of the hospital of those specific ones. This is something that will probably change in the future as they move to new technology to kind of keep that information separate and more secure. The psychiatric involved patients are not included due to the DC Mental Health Act.</p> <p>There was additional discussion regarding patient opt out forms. Mr. Wilt stated that all participants are required to have materials available for the patients when they register/check in with a provider. CRISP has worked with providers to have opt out forms easily available incorporated into its participation agreement. Forms also are made available that inform patients who have changed their notice of privacy practices and there are forms that let patients know that the facility/provider is participating with CRISP. The patient</p>

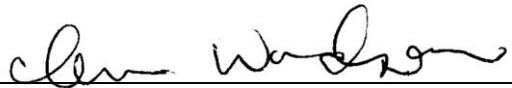
TOPIC	DISCUSSION
	<p>information materials have been translated into several different languages.</p> <p>There was discussion regarding how Maryland developed the rates for hospitals. Mr. Wilt stated that he will provide Mr. Woodson the documentation regarding how Maryland developed the formula for the rates for the Hospital HIE Connection Project Plan, which will then be distributed to the Board.</p> <p>Mr. Wilt also discussed CRISP's various committees and subcommittees, and how members are nominated. He stated that they have three (3) main committees, the Clinical, Technology, and the Finance Committees. They also have a few subcommittees under those committees. The DC HIE Policy Board was invited to join CRISP's new Clinical Privacy and Security Subcommittee.</p> <p>He also reported that appointments are coming up in September, and the annual meeting is in late September. This is the time that members are formally appointed to the committees. Anyone wishing to serve as a member of the subcommittees should contact CRISP during this time. He stated that there are no residency requirements.</p> <p>Mr. Wilt will provide the requirements for membership to CRISP's committees and subcommittees to Mr. Woodson, which will then be forwarded to the Board.</p> <p>Donna Ramos-Johnson asked if the intent should be for whoever is appointed to those committees to represent the DC HIE Policy Board, or would there be something more formal that the District would want to put in place that would allow the DC HIE Policy Board to have a specific voice on those committees.</p> <p>Mr. Woodson stated that the DC HIE Policy Board Governance Subcommittee should take up this effort. He will arrange a special call meeting with the Governance Subcommittee to discuss the process for nominating members to CRISP's committees and subcommittees.</p>
Expansion of DOH Electronic Interface Capacity	<p>Mr. Woodson stated that Arturo Weldon (DOH) was unavailable to attend the Board meeting. However, he provided a copy of the estimated budgets and times for the project. He reported that the MOU between DHCF and DOH for the expansion Rhapsody integration engine was executed on July 31, 2013. He stated that Mr. Weldon is using some funds that DOH has in-house for some preliminary things related to the upgrade of Rhapsody, but the majority of the work has not taken place, but the grant funds have not been transmitted from DHCF to DOH as of yet.</p>

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	<p>James Rachlin, HIE Technical Project Manager, will be the liaison working with Mr. Weldon’s technical project managers.</p>
<p>Project Update: Strategic, Operating and Sustainability Plan; Evaluation Plan</p>	<p>Anita Samarth, Clinovations, stated that the goals are to set a little bit of a foundation around health information exchange goals and objectives for the District. She updated the Board regarding the DHCF HIE strategic planning, mission, vision and goals, governance models, and next steps. She provided the timeline for the strategic, operational, and sustainability plan, activities and deliverables.</p> <p>She also discussed the mission, vision and goals of the DC HIE, and the possibility of revamping them. She provided the mission, strategic goals, purpose and responsibilities of the DHCF and DOH, as well as ONC’s State HIE Cooperative Agreement Program. Ms. Samarth also compared the mission, vision and goals of other State HIEs. She also reviewed the DC HIE clinical, financial, and operational priorities and objectives.</p> <p>Ms. Samarth concluded her discussion by presenting an overview of the emerging strategic and operational plan governance models, which included state models, services, hybrid model, decentralized, and public vs. private.</p> <p>Ms. Samarth reported that the Sustainability Plan should be completed at the end of October 2013. She also stated that she provides the DC HIE Program Management Office a weekly update. Mr. Woodson stated that he would provide to the Board a copy of the weekly report.</p> <p>Dr. Freeman suggested that we invite CCIN to the next Board meeting. Mr. Woodson stated that he would invite CCIN to present at the next meeting.</p>
<p>New Business; Subcommittee Reports</p>	<p><b><u>New Business</u></b></p> <p><b><u>State HIE Cooperative Agreement Spending Projections:</u></b></p> <p>Michael Tietjen presented the State HIE cooperative Agreement Spending Projections. He provided a description for each spending areas, the gross cost for each, and the federal share (67% in FY13 and FY14).</p>

TOPIC	DISCUSSION
	<p>The total gross cost was \$5,025,937, and the Federal share totaled \$3,546,645. The areas of spending include Public Health Upgrades, Hospital HIE Connection Program, Personnel, Direct Secure Messaging, Strategic, Operational, and Sustainability Planning, Program Evaluation, Travel and Training, IT Equipment and Software, and Supplies. He reported that by the end of the grant period, February 7, 2014, about approximately 68% of the initial \$5.1 million State HIE Cooperative Agreement award will be spent.</p> <p>Mr. Woodson reported that the DHCF staff working on the DC HIE have been extended on this project through fiscal year 2014, but will not have any Federal grant funding. He stated that this is why Clinovations has been contracted to help provide ways in which to leverage our status in the Medicaid agency to possibly help fund the HIE. It is not uncommon for state designated HIEs to receive a lot of participation and/or funding from their Medicaid agencies.</p> <p>There was additional discussion regarding DHCF applying for CMS Innovation grants. Mr. Woodson stated that the deadline to apply for many of the FY14 grants for which DHCF would be eligible has past. Members agreed to be vigilant in seeking grant fund opportunities for the DC HIE, and to come up with ideas to spend the remaining \$1.6 million of the State Cooperative Agreement grant funds.</p> <p>Dr. Bazron recommended that the Board have a discussion and come to some agreement so that they could speak to prospective grantors with a unified voice.</p> <p>Dr. Freeman volunteered to receive ideas from the Board and assemble them into a draft to be submitted to Mr. Woodson. Mr. Woodson will then send that draft out to the Board so they can see what ideas have been presented to help structure a special conference call or interim meeting. Following this, a separate meeting will be scheduled with DC HIE's project officer from ONC to discuss the ideas that have been filtered up through this special conference call or meeting, which Dr. Freeman will convene.</p> <p><b><u>Subcommittee Reports</u></b></p> <p>None.</p>

TOPIC	DISCUSSION
Next Board Meeting	September 18, 2013, from 2:00-4:00 pm.
Adjournment	Mr. Woodson adjourned the meeting at 4:25 pm.

Approval of Minutes:

  
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 Cleveland Woodson, Chair, DC HIE Policy Board

\_\_\_\_\_ 9/18/2013  
 Date