



District of Columbia Health Information Exchange Policy Board
 Monthly Meeting Minutes

January 15, 2014
 2:00 p.m. – 4:00 p.m.

Members present (9): James K. Costello, Angela Diop, N.D., Victor Freeman, M.D, Brenda King, R.N., Barry Lewis, M.D., Sonia Nagda, M.D., Robert B. Vowels, M.D., Arturo Weldon, and Cleveland Woodson.

Members present via teleconference (7): Barbara Bazron, Ph.D., Jamal Chappelle, Bernie Galla, R.N., Julius W. Hobson, Jr., Wayne McOwen, Tony Pillai, and Raymond Tu, M.D.

Members absent (5): Douglas M. Garland, Jr., MS, PharmD, Marina Havan, Brian R. Jacobs, M.D., Robin C. Newton, M.D., and Machelie Yingling Schraeder.

DC HIE & DHCF Staff present (9): Jaime Borda (HCRIA/HIT), Linda Elam, Ph.D., MPH (Sr. Deputy Director/State Medicaid Director), Alessandra Klug, Esq., (DHCF/OAG), LaRah Payne, ScD, MPH (Information & Privacy Officer), James Rachlin (HIE) {via teleconference}, Colleen Sonosky (HCDDM), Shelly Ten-Napel, MSW, MPP (Director, HCRIA), Michael Tietjen (HIE/HIT), and Carmelita White (HIE/HIT).

Guests present – Public (6): Karen Chan (Clinovations), Selwyn Eng (CCIN), Jason Goldwater (Clinovations), Juliette Jardim (Clinovations), Donna Ramos Johnson (DCPCA), and Tasnuva Khan (Clinovations).

TOPIC	DISCUSSION
Call to Order	Cleveland Woodson (Chair) called the meeting to order at 2:05 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 November 20, 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 (www.dchie.dc.gov) under the hyperlink DC HIE Policy Board.

TOPIC	DISCUSSION
<p>Hospital HIE Connection Program</p>	<p>Mr. Woodson presented a copy of the Hospital HIE Connection Program Dashboard. He stated that four (4) of the six (6) participating hospitals (<i>MedStar Washington Hospital Center, MedStar Georgetown University Hospital, Providence Hospital, and George Washington University Hospital</i>) have completed the milestones, and accordingly are eligible for the maximum amount of reimbursement under the Hospital HIE Connection Program. If all six (6) of the hospitals meet all of their milestones, a total cost of \$783,000 in sub-grant funds will have been expended. Some of the hospitals submitted updates just prior to the meeting which were not included on the dashboard. Mr. Woodson stated that he would provide an updated copy following the meeting.</p> <p>He also stated that there are other stakeholders in the process that can benefit from the encounter notifications (ENS), the alerts, and the query portal. Those stakeholders are the managed care plans and ambulatory providers in the District. While five (5) of the eight (8) FQHCs have executed a participation agreement, some of them are in various stages of completing the milestones that they need to reach in order to receive the full suite of services that are available through CRISP. One FQHC, Community of Hope, has completed all of the milestones and is receiving encounter alerts, and there is one community health center, Bread for the City, that is receiving alerts.</p> <p>The DC HIE Project Officer from The U.S. Department of Health and Human Services (HHS), Office of the National Coordinator for Health Information Technology (ONC) wants to highlight the progress that the District has been able to make in Health Information Exchange at their annual meeting to be held next week (Jan. 22nd – 24th). The District will be featured, and Julia Eddy, quality manager at Bread for the City, has agreed to present on some of the progress that the District has made with Health Information Exchange and Interstate Health Information Exchange.</p> <p>Jim Costello inquired regarding the issue with the DC HIE Direct Secure Messaging that is not working. Mr. Woodson stated that Direct is not working for encounter notification wrapped messages. He further explained that Direct can send an email, but it cannot send an attachment. An encounter notification contains an attachment, and Orion's Direct right now is not configured to do this. In the interim, Direct addresses have been issued to stakeholders through CRISP. This is how they are currently receiving alerts. The District is working with the vendor to resolve the issue. The Board will be updated on this issue as more information becomes available.</p>

