DISTRICT OF COLUMBIA HEALTH INFORMATION EXCHANGE
POLICY BOARD MEETING
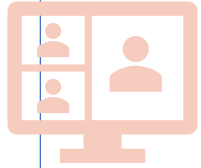

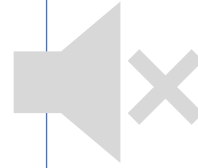**April 18, 2024 | 3:00 PM – 5:00 PM**

📹 **THIS MEETING IS BEING RECORDED**

Department of Health Care Finance | Remote Meeting
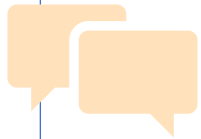
Virtual Meeting Processes

To increase engagement, turn on your video

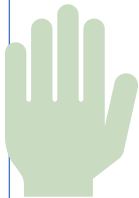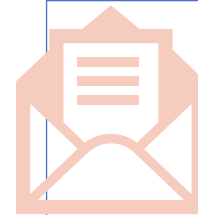Mute your microphone upon entry, and until you are ready to speak

Use the chat function to introduce yourself: *Name, Title, Organization*

Putting your phone on hold, due to an incoming call, may disrupt the meeting

If you have comments or questions, please use the '*Raise Hand*' feature and speak clearly

Voting on a recommendation will require you to say: **Your name followed by either 'aye', 'nay', or 'abstain'**

Agenda

01 Welcome and Call to Order

- Virtual Meeting Processes
- Roll Call
- Announcement of Quorum
- Digital Health Team Announcements: New Staff

02 Subcommittee Reports & Board Actions

- HIE Operations, Compliance, Efficiency
- HIE Policy

03 Leveraging HIE to Improve Public Health Data Quality in the District

04 DC HIE and Division of Digital Health Updates

- Update on HIE Use Case Submissions from DC Health
- HCBS Digital Health Outreach & Technical Assistance (TA)
- DC HIE Designated Entity Updates

05 Public Comments

06 Next Steps and Adjournment

HIE Policy Board Announcements

Introductions

Allocated Time: 3:00 - 3:10 PM (10 mins.)

Welcome – New DHCF Staff!

Richard Garcia

Project Manager, Digital Health Division

1115 Waiver Renewal Draft Application – Public Comment Period

- On April 1, DHCF published a draft 1115 waiver renewal application and other related materials on DHCF's website: https://dhcf.dc.gov/1115-waiver-initiative

- DHCF is proposing to extend the current demonstration, focused on behavioral health, and implement an updated program design that broadens the focus to address social determinants of health. Accordingly, DHCF is proposing to rename the demonstration, "Whole-Person Care Transformation", and has three proposed renewal goals:
  - Continue to maximize access to quality behavioral health services;
  - Improve health outcomes through implementing new Medicaid justice-involved reentry and health-related social need (HRSN) services; and
  - Develop and maintain infrastructure to support the delivery of Medicaid reentry and HRSN services.

- DHCF will be accepting public comments on the draft renewal application until 6:00 PM on April 30, 2024. Instructions on how to submit written comments, as well as information about three public hearings DHCF will hold during the comment period are available on the website.

- For further information about 1115 waiver renewal, please contact DHCF at dhcf.waiverinitiative@dc.gov

Upcoming Policy Board Meetings

- The Policy Board will meet once in-person to encourage networking, consensus-based decision making, and strategic discussions related to HIE policy and governance.

- To ensure quorum, Board members are required to attend in-person meetings this year.

- All meetings will be recorded regardless of venue.

Remote
On WebEx
- July 18, 2024

In-Person
DHCF Offices
- October 17, 2024

Subcommittee Reports & Board Actions

Allocated Time: 3:10 - 4:10 PM (60 mins.)

Operations, Compliance, Efficiency (OCE) Subcommittee

Ms. Gayle Hurt

Allocated Time: 3:10 – 3:40 PM (30 mins.)

