



District of Columbia Health Information Exchange Policy Board
Meeting Minutes

January 16, 2013
2:00 p.m. – 4:00 p.m.

Members present (17): David Bishop, Jamal Chappelle, James K. Costello (*Nominee/DCPCA*), Angela Diop, N.D., Victor Freeman, M.D., Marina Havan, Julius W. Hobson, Jr., Brian R. Jacobs, M.D., Brenda King, R.N., Barry Lewis, M.D., Wayne McOwen, Sonia Nagda, MD (*Nominee/EOM*), Mabelle Yingling Schraeder, Raymond Tu, M.D., Robert B. Vowels, M.D., Arturo Weldon, and Cleveland Woodson

Members absent (4): Barbara Bazron, Ph.D., Bernie Galla, R.N., Douglas M. Garland, Jr., MS, PharmD, Robin C. Newton, M.D.,

DC-HIE Staff present (4): Alessandra Klug, Esq., LaRah Payne, Sc.D., Michael Tietjen, and Carmelita White

Guests present – District Government (7): Tina Curtis, Esq. (DHCF), Walter Faggett, MD (DYRS), Sheryl Johnson (OAG/DHCF), Natasha Murphy (DHCF Student Intern), Tony Pillai (OCTO), Lauren Ratner (DOH/CHA), Melanie Williamson (DC Council/Committee on Health)

Guests present – Public (6): Joyce Hunter (Vulcan Enterprise), B.G. Jones (Orion Health, Inc.), Mita Patel (Mary’s Center/CCIN), Donna Ramos-Johnson (DCPCA), Paul Shapin (MedStar), Alan Watson (HIT Consultant)

TOPIC	DISCUSSION
Call to Order	Cleveland Woodson (Chair) called the meeting to order at 2:06 pm. Carmelita White (Staff Assistant) recorded the minutes. A quorum of board members were present, and the meeting, having been duly convened, was ready to proceed with business.
Approval of Minutes	Mr. Woodson presented to the Board the minutes of the December 19, 2012, meeting for approval, whereupon a motion was duly made, seconded and unanimously adopted. The minutes were approved as presented. A copy of the minutes will be made available on the DC HIE webpage.
DC HIE Next Phase	Mr. Woodson reminded the Board of the discussion held during the December 19 th meeting regarding Orion Health’s demo of the HIE Stack, a product that will provide advanced functionality for the DC HIE. In the December 19 th meeting, the board discussed what the DC HIE could become. In this meeting, the discussion was regarding a procurement process. How can we get this HIE Stack? What are the options as a HIE going forward?

TOPIC	DISCUSSION
	<p>The Office of the National Coordinator (ONC) has recommended that DC HIE partner with another state to procure one component of a comprehensive HIE. This component is the Emergency Notification Service (ENS). Since the District and Maryland share so many common patients, this would be a way for providers in the District to be notified when their patients were admitted, discharged or transferred to a hospital in the District. CRISP, Chesapeake Regional Information Service for our Patients, the state designated HIE in Maryland, has an ENS notification service as a part of their HIE, and it is being well received.</p> <p>Mr. Woodson stated that what CRISP proposed to the DC HIE was to have CRISP operate the portal for ENS notification on behalf of the District. DC HIE would pay CRISP a fee to establish interfaces between District acute care hospitals and CRISP, plus a fee for licensing the software on which the ENS is based. ENS is one of about eleven (11) components of a comprehensive HIE. CRISP provided DC HIE with an estimate of what it paid to be connected to acute care hospitals in Maryland. DC HIE extrapolated those figures and determined an estimate of connection costs for the eight (8) acute care hospitals in the District. Partnering with CRISP would eliminate DC HIE's need to build its own ENS service, but data sharing agreements between DC HIE and District hospitals and between those hospitals and CRISP would still need to be established. Like DC HIE, the Department of Health (DOH) already has Orion Health as a partner. DOH uses Orion Health's Rhapsody engine to receive electronic data feeds from selected District providers. Both DOH and DC HIE are interested in leveraging the investments they already have with Orion Health and purchasing Orion Health's HIE stack. DOH is interested in the HIE stack's modules related to prescription monitoring, immunization, case management and emergency data feeds and DC HIE is interested in the HIE stack's modules related to ENS, clinical data repository, master patient index and more. Mr. Woodson explained to the Board that DOH and DC HIE have combined statements of works and are interested in pursuing a sole source procurement of the HIE stack from Orion Health. Mr. Woodson explained that because there is a little over a year left for DC HIE to receive federal funding, it made sense to sole source procure because it expedites the procurement process. Mr. Woodson also reasoned that due to the expense associated with partnering with CRISP vs. the cost of procuring the HIE stack in partnership with DOH, that it made more sense for DC HIE to build its own HIE infrastructure rather than pay for CRISP's HIE infrastructure. Mr. Woodson also explained that a third option for DC HIE to procure advanced functionality for the DC HIE would be to distribute an RFP through the Office of Contracting and</p>