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	<p>Mr. Woodson also reported that the next step is to make payments to the hospitals for the invoices that have been submitted. The hospitals' performance is being monitored in FY' 14. Some of the grant funds were used to pay for a year subscription agreement that the hospitals have to CRISP, in addition to paying reasonable costs associated with establishing their Electronic Health Records (EHR) connection to CRISP. The District will be able to monitor that traffic to determine the value that the hospitals are receiving from the services that CRISP is able to provide.</p>
<p>Public Health Upgrade Summary</p>	<p>Mr. Woodson presented a copy of the Public Health Upgrades Dashboard. He stated that in FY'13 the Department of Health Care Finance (DHCF) distributed \$2.4 million in HIE grant and local funds to the Department of Health (DOH) to establish interfaces with providers to transmit public health data electronically and securely. As a result, these providers will not only qualify for Medicare and Medicaid EHR incentives, but also advance public health initiatives in the District of Columbia and surrounding states. DOH has been able to establish over thirty (30) new interface partners, which includes Walmart Pharmacy, Costco Pharmacy, and Medical Faculty Associates.</p> <p>Arturo Weldon reported that the DOH is doing well with meeting what was identified as their goal to ONC (thirty {30} interfaces). He stated that there were some internal issues regarding procurement, they would have forty-three (43) interfaces to meet within the deadline. The funding was not received until December 2013, which caused the department to miss out on a few services, such as a better outreach service, and a marketing document that summarizes what meaningful use compliance involves. There is some discussion regarding continuing this effort within DOH. He stated that this effort is not dead once the ONC funds are depleted. DOH will be working a little harder, and he will be reaching out to some of the Board members, other stakeholders, and DHCF to partner with to continue this effort.</p> <p>Mr. Weldon also discussed how some providers came to establish connections with DOH. He stated that one of the Centers for Medicare and Medicaid Services (CMS) Meaningful Use (MU) compliance deliverables that was part of Stage 2 was for every public health agency to declare, by the end of the Summer the objectives with which providers were ready to interface. In July, DOH created a portal on their website for providers to register the objectives they would like to interface with DOH. To bring forth more awareness, DOH published the information in the Medical Society's newsletter for cancer reporting. They provided a variety of outreach activities to reach out to the community to ensure that they were aware that</p>

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	<p>health reporting is not only required for MU, but it is in some instances required by law to help providers become compliant with MU Stage 2.</p> <p>Mr. Weldon conveyed that DOH identified some of the providers that were not quite MU2 certified for stage 2 (i.e., Unity, DCPCA, etc.), so they enhanced those so that they would be compliant. This information was defined in the proposal ONC.</p>
<p>Medicaid EHR Incentive Program Dashboard</p>	<p>Mr. Woodson presented a copy of the Medicaid Electronic Health Record (EHR) Incentive Program Dashboard. He stated that while this is the Health Information Technology (HIT) side of the HIE/HIT program, there is some applicability here because providers are receiving help to achieve Meaningful Use and to meet some of the menu measures for public health. The meaningful use objectives for immunizations, reportable lab results, and syndromic surveillance is applicable to HIE. The program is going well and eligible hospitals and providers have received incentive payments totaling approximately \$13 million since July 2013. Eligible providers and hospitals must visit the District of Columbia State Level Registry (DC SLR) web portal to register and attest that they have a requisite Medicaid volume. For eligible providers the volume is 30%, and for eligible hospitals the volume is 10%.</p> <p>He explained that the purpose of the Medicaid EHR Incentive Program is to provide incentive payments to certain health care professionals and hospitals that meet specific eligibility requirements when they adopt, implement, upgrade and meaningfully use CMS-certified EHR technology. EHRs have been proven to promote improved care coordination and lower costs.</p> <p>Mr. Costello reported that there are some problems with the functionality in attestations for groups. He asked what will be the plan for fixing this issue going forward. Jim Borda, HIT Project Manager stated that he is currently working with Xerox on a plan to revisit the current processes, and then change them to alleviate the issues and also increase the efficiency in processing of the registrations and attestation process. Not just for the group, but for every individual provider and hospital going forward.</p>
<p>Project Update: Evaluation Plan; Strategic, Operational</p>	<p>Evaluation Plan: Jason Goldwater from Clinovations gave an update on the evaluation plan that they completed on behalf of the DC HIE. Mr. Goldwater reported that Clinovations completed the evaluation early. He gave some background on the evaluation, and talked about the methodology, the findings, and a brief update on the Strategic, Operational and Sustainability Plans (SOPs).</p>