Operations, Compliance, and Efficiency Subcommittee (OCE) Subcommittee Update

- **Chair**: Ms. Gayle Hurt

- **Mission**: Ensure consistent operations within the DC HIE and facilitate the establishment of standards for the DC HIE entities that reflect best practices by providing recommendations to the HIE Policy Board

- **Purpose**: The purpose of the subcommittee is to advise, monitor, and improve the community standards for HIE operations in the District

Subcommittee Timeline – *Jan 2024 to June 2024*

June 2024
- ❑ Prep recommendation for HIE Data Quality Measure to HIEPB w/ Stakeholder subcommittee
- ❑ TOC TEP convened for data element display in the HIE

February 2024
- ❑ TOC TEP Convened
- ❑ Introduction on Utilization Metric Revamp

April 2024
- ❑ Prep Recommendation of TOC TEP to HIEPB
- ❑ Introduction to the HIE Data Quality Measure Development

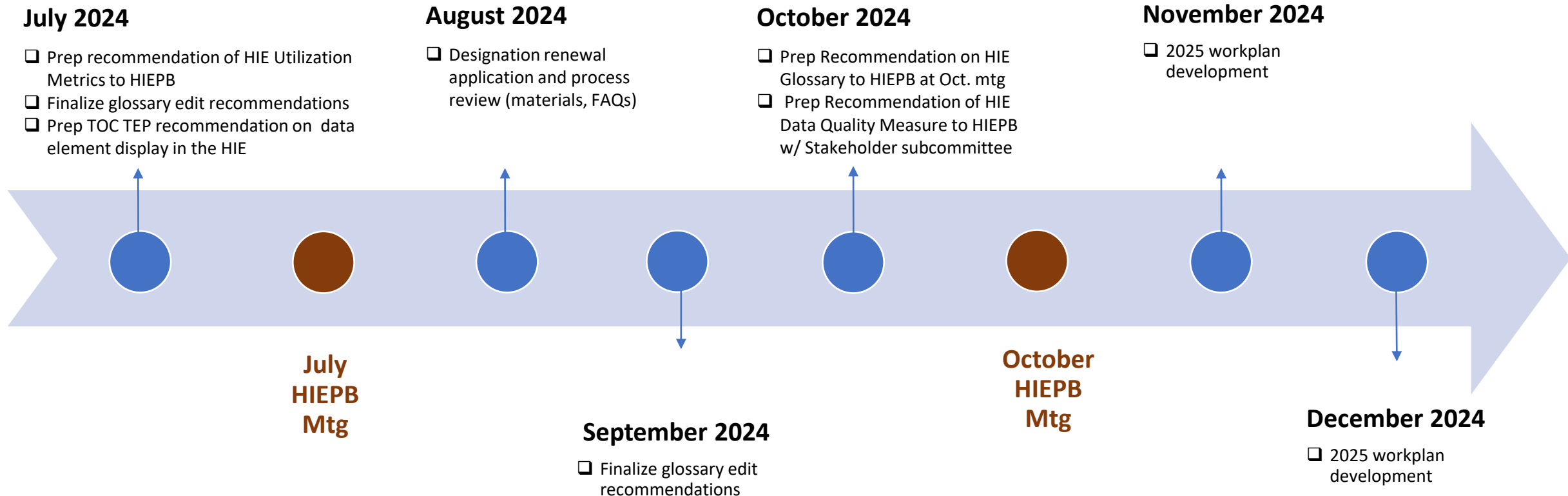**January 2024**
- ❑ TOC and Analytics TEP convened

January HIEPB Mtg

March 2024
- ❑ CRISP DC post webinar surveys developed to align with previously discussed Utilization Metrics
- ❑ TOC TEP Convened

April HIEPB Mtg

May 2024
- ❑ TOC TEP convened for data element display in the HIE
- ❑ Revisit HIE Glossary to start annual audit

Subcommittee Timeline – *July 2024 to Dec 2024*

July 2024

- ❑ Prep recommendation of HIE Utilization Metrics to HIEPB
- ❑ Finalize glossary edit recommendations
- ❑ Prep TOC TEP recommendation on data element display in the HIE

August 2024

- ❑ Designation renewal application and process review (materials, FAQs)

October 2024

- ❑ Prep Recommendation on HIE Glossary to HIEPB at Oct. mtg
- ❑ Prep Recommendation of HIE Data Quality Measure to HIEPB w/ Stakeholder subcommittee

November 2024

- ❑ 2025 workplan development

July HIEPB Mtg

September 2024

- ❑ Finalize glossary edit recommendations

October HIEPB Mtg

December 2024

- ❑ 2025 workplan development

FY24 Subcommittee Goal #1

- Develop data and documentation benchmarks for accuracy, timeliness, and completeness to improve patient outcomes

- Develop a list of data elements for exchange among participating organizations and the Designated HIE entity for the following topics: Transitions of Care (discharge from hospital), Behavioral Health and SUD, and SDOH

- Review data sets to ensure alignment with national standards such as USCDI.