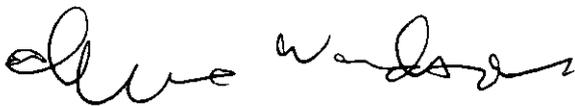
TOPIC	DISCUSSION
	<p>Procurement (OCP). Mr. Woodson explained that this process could take months and with the short time for federal funding left on the grant that this would not be the best solution.</p> <p>Arturo Weldon gave a little background on how the partnership between DOH and DHCF would go forth on the Orion Health procurement. The DC HIE would be an addendum to what DOH needs to procure for disease management and emergency preparedness. Mr. Weldon explained to the Board how the District's procurement process works. He stated that DOH began their procurement process two (2) years ago to get the core Rhapsody in place. What they are doing now is expanding upon what DOH already has. DOH and DC HIE would not be making a new procurement/investment/architecture, but to expand upon what they already have.</p> <p>Dr. Jacobs asked that the Board discuss long term sustainability. Mr. Woodson explained that long term sustainability for the HIE is of paramount concern. The HIE team has written a statement of work for a contractor to develop a revised strategic, operating and sustainability plan. OCP should be distributing this statement of work soon. One tactic the HIE team is considering to enhance sustainability would be to "front load" some of the licensing costs associated with procurement of the HIE stack to the base year of an expanded contract with Orion Health. This would take advantage of federal funding while it is available and lessen the licensing and operational costs in years two and beyond.</p> <p>Mr. Woodson asked for a consensus from the Board as to whether or not DC HIE should continue its partnership with Orion Health. The Board unanimously voted to continue DC HIE's partnership with Orion Health.</p> <p>There was discussion regarding the Alliance pharmacy issue where 40-50 providers are locked into using a pharmacy that does not e-prescribe. The ability to e-prescribe is one of the components of meaningful use (MU) and physicians who cannot do this are at a financial disadvantage. BG Jones from Orion Health explained that Orion Health's HIE stack could solve this MU. While they may not be able to receive the prescription electronically, they would have view access rights to be able to see a prescription that has been generated.</p>

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	<p>Marina Havan suggested that the DC HIE place draft RFPs on the website to give the vendors an opportunity to at least recognize that this is coming down the pike. This way you would have a shorter response period, but a solid response from the vendors.</p>
<p>HIE Voice of the Customer Survey</p>	<p>Mr. Woodson distributed a draft copy of an HIE Voice of the Customer Survey. He stated that before bringing on a vendor to help to develop sustainability models, he would like to know what providers in the community would like to see out of an HIE (i.e., what type of services). The survey is 10-12 questions to be distributed to the provider community so that we can better tailor the DC HIE services.</p> <p>Michael Tietjen walked the Board through the questions so that the Board could provide feedback as to whether the questions could be better stated. Mr. Woodson asked if the Board could provide feedback today, or they could email their suggestions within one week (by January 23rd).</p> <p>Dr. Walter Faggett stated that he would be meeting with DC MedChi this week, and he will notify them that this survey is coming so that they can assist the DC HIE in getting feedback from providers.</p> <p>Mr. Woodson stated that the survey would be emailed to the Board members who conferenced into the meeting. He asked that everyone email their edits and suggestions to him within a week, and they would be incorporated into the survey.</p>
<p>New Business; Reports</p>	<p><u>Subcommittee Reports</u></p> <p><u>Governance Subcommittee</u>: No report. Dr. Barbara Bazron, Chair, was unable to attend the meeting.</p> <p><u>Finance Subcommittee</u>: Dr. Barry Lewis, Chair, reported that in the beginning DHCF was awarded \$5.1 million grant. Prior to the Advisory Board \$505,000 has been spent. Since the Board has been meeting, \$560,000 has been spent. There are some additional expenditures totaling about \$200,000. Dr. Lewis suggested that as we look forward, we create some of the desired functionalities that we are going to have and create a budget for it, so that we are not just spending but we are actually working towards something. Sustainability is one of the primary objectives to create something that has enough value to</p>

