District of Columbia Health Information Exchange Policy Board
Special Call Meeting Minutes

March 19, 2014
2:00 p.m. – 4:00 p.m.

Members present (7): James K. Costello, Bernie Galla, R.N., Brenda King, R.N., Tony Pillai, Robert B. Vowels, M.D., Arturo Weldon, and Cleveland Woodson.

Members present via teleconference (6): Angela Diop, N.D., Victor Freeman, M.D, Douglas M. Garland, Jr., MS, PharmD, Brian R. Jacobs, M.D., Raymond Tu, M.D., and Machelle Yingling Schraeder

Members absent (8): Barbara Bazron, Ph.D., Jamal Chappelle, Marina Havan, Julius W. Hobson, Jr., Barry Lewis, M.D., Wayne McOwen, Sonia Nagda, M.D., and Robin C. Newton, M.D.

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), Howard Liebers (DHCF) *{via teleconference}*, LaRah Payne, ScD, MPH (Information & Privacy Officer), James Rachlin (HIE) *{via teleconference}*, Shelly Ten-Napel, MSW, MPP (DHCF/Director, HCRIA), Michael Tietjen (HIE/HIT), and Carmelita White (HIE/HIT).

Guests present – Public (1): Donna Ramos Johnson (DCPCA)

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 January 15, 2014, meeting for approval. Dr. Angela Diop requested to have the minutes edited to include her vote to continue with monthly Board meetings. A motion was duly made, seconded and unanimously adopted with the inclusion of Dr. Diop's edit. The minutes were approved with changes as stated. 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
Hospital HIE Connection Program	Mr. Woodson presented an updated Hospital HIE Connection Program Dashboard. He stated that the payments have already been distributed to the hospitals who participated in the program. Dr. Brian Jacobs stated that Children's National Medical Center (CNMC) did not participate in the program. He reported that they are trying to work with CRISP around a connectivity of the CCD document rather than just ADT and lab interfaces. CNMC did not see that they would gain the kind of value they were looking for in that respect, given the work that they are doing in the Children's IQ Network. Mr. Woodson reported that of the eight (8) hospitals in the District that were invited to participate in the program, six (6) of them actually signed up and followed through. There are also two (2) of the three (3) managed care plans that are participating in receiving alerts, and acting on those alerts. Mr. Woodson stated that while the participating hospitals and ambulatory care clinics are required to send DHCF monthly data reports, he has also asked them if they can send their stories of how their work on this program has positively impacted the patients. Once he has received this information, he will compile it and present it to the Board. Dr. Jacobs asked whether or not the primary care providers of the patients are actually receiving the notifications that are being sent. Jim Costello reported that he has received confirmations from two (2) of the clinics (Bread for the City and Community of Hope), that they have received the notifications, and they have been able to access the portal. The information was received in a good PDF format where they could then import it into their ECW platform. Mr. Costello clarified that these are the two (2) clinics who have actually contacted him to say how satisfied they were with the service, and that it was working well. He stated that he had not reached out to the other clinics to inquire as to whether or not they are receiving alerts, or acting on them. Dr. Diop stated that Unity Health met with CRISP yesterday to start the process of getting connected. She stated that it will take approximately three (3) months, including the time to get all of their providers trained to use it. Dr. Diop reported that they plan to move forward with this and expect to be completed by the second quarter of this year. Dr. Victor Freeman stated that one of the previous issues that came up was that CRISP had to issue their own Direct email address because there was some issue with using the District's Direct. He asked whether or not this issue had been resolved. James Rachlin reported that Orion Health (the District's Direct vendor),

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	has identified the issue and Orion is working collaboratively with CRISP's Direct vendor to ensure that the messages can be received and opened in the correct format. Those changes to Orion's Direct system will be rolled out into production this week. They are currently completing the testing with CRISP's vendor. The issue has been resolved, but has not been deployed to the District's environment. Dr. Freeman stated that with only fifty-six (56) queries, how are there so many notices, reports, and messages being transmitted. Mr. Woodson noted that the two (2) MedStar facilities, Washington Hospital Center (WHC) and Georgetown University Hospital (GUH), have a direct link to CRISP from their EHR platform which makes CRISP blind to the exact number of queries from those facilities. Since WHC and GUH are fairly large facilities, he imagines that the number would be a lot larger than 56, but is just not reflective in it because their EHR is directly interfaced into it rather than the hospital having to go to CRISP's portal to conduct the query. Shelly Ten-Napel stated that she would provide additional information regarding the queries to Dr. Freeman following the meeting. There was additional extensive discussion regarding the valuable clinical data that is being transmitted by District Hospitals, which includes the total number of ADT notices, radiology reports, laboratory messages, and queries.
Medicaid EHR Incentive Program (MEIP) Dashboard	Mr. Woodson presented an updated copy of the Medicaid EHR Incentive Program (MEIP) Dashboard and reported that the program is moving forward. He stated that since July 2013, close to $13 million has been distributed through the program. Jim Borda reported that, including all of the clinics and the independent eligible providers, over one hundred providers are still in queue to be processed. There are five (5) steps that providers have to complete before they are eligible for a payment. Currently, those providers are in the various stages of the process. Mr. Borda noted that as long as providers have submitted their original attestation before the March 31st deadline, this will count as meeting the deadline even if they are required to make additional changes or updates to their attestation after the deadline. Mr. Woodson clarified that CMS gave DHCF approval to extend the deadline to March 31, 2014, for program year one. Normally the program year would have ended on December 31, 2013. He stated that this gave the District's providers a few extra months to qualify for year one incentives.