- Draft recommendations to HIE Policy Board

Release of USCDI Version 4 by ONC

- In Dec. 2023, the Office of the National Coordinator for Health Information Technology (ONC) introduced [Version 4 of the United States Core Data for Interoperability (USCDI)](#) standards.
  - USCDI is a standardized set of health data classes/elements for nationwide, interoperable health information exchange

- Key Focus Areas:
  - Made updates and clarifications to the previous Version 3 definitions
  - 20 new data elements were added including allergies, intolerances, vital signs, and others

Transitions of Care Technical Expert Panel

- In 2020, a Technical Expert Panel (TEP) played an advisory role in the Transition of Care Contract to Reduce Hospital Readmission.

- They reviewed and recommended a set of 11 critical data elements for discharge planning and care coordination.

- These recommendations on transitions of care data elements were approved by the HIE Policy Board and published in July 2020.

- CRISP DC has since used these recommendations to inform its parsing and display of data elements in the DC HIE to better support care transitions.

TEP Reengagement in Q1 2024 to review USCDI v4

- OCE Subcommittee reassembled the Transitions of Care TEP with updated membership, including representatives from both inpatient and outpatient settings.

- The TEP was tasked with:
  1. Conducting a crosswalk of 2020 TEP's defined transitions of care data elements with the new USCDI version 4 data elements.
  2. Recommending updates to previous data element definitions and the addition of context to the data elements as per USCDI version 4.

Board Action
DC HIE Transitions of Care Memo

Vote to approve recommendations from the OCE subcommittee on Transition of Care Data Elements, which include retaining a subset of definitions or aligning with USCDI Version 4 definitions as outlined in its recommendation memo.

HIE Policy
Subcommittee

Mr. Justin Palmer

Allocated Time: 3:40 – 4:10 PM (30 mins.)

HIE Policy Subcommittee

Chair: Justin Palmer

Mission: Provide counsel and recommendations on public policy initiatives that encourage participation in and the sustainability of the DC HIE to the DC HIE Policy Board and its Subcommittees

Purpose: The subcommittee guides the implementation of a leading HIE framework and facilitates the exchange of health information that supports public health and community health in the District of Columbia. The subcommittee assists the District in staying nimble and proactive with respect to its policy positions, while remaining aligned with federal, regional, and local policy issues.

Subcommittee Timeline – *March 2024 to June 2024*

April 2024

❑ Standing agenda item: new policies, transmittals, or any documents for public feedback

❑ **42 CFR Part 2** means for DC HIE and how does it affect users and the consent tool?

❑ **Secondary Use Policy** public health use cases to be included in policy

❑ VBP Requirements for HIE tool use

June 2024

❑ Standing agenda item: new policies, transmittals, or any documents for public feedback

❑ **Secondary Use Policy Continued**

❑ **Consent guidance continued (standing item)**

April HIEPB Mtg

March 2024

❑ **42 CFR Part 2,** what it means for DC HIE and how does it affect users and the consent tool? Do any barriers need to be removed from the EMR side to transmit data to HIE?

May 2024

❑ Standing agenda item: new policies, transmittals, or any documents for public feedback

❑ **Consent guidance continued (standing item)**

❑ **Secondary Use Policy Continued**

❑ VBP Requirements for HIE tool use (SDOH screening, timeliness)

Subcommittee Timeline – *July 2024 to Dec 2024*

July 2024

- ❑ Standing agenda item: new policies, transmittals, or any documents for public feedback
- ❑ **Consent guidance**
- ❑ **CMS Interoperability Rule** – how does this apply to the DC HIE? How does this apply to participating organizations? Users? Does any guidance need to be issued?
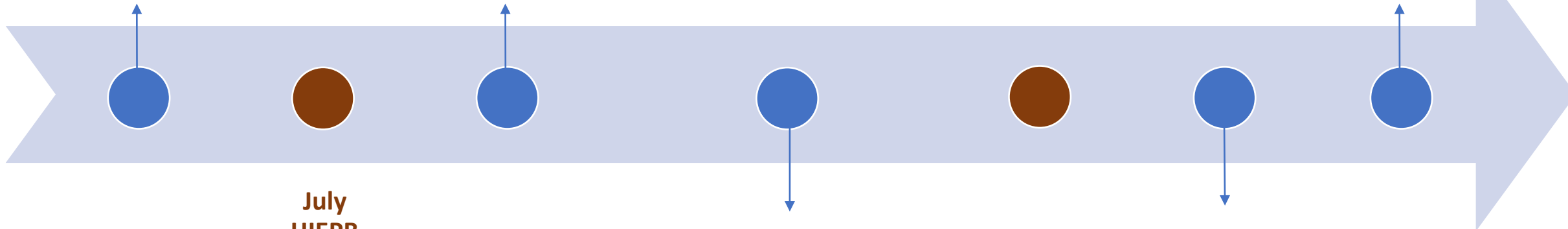
August/September 2024