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	<p>stakeholders that it is sustained once the money is spent.</p> <p>Mr. Woodson stated that he would invite the DHCF Agency Fiscal Officer staff to attend next month's meeting to explain how the local/grants money works.</p> <p><u>Technical Infrastructure Subcommittee:</u> Arturo Weldon, Chair – This report was given during the “Next Phase” agenda (see above).</p> <p>Dr. Victor Freeman asked if DCPCA provided the information on the history of the RHIO. Donna Ramos-Johnson stated that DOH has the specifications from the RHIO. There was a final report that was prepared that talked about all of the activities that were undertaken to stand it up.</p> <p><u>Business and Technical Operations Subcommittee:</u> Angela Diop, Chair, reported that the DC HIE has hired a technical project manager through Optimal Solutions Technology (OST). He will join us on January 22, 2013. All District agencies procure their technical talent through OST. Mr. Woodson has already discussed the procurements for the strategic plan and CRISP. The last thing was the process for making vendor decisions. Mr. Woodson already explained that the Board will be a part of making the decision for the final vendor.</p> <p><u>Legal/Policy/Privacy Subcommittee:</u> Cleveland Woodson reported on behalf of Julius Hobson, Subcommittee Chair. Mr. Woodson stated that the subcommittee discussed what CRISP was proposing and why, and the merits of partnering with CRISP or standing up the solution on our own. They also discussed data sharing agreements. Since DHCF is a Medicaid agency, and most of the data that is transmitted is Medicaid related, but the HIE is open to all providers, regardless of payor acceptance status. We would have to amend or develop new data sharing agreements with the acute care hospitals and providers in the District to cover the transmission of information. Donna Ramos-Johnson shared the data sharing agreement that DCPCA had developed with their provider community. Mr. Woodson shared it with the Legal team, and they did not find a problem with it. He will share it with the Board via email.</p> <p>Mr. Woodson introduced two DC HIE Policy Board Nominees. Mr. Jim Costello, Director of HIT Implementation Services, representing the DC Primary Care Association (DCPCA). He also introduced</p>

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	<p>Sonia Nagda, MD, Special Assistant for Health Policy, representing the Executive Office of the Mayor (EOM), Office of the Deputy Mayor for Health and Human Services (DMHHS). Both Mr. Costello and Dr. Nagda have submitted applications for DC HIE Policy Board membership to the Office of Boards and Commissions (OBC). OBC is awaiting the Mayor's signature for formal conferment.</p> <p>Update on Direct. Mr. Woodson gave an update on Direct Secure Messaging. He stated that there are approximately 75 people enrolled in Direct. Most of them are District Government employees. The DC HIE was due to enroll 100 users by December 31, 2012. We are a little behind in enrollment, but we are receiving more requests daily. All providers who will access our HIE services will be Direct Secure Messaging customers as well. It is a challenge to get people to sign up for Direct, and it is a challenge to get them to use it. This is not unique to the District. The HIE team proposed to ONC to approve our tactic to issue a \$250 rebate to licensed physicians who renewed their professional licenses with DOH, but ONC's Office of Grants Management has not responded or approved this tactic.</p> <p>Dr. Freeman stated that he is willing to assist with marketing Direct. Dr. Tu suggested leveraging Medicaid to generate subscribers to Direct. For example, DC HIE could assign Direct addresses to Medicaid providers. Direct is open to licensed providers regardless of payor assignment status, but Medicaid could be a springboard to Direct adoption. The HIE team will work with Operations to determine how best to leverage Medicaid for HIE purposes.</p>
Next Board Meeting	Wednesday, February 20, 2013 from 2:00-4:00 pm.
Adjournment	Mr. Woodson adjourned the meeting at 3:45 p.m.

Approval of Minutes:



 Cleveland Woodson, Chair, DC HIE Policy Board



 Date