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and Sustainability Plans	<p>Mr. Goldwater reported that the changes in the DC HIE strategy focused on the discontinuation of the RHIO, the shift to model supporting messaging through Direct Secure Messaging provided by Orion, and the expansion of services through the Hospital HIE Connection Program and the Public Health Upgrades through Orion Rhapsody. He stated that the focus was the adoption and use of HIE by stakeholders, the effectiveness of the DC HIE functionality, and the number of reports generated to support initiatives. These were the three (3) most dominant themes and sort of what was really being done with the HIE and what the focus was moving forward.</p> <p>He stated that the timeframe was from March 2012 through September 2013. The HIE underwent significant transformation during this time, not just expanding Direct services, but really an increase in public health reporting. Also, the initiation of the Hospital HIE Connection program, the installation of the new HIT Coordinator, and others.</p> <p>Mr. Goldwater also discussed the key measures, which included the effectiveness of the governance model used by DC HIE; progress of the DC HIE implementation and its use by physicians and other key stakeholders; increase in EHR adoption as a result of the implementation of the DC HIE; Conformance of the DC HIE to the Program Information Notices (PINs) released by ONC over the duration of the program; ability of the DC HIE to meet the criteria for Stage 1 of Meaningful Use of electronic prescribing, lab results delivery and electronic care summary exchange via Direct; and, level of preparedness for Meaningful Use Stage 2.</p> <p>He reported on the methodology which consists of documentation review, key informant interviews; small group discussions, and a 12-question survey. Also the findings included undefined value drivers; the need for an evolving governance model; concerns regarding security and privacy; the need for a sustainability model; ability to increase participation in HIE; and, the future direction of the HIE.</p> <p>Mr. Goldwater informed that some of the conclusions resulting from the evaluation was a defined value proposition; a Governance structure that must be updated to include a more robust and diverse stakeholder mix, and to allow for more accelerated procurement; focus on security and privacy, and to ensure greater coordination between Office of the Attorney General (OAG) and DHCF's Privacy Officer; determine the details of how to create a subscription-based sustainability model; increased participation through various</p>

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	<p>methods; and, design a technical solution that best fits District and stakeholder values while remaining sustainable.</p> <p>SOP Update: Mr. Goldwater stated that the SOPs were turned in early December 2013. ONC reviewed the plans and returned them for minor changes. Revisions were made and the plans were resubmitted to ONC on January 9, 2014. The SOPs were officially approved by ONC and HHS. DHCF can now go forward with the plans and expand as necessary and begin to operationalize those in the future.</p> <p>He also reported that Clinovations have been invited by a couple of peer review journals to submit articles on some of their findings. There were two (2) things that they were interested in talking about. One was regarding the funds that DHCF transferred to DOH to catalyze and facilitate more public health reporting that expanded just beyond the requirements of MU. The other was regarding the Hospital HIE Connection Program.</p> <p>Donna Ramos-Johnson reported that ONC has asked the Regional Extension Center (REC) to participate in some specific sessions next week at the ONC Annual Meeting around public health reporting. Specifically around the things that the REC is doing as the REC working with the District to advance public health reporting.</p>
<p>State HIE Cooperative Agreement Spending Projections</p>	<p>Michael Tietjen reported that approximately 60% of the \$5.1 million State HIE Cooperative Agreement award will be spent by the end of the grant period (February 7, 2014). He stated that the total gross cost projection is \$4,737,220, and the Federal share is \$3,110,393. These funds were utilized for services such as Public Health Upgrades; Hospital HIE Connection Program; staffing; Direct Secure Messaging (DSM); Strategic, Operating, and Sustainability Plans; program evaluation; travel and training computers and software; and, supplies. The remaining unspent funds will be in the amount of approximately \$2 million.</p> <p>Mr. Tietjen also stated that on December 13, 2013, DHCF submitted a letter to ONC requesting a “no cost extension” on the HIE Cooperative Agreement. ONC has been firm in stating that they will not be authorizing any “no-cost extensions” for State HIE funding. The DC HIE project officer has given a verbal denial. However, DHCF has not received an official letter from ONC denying the request.</p> <p>Mr. Costello apprised the Board that the Regional Extension Centers have received no cost extensions from</p>