- ❑ Standing agenda item: new policies, transmittals, or any documents for public feedback
- ❑ **Consent guidance**
- ❑ **TEFCA Common Agreement Alignment and Educational Materials**

December 2024

- ❑ 2025 workplan development

October HIEPB Mtg

July HIEPB Mtg

October 2024

- ❑ **Consent guidance**
- ❑ HTI-1 (Information Blocking) – how does this apply to the DC HIE? How does this apply to participating organizations? Users? Does any guidance need to be issued?

November 2024

- ❑ 2025 workplan development

Background: Part 2 Final Rule

- The Part 2 statute (42 U.S.C. 290dd-2) and its implementing regulations (42 C.F.R. Part 2) protect "[r]ecords of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States."

- Part 2 applies to federally assisted providers and programs who "hold themselves out as providing," and provide, SUD services.

- Confidentiality protections help address concerns that discrimination and fear of prosecution deter people from entering treatment for substance use disorder (SUD)

- Part 2 is generally more restrictive than the Health Insurance Portability and Accountability Act (HIPAA), requiring patient consent for disclosure of Part 2 records even for purposes of treatment, payment, and health care operations

Key Changes to the SUD Confidentiality Rule

- In early February 2024, the US HHS released a final rule to implement modifications to Part 2.

- HHS guidance has given organizations up to two years (April 2026) to operationalize necessary changes and come into compliance.

- Designed in large part to align Part 2 more closely with HIPAA, these key changes include:

Patient Consent

- Single consent can be signed for future uses and disclosures of TPO
- Description of recipients – no need to list specific recipients.
- Can have an expiration date of "none"

.

Redisclosure

- Allows covered entities and business associates that receive records under Part 2 consent to redisclose records in accordance with HIPAA
- Previously, new consent had to be obtained before each redisclosure

Penalties

- Aligned with HIPAA by replacing criminal penalties in Part 2 w/ civil and criminal enforcement applied to HIPAA violations
- Most Part 2 orgs are HIPAA covered entities – so may not be a major change

Segregation

- Under the new rule, segmenting Part 2 records is not required.

What does this mean for the DC HIE?

- The new final rule leaves in place the requirement that Part 2 programs must obtain patient consent prior to disclosing Part 2 information for purposes of treatment, payment, and health care operations.

- However, it makes substantial changes to *how such consent may be obtained* and *how information may be re-disclosed*.

- HIEs are tasked with the lawful exchange of patient health information and will benefit from streamlined consent provisions in the final rule.
  - The updated rules permit the use of a single form under which a patient can consent to future disclosures of Part 2 information for the purposes of treatment, payment, and health care operations – or TPO – as defined under HIPAA.

- Under the final rule, consent forms may:
  - Use a description of a class of persons who may receive information, rather than requiring the name of every potential recipient on the form who is not a treating provider
  - Permit a patient to consent to disclosures of TPO using a single form, with an allowed expiration date of "none."

Operationalizing 42CFR Part 2 Consent in 4 Phases

Provider and Patient Technical Assistance and Education

Updated Privacy Practices / Consent Forms Completed

Begin Collecting TPO Consents

TPO Consents Effective / TPO-Based Exchange Begins

~ 12 months

~ 9 months

~ 6 months

Effective Date: October 1, 2025

Start Date: Summer 2024

Start Date: January 1, 2025

Start Date: April 1, 2025

TPO = Treatment, Payment and Operations

Policy Subcommittee met in recent weeks to consider implications and develop recommendations

- Discussed implications of 42 CFR Part 2 for District providers/HIE users

- Considered guidance that may be needed to support changes to notice of privacy practices and other agreements

- Review and recommend an implementation date for 42 CFR Part 2 rule update adoption and issue guidance to the DC HIE to that effect

Subcommittee Recommendations

- ***Effective Date of Compliance –*** Approve October 1, 2025, as the effective date for the DC HIE to comply with the final rule that implements a modification to the Confidentiality of Substance Use Disorder Patient Records regulations under 42 CFR Part 2.

- ***Operationalize in Four Phases –*** DC HIE take steps to operationalize the four phases of work to enable compliance with the final rule.

