District of Columbia
Health Information Exchange
Policy Board Sustainability Subcommittee Meeting

Thursday October 6, 2016
1:00 PM – 2:30 PM

Location:
AcademyHealth
1666 K Street, NW, Suite 1100
Connect II Conference Room
Washington, DC 20006

Attendees:	**Members present (6)**: 1. Scott Afzal (CRISP) 2. Anderson Andrews (DC Department of Health) 3. Chris Botts (DC Department of Health Care Finance) 4. Sam Hanna (GWU) 5. Donna Ramos-Johnson (District of Columbia Primary Care Association) 6. Alison Rein (AcademyHealth) – *Subcommittee Chair* **Members present via teleconference (2):**	1. Pete Stoessel (AmeriHealth) 2. Allison Viola (Kaiser Permanente) **Members absent (3)**: 1. LaQuandra Nesbitt, MD (DC Department of Health) 2. Justin J. Palmer, MPA (DC Hospital Association) 3. Claudia Schlosberg (DC Department of Health Care Finance) *DHCF Staff*: Erin Holve, Jordan Cooper

AGENDA

1. <u>Call to Order</u> [1:00 PM]	Alison Rein, Chair, called the meeting to order at 1:04 PM.
2. <u>Strategy Discussion: Timeline, Funding, Alternative Models</u>	Ms. Rein reminded Subcommittee members where they left off after the last meeting, which was with an agreement to establish processes and a draft interview guide for use in outreach to key HIE stakeholders in the District. It was generally agreed that the agenda proposed was appropriate as suggested. To start the discussion, Dr. Hanna asked if the Subcommittee or full Board had conducted an environmental scan of other HIE "best practices" with respect to service provision and demonstration of value. He suggested that we reach out to the Strategic Health Information Exchange Collaborative (SHIEC), of which, Mr. Afzal noted, CRISP is a member, to get a sense of what lessons the DC HIE can take away from others' experiences. Ms. Rein built upon this comment by asking members whether, at some future point, the Subcommittee would like to revise the discussion questions to also engage SHIEC

	members. Mr. Botts noted that he has been in contact with Utah, California, Vermont, and Delaware but that these conversations have not necessarily focused on the same issues. Mr. Afzal said that there might be some value in speaking to states where governments have been responsible for managing HIE infrastructure, which might be the case in California or New York. Mr. Botts said that he has been in touch with New York's HIE team regarding their governance models and though helpful, NY, CA, and TX bear little resemblance to the District since they are all states that cover large geographic areas and have large populations that are located in both urban centers and rural areas, so there may be only limited usefulness in modeling the DC HIE on those in other states. Ms. Rein added that HIE deliberations in the District – and across the country – are different relative to where HIE building efforts began years ago. She asked if we should identify a subset of HIEs and pose salient questions to them. Mr. Hanna offered to arrange for the Legislative Director of SHIEC to talk to the Subcommittee about Connecticut or Missouri. He suggested that doing so might help the Subcommittee determine an end goal of where we want to be. Ms. Ramos-Johnson added that there has been a great deal of work done by the HIEPB over the past few years. Accordingly, she said, the HIEPB has a strong sense of the current HIE ecosystem. Mr. Andrews agreed, stating that the Subcommittee needs to focus its efforts on determining how to sustain DC HIE growth going forward. Ms. Rein drew the conversation back to the tasks before the Subcommittee, suggesting that this conversation might be better suited for the full Board given its broad nature. Mr. Afzal sought clarification as to whether the Subcommittee is charged with addressing sustainability for DC Medicaid and other governmental uses, or whether the charge extends to DC's broader HIE ecosystem. Subcommittee members emphasized the need to address broader value, but acknowledged that the assumption is still to be confirmed as part of mission deliberations of the full Board. Mr. Botts added that the current system is not fully sustainable; federal funds will no longer be able to be leveraged in 2021 at which point the DC HIE would be reliant upon alternative funding mechanisms. Ms. Ramos-Johnson built upon his comments saying that we need to move beyond Medicaid funding and we therefore need to build out the functionalities of the HIE beyond Medicaid. Mr. Botts explained that you can engage with external entities and say that we are going to build a first phase of the HIE for Medicaid and use 100% IAPD funds and then for the second phase we will reach out