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<p data-bbox="261 1518 289 1598">ONC.</p> <p data-bbox="315 1404 347 1598"><u>New Business</u></p> <p data-bbox="386 201 451 1598">Mr. Woodson introduced Ms. Shelly Ten-Napel, the new Director of the Health Care Reform and Innovation Administration at DHCF.</p> <p data-bbox="500 1278 532 1598"><u>Subcommittee Reports</u></p> <p data-bbox="573 1068 605 1598"><i>Governance Subcommittee:</i> No Report.</p> <p data-bbox="646 201 751 1598"><i>Finance Subcommittee:</i> Mr. Tietjen reported on the budget (see “<i>State HIE Cooperative Agreement Spending Projections</i>” section of minutes for report). Dr. Barry Lewis, Finance Subcommittee Chair stated that he did not have anything in addition to report.</p> <p data-bbox="792 900 824 1598"><i>Technical Infrastructure Subcommittee:</i> No Report.</p> <p data-bbox="865 1629 898 1923">New Business; Subcommittee Reports</p> <p data-bbox="865 201 1154 1598"><i>Business & Technical Operational Subcommittee:</i> Dr. Angela Diop, Chair, stated that she requested to see the FY’15 budget information for the HIE. Mr. Woodson reported that the FY ’15 budget has been developed for the HIE, and it has been submitted to DHCF. The budget has been submitted to the Council for approval for DHCF to build an HIE that will be controlled by the District. The budget is in proposal stage. Mr. Woodson stated that he has been informed that he cannot share the budget request with the Board at this time. However, he can report that he has asked for approximately \$3-4 million to build the District’s own HIE. He reported that in the beginning of the next quarter the Board will be informed as to how or whether or not funding will be made available for the HIE.</p> <p data-bbox="1195 201 1300 1598">Mr. Woodson also stated that he is considering drawing Medicaid 90/10 funding. CMS will pay 90% of Medicaid’s fair share of HIE costs relative to other payers. He stated that he would share a copy of the CMS transmittal regarding this information.</p> <p data-bbox="1341 222 1373 1598">Arturo Weldon reported that DOH has requested budgeting to continue to enhance public health reporting.</p>	

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	<p data-bbox="261 957 293 1591"><u>Legal/policy/Privacy Subcommittee: No Report.</u></p> <p data-bbox="334 921 367 1591"><u>DC HIE Policy Board Meeting Schedule for FY '14</u></p> <p data-bbox="407 201 516 1591">Mr. Woodson recommended that the meeting schedule be amended from monthly to quarterly. He stated that as per the Mayor's Order, the Board must meet at least three (3) times per year. In between the quarterly meetings, the Board would still have subcommittee meetings and special call meetings.</p> <p data-bbox="557 201 735 1591">Dr. Diop raised a few concerns regarding moving the Board schedule from monthly to quarterly, due to having to define a vision, the HIE Hospital Connection Program with CRISP, and other HIE activities currently in play. She stated that she is against changing the Board meetings to quarterly. Mr. Woodson stated that the DC HIE will continue to monitor the hospitals and the stakeholders that are participating in the HIE Hospital Connection Program and the Direct Secure Messaging.</p> <p data-bbox="776 201 1024 1591">Mr. Weldon indicated that as far as the CDC and CMS are concerned, the District has some of the best what they consider HIE because of our public health effort. He stated that the District should be trying to leverage what they already have. The District has an internal infrastructure from secure facilities that meet federal security standards. It has its own infrastructure in telecommunications in which some of the stakeholders at the table (Board Members) have taken advantage of. He suggests that we should use the model that was taken with the collaboration with DHCf and DOH to get both directors to approve this effort.</p> <p data-bbox="1065 201 1138 1591">In conclusion, the Board voted to amend the meeting schedule from monthly to quarterly by a vote of eleven (11) for the amendment, one (1) against, and one (1) abstain.</p> <p data-bbox="1179 201 1247 1591">Mr. Woodson stated that a special call meeting to discuss the mission and vision, and to restructure subcommittee meetings, will be scheduled in February.</p>
Next Board Meeting	Thursday, April 24, 2014, from 2:00-4:00 pm.

TOPIC	DISCUSSION
Adjournment	Mr. Woodson adjourned the meeting at 3:52 pm.

Cleveland W. Woodson

Approval of Minutes:

Cleveland Woodson, Chair, DC HIE Policy Board

3-19-14

Date