- ***Cross-agency collaboration –*** DHCF work collaboratively with DBH and agency partners to:
  1. Align final rule compliance effective dates; and
  2. Set and communicate aligned expectations for Part 2 providers, the DC HIE, recipients of Part 2 data, and patients.

Board Action
HIE Compliance w/
42 CFR Part 2 Update

Vote to approve the HIE Policy subcommittee's recommendation that:

1) January 1, 2025 serve as the effective date for the DC HIE to comply with the final rule that modifies 42 CFR Part 2; and

2) The DC HIE, DHCF, and agency partners take steps to operationalize these changes as outlined in the Policy recommendation memo.

Leveraging Health Information Exchange to Improve Public Health Data Quality in the District

Dr. Ayanna Bennett

Department of Health

Allocated Time: 4:10 – 4:20 PM (10 mins.)

DC HIE and Division of Digital Health Updates

Allocated Time: 4:20 – 4:50 PM (30 mins.)

Update on HIE Use Case Submissions from DC Health

Mx. Deniz Soyer

DHCF

Allocated Time: 4:20 – 4:25 PM (5 mins.)

Exciting HIE Use Cases from DC Health

- 32 use cases w/ essential information following our DC HIE Use Case Request Format:
  - Use case name, description, goal; how the data will be used and who are the end users; time-period for request
  - Aggregate data for specific disease; Identified data for specific panel of individuals; De-identified or identified, individualized data
  - Funding available to support the request

- Initial review is underway to assess feasibility, conceptualization, design, and adoption of the submitted use case
  - Infectious disease surveillance
  - Immunization data – enhancing records, identifying missing immunization
  - Chronic disease surveillance (e.g. coronary artery disease, asthma)
  - Screening data
  - Conditions (e.g. obesity)
  - Injury surveillance

- Use cases are generally falling into the following categories
  - Capabilities that are already available through existing tools
  - Reportable conditions
  - Not reportable, but aggregate or de-identified
  - Cases that require policy or regulatory changes
  - Data requested is not flowing in the HIE

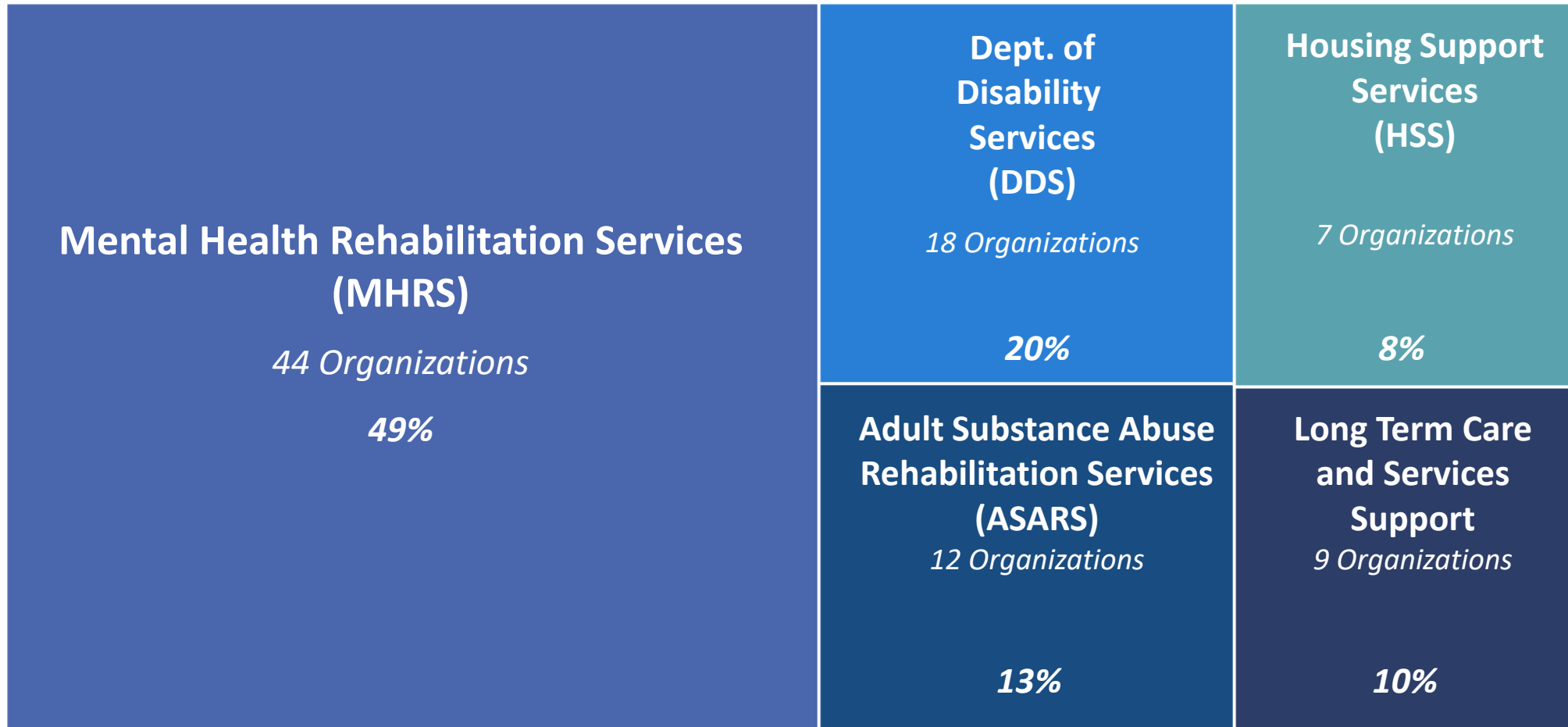# HCBS Digital Health Outreach & Technical Assistance (TA)