	to external entities to build new functionalities on top of the initial investment. The alternative is that we can, for example, do a hybrid approach where maybe 60% of the HIE funding could come from an IAPD 90/10 match IAPD and 40% of funding can originate with external actors. Owing to the implications of the expiration of HITECH funds, Mr. Andrews stressed the importance of having timelines.
3. <u>Use Cases and Stakeholders Discussion</u>	Ms. Rein brought the conversation back toward a discussion on potential use-cases that could be offered by a DC HIE that would garner the support of both private and public-sector entities. Mr. Andrews built upon her thought, stating that the financial sustainability of a DC HIE is dependent upon stakeholders both identifying use cases that would add value for them and then committing to sustaining particular use cases going forward. Ms. Rein agreed and expressed a hope that there would be a substantial amount of overlap among use cases that would add value for varying stakeholders – meaning that sustainability would not fall to any one entity on its own. Dr. Hanna said that private sector stakeholders have "no chips in the game" and that to get them to help pay for the HIE we need to build something that they love. Building on discussion about various stakeholders that ought to be engaged, Mr. Stoessel asked for clarification on whether Medicaid refers to both FFS and MCOs or only MCOs, of which he represents one. Mr. Botts confirmed that the use of the term Medicaid in this context refers to the entire Medicaid ecosystem. Ms. Rein challenged the Subcommittee to come up with 5-7 stakeholders that represent each priority group. She noted from the last meeting that Ms. Schlosberg considers BCBS to be a priority and that KP and GW also seem like priorities (GW is a priority because of its many shared patients among Medicaid and specialty providers). Mr. Stoessel asked that AmeriHealth be included. Ms. Rein reminded the Subcommittee that the purpose of these outreach sessions is to listen and gather information about what is needed. She expressed a hope that there would be subsequent opportunities to propose specific actions (e.g., pilot programs). Mr. Botts warned that the process of visiting only some organizations could become political. Ms. Rein agreed and expressed a hope that eventually a broader set of stakeholders could be included. Ms. Ramos-Johnson suggested that early outreach include FQHCs that are not engaged in the HIE development process (e.g. GW MFA). Mr. Afzal suggested that SNFs might be good initial targets for outreach. Mr. Andrews suggested that we target organizations that will enable us to break the Behavioral Health divide. Ms. Ramos-Johnson suggested reaching out to large independent physician practices that have not yet been engaged. Mr. Botts said that because there is currently an equity issue based on where someone enters the HIE system, perhaps the Subcommittee should focus on improving outreach to those who are

NOT already in the system versus improving services for those who are already in the system.

Ms. Rein posed the question of whether there is sufficient value on the table at this point to attract those stakeholders who have yet to join the discussion. Ms. Ramos-Johnson said that it might be because no one reached out to them and made it available rather than because they know of the DC HIE development process and see no value in it. Mr. Andrews says the problem with HIE in DC is that no one has been forced to pay nor has volunteered to pay for its services, albeit all DC hospitals have decided to continue to pay for the HIE services that they currently receive. On the topic of adding value for stakeholders, Mr. Afzal warned against pushing an idea that sounds good but is hard to use and therefore isn't used by front line providers such as has been the case with an external login query portal. Instead, said Mr. Afzal, hospitals need to access data that can be pulled back into their EHR.

Ms. Viola offered her perspective, adding that stakeholders need to feel like they're part of the process and that they're valued. Much of the pushback is from when they don't feel part of the process.

At this point Ms. Rein said that members will receive an email soliciting suggestions for which individuals within target organizations ought to be targeted and who among the full Board or Subcommittee ought to visit those individuals.

The target outreach organizations that the Subcommittee agreed to prioritize are as follows:

1. Kaiser Permanente
2. George Washington University Hospital
3. George Washington University Medical Faculty Associates (MFA)
4. AmeriHealth
5. CareFirst BlueCross BlueShield
6. An unspecified large, private physician group practice
7. An unspecified Skilled Nursing Facility (SNF)

Ms. Rein then asked the Subcommittee to consider some organization-specific use case examples to offer in these discussions, and noted a possible idea for KP which would be to discuss the new DHCF MDW; with a decade of historical data, it might be helpful to KP given the influx of new Medicaid patients. Ms. Rein asked the Subcommittee for additional ideas.

