	District of Columbia **Health Information Exchange** **Policy Board Meeting** **Board Chair Report of the Sustainability Subcommittee** Friday September 9, 2016 10:30 AM – 12:00 PM
Attendees:	**Members present (6)**: 1. Andersen Andrews (DOH) 2. Chris Botts (DHCF) 3. LaQuandra Nesbitt (DOH) 4. Donna Ramos-Johnson (DCPCA) 5. Alison Rein (Chair, AcademyHealth) 6. Claudia Schlosberg (DHCF) **Members present via teleconference (3):** 1. Sam Hanna (GWU) 2. Justin Palmer (DCHA) 3. Pete Stoessel (AmeriHealth) **Members absent (2)**: 1. Scott Afzal (CRISP) 2. Allison Viola (Kaiser Permanente) **Non-members present (5):** 1. Jordan Cooper (DHCF) 2. Scott Gordon (Clinovations) 3. Dena Hasan (DHCF) 4. Anita Samarth (Clinovations) 5. Christie Scott (Clinovations)
AGENDA	
Introduction of New Members & Update of Subcommittee Charter	**New Members:** • Sam Hanna (GWU) • Allison Viola (Kaiser Permanente) **Charter Update:** • Charter updated to reflect increased membership for a total of 11 members
Subcommittee Role-Framing Discussion	**Conceptual Framework for a District HIE:** • The group started the meeting with a rich discussion that helped members to better understand the context of what has been done in the past, what work we may want to do as a group to help inform deliberations, and some options for how to frame and approach the task of devising a workable sustainability strategy for HIE in the district. As part of this conversation, it was noted that more discussion is required at the full Policy Board level to ensure that the Sustainability Subcommittee fully understands its charge. As part of this discussion: o Some members of the Subcommittee noted that the creation of a District HIE, rather than

	being a project that starts from scratch, is an endeavor that builds upon existing infrastructure. The task of the Policy Board is to establish broad HIE vision and aims, and then figure out how to integrate and enhance existing HIE infrastructure. o It was also noted that most states are similarly building HIE capacity by knitting together existing structures, and building on additional layer(s) to achieve objectives. Very few are starting from scratch. o Members discussed the approach of framing the sustainability conversation in terms of what key stakeholder groups might want / need from a future system (e.g., care management professionals, physicians, MCOs, private payers, hospitals, patients). The Subcommittee considered thinking about sustainability in terms of the compelling business cases for each. o Members noted that HIE is an evolving concept that was originally driven by the Meaningful Use program towards provider adoption, provider use, and clinical data exchange. HIE is now moving towards the integration of clinical and public health information exchange. Successive CMS programs have provided new incentives to add more features to EHRs that have led to the creation of disparate HIEs. As the Board seeks to create a functional HIE across the District, the Board should identify incentives and add value for each major stakeholder group that will make a District HIE sustainable for the long-term. The Board should additionally define metrics for success and an evaluation strategy that will reflect those metrics.
Data Mapping Discussion	**Data Mapping:** • The members used an analogy comparing Metro's issues with single tracking to the need to exercise foresight when developing a strategic plan. When Metro was created they only saw a need for two tracks and decided not to invest additional funds to create a third track, and now that the system has deteriorated and repair work prevents the use of a second track, commuters wish that a third track had been created. When considering how to develop a District HIE we must plan to create a product that serves the District's entire population including those who are not admitted to hospitals, who are covered by private payers, and those who are not included in the current HIE ecosystem. In other words, while we may not be able to start by doing everything for everyone, the HIE ecosystem should enable growth and scale without locking the District into technical debt. • References were made to DCPCA's selection of a business intelligence tool as a data warehouse overlay that DHCF is subsequently considering for its own Medicaid Data Warehouse. The Subcommittee agreed to keep in mind that though these decisions mirror each other, they were or are being made independently of each other and may eventually diverge. Just as Michigan

	originally pursued a private sector approach and ultimately built an internal and robust MDW, the strategic direction of the District's HIE can and has changed. It is important to develop a District HIE that is inherently flexible and is not developed to meet the specifications of any particular product. • Members of the Subcommittee articulated a vision for HIE that enables health-related data to be available wherever and whenever it is needed regardless of where the data is stored or where the individual accessed the health-related ecosystem. Where to start / what to prioritize was a source of much discussion. For example, the Subcommittee discussed whether or not to prioritize the improvement of care coordination and data exchange among the majority of the District population that is connected to some aspect of the current HIE ecosystem, or should the Board prioritize connecting those populations who are not connected to the HIE ecosystem in the District at all? One member neatly summarized this dilemma by stating that the Board values many things and the task of the Subcommittee is to identify a revenue structure that would enable a District HIE to effectively address these values.
Financial Drivers Discussion	**Inclusion of Hospitals and Private Payers:** • Two-thirds of District residents are not Medicaid beneficiaries and eventually the District HIE should serve them as well. Hence members discussed the consequent imperative of including private payers and hospitals in discussions about the development of a District-wide HIE. Members discussed reaching out to BCBS, Aetna, United, and Kaiser to have one-on-one executive-level discussions about the value proposition of a District HIE. • One of the Subcommittee's key roles is to determine how to sustainably fund a District HIE once CMS HITECH funding concludes. It was noted that, because hospitals and private payers have access to more capital than any other health-related stakeholder in the District, it would seem prudent to engage these entities and inquire how their support of a District HIE could advance their business interests. • One member commented on the HIE Heat Map, noting that District FQHCs are doing a better job of exchanging data than are District hospitals, to which another member responded that the former has been achieved at a cost of tens of millions of dollars and the latter is only true to an extent; most hospitals and payers have created their own HIE infrastructure internal to their organization. • The Subcommittee also discussed the fact that many of these organizations are currently benefiting from CRISP ADT messages, and though they lack access to and yet desire ambulatory data, it is not clear that they would see sufficient value from supporting a District HIE to justify strong financial support. However as hospitals become increasingly accountable for patient outcomes, they are increasingly beginning to realize that improved care coordination outside of

	their network may help them manage patient care and improve outcomes (e.g. if their patients are showing up at competitor's Emergency Departments within 30 days of discharge from their hospital). Those hospitals with a relatively higher proportion of discharged patients being admitted elsewhere may be the most eligible stakeholders for the Subcommittee to identify for outreach.
Next Steps	**Poll:** • Members will receive a poll on the time, date, and location of two or more future meetings between the September and November full HIEPB meetings.