Mx. Deniz Soyer
DHCF

Ms. Donna Ramos-Johnson
DC Primary Care Association

Allocated Time: 4:25 – 4:35 PM (10 mins.)

HCBS Digital Health TA Update

- ARPA-funded program delivering technical assistance and incentives to support connectivity and information sharing across home and community based (HCBS) provider organizations.

- Technical Assistance support has included the following services:
  - Identify, select, implement, and/ or optimize CEHRT/ HIT systems
  - Provide customized, practice-specific TA services based on selected track
  - Provide initial and ongoing user education services
  - Assist with administrative simplification provisions of HIPAA
  - Onboard and connect to the DC HIE

- Participation Update:
  - Over $3.4 million in provider incentives processed after attesting to milestone achievement
  - 90 provider organizations participating
    - Nearly 60 organizations have been onboarded to the DC HIE **and** sharing encounter and clinical data

Program Participation by Organization Type

Mental Health Rehabilitation Services (MHRS) *44 Organizations* **49%**	**Dept. of Disability Services (DDS)** *18 Organizations* **20%**	**Housing Support Services (HSS)** *7 Organizations* **8%**
	Adult Substance Abuse Rehabilitation Services (ASARS) *12 Organizations* **13%**	**Long Term Care and Services Support** *9 Organizations* **10%**

Program extension and new milestones

- HCBS Digital Health Technical Assistance program has been extended for <u>an additional 6 months</u> and will now end September 30, 2024

- Participating organizations can be eligible for additional incentives:
  - Milestone 7 – Training and engagement ($10,000) - thru Spring 2024
  - Milestone 8 (proposed) – Provider Engagement Workshops – Coming Soon! Summer 2024

Milestone 7: Training and Engagement Mandatory Requirements

eHealthDC EHR Trainings	eHealthDC HIE Webinars
Best Practices for Improving EHR Data Quality (Required) 　○ Highlight functionality to see report of what is being sent to CRISP within EHR 　○ What data is reportable to CRISP 　○ Cover data points that make a good ADT 　○ Cover data points that make a good CCD 　○ Improving SDOH Collection: Transmitting z codes via ADT/CCD (Top z codes to be collected) **Care Coordination** 　○ Possibility of accepting ENS notifications in EHR (view within EHR, and workflow to view on CRISP) 　○ Share patient data to HIE via patient chart/EHR 　○ Understanding consent to share in CRISP vs consent to share in EHR 　○ Expectations of what others will see in HIE 　○ Implications of frequency of uploading Panels to HIE **Security Awareness & Privacy** 　○ HIPAA Best Practices 　○ Implementing EHR timeout procedures 　○ Implementing timely locking of encounter notes 　○ Securely storing patient information 　○ Mitigating Security Risk (e.g., Social Engineering, Password Best Practices, Identifying phishing emails)	**I'm Connected to the HIE, Now What?! Webinar (Required)** 　○ What encounter data does my organization share, and where can other members of the patient's care team members locate it within the HIE? 　○ What clinical data does my organization share, and where can other members of the patient's care team locate it within the HIE? 　○ How EHR documentation affects what is available in the HIE **Consent Tool Webinar** 　○ What is the Consent Tool within CRISP? 　○ How to capture consumer consent as apart of provider workflow **Advance Care Planning Tool Webinar** 　○ How to access and upload advance care plans for consumers in CRISP **Social Needs Screening Tool Webinar** 　○ How to capture social needs assessments within CRISP, and where the assessments appear within CRISP for other providers to view 　○ How to refer patients to different CBO programs based on their needs within CRISP **PopHealth/Analytics Webinar** 　○ Different reports available within the PopHealth Tool 　○ Reports currently underway for provider availability, as well as what kind of measures can be possible using this tool