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Establishing a Strategic direction for DHCF's ongoing work related to HIE	Mr. Woodson reported that, now that DHCF is no longer under the U.S. Department of Health and Human Services, Office of the National Coordinator for Health Information Technology (HHS/ONC) grant, the District now has the opportunity to shape the HIE to be more reflective of the unique needs of the District. He stated that Ms. Ten-Napel will go over the plans that we would like to implement to get consensus among community providers for health information exchange in the District

Ms. Ten-Napel introduced herself to the Board as the new Director for Health Care Reform and Innovation Administration (HCRIA) at the District's Department of Health Care Finance (DHCF). The HIT/HIE Program falls under HCRIA. She also provided a little of her employment background. She stated that the charge HCRIA has been given by the agency is to think innovatively, creatively, and long-term about how to promote positive health outcomes in the District. The big strategies that are being used around the country are payment reform and delivery system reform. When you begin talking about how do you coordinate care better and pay for outcomes, HIT/HIE becomes an integral part of that conversation. It begins to make sense that all of these things will end up falling together in the agency.

Ms. Ten-Napel stated that she is facilitating the discussion today, but the HIT/HIE team and the Board have been a part of an ongoing conversation regarding what is the right next steps and how do we incorporate the Board and get their input about how we move forward as a City, and as an HIE program here in the District.

Ms. Ten-Napel presented a few slides regarding initial Board and stakeholder comments on HIE; DHCF/CMS policy levers; proposed plan (vision/mission); DHCF's role; HIE Policy Board role; and, a project timeline. She stated that after talking to some of the Board Members and a few other stakeholders, she found that there is a need for a wider strategy; a need to bring people to the table; and, growing interest in a District-wide HIE strategy. She also mentioned that this coming Fall, there are going to be some important decisions that hospitals will need to make regarding continuing to pay Chesapeake Regional Information System for our Patients (CRISP) regarding the Hospital HIE Connection Program. She contemplated what are those financial decisions going to mean for them and the City? There also seems to be a need to bring on other stakeholders to serve on the Board (providers, payers, and consumers, etc.) to ensure to make a true community based decision about how to move forward.

Shelly noted that DHCF has some very specific funding opportunities and limitations that she wanted to ensure that everyone is clear on. The agency is able to receive CMS funds for certain elements of an HIE, such as design, development, and implementation and onboarding costs *(set-up costs, but not ongoing* |

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	costs). In addition, the agency is able to fund the Medicaid's fair share of that infrastructure, which means that the agency will need formal legal agreements from others who will have to cover other pieces of that fair share.

Ms. Ten-Napel specified that the vision in moving forward is to facilitate a process by which the right stakeholders can be brought to the table to develop a shared vision around governance, technology and financing. She also stated that DHCF began a partnership with the Department of Health (DOH) from the beginning regarding the HIE, and would like to continue that collaboration, recognizing that DOH has built a ton of credibility throughout the community through everything they have already accomplished. Arturo Weldon noted that the former director of DOH was on board with the collaboration between the agencies, and the current director also supports the collaboration, and has articulated that to the director of DHCF. Mr. Weldon stated that the collaboration is there, and the commitment to do what is best for the District.

The proposal is to pull together a HIE Summit for the District to share information on current HIE efforts and initiatives, as well as discussion options related to technology infrastructure and financing, and plans for next steps. This would lead into an intensive committee process, partially facilitated by Board members, as well as other stakeholders. A few committees would be formed, governance, financing, and technology, which would hopefully result in recommendations by this Fall. She stated that there would also be some one-on-one outreach to target the right people to officially welcome them into this process. The purpose of the meetings would be to engage them in a political perspective to welcome them in, talk about what we are hoping to do, and what sort of role and commitments they might like to make to a process.

At this point in the meeting, Ms. Ten-Napel opened the floor for questions, comments, recommendations, etc., from the Board. After extensive discussion, the Board agreed to plan for a HIE Summit in the District.

A motion was duly made, properly seconded, and the Board unanimously approved of Mr. Weldon's recommendations to form a committee to provide a proposed vision for the Board to review, and to provide a draft agenda for the HIE Summit.

A motion was duly made, properly seconded, and the Board unanimously approved of Mr. Garland's recommendation to present to the HIE Summit attendees prospective ideas around business cases.

➤ Dr. Victor Freeman offered to recommend vision and guiding principles for a DC HIE. He will share his recommendation and Carmelita White will coordinate a date and time for the Board |

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	members who volunteered to serve on the Vision Committee (Mr. Woodson, Dr. Diop, and Dr. Freeman), and others who may be interested.
	➤ Douglas Garland volunteered to kick off a conversation related to the establishment of a business case for a DC HIE (Business Cases Committee – Mr. Garland and Mr. Weldon).
	➤ In considering the merits of a HIE Summit, the Board requested additional information about goals and agenda. Ms. Ten-Napel will circulate a draft agenda.
	➤ Mr. Woodson agreed to lead an effort to make the dashboards for the Hospital HIE Connection and the Medicaid EHR Incentive Program available to a wider audience on the DHCF website.
	Ms. Ten-Napel asked if there were any other challenges/barriers that would be good to raise. Dr. Freeman asked who would run, staff, and support the committees. Shelly said that DHCF and DOH can staff and support the committees.
	The discussion ended with the Board discussing who should be consulted in the stakeholder outreach phase. The stakeholder categories were payers, consumers, hospitals, primary care providers and specialist, and others. The Board continued their discussion regarding plans for a HIE Summit.
Next Board Meeting	Thursday, April 24, 2014, from 2:00 – 4:00pm.
Adjournment	Mr. Woodson adjourned the meeting at 3:48pm.

Approval of Minutes: _Cleveland Woodson_ 4-24-14

Cleveland Woodson, Chair, DC HIE Policy Board   Date