Mr. Afzal said that he could put together specific ideas based on some of the work they have done at CRISP. Responding to a question about the anticipated uniformity of discussion questions, Mr. Stoessel expressed a preference for retaining most of the questions common, but tailoring the use cases to each

	stakeholder. Mr. Botts cautioned that if there is no overlap among use cases offered to different stakeholders then the HIE will end up only building point-to-point connectivity. Ms. Ramos-Johnson countered, saying that the underlying data that drive most use cases will be valuable for all stakeholders regardless of which use cases best fit their model of care delivery. Ms. Rein said that we must engage in these conversations to understand where the District is with HIE, and use the opportunity to do "active listening" that can inform a sustainable growth strategy. Mr. Stoessel said that the State Health Innovation Plan could be a guide for our discussions. Ms. Rein supported this idea, stating that building atop other efforts to drive APMs will benefit all involved. Ms. Rein asked the Subcommittee to think of which use cases (thematic) ought to be used for each stakeholder.
4. <u>Outreach Conversation Framing</u>	Ms. Rein then asked for feedback on the draft discussion agenda and questions. She asked Subcommittee members to note missing items, and items that should be removed. Mr. Hanna said that the fifth question could be more specific by introducing a description of use cases DC plans to offer. Mr. Botts said that it might be helpful to present a brief informational overview of the HIE ecosystem that stakeholders could have in advance of a meeting, which might help provide context to our questions. Ms. Rein said that she would like to provide the Mission and Vision of the DC HIEPB to stakeholders as part of a short slide deck to kick off these meetings, provided that these are voted on and approved at the upcoming full Board meeting. Ms. Ramos-Johnson said that we ought to find out what stakeholders are willing to pay for, which may not necessarily be what they view as valuable. Mr. Botts said there are different ways to arrange fee scheduling, e.g. by service or by subscription. He suggested that we approach stakeholders suggesting certain use cases and asking whether they would you be willing to pay for it. Mr. Afzal said that with regards to use cases, there are three concentric circles of factors that must be considered: 1. Technical feasibility 2. Clinically valuable 3. Financially feasible Mr. Andrews suggested that stakeholders be asked if they using any of the services that are currently being made available to them because there may be services that simply are not being pushed them to the front line. Ms. Ramos-Johnson said there are many things that stakeholders may want but the list of things that

	stakeholders are willing to pay for may be quite different. Dr. Hanna said that stakeholders would be more likely to pay for a service if they felt engaged, and that they would feel more engaged if they were involved in an environmental scan. Mr. Botts said that many stakeholders are currently being represented on the full Board and are engaged in that way, and Ms. Ramos-Johnson added that there have already been at least two environment scans conducted by the Board. The most recent scan was compiled into the Road Map, which was released in 2015 based on work that concluded in 2014, and which includes a list of use cases that presented value to stakeholders that are ranked according to stakeholder priorities. Mr. Botts mentioned that there was also a HIE Summit that brought in stakeholders to assess the state of the HIE ecosystem. Ms. Rein stated that she will follow up with an email requesting additional feedback on the discussion questions.
4. HIEPB Outreach Groups	Circling back to the use case conversation, Ms. Rein expressed a preference for tailoring to each organization, or at least each type of organization. The Subcommittee agreed that each outreach group should consist of 2-3 individuals from either the full Board or the Subcommittee and that at least one person should attempt to attend the majority of the meetings so as to ensure continuity with the conversation. The Subcommittee also agreed that the site-visit group should, if possible, include a Board or Subcommittee member who represents the stakeholder organization. Ms. Rein asked that a draft slide deck, draft set of questions, a list of 5 organizations, contacts in those organizations, and a list of organization-specific use cases be prepared within the next two weeks and that target stakeholder organizations be contacted over the coming week or two so that meetings can be placed on calendars now before we get too close to the holidays. There are some organizations, said Ms. Rein, that we can prioritize meeting with because they already have Board member representatives. The Subcommittee agreed to meet with GW, Kaiser, and AmeriHealth by the end of the year.
5. Next Steps & Homework:	**Sustainability Subcommittee** • Identify specific individuals for outreach within named target organizations • Suggest members of HIEPB and/or Sustainability Subcommittee to be part of these conversations • Provide edits and additional feedback on proposed discussion questions targeting stakeholder organizations. • Propose **at least one** use case for discussion at our next subcommittee meeting.

	DC Medicaid Staff • Draft a 5-7 slide PowerPoint deck to be delivered at the outset of each stakeholder meeting. • Draft an October 20th meeting agenda for review and revision by the Sustainability Subcommittee. • Schedule meetings with targeted stakeholder organizations for the coming month.
6. Adjournment	Alison Rein adjourned the meeting at 2:30 pm.