Learning Communities

eHealth DC learning communities are intentionally developed office hour sessions designed to build upon the knowledge gained from the *Best Practices for Improving EHR Data Quality* EHR training & the *I'm Connected to the HIE, Now What?!* HIE training. These learning communities are designed to promote knowledge sharing amongst participants and will require ongoing interaction and active participation among attendees.

Proposed Milestone 8, Provider Engagement

- DHCF and eHealthDC are considering adding a new provider engagement Milestone 8

- The team is currently defining the requirements, incentive amount, and prioritizing topic areas, with an intended roll out by early Summer 2024.

- *Objective:* Participating organizations will attend a set of educational workshops designed to foster collaboration and enhance the use of CRISP DC HIE tools

- *Potential Topics/ Focus Areas:*
  - Optimize workflow through HIE Integration
  - Improve care coordination
  - Encourage consent to share
  - Utilize the CRISP PopHealth Analytics tool

DC HIE Designated Entity Updates

Ms. Stephanie Brown

CRISP DC

Allocated Time: 4:35 – 4:50 PM (15 mins.)

DC HIE Designated Entity Updates

- CRISP Shared Services has recently contracted with the U.S. Virgin Islands and their Medicaid office to provide health information exchange services for maternal health programs.

- **NEW and IMPROVED** CRISP DC Notification Service Roll Out
  - **Population Explorer is replacing ENS Prompt**
  - CRISP-DC's Migration from ENS PROMPT:
    - **Initial Pilot: March 2024 – Twenty Pilot organizations**
    - Wave 1: April 2024 – Ambulatory Organization
    - Wave 2: May 2024 – Ambulatory Organizations
   - Wave 3: June 2024 – Payors, FQHCs, Hospitals

Using the HIE Well: Education and Technical Assistance

Webinars:

https://crispdc.org/webinars/ is constantly updated with out public webinar schedule are we work to support all organizations in transforming their workflows to expand their use of the HIE to coordinate care.

Newsletter:

CRISP DC's first quarterly newsletter was sent to 12,800 people with an **open rate of over 40%.**
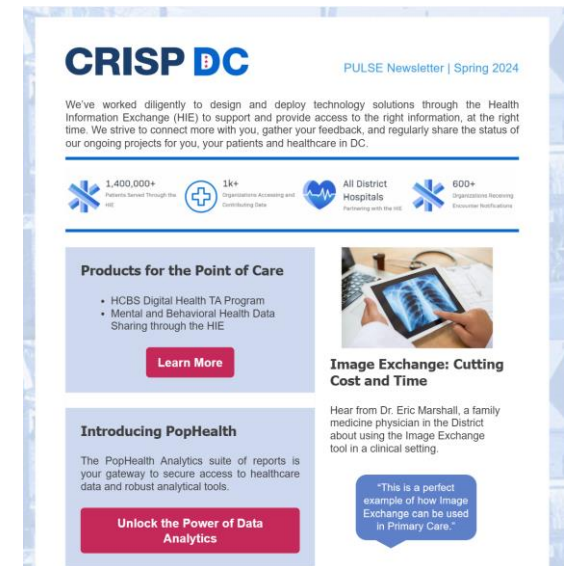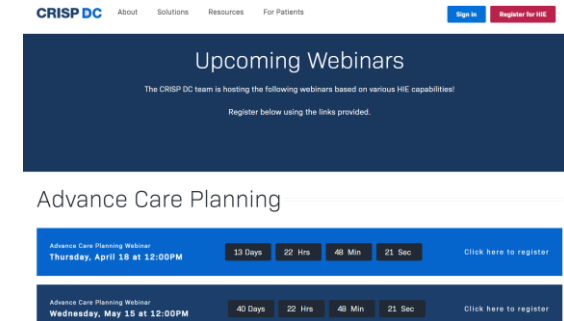
Coming Soon: Education and Technical Assistance

Keeping Information Up to Date: CRISP DC is partnering with DHCF, eHealthDC and other stakeholders for quarterly audits of the CRISP DC website for content, clarity and usability.

Behavioral Economics: Implementing behavioral economic frameworks to acknowledge high utilizers of the HIE and to nudge low utilizers to implement the use of the HIE in their workflows.

New and Creative Mediums to Reach Users: CRISP DC is creating a LinkedIn dedicated to spreading information regarding HIE education materials and technical assistance opportunities. We will also be promoting our YouTube channel to provide virtual trainings for users on their own schedules.
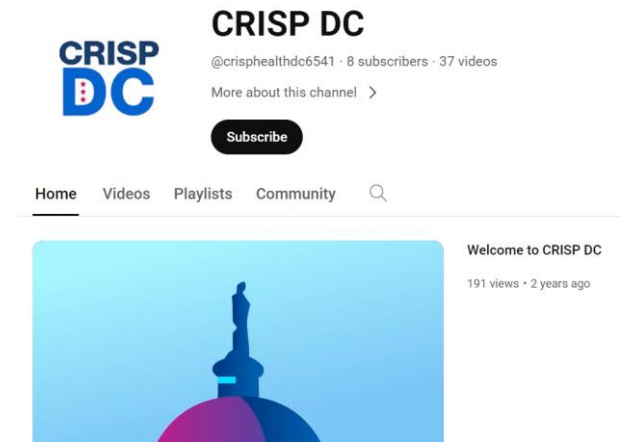
Coming Soon: Product Enhancements

- **CARE-H Project**
  - Attendance Data Sharing from DCPS *(with explicit guardian consent)*
  - Data will be available via portal, previously only available via notification service

- **Health Related Social Needs Tools**
  - Responsive to the market and pivoting to align with DC Health efforts
  - Working closely with DC Health, DHCF and findhelp to develop a solution that increases access to tools and data sharing for health related social needs
    - Stay tuned for more communication from CRISP DC about product enhancements

Public Comments

Allocated Time: 4:50 - 4:55 PM (5 mins.)

Next Steps/ Adjournment

Allocated Time: 4:55 – 5:00 PM (5 mins.)

Upcoming HIE Policy Board Meeting

- **Date and Time**: July 18, 2024 from 3:00 pm to 5:00 pm ET

- **Location**: Remote (WebEx) meeting

Stay tuned for more information closer to the meeting date!

Appendix

OCE Recommendation Table

Table 1: Transitions of Care Data Elements – TEP Recommendations and Rationale for Alignment

Data Element	Recommendation	Rationale
Medication Allergies	Align definition with USCDI	To distinguish between allergies, side effects, and understand risks with substances.
Vital Signs	Align definition with USCDI	Include augmentation of raw measurement values to provide direct actionability for healthcare providers. Additional elements like oxygen concentration and BMI percentile for specific ages are crucial for accurate monitoring and growth tracking, especially in infants and children.
Discharge Medications	Modify the current definition	Include more detailed information on units of measure and medication instructions, ensuring comprehensive information is available for continuity of care.
Immunizations	Retain the current definition	Continue the focus incorporating immunization registry connections to align exchange of this information with the broader registry exchange and definitions.
Discharge Diagnosis	Retain the current definition	Provides appropriate context with granular detail. ICD-10 is primarily used by providers, avoiding confusion with LOINC and SNOMED CT codes. TEP also recommended leveraging ICD-10 diagnoses codes with additional emphasis on inclusion of Z codes.
Reason for Visit	Retain current definition	USCDI definition focuses on encounter disposition
Lab Results	Align definition with USCDI	Prioritize inclusion of tests, values/results, specimen type, result status, unit of measure, reference range, interpretation, and condition acceptability for comprehensive assessment.
Procedure and Consult Notes	Retain the current definitions	Important for ensuring all relevant notes are listed and accessible within clinical notes. There may be an opportunity to improve distinctions between note types and their display in the HIE.

OCE Recommendation Table (continued)

Data Element	Recommendation	Rationale
Point of Contact	Explore potential definition details	Consideration of which care team members and settings should be included for comprehensive care coordination.
Plan of Care	Explore potential definition details	Additional exploration on how to better capture and display treatment plans, reasons for referral, and treatment changes in clinical and progress notes as an industry standard is needed.
New Element Proposed: Treatment Intervention Preference	Explore potential definition details	Supports patient-centric care by considering the capacity to include preferences for care and treatment. Understanding of current data capture is necessary to inform a